ZAMBIA CENTRE FOR COMMUNICATION PROGRAMMES

Title: USAID Stop GENDER-BASED VIOLENCE PROJECT- FY 22 Annual Progress Report.

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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

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immuno Deficiency Syndrome
APR	Annual Progress Report
ART	Anti-Retroviral Therapy
CA	Community Activist
CBIM	Coaching Boys Into Men
CDA	Community Development Assistant
CID	Criminal Investigation Department
COP	Country Operating Plan
COVID	Coronavirus disease
CWAC	Community Welfare Assistant Committee
DATIM	Data for Accountability, Transparency and Impact
DEC	Data Entry Clerk
DHIS	District Health Information System
DREAMS	Determined Resilient Empowered AIDS-Free Mentored and Safe
DSD	Direct Service Delivery
EC	Emergency Contraceptive
EMMP	Environmental Monitoring and Mitigation Plan
FCI	Faith Community Initiative
FIFA	Federation Internationale de Football Association
FY	Fiscal Year
GBV	Gender-Based Violence
GBV-IMS	Gender-Based Violence Information Management System
HFR	High Frequency Reporting
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTS	HIV Testing Services
IPV	Intimate Partner Violence
KP	Key Populations
LIVES	Listen, Inquiry, Validate, Enhance-safety, Support
MDT	Multi-disciplinary Team
MER	Monitoring Evaluation and Report
MOE	Ministry of Education

MOPD	Medical Out-Patient Department
MOH	Ministry of Health
MYSA	Ministry of Youth Sport and Arts
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
NPA	National Prosecution Authority
OSC	One Stop Centre
OVC	Orphaned and Vulnerable Children
PE	Peer Educator
PEPFAR	US President's Emergency Plan for AIDS Relief
PEP	Post Exposure Prophylaxis
PWD	Persons With Disability
PP	Priority Populations
PP_PREV	Priority Population Prevention
PrEP	Pre-Exposure Prothylaxis
PTSD	Post Traumatic Stress Disorders
PWD	People with Disabilities
RCCE	Risk Communications and Community Engagement
SASA!	Start Awareness Support Action
SEFA	Schedule of Expenditure of Federal Awards
SEZ	Special Education of Zambia
SOP	Standard Operating Procedures
STOP	Stamping Out and Preventing
SVAC	Sexual Violence Against Children
TA	Technical Assistance
ToT	Trainer of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USD	United States Dollar
VAC	Violence Against Children
WiLDAF	Women in Law and Development in Africa
ZP	Zambia Police
ZCCP	Zambia Centre for Communication Programmes
ZDHS	Zambia Demographic Health Survey
ZP	Zambia Police
ZNPHI	Zambia National Public Health Institute

EXECUTIVE SUMMARY

Zambia Centre for Communication Programmes (ZCCP) is submitting an Annual Progress Report (APR) for the period October 2021 to September 2022. The report covers interventions on prevention activities on Gender-Norms, Coaching Boys Into Men (CBIM), HIV Prevention, COVID-19 Prevention and post-GBV services. These activities were conducted at community level by trained Community Activists, Coaches, Peer Educators and One Stop Centre (OSC) service providers (Health Care Providers, Paralegals, Psychosocial Counselors and Zambia Police Victim Support Unit). These teams received support through trained multidisciplinary teams, CBIM technical working group, Religious and traditional leaders. Approved curricula such as Peer Educators Manual, Multidisciplinary Training, *SASA!* and CBIM were used to train facilitators that conducted awareness meetings to create demand for services.

To increase awareness saturation on GBV, HIV and COVID-19 prevention, local celebrities and influencers used their platforms in addition other electronic media platforms such as radio programs.

The project also supported Government and participated in national and international events such as 16-Days of Activism against Gender-Based Violence and International Women's Day to increase the hype of community interventions and response to post GBV care.

The table below provides a summary of achievements against targets for the main project indicators.

Indicator	Target	Achievement	%
GEND_GBV (DSD & TA)	16,836	21, 754	129%
Sexual GBV	4,186	3,927	94%
Physical GBV	12,650	17, 827	141%
PEP (Coverage)	3,927	Ineligible(1,897) Eligible 2,030 Achieved 1,309	Achieved/Eligible 64%
HTS_TST	6,658	9,213	138%
HTS_TST_POS	9, 213	326	4%
PP_PREV	136,672	160, 245	117%
OVC_SERV	54,405	65, 030	120%
GEND_NORMS	199,375	228, 089	114%

Other achievements of the project in the reporting period are;

- The project trained 2,144 service providers from 66 districts in LIVES[1] training which led to increased GBV case identification through routine inquiries and clinical screening and over 25[2] Direct to Government OSCs and GBV desks established (some are outside the project implementation districts)
- The project influenced Ministry of Health (MoH) to include GBV indicators into HIMS which led to all health facilities in Zambia being required to report on the GBV indicators on HIMS.
- The project influenced the inclusion of Coaching Boys into Men (CBIM) in the Coaches Council mandate and all Sports Federations that include Persons with Disabilities. This means that all sports coaches are required to incorporate messages of anti-GBV their trainings.
- The project influenced Ministry of Youth, Sport and Arts to add CBIM is as a key program in the ministry and now it is in the pipeline to be incorporated in the yellow book.
- The project further influenced the addition of CBIM as a short training course under the University of Zambia -School of Education.

In all activity implementation, the project incorporated the Leave No One Behind agenda and worked with the people with disabilities (PWD). High quality technical support was provided to all areas of project interventions. Some challenges experienced included high number of pending cases of GBV at Zambia police who lacked adequate transport to conclude investigations, attrition of trained staff in multidisciplinary and LIVES, inadequate space for most OSCs and this were addressed by support through prosecutor-led investigations, continued capacity building for multidisciplinary teams and advocacy for provision of more OSC space from MOH respectively.

The main lessons learnt were;

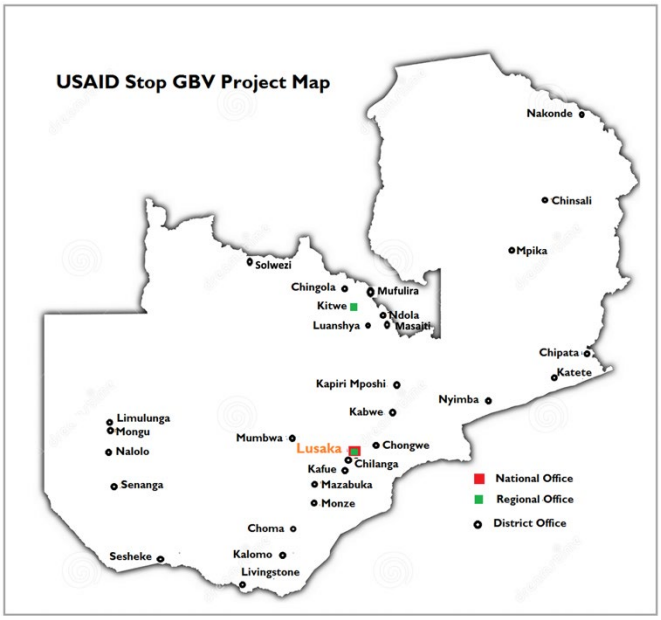
1) Engagement of key Government ministries to lead on project implementation provides ownership of the program by Government.
2) There is need to strengthen case flow structures from community level, vis-à-vis the community child protection committees to service providers like the OSC and police.

[1] LIVES-first line support and screening for GBV in a client centred environment

[2] Bauleni, Chama, Chawama in Chingola, Chelstone, Chilenje, Chikankata, Chipata District Hospital, Chipata Level 1 Hospital, Gwembe, Kabwe Mine, Kalindawalo, Kalingalinga, Kalulushi Township, Kanyama Self Help, Kazungula, Kitwe Teaching Hospital, Limulunga, Lundazi, Maamba, Masala, Matero, Mulenga Clinic, Mwandi, Nangoma, Nalolo, Ngungu, Ronald Ross.

INTRODUCTION

Zambia Centre for Communications Programmes (ZCCP) - Kwatu is implementing the USAID Stop Gender-Based Violence (GBV) project. The project implementation period is from 15th November 2018 to 14th November, 2023. It is being implemented in Twenty-nine (29) selected districts[3] of which 28 have One Stop Centres (16 DSD and 12 TA) of eight[4] provinces of Zambia.



- ZCCP is the prime implementer of the USAID Stop GBV project and leads on the following;
    - GBV/HIV prevention and awareness,
    - 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
    - Engagement of boys, men and KPs.

The three sub-partners on the USAID Stop GBV project are narrated below with their area of specialty;

- Women in Law and Development in Africa (WiLDAF) leads on interventions to promote advocacy and access to justice for GBV survivors; the training of paralegals; supporting paralegal services at OSCs and engagement with legislators and judiciary on strengthening the GBV laws.
- Lusitu Chambers supports access to justice for GBV survivors.
- Lifeline/ChildLine Zambia is leads on tele counselling and referrals for services of GBV survivors and KP especially those that seek anonymity.

This annual report is documenting the outcomes that the project has achieved in the reporting period (October 2021 to September 2022). It narrates strategies used to achieve these outcomes, specific areas of interventions while documenting the successes and challenges encountered during the reporting period.

The report provides details on provision of quality post-GBV care, interventions focused on changing negative gender norms (including interventions involving traditional and religious leaders) and interventions in HIV prevention targeting the priority populations at community level accessing prevention services.

Project Goal

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

The project objectives are;

1. To prevent GBV and increase support for gender equality among women, men, children and members of key and priority populations.
2. To 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] Chibombo, Chingola, Chinsali, Chipata, Choma, Chongwe, Kabwe, Kafue, Kalomo, Kalulushi, Kapiri Mposhi, Katete, Kitwe, Limulunga, Livingstone, Luanshya, Lusaka, Masaiti, Mazabuka, Mpika, Mongu, Mufulira, Mumbwa, Nakonde, Ndola, Nyimba, Sesheke and Solwezi

[4] Central, Copperbelt, Eastern, Lusaka, Muchinga, Northwestern, Southern and Western

ANNUAL PROGRESS

Post-GBV Clinical Care and GBV Response

With the reduction in COVID-19 cases, most activities were implemented in person. Health promotion teams at national, provincial and district level were incorporated so as to continue with the integration of COVID-19 messages with gender lens at every point of implementation such as capacity building, mentorship and onsite orientations.

Indicator	Target	Achievement	%
GEND_GBV (DSD & TA)	16,836	21, 754	129%
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HTS_TST_POS	9, 213	336	4%

During the reporting period, the project achieved many successes which contributes to sustainability of the initiative beyond the project's lifespan. As seen on the table below, the project exceeded targets in all the indicators and this can be attributed to the strong stakeholder engagement strategies used during the reporting period to implement project interventions. Some of these strategies are summarised below.

The project worked closely with Ministry of Health (MOH), both Health Promotion and Public Health Departments throughout activity implementation as the Ministry led activity implementation to enhance sustainability.

The project influenced MoH to appoint dedicated GBV Provincial Focal Point Persons who have been key to coordinate Clinical GBV post GBV management at One Stop Centres (OSC) and GBV Desks. The project then built capacity of these Provincial GBV Coordinators who manages the OSCs in their provinces. With this structure, the project was assured of high level commitment by MoH towards ownership of the OSCs. It is a big achievement for the project on institutionalization of OSCs.

The project integrated GBV identification (LIVES training) and trained a total of 2,144 service providers from 66 districts across the country which led to increased GBV case identification through routine inquiries and clinical screening and these cases managed through a cascade. This initiative has shown positive results, other than more cases being identified as mentioned above, some service providers who were trained have established 25 Direct to Government OSCs and GBV desks. Some of the OSCs and GBV Desks are outside the project implementation districts.

Further, the project built capacity of 1,674 service providers in multidisciplinary management of GBV and a combination of *SASA!* Training. The training improved the quality of post GBV care for the service offered

to the GBV survivors. This training also addressed capacity gaps in the TA districts as staff turnover was high after the end of the previous STOP GBV project.

GBV Indicators – Ministry of Health

The project influenced MOH to include GBV indicators into the HIMS. This is another big milestone in the fight against GBV as all health facilities in Zambia are now required to report on the GBV indicators on HIMS. See table below with extract from MOH HMIS. MOH is still rolling out training to staff in other health facilities that are outside the USAID Stop GBV Implementing districts. With this positive development, health facilities now require registers for GBV. The project supported by printing 750 registers that were equally distributed to five provinces (Eastern, Lusaka, Muchinga, North-Western and Western). Other partners in the sector and MOH itself will fill the gap for registers.

Zambia Ministry of Health																
Period / Data	GBV Victim Pregnant after Incident	GBV Victims Linked to Care & Treatment	GBV Physical Assault by Intimate Partner	GBV Physical Violence	GBV Sexual Assault Victim has Mental Disability	GBV Sexual Assault by Intimate Partner	GBV Victim Provided Emergency Contraception	GBV Victim Reactive to STIs	GBV Victim Screened for STIs	GBV Victims Tested HIV+	GBV Victims Tested for HIV	GBV victims Pregnant Before Incident	GBV-pyschological assualt provided Counselling	Gender Based Violence (GBV)	Type of Exposure other cases	
Oct-21	64	142	1,093		26	172	120	336	868	51	725	25	1,254	3,780	566	
Nov-21	57	87	1,097		18	204	220	117	1,129	91	590	40	1,304	3,757	496	
Dec-21	70	308	1,346		22	205	218	609	680	222	1,190	33	2,141	4,770	585	
Jan-22	107	212	1,045		22	220	146	62	418	81	843	102	1,586	4,154	691	
Feb-22	88	203	1,031		17	231	166	65	552	36	740	46	1,714	4,097	524	
Mar-22	136	232	1,140		43	275	173	80	504	65	884	39	1,398	4,113	839	
Apr-22	87	286	814		14	208	194	59	559	54	714	72	1,478	3,904	479	
May-22	88	138	875		23	275	168	100	562	25	770	43	1,721	3,837	535	
Jun-22	117	211	1,011		42	198	152	87	524	69	826	60	1,315	4,101	809	
Jul-22	100	109	969		32	236	191	79	497	87	831	59	1,079	4,293	670	
Aug-22	97	157	928		26	231	171	75	515	75	644	25	1,129	4,090	551	
Sep-22	129	119	1,146		52	220	136	167	463	46	804	38	1,538	4,333	532	
Totals	1140	2204	12495	0	337	2675	2055	1836	7271	902	9561	582	17657	49229	7277	115221

The project further supplemented governments efforts in taking post-GBV services as close to the families as possible through the mobile OSC outreach activities in all the 16 implementing and 12 TA districts which resulted in the provision of post GBV clinical care to (1,243) GBV survivors who fail to access post GBV services at OSCs. Long distance to the OSC has been the main challenge coupled with lack of resources to hire transport. Of the 1, 243 cases where post GBV care services were given during the mobile outreach, 410 were sexual violence and 833 physical violence cases. Services provided included treatment of injuries, rapid HIV testing with referral to care and treatment where appropriate, provision of Post Exposure Prophylaxis (PEP) for survivors that accessed the services within 72 hours as well as Emergence Contraceptives (EC) to those that accessed services within 5 days post incidence or within 120 hours. Counselling services were also provided to the survivors.

DREAMS also identified 338 Adolescent Girls and Young Women (AGYW) through routine inquiry and were referred for layered services at the OSCs. A total of 143 AGYW GBV who were identified at OSCs as eligible for DREAMS enrollment and referred to the DREAMS centers for the layered service. Services offered at DREAMS Centers were educational support, life skills and safe spaces.

In order to strengthen service post-GBV care service provision the project supported on the following;

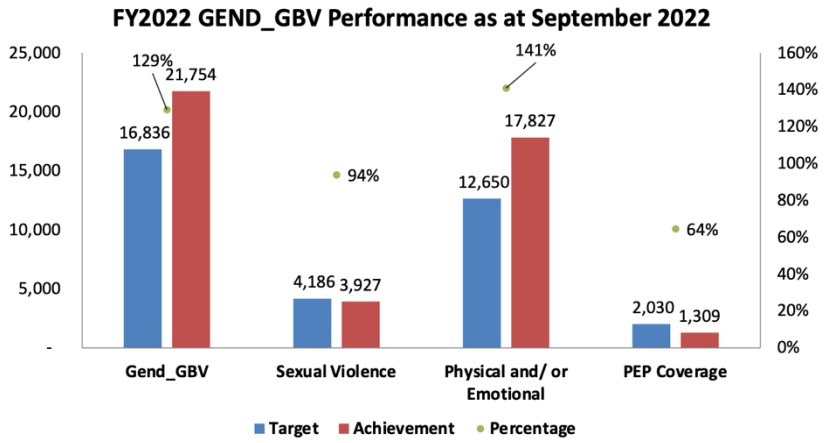
- OSC staff and District Social Welfare Officers were provided with phone credit (airtime). This resulted in survivors receiving psychosocial support, communication and follow-ups even beyond services they received at the OSC.
- Joint MOH/ZCCP multidisciplinary and LIVES mentorship support was provided to the service providers at districts level. This improved quality post GBV support at the OSCs.
- OSC vehicles were serviced and repaired to enhance mobility of OSC staff during mobile outreach programs as well as improved follow-up on survivors.
- In order to improve the quality of forensic examination for the GBV survivors which greatly contributes to access justice, all 17 old colposcopes were serviced and 9 more were procured for the newly established OSCs. A total of 171 doctors, nurses, clinical officers and medical licentiates were trained on the use of colposcopes. This has contributed to increased provision of evidence by expert witnesses and corroboration of sexual assault and child abuse cases in the courts of law.

- The project also equipped the OSCs with the necessities such as children's toys which are used as diversional therapy for traumatized children who access post-GBV care services.

At community level GBV cases were identified through Chiefdom Secretariats, community dialogues (using routine inquiry) and Lifeline/Childline Zambia through the toll-free phone lines 116 (children) and 933 (adults). To complete the continuum of care for GBV survivors who suffer from psychological complications of abuse such Post Traumatic Stress Disorders (PTSD), the project trained 456 service providers from key government ministries in Trauma Counselling across the districts where the OSCs are situated. Service providers are now able to provide quality trauma counselling to the GBV survivors.

Printed and laminated (Algorithms) Standard Operating Procedures (SOPs) in form of banners and posters distributed to all OSCs for standardized post GBV care guidance. Clinical hand books and minimum standards booklets were printed and distributed to the trained service providers for integration of IPV in the health care system.

Detailed Narration on Project Performance



For FY 22, the project annual target for Gend-GBV (sexual, physical/emotional violence) 16,836 and achievement was 21, 754 representing (129%). This was in 31 OSCs including some direct to government who received post GBV clinical care. The overachievement is attributed to combination of increased sensitizations by influencers, referrals through Lifeline/Childline and mobile OSC outreach activities.

As shown in the table, from the 21, 754 GBV survivors, 17, 827 (F-15, 029; M-2, 798) were survivors of physical violence representing (141%) against annual target of 12,650. Sexual violence target was at 4,186 and achievement is 3,927 (F-3816; M-111) representing (94%).

From the total of 3,927 sexual violence cases 2, 030 were eligible for PEP and 1,309 (F-1, 283;M-26) (64%) received Post Exposure Prophylaxis (PEP) coverage. A total of 1, 897 individuals were not eligible to receive PEP due to either reporting late, being pregnant or having come with a known HIV status.

A deeper analysis on this data revealed that most AGYW survivors did not access PEP and EC in time as they do not make disclosure in time especially if not counselled due to threats made to them by the perpetrators. For those that accesses PEP, follow-up reviews were conducted at 2 weeks, 3 and 6 months to monitor if there was sero-conversion. For survivors who live far from the OSCs, using the talk time provided by the project, follow-ups were done through phone as a way of checking their adherence to PEP treatment as well as any reaction to the treatment. This strengthened the cascade in HIV prevention as clients who tested positive were not lost in terms of follow ups.

Sexual Violence Cases in Children

FY22 Sexual Violence by Sex and Age (below 20)									
Violence Type	Female			F Total	Male			M Total	Total
	<10	10-14	15-19		<10	10-14	15-19		
Sexual Violence	502	1,516	1,225	3,243	39	33	13	85	3,328

From the above table, the data shows sexual violence was high in children between 4 to 14 years. This age group is the most vulnerable to abuse as most perpetrators are family members and they start grooming the child at an early age by playing on their mind and capitalizing on what the children likes most e.g., sweets, biscuits. The age group is also vulnerable to rituals done by perpetrators who are lied to by witch doctors that when perpetrators have sexual intercourse with a virgin they would become rich or as a cure for HIV. Unfortunately, mostly disclosure for this age group is difficult as they do not know that what is happening to them is child abuse and a crime.

This age group needs special consideration during counselling which may need some skill in trauma counselling and the use of children's corner toys . The project has since trained the service providers in trauma counselling and procured the toys for the children who access services from the OSCs in a traumatized state. Service providers also emphasize on child safeguarding during community sensitizations and radio programs with an addition of Tollfree numbers 116 for children and 933 for adults. The multidisciplinary manual also has a component on special considerations for the children as well as child witness preparation for the children once in the court of law that is done by National Prosecution Authority (NPA).
There is also increased cases of sexual abuse for the ages 10-24 years as this is the other vulnerable group to sexual abuse from both strangers and family members. Most perpetrators are step fathers, uncles and sometimes biological parents. These information is collected from the intake register as provided by the survivors. This age group also is a special group as they suffer the role bound confusion during the disclosure process especially if the perpetrator is a family member or guardian. Most perpetrators to this group are step fathers and guardians who take care of the orphans. Most of these guardians support the orphans with basic and educational needs. Perpetrators use threats such as withdrawal of their support, killing survivor or threats of committing suicide themselves if disclosure is made. Victims are controlled to choose either being chased from the home or exchange it with sexual abuse. All this brings role-bound confusion in survivors that affects their physical and psychological well-being and become complicated trauma cases to handle if service providers are not trained in trauma counselling. This also affect the up-take of PEP as survivors take a lot of time in the role bound confusion state negotiating within themselves either to make a disclosure or face the subjective consequences of the perpetrators threats which eventually make them to report cases very late and become ineligible for PEP and EC. Hence the project trained 456 service providers from key government institutions and other organizations including the shelter managers to provide the counseling. In addition the project trained DREAMS Center staff in LIVES and Trauma counselling which contributed to violence identification from the community and the safe spaces. Services were extended to children with special needs such as children with physical disabilities, mentally ill or epileptic patients who are mostly taken advantage as they cannot reason properly.

Physical Violence for Children

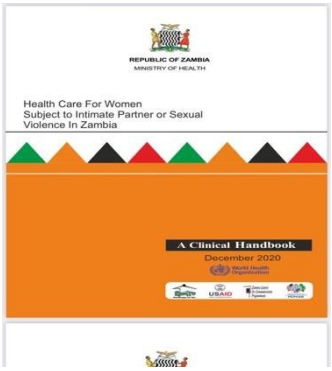
FY22 Physical and/or Emotional Violence by Sex and Age (below 20)									
Violence Type	Female			F Total	Male			M Total	Total
	<10	10-14	15-19		<10	10-14	15-19		
Physical and/or Emotional Violence	223	313	1,130	1,666	189	195	166	550	2,216

There was increased physical violence for the age group 10-14years. This group consists of AGYW who are most vulnerable, as they experience violence from the fellow teenagers who have mostly witnessed some violence from the families they are come from. To address this challenge, the project worked with the boys through CBIM so as to impart knowledge on how to respect the other gender and how they can live lives free from violence.

There was also increased violence for the age group older than 14 to adult who are most vulnerable women and perpetrated mostly intimate partners. From the data collected throughout the year, for rural areas, the trend on this violence indicates that it reduces during the farming season and increase during the harvest season. Due to strong patriarchal nature of most communities, less violence is recorded during farming season, because women and children are mostly regarded as labor for the fields. Violence increases after harvest

especially when men receive payments for their produce. Women and children are abandoned at times as men spend more time on leisure and multiple partners. This resulted in physical violence mostly.

Capacity Building of Service Providers
LIVES Training



Zambia localized the LIVES trainings and integrated it in all clinical and community trainings. The project influenced MOH to adapt the IPV clinical hand book (see imbedded picture). After adapting the IPV clinical hand book, the project trained the trainer of trainers who cascaded the training to district level. As mentioned above, 2, 144 service providers from 66 districts were trained which led to increased GBV case identification through routine inquiries and clinical screening and these cases managed through a cascade.

Benefactors of the training included policy makers from MOH from headquarters, provinces, districts and facility heads which were key to support the roll out of the program. Through their support and the trained staff, a total of 25 Direct to Government OSCs and GBV desks were established.

Figure Trained nurse from Kafue district working from MOPD appreciating and showing off her LIVES certificate on the LIVES WhatsApp group

LIVES Training to USAID Partners

The project further provided technical support to other USAID treatment partners and trained 20 staff from CMMB as ToT in LIVES and 311 case workers from ECAPII and 16 health care workers from FHI 360. FHI 360 support interventions to prevent HIV for Key Populations where GBV screening is now integrated. This contributed to the increase of GBV identification and case management from the community and clinical sites. GBV identification through LIVES was also integrated in most clinical and community trainings.

Integrating HIV and GBV Clinical Services in MOH Departments.

Zambia as a country has been working towards the 95-95-95 targets which stipulates that 95% of people living with HIV should know their status, and those who are positive should be put on treatment while those on treatment should have their viral load suppressed. However, some cultural norms which supports violence are a barrier to achieving the targets. The project has integrated GBV into HIV programs by training different service providers both from clinical and community in identifying violence through clinical and routine inquiry for non-medical stakeholders which has resulted into clinical and non-clinical cascade management of survivors. This resulted in referrals from different service providers from treatment partners who included violence in their screening tools in order to identify violence and refer to the OSCs for quality post GBV care. The OSCs also identified those at risk of contracting HIV and referred them to treatment partners for PrEP and those already positive to ART clinic for Ant-retroviral treatment.

A total of 12,959 (F-11,479; M-1,480) survivors were referred to the OSCs across the country (25 survivors from Chiefdom Secretariats, 9 from church, 338 from DREAMS Centers, 120 from treatment partners, 11, 256 from police, and 13 from schools. In addition, 438 (F-384;M-54) survivors were identified and screened from different MOH facilities in all the (31) OSCs using clinical and routine inquiry because of the LIVES training skills for the service providers. Some of the cases were identified from the facility departments that included Gynae & Obs, Cervical Cancer, ART, Dental, Eye, Maternal and Child Health (MCH), Medical Out-Patient Department (MOPD), Female medical and surgical wards and Nutrition departments. The cases identified were referred to the OSCs for comprehensive post GBV care. Medical reports were issued, treated, counselled and follow ups made that included arrests of perpetrators.

During the reporting period, the OSCs referred 4,988 (F-4248; M-740) survivors to other service providers for non-clinical services. A total of 304 (F-284; M-20) survivors were referred to ART clinic for treatment as escorted referrals by the counselors referral in order not to lose a client which contributed to the 95, 95, 95 goal. A total of 5 were referred to the chiefdom secretariat, 143 to DREAMS centers for layered services and safe spaces, 104 for economic support, 47 for education support, 3,251 for safety and security, 636 for social services at social welfare while 498 were referred to other partners that includes ECAP II, CMMB, Open Doors and others. This lead to the holistic approach in the management of GBV cases as each partner played their role and provided a service that the other partner could not.

Post-GBV Clinical Care and GBV Response

FY22 Q4 Performance Cumulative	Target	Achieved	%
GEND GBV	16,836	21, 754	129%
Physical and/ or Emotional Violence	12,650	17, 827	141%
Sexual Violence	4,186	3,927	94%
Post Exposure Prophylaxis (PEP)	3,927	1,309	33%

During the period under review, OSCs recorded an increase in the number of survivors accessing post GBV services from 17,213 in the last financial year to 21, 754 in the current year. To breakdown violence by type comparison, physical violence cases increased from 13,348 to 17, 827 sexual violence cases also increased from 3,265 to 3,927, PEP coverage remained in the same range of below 50%. The increase is due to different interventions the project instated like mobile outreach activities and increased GBV identification by the service providers from different facilities and departments from the facilities.

PWD also received post GBV care services from the OSCs with a total of 106 (F-89; M-17) GBV survivors having accessed the service. From the data above it indicates the need for more interventions for the vulnerable group of people such as the ones living with disabilities. Women and children with physical disabilities are the most vulnerable. These need special attention as they find it a challenge even to communicate with the service providers.

Some of the interventions by the project which led to increased demand for OSC services was OSC mobile outreach which reached out to 23,490 (F-14,435;M-9,055) community members with GBV messages. During the mobile OSC outreach, post-GBV services were provided to 410 (F-317; M-93) sexual violence survivors and 833 (F-488; M-345) physical violence survivors.

The project integrated the COVID-19 sensitizations and vaccinations into OSC mobile outreach and a total of 3,729 (F-1842; M-1887) community members got vaccinated. The vaccinations uptake was increased with the use of the trained influencers who motivated the community members as they felt comfortable to get clarifications on the myths about COVID 19 vaccinations.

Psychosocial care and support

Psychological Support	Oct 2021 to Sep 2022		Total
Data / Gender	Female	Male	
OSC | Psychological Support - IPV	9 219	999	10 218
OSC | Psychological Support - Other	2 359	778	3 137
OSC | Psychological Support - Trauma/ Crisis	6 576	1 054	7 630
Total	18 154	2 831	20 985

It is one of the minimum standards that all survivors of GBV be offered psychosocial care and support counselling as they get traumatized with GBV experiences. A total of 20,985(F-18,154; M-2,831) survivors accessed psychosocial services from different OSCs. This reduced trauma as it is therapeutic to the well-being of the survivor. The psychosocial counselling enabled GBV survivors to cope with the situation and be able to retain to their normal life prior to the violence.

This has impacted in prevention of some medical/psychological complications which may result from GBV such as high blood pressure, psychosomatic chronic pains as well as post-traumatic stress disorders such as suicide, suicide attempts or murder cases. The data may as well mean that men feel shy to open up once they have some stressing issues hence do not access the counselling services. This could have been attributed to many murder cases committed by the men towards women.

Access to Justice

Legal Services and Case Management

The project provided various legal services at the OSCs through the trained paralegals. A total of 10,682 cases received legal support during the reporting period compared to 6, 527 in the last FY. This is increase is due to demonstrative of the dividends of the communal GBV awareness activities and the effectiveness of the trained community structures undertaken by the project. The table below shows the total number of cases that received legal services from the OSC during the reporting period.

Access to Justice Statistical Data - October 1, 2021 to September 30, 2022											
Type of GBV	Total	Taken to Court	Convictions	Acquittal/ Discharge	Pending at Court	Pending at Police	Withdrawn at Police	Pending at OSC	Withdrawn at OSC	Counselled & Concluded	Diversion
Sexual Violence Against Children (SVAC)	1452	262	46	24	192	889	248	41	10	1	1
Sexual Gender Based Violence (SGBV)	390	59	10	4	45	278	44	9	0	0	0
Physical & Emotional GBV	8533	207	69	1	137	2902	1266	116	40	4002	0
Violence Against Children (VAC)	307	9	5	1	3	150	28	29	12	75	4
Grand Total	10682	537	130	30	377	4219	1586	195	62	4078	5

As seen from the table above, the project recorded 10,682 GBV cases of which 1, 452 were SVAC , 390 SGBV, 8, 533 were physical and emotional GBV and 307 were VAC cases. In terms of access to justice on these case, they are at different stages with 5 closed at the Police, 4, 219 pending at Police (awaiting further investigations/ arrests and /or further instructions in criminal proceedings to NPA), 4, 078 counselled at OSC facility level and Police stations, 1586 were withdrawn at the Police and 62 cases also withdrawn at the OSC, 195 still pending at the OSC and 377 active in courts.

The high number of cases before Courts undergoing trial at the time reporting is attributed to the justice sector system were most cases are not fast tracked. Further, it has been noted that with a high attrition rate in the judiciary, particularly after the coming in of the new dawn government, there has been a number of transfers of Honorable Magistrates that has contributed to a number of cases pending as those transferred had ceased to hear ne matters and were only concluding on matters that had advanced with trial. This has equally contributed to the number of cases concluding in time. Compared to FY21 cases, there has been a number of cases taken to Court, particularly for the SVAC cases and this has been attributed largely to the ZP medical form 32B making it easier for service providers to use, and the legal technical support that was provided on the Copperbelt and in Western Province that focused on the use of the medical form and prosecuting SVAC

cases. However, the project did note a number of acquittals and discharges mainly due to insufficient evidence provided by the prosecutions team which did satisfy the Magistrate to warrant putting the accused persons on their defense. A follow up on some of these cases just revealed how unprepared witnesses were before the Court as some prosecutors did not conduct pre-trial sessions with witnesses.

The project made some great strides on access to justice for GBV survivors some of which are;

- The NPA district coordination meetings undertaken across all 16 DSD project districts to provide a platform for concerted efforts by GBV stakeholders at the district levels which led to the support of 988 GBV cases for Prosecutor led investigations which helped to address the challenge of backlog of cases. Out of the 988, a total 116 were taken to court, 339 have continued to pend at the Police and 533 were discharged at the police station for lack of evidence to proceed with prosecution.
- There was enhanced functionality of case management response structures at the community/chiefdom levels across all implementing districts with 1,607 of the 10,682 GBV cases reported via the CWACs/CDAs, representing 15% of the reported cases at the OSCs for the reporting period sourced from communal response structures;
- NPA, ZP and GBV case management structures at community level (CWACs, CDAs , Chiefdom Secretariats, OSCs) conduct monthly Coordination meeting thereby enhancing cross stakeholder input and support into GBV Case Management at district level;

The SVAC and SGBV case management response structures held communal engagements that led to a case reporting uptake of 691 GBV cases from community structures to OSCs/GBV Chiefdom Secretariats. The project also established the case tracking/medical forms movement books at the police stations in the project districts to address the challenge of inertia in the movement of medical forms between the Police and NPA;

In order to enhance access to justice at community level, the project conducted mobile legal aid clinics in implementing districts This was aimed at providing hands on support at community level as well as support the Community Child Protection Committees that were established in the previous year. As a result of this intervention, a total of 1, 355 referrals were received through the community child protection committees. These cases were identified at community level. The following table illustrates the number of cases that received legal services through community related activities including referrals from the community child protection committees:

Breakdown per District - Community Referrals & Legal clinics																	
	L/stone	Sesheke	Mongu	Kabwe	Kapiri	Masaiti	Kitwe	Mufulira	Solwezi	Chipata	Chongwe	Chingola	Ndola	Chawama	Mtendere	Luanshya	TOTAL
Physical	39	31	39	42	42	23	19	29	70	46	22	24	60	18	7	16	527
Sexual Abuse	4	3	14	9	7	2	3	5	17	15	9	3	8	5	3	1	108
Psychological	48	6	18	31	86	13	24	0	60	4	11	0	9	9	11	14	344
Economcal	33	5	15	78	27	6	17	4	44	68	20	5	35	4	3	12	376
TOTAL	**124**	**45**	**86**	**160**	**162**	**44**	**63**	**38**	**191**	**133**	**62**	**32**	**112**	**36**	**24**	**43**	**1355**

The community activities have equally helped in raising awareness on the critical services provided at the OSC. In order to enhance access to justice for the TA districts, the project engaged 34 volunteer paralegals in 11 TA district with each OSC having 2 volunteers. These paralegals were trained on basic legal processes and provisions relating to GBV so that they could be able to provide legal support to survivors in those districts. The paralegals will begin reporting on cases from 1st October, 2022.

Justice Stakeholder Involvement

The project has continued to work with key and relevant stakeholders in the justice sector through the district coordination meetings hosted by the National Prosecutions Authority (NPA) at district level in all implementation districts. These meetings were targeted towards examining the effectiveness and practices of prosecutorial services and analyzing the various cases of SGBV for stakeholder input. During the reporting period, one of the major challenges experienced in the sector has been a high number of pending cases. To address this challenge, the project supported the NPA and Zambia Police Service (ZP) to conduct prosecutor-led investigations to clear the backlog of cases pending at various Police Stations or posts within the district. As a result, a total of 988 pending cases were investigated with 116 taken to the Court for prosecution, 533 concluded or withdrawn at the Police stations for the following reasons:

Some cases were withdrawn by survivors upon reconciling with their perpetrator spouses. Most of these were emotional and physical violence cases. Some cases were withdrawn or discharged (closed at Police Stations) for lack of evidence to warrant proceeding to Court. Such discharges were explained to the victims. However,

339 cases have remained pending conclusion at various police stations and /or posts still undergoing investigations.

The project has noted an increase in properly completed dockets by most police officers at district level and this has been attributed to the knowledge sharing conducted through the district stakeholder meetings. Prosecutors have equally started holding consistent pre-trial meetings with witnesses in some districts, and has provided the re-printed investigators and prosecutors checklist and case management flow charts to enhance on case management for prosecutors and ZP investigators. This was coupled with the provision of relevant copies of the law relating to GBV.

Orphans and Vulnerable Children (OVC) Preventive

Coaching Boys into Men (CBIM)

The project implemented Coaching Boys Into Men (CBIM) curriculum to increase knowledge prevention of HIV and GBV, respect for women and also promote referral pathways for survivors of the vice. CBIM is PEPFAR approved evidence- based approach to mobilize and educate boys (9 – 14 years) about GBV and gender equality using sports as a platform.

To deliver this strategy, the project engaged and trained 775 community and school based coaches who had an average of 3 teams comprising of 25 boys (with a total of 2,325 teams). In addition, 150 sports instructors from Sports Associations and Federations were also trained.

For period under review total target was 54,405 and achievement was 65,030 translating to 120% over achievement. To achieve this target 67,808 boys (59,071 aged 10-14 years and 8,737 aged 5-9 years) were enrolled into CBIM sessions. Total of 65,030 CBIM boys aged 5-14 years graduated under which 56,865 boys were aged 10-14 years and 8,165 boys were aged 5-9 years.

Some of the results from these sessions is formation of 12 CBIM clubs in Solwezi to champion CBIM activities beyond graduation. These clubs have continued rolling out CBIM programs to others on their own with technical support from ZCCP.

Table below show CBIM Enrolment Vs Graduation

FY22 CBIM Enrollment and Graduation						
District	Enrollment			Graduation		
	(5-9) y	(10-14) y	Total	(5-9) y	(10-14) y	Total
Chingola	478	3,475	3,953	503	3,479	3,982
Chipata	510	4,353	4,863	504	3,952	4,456
Chongwe	280	2,190	2,470	277	2,172	2,449
Kabwe	51	1,329	1,380	31	1,153	1,184
Kalulushi	225	2,099	2,324	200	1,942	2,142
Kapiri-Mposhi	118	1,008	1,126	132	1,041	1,173
Kitwe	794	7,579	8,373	969	9,355	10,324
Livingstone	302	2,176	2,478	292	1,981	2,273

Luanshya	834	4,661	5,495	832	4,656	5,488
Lusaka	1,647	8,920	10,567	1,234	7,112	8,346
Masaiti	118	617	735	109	510	619
Mongu	198	1,657	1,855	148	1,288	1,436
Mufulira	1,635	7,615	9,250	1,603	8,163	9,766
Ndola	1,161	8,750	9,911	978	7,454	8,432
Sesheke	188	1,127	1,315	163	1,098	1,261
Solwezi	198	1,515	1,713	190	1,509	1,699
Grand Total	8,737	59,071	67,808	8,165	56,865	65,030

The graduated CBIM boys completed the required 10 minimum CBIM sessions on GBV and HIV prevention messages. A total of 2,206 boys aged 10-14 years and 572 boys aged 5-9 years dropped are still in sessions and did not complete the 10 minimum CBIM sessions at reporting time.

As part of the Leave No One Behind agenda, the project targeted boys with disabilities. Table below show number CBIM boys with disabilities who graduated by type. A total of 1,003 boys graduated of which 538 are physically challenged, 278 are deaf and dumb, 108 intellectually challenged and 79 are blind. The majority are aged 10-14years and few between 20-24 years. The few 20-24 years stayed longer in School due to their disability condition.

CBIM	**Male**					**Grand Total**
Disability Type	5-9yrs	10-14yrs	15-19yrs	20-24yrs	Total	
Physical	89	415	26	8	538	538
Blind	11	56	10	2	79	79
Deaf and Dumb	15	178	74	11	278	278
Intellectual challenges	4	91	11	2	108	108
Total	119	740	121	23	1,003	1,003

Children with special needs were engaged through Ministry of Education -Department of Special Education. Special needs teachers were trained on CBIM intervention and were supported with card series and balls. The 104 teachers then enrolled children with special needs, held CBIM sessions and graduated the boys as indicated on the table above.

The following are some of the noted achievements during the period under review:

- Some CBIM boys indicated that they are now aware of what they should say to a male who is making sexual jokes that make fun of women and girls.
- The project engaged Ministry of Youth Sport and Art (MYSA) in implementation of CBIM intervention and localized the CBIM training material through CBIM Instructor's manual. The leadership of MYSA was to have a sustainably strategy from onset. They have been leading engagement with the various sports federations. MYSA and Ministry of Education (MOE) were involved in stakeholder mapping, coaches identification who were later trained in CBIM through the USAID Stop GBV Project. The trained coaches enrolled the boys into CBIM and obtained consent

from their parents. Coaches conducted CBIM Sessions before and during games using CBIM card series. They followed through card series structure by reviewed the topic objectives, recaps of previous topic, asked the players structured questions and summarized discussions with an emphasis on the take away points. The coaches focused and reinforced the same topic for the whole week during game time.

- The project influenced the inclusion of CBIM in the Coaches Council mandate and all Sports Federations that include Persons with Disabilities. This means that all sports coaches are required to incorporate messages of anti-GBV and response messages during their trainings.
- The project influenced Ministry of Youth, Sport and Arts to add CBIM is as a key program in the ministry and now it is about to be incorporated in the yellow book.
- The project further influenced the addition of CBIM as a short training course under the University of Zambia School of Education.
- The project continued providing technical support to trainers mandated to implement CBIM through the CBIM technical working group.
- FIFA has recognized CBIM as a platform to end violence and some coaches have been awarded for this initiative.

The Special Education of Zambia (SEZ) Copperbelt Province engaged ZCCP to:

1) Collaborate with other ministries and organizations that have special interest with disability matters
2) Advocate for the rights of children with disabilities on education
3) Mobilize resources for quality provision of education to learners with disabilities
4) Organize activities for learners with disabilities so as to promote equal participation and exposure
5) The project has been making referrals for the boys above 14 years to ECAP 1 and CHEKUP 1 projects. The project also conducted district level coordination and mapping implementing communities for the new USAID funded projects. Provided technical support through training for all CHEKUP partners in CBIM approach

Pre and Post Season survey analysis

The pre and post season was conducted with a 50% participation representation. Findings of the survey are that participants, athletes assigned to the CBIM intervention reported increased intentions to intervene and more positive bystander behavior. The program built social norms change theory to increase bystander behavior related to prevention. It is encouraging that this easy-to-implement, coach-delivered prevention program was able to achieve moderate to extreme effect sizes using rigorous (and conservative) analyses for both intentions to intervene, recognition of abusive and positive bystander behavior.

Community GBV prevention

The project has worked with communities to implement the *SASA!* Activities to prevention GBV and HIV. The activities were implemented by the communities who draw benefits from the change in norms and achieving power balancing between men and women. The methodology deals with improving interactions in power dynamics towards eliminating GBV and controlling HIV. According to the Zambia Demographic Health Survey of 2018, the burden for GBV remains very high with 47% of the women suffering spousal violence from their partners. The HIV incidence rate of 0.61% and a prevalence of 11.1% with the burden being nearly twice as much amongst females as compared to men.

In SASA!, we all need to give and get support, joining our power with others to support non-violence

Phase of Implementation

The project and its communities completed implementation of the three phases of *SASA!* the Start, Awareness and Support. In this journey to complete power balance in the completed phases, the community have organized themselves to respond, have done awareness and supported each other and would now act to end

GBV and achieve epidemic control of HIV. The staff and community were trained in the Action Phase which is the last of the four and specifically will be achieving behavior outcomes.
The Start Phase dealt with knowledge about GBV and HIV, Awareness Phase dealt with attitudes that realized the need to change from the negative power men use over women while the Support Phase dealt with improving skills to support survivors, men and women changing behavior and those that speak (activists) against GBV .

Training

The project utilized one of the important strategies in *SASA!* that is training. Project staff were trained and cascaded the trainings to the Community Activists (CAs).

The reporting year had a privilege of having two phases of training i.e., Support and Action Phases. For Action Phase, 27 (F-13;M-14) project staff were trained to equip them with the knowledge and practice skills. As a result of this training 218 participants (F-134; M-84) CAs and community gatekeepers were trained. After this training, the activists were equipped with skills to join power with others to support survivors, men and women changing behaviors and the activists themselves.

Equally, during the support phase, 29 (F-16;M-13) project and partners staff were trained and cascaded the training to 372 CAs and 318 partners. As a result of this training, the CAs and partners acquired skills to support survivors. This also enhanced their skills to support behavior change and those speaking against GBV. The trainings targeted more women, this was used as a strategy to reach more women as they are riskier at suffering from GBV and acquiring HIV

As mentioned above, when implementing the *SASA!* approach training is one of the most important strategies. However, for this reporting period, it should be noted that the number of CAs trained reduced based on the significant reduction of targets as the project is heading into, not only the final year of implementation but the last phase of *SASA!* Methodology. The project still realizes that to reach saturation in the respective districts, it would need to take the other communities not fully reached with all the phases of *SASA!*

In the Action Phase, the activists were trained to roll out the activities in their own communities. The aim is to ensure that all community members realize that they have the responsibility and the power to act to prevent violence, HIV and inequality. This will be done through *SASA!* Teams that were established in the Start Phase.

Annual Performance

District	Target	Achievement	%
	199,375	***228,089***	**114 %**
Chingola	15,950	19,595	123 %
Chipata	13,956	17,317	124 %
Chongwe	5,981	6,338	106 %
Kabwe	7,975	8,278	104 %

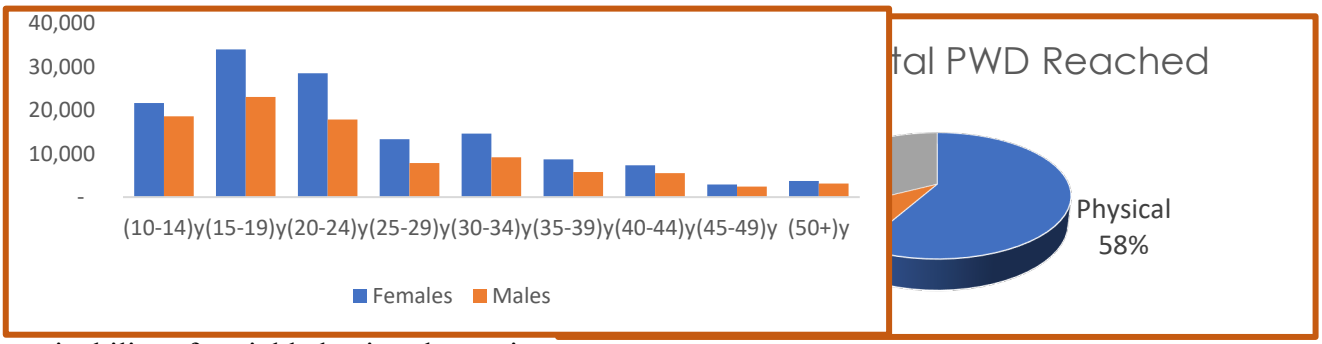
Kalulushi	3,988	4,651	117 %
Kapiri-Mposhi	7,975	8,668	109 %
Kitwe	21,931	24,202	110 %
Livingstone	15,950	17,420	109 %
Luanshya	5,981	5,632	94%
Lusaka	55,825	62,147	111 %
Masaiti	1,994	2,224	112 %
Mongu	5,981	6,410	107 %
Mufulira	5,981	7,766	130 %
Ndola	21,931	24,554	112 %
Sesheke	1,994	5,916	297 %
Solwezi	5,981	6,971	117 %

The project continued to implement *SASA!* activities through the established structures, the *SASA!* teams and the Chiefdom Secretariats. As seen from the table below, the project had a target of 199,375 and achieved 228,089 (F-134,691; M-93,398) translating to 114% achievement. Further, nearly all districts achieved above 100%.

In order to ensure we are Leaving No One Behind 740 People With Disabilities (PWD) (F-437;M-303) participated in the conversations. Of these, 431 (58%) had physical disabilities, 68 (9%) were visually impaired with 241 (33%) deaf and dumb as shown in the pie chart above.

The Community Activists conducted conversations for women, girls, boys and men in groups of 20-24 that were taken through sessions totaling 12 hours on interactions and discussions and other diverse types of *SASA!* activities. These were facilitated by trained CAs and later the groups were left in the hands of community members to continue such activities for the next 8 weeks. These were later replaced by the ecological influence of communities being able to influence others positively to reach people enough to drive social behavior change towards elimination of GBV and control of the HIV pandemic.

The table below summarizes the district achievements with age group for participants. The conversations targeted mainly the 10-29 years mainly for easier change of social norms into their future lives. This increases



sustainability of social behavior change in
the communities that will have a longer influence in the respective communities.

Recorded Outcomes

Implementation of *SASA!* methodology entered the fourth phase which is Action Phase. As mentioned above, trainings for Action Phase was conducted during the reporting period and implementation of activities aligned with messaging and actions for the phase.

In the Start Phase, communities started fostering and developing their own individual and community power within themselves to understand connections between power and violence against women and HIV/AIDS. In the Awareness Phase, communities understood that violence GBV and women's vulnerability to HIV/AIDS are a result of men's power over women and girls and the community's silence about it. In the Support Phase, the communities realised the need to give and get support by joining power with others to support non-violence and equality. This involved giving support to survivors of GBV and those affected by HIV, the men and women changing behaviour and those speaking against GBV and HIV.

The following are selected outcomes that demonstrate changes noted in the communities.

- One *SASA!* Team member of Lulamba community in Chingola District, Mr. Mbulo, stated that he received overwhelming response from some members of the community that participated in the community conversation and had started reporting GBV cases to him. He indicated that he would receive telephone calls from people that would introduce themselves as having gotten his contact from the community conversation and that they needed his assistance in reporting a GBV case. This can be evidenced by the increase in the number of cases referred from the community to the OSC.
- Many communities since the *SASA!* Support phase training have become alert and are now reporting cases of GBV. One such case is that of defilement involving a 7-year-old girl who is suspected to have been sexually abused by her biological father in Simonga community of Livingstone. The matter was reported after the neighbors got concerned when they noticed that the child seemed to have some difficulties in walking and later it was discovered that the grandmother had noticed that she has some injuries on the genitalia and instead of taking the girl to the clinic, she started administering some traditional medicines. However, some community members who had participated in the *SASA!* community conversations and had some knowledge about GBV quickly alerted the CA over their suspicions. The CA, alerted the OSC and with support from the Victim Support Unit (VSU) the team quickly rushed to Simonga where the girl was retrieved and post GBV services provided. She is currently at a safe house as the matter is still in the courts of law.
- Continued linkage with the USAID ECAP II project led to a 16 year-old to return back to school. Francisca Mulenga, who was born HIV positive was identified through the community conversation by the trained ZCCP CA and after participating in the community conversation and being identified to be vulnerable. The CA made a referral to the USAID ECAP II project in Livingstone under the school support program where she received a bag and shoes to enable her attend school, which she could not because she lacked such support.
- Male Involvement in GBV prevention is becoming strong through formation of Anti-GBV Action Group. Lusaka's Ng'ombe community took a step in terms of effective male engagement with regards to preventing GBV. This is in coordination with the Sekelela Orange Babies Organisation which has a group of 15 men called "Kuwala Madoda." The Leader of the group is Mr. Moses Mbewe who has been trained in *SASA!* GBV prevention and response under the USAID Stop and has thus been able to orient the other members of the Kuwala Madoda Group. These men have been influenced to continue supporting each other especially those men changing behaviour and that have started using their power with others to balance power in their relationships

Anti-GBV Chiefdom Secretariats

The project has worked with different stakeholders in the circles of influence to achieve a critical mass enough to drive social behavior change in GBV and HIV prevention and response. Of significant margins of influence on the respective communities are the traditional and religious leaders. The project worked with traditional leaders through their structures. These include the paramount chiefs, the senior chiefs, chiefs, chiefs' advisors,

senior village head persons and their sub-structures. These leaders have a lot of influence on their respective community and are part of the many community activists that speak against GBV and HIV.

A total of 64 traditional leaders (F-27;M-37) were trained in *SASA!* and Multi-Disciplinary Training (MDT) that responds to GBV in each chiefdom. These were from Chiefs Nkula from Chinsali District and Chieftainess Waitwika from Nakonde District. The other 62 were advisors to their Royal highnesses. The others trained include 84 traditional leaders (42 chiefs and 42 advisors). These were from the Southern Province of Zambia that involved all chiefs in the province. These also worked to develop by-laws for against GBV. This adds to the already trained 580 traditional leaders countrywide in *SASA!* and MDT to make a total of 728.
These chiefdoms have *SASA!* teams in their zones and village level secretariats to reach the basic institution of the community the families and individuals.

Violence	Cases	Male	Female
Physical	393	35	358
Sexual	82	0	82
Emotional	65	18	47
Economical	421	84	337
Child Marriages	111	16	95
Total	**1,072**	**153**	**919**

The chiefdoms have *SASA!* teams in their zones and village level secretariats to reach the basic institution of the community the families and individuals. During the period under review, there were a total of 1,072 (919 females and 35 males) that were reported through the SASA! teams and the Village secretariats to the Chiefdom Secretariats. Of these, 393 (F:358, M:35) survivors were of physical violence, 82 (all females) of sexual violence, 65 (F:47, M:18) of emotional violence and 421 (F:337, M:84) of economical violence. There were a total of 111 (F:95, M:16) child marriages reported that were retrieved and sent back to school. The secretariats dealt with the reported cases and those that needed further support to the OSCs, Zambia Police Services especially the Victim Support Unit and the Child Protection Unit.

Ceremonies and National Days

President Hakainde Hichilema inspecting the USAID Stop GBV stand during the International Women's Day

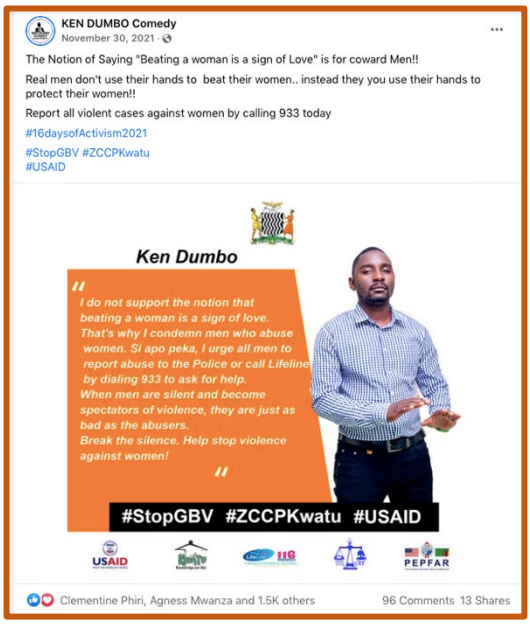
The project participated in traditional ceremonies and important national events such as N'cwala, Lwiindi, Kuomboka, Umotumolo, Lubiinda Ntongo and Kulamba ceremonies. In the period under review, the following ceremonies and days were commemorated,

- Women's Day on 8th March 2022
- 16 Days of Activism Against Gender-Based Violence from 25th November to 10th December 2021
- The World AIDS Day on 1st December 2021
- International Day for Persons with Disabilities December 3, 2021
- Human Rights Day on 10th December 2021

Social Media Influencers

The project acknowledges that social media is a powerful tool for communication and worked with various local artists to publicize messages on GBV prevention and response. The artist influencers have thousands of followers that trust what they say and increases the critical mass enough to influence behavior change towards elimination of GBV and bring to traceable levels HIV. These influencers used their different talents and expertise to reach the population and survivors of GBV, men and women changing behaviors and those

speaking against GBV. The influencers were very instrumental in awareness national events like 16 Days of Activism Against Gender-Based Violence, Women's Day and traditional ceremonies like Nc'wala and Kulamba.



COVID-19 Management

The project worked with all partners in the prevention and response to COVID pandemic. The implementation of activities in part of the year under review followed and published the Community Engagement Guidelines that were developed by the Risk Communications and Community Engagement (RCCE) through the Zambia National Public Health Institute (ZNPHI) and the Ministry of Health. All activities were undertaken following these guidelines. The project further worked in partnership with the Ministry of Health in actual implementation at all levels; national, provincial, district, health centers and its communities through Neighborhood Health Committees.

The project included COVID messaging and awareness of the 5 Golden Rules with need to get vaccinated. All the staff and the community volunteers were vaccinated against COVID.

COVID vaccination

COVID vaccinations at training venue

District	Target	Achiev	%
	117	***71***	***188***
Chingola	3	3	6
Chipata	9	4	13
Chongwe	2	4	6
Kabwe	2	3	5
Kalulushi	6	3	9

Kapiri-Mposhi	3	3	6
Kitwe	17	12	29
Livingstone	4	0	4
Luanshya	2	2	4
Lusaka	49	14	63
Masaiti	4	2	6
Mongu	2	3	5
Mufulira	1	1	2
Ndola	4	7	11
Sesheke	5	1	6
Solwezi	4	9	13

COMMUNITY HIV PREVENTION

The project implemented HIV prevention interventions aimed at reducing new HIV infections especially among specific Priority Populations (PPs). The rate of new HIV infections still remains high notwithstanding combined efforts in Zambia at 0.61%. The HIV prevalence as well still remains high at 11.1% according the Zambia Demographic Health Survey of 2018. With current trends especially among adolescents, this might have worsened. The project contributes towards attainment of the 95, 95, 95 goal by increasing awareness and linking People With HIV to treatment services.

The project in the year under review implemented activities towards HIV prevention by increasing the adoption of prevention behaviors and increasing access to prevention services. The activities were specifically designed for the five priority populations; the adolescent girls and young women (AGYW), the adolescent Boys and Young Men (ABYM), the mobile populations, clients of female sex works and populations from fishing villages.

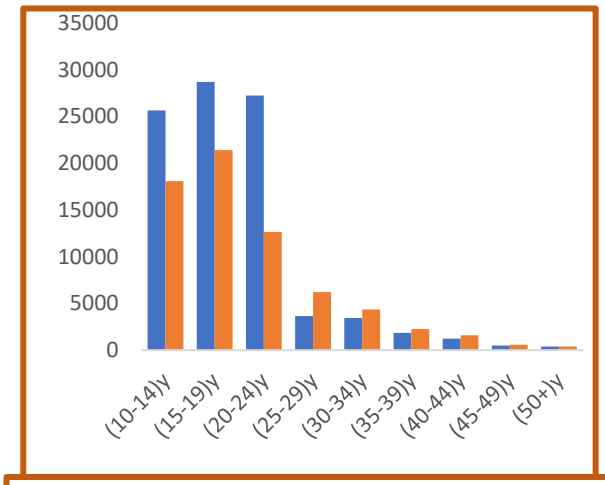
As seen from the table below, the project conducted a refresher training 188 Peer Educators (117 female and 71 male) to update them on the current trends in HIV prevention and response in knowledge and practices. The main activity other than drama and SBC materials were the dialogues that were targeting specific priority populations. The dialogues takes 20-24 participants that interact with a faciliatory role done by the Peer Educators. This takes a minimum of 45 minutes and a maximum of 2 hours. These sessions were repeated with several topics and the messaging is age-appropriate for the 10-14, 15-19 and 20-24 for the AGYW and the ABYW. Specific messages were given for each priority population.

District	Target	Achiev	%
	136,672	160,245	117 %
Chingola	5,086	8,233	162 %
Chipata	10,830	11,111	103 %
Chongwe	4,549	5,882	129 %
Kabwe	4,322	5,165	120 %
Kalulushi	6,852	7,202	105 %
Kapiri-Mposhi	5,835	5,889	101 %
Kitwe	13,460	16,835	125 %
Livingstone	3,302	3,570	108 %
Luanshya	3,104	3,608	116 %
Lusaka	47,288	57,765	122 %
Masaiti	3,919	3,550	91%

Mongu	3,659	3,892	106 %
Mufulira	1,801	2,480	138 %
Ndola	10,215	10,235	100 %
Sesheke	5,666	5,333	94%
Solwezi	6,784	4,577	67%

With the challenge of COVID-19 experienced during part of the year, these dialogues were taken as opportunities awareness on the 5 Golden Rules of prevention and encouraging the community to get vaccinated. All the Peer Educators were fully vaccinated.

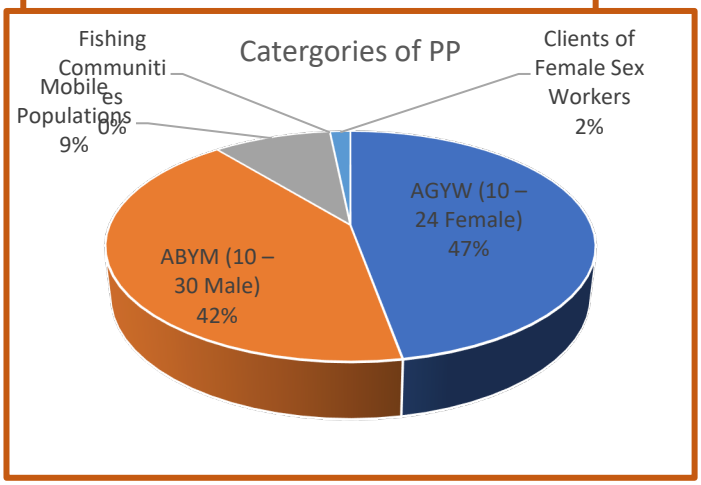
The 188 trained PEs conducted dialogues a total of 160,245 (F: 92,672; M:67,573) participants during the year under review. The project targeted to reach 136,672 that represents 117% achievement. As shown in the performance table besides, all districts achieved their targets. Amongst these numbers were PWD that benefited from the knowledge and practices from the project interventions. The project takes special attention to these marginalized populations because of their vulnerability to both HIV and GBV. There were a total of 188 (F-142: M-46) who participated in the dialogues. Of these, 160 have physical disabilities, 10 visually impaired and 18 deaf and dumb.



The project targeted the ages 10-24 years mainly with HIV prevention messages. It is expected that if they adopt HIV prevention behaviors early in their lives, it will benefit the reduction in new cases of HIV. The worry currently is that this is the age group that needs more HIV messaging and access to HIV prevention services where it seems the rate is increasing.

Priority Populations

As seen from the pie chart below, 160,245 priority populations participated in the dialogues with a break-down of 75,563- AGYW, 67,211- ABYM, 14,872-mobile populations, 2,576- clients of female sex workers and 23 from fishing villages. The most represented were the AGYW and the ABYM at 47% and 42% respectively. With the trends of most new infection being amongst these, the project targeted them. Further analysis reveals that the project targeted more girls as compared to boys especially that the girls are more affected when a comparison is made with the boys. It is also true that girls are infected at a younger age compared to the boys.



HIV Testing

It is mandatory that for a client to be counted for the PP_Prev. In the period under review, participants were informed about the need for HIV testing. Their response to the service were in the following four categories a) the newly tested and/or referred for testing were 40,251 representing 25%, b) the already known positives were 3,644 representing 2%, c) those that declined testing were 48,076 representing 30% and d) those that did not need a test based on the risk assessment were 68,274 representing 43%.

A significant number of the participants were tested or refereed for testing though those that were assessed for testing and did not need to be tested were higher.

PP_Prev Testing Services		
Known Positive	3,644	2%
Newly tested and/or referred for testing	40,251	25%
Declined testing and/or referral	48,076	30%

Test not required based on risk assessment.	68,274	43%
Total	160,245	100%

HIV Prevention Outcomes

The dialogues conducted by the Peer Educators had great impact on the communities in not only raising awareness but improvement in health attention seeking behaviors. The following are only a few of the many outcomes

- After a Community Dialogue in Chawama Constituency, Mercy Phiri aged 21 years approached the Peer Educator and informed the Peer Educator that she worked as sex worker during her school days. She further informed the Peer Educator that after elicitation she had a lot of sexual partners and unprotected sex and she did not information on HIV and having unprotected sex. Mercy was counselled on HIV transmission and other STIs and was then referred to the health facility for HIV testing. Mercy tested HIV positive. She has since commenced on ART and is adhering to treatment.
- Mr. Isaac Mwelwa, aged 43 years approached the Peer Educator Merit Katubi after a community dialogue informing her that he was not feeling well having body pains and fearing to go for HIV testing because he had been having unprotected sex with different women each time he travelled for work as a driver. Mr. Mwelwa was referred to Chawama First Level Hospital. He was counselled and agreed to be tested for HIV. The results came out positive. He was then linked to ART. He accepted his status and is adhering to treatment.
- During another session with Adolescent Girls and Young Women (AGYW), one of the girls indicated during the session that she knew of someone who had been experiencing some vaginal discharge and wanted to find out how that person can be helped. However, the peer educator indicated that after the session, the girl approached her and disclosed that the girl in mention was actually her and not somebody else as she had purported.
- The girl disclosed that after the death of her father, and she was left homeless with nowhere to stay, she turned to child prostitution where she would receive support for her livelihood. She further stated that due to numerous encounters, she contracted STI's adding that she was in pain but she was fearing to visit the clinic. The peer educator escorted her to the clinic where was tested for HIV where she tested negative and received treatment for the sexually transmitted infection. The peer educator continued to interact with her and providing counselling. Since then, the girl has since started business of selling clothes and is doing much better for herself and is even able to support her child. She was staying with a group of girls but she has since moved out and is living by herself.

Tele-counselling Services

Counselling, Referral and guidance

The project through Lifeline/Childline Zambia provided psycho-social counselling services, guidance and referral services. These services were provided to abused children, women, men and the concerned in the communities as response to high GBV as well as violence against children. Callers seeking information about GBV were also counselled and referred to OSCs/health facilities. Furthermore, the information that is gathered from the received calls have helped in shaping the project activity implementation strategy. For instance, through analysis of most cases, it was observed that most perpetrators of GBV had underlying mental health issues.

This led to raising awareness on mental health on digital platforms like Facebook, twitter, and Instagram.

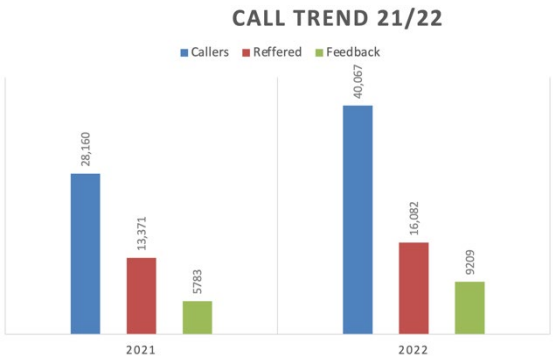
In the provision of quality post GBV services, Lifeline/Childline Zambia through the project partners has worked together to ensure that clients receive full package in terms of services. In districts where Lifeline/Childline Zambia does not have a field officer, ZCCP Project officers and WiLDAF paralegals have taken up the tasks of following up of most referred cases to ensure they access services. Most of the victims usually have challenges in accessing services such as transportation while most callers are just concerned community members who call and seek anonymity to alert about the situation of abuse occurring in their

community. This means that we must make a follow up and help to rescue the victim from the place of abuse and taken to safe spaces.

The results of various awareness and sensitisations being done by project partners such as ZCCP through radio programs, community dialogue conversations, social media platforms and led to several GBV cases being reported from the communities while some community members are calling to get more information on the issues of GBV.

Additionally, aside from GBV cases, Lifeline/Childline Zambia also provided counselling to the callers who had issues related to HIV from the target districts. Most calls are related to trauma counselling especially from those who have been tested positive, nursing HIV positive patients, those in relationships with issues where the other partner do not disclose their status and how do deal with the situation and so on. Other cases relate to callers who feel they have been exposed to HIV either through risk behaviors or not. The table below highlight number of calls related to HIV received from the target districts.

Referrals



Lifeline/Childline Zambia is working primarily with the OSCs to assist clients calling to report on GBV/HIV issues receive the much needed services. Provided tele-counselling services to 40,067 individuals on GBV, HIV and COVID-19 and 16,082 were referred to OSCs, DREAMS, Health facilities and Police As a result of strengthened coordination with OSCs and other referral partners, 9,209 (57.3%) of cases referred provided positive feedback on services received.

Lifeline/Childline Zambia provides psychosocial counselling, encouraging the clients, especially those who need anonymity to access services that they need. Call Centre introduced counsellors with foreign languages skills (Arabic, French, Swahili, Amharic & Lingala) that helped to attend to cases for people who use those languages

The psychosocial aspect of the project accessed through the helpline prepares clients/victims for such a process and where possible physically escort them to the service roviders while providing psychosocial support to them all the way of the process. In districts where we do not have physical presence, collaboration and coordination between the OSCs coordinators and ZCCP Program officers as seen a number of cases actively followed up after being reported through the helpline so they are not lost in the process of access to services, ensuring that they receive quality GBV services. GBV Referral Directory was approved which will help service providers know the services available at district level.

The project has worked with influential people to help publicize the call centre numbers. For example, the Permanent Secretary, Gender Division was identified as the official brand ambassador for the toll free lines 116/933. Further, the first lady recently shared toll free numbers in her awareness of mental health

MONITORING, EVALUATION AND LEARNING

During the period under review, the project worked at enhancing internal and external data collection and management systems to ensure accurate representation of project implementation. Modification to the current project-level data management and information systems were conducted to improve efficiencies in data collection and management. The development and expansion of the GBV IMS was a key highlight for the period under review. Collaboration with MOH to ensure continuous and expanded use of the GBV facility

register and management of GBV data in the HMIS was a major milestone during the year. Capacity building of staff working at the OSC as well as M&E Data Clerks working on the project was conducted to enhance human resource capacity. Integrated monitoring and participation in project-level trainings, traditional ceremonies and other like-minded activities enhanced project appreciation and presented opportunities for data enhancements and expanded data collection.

The project continued to employ strategies of data collection that foster a high degree of quality by use of standard data collection tools and provision of regular mentorship and support to community volunteers. Weekly engagements of community volunteers by Data Entry Clerks (DEC) to check the quality of data being collected from all the program areas were a highlight of mentorship during the period under review. This interaction between DECs and community volunteers enhanced prompt identification of data gaps and facilitated immediate remedial action for all data challenges every week. Special attention was given to the OSCs to check the processes of data entry in the registers by OSC staff and establish whether the processes were in line with the agreed standards. This was in a bid to ensure that all OSCs were reporting data that has a degree of quality.

The period under review saw a lot of trainings and re-orientation of various volunteers around program processes and guidelines in different program areas. For CBIM, coaches were oriented in the CBIM curriculum whilst in *SASA!*, the CAs transitioned to the *SASA!* Support Phase. In order to build capacity of the Community Volunteers, the M&E team leveraged on these trainings and orientations to improve the skills of community volunteers on the processes of data collection using standard tools. This process assisted in having a high degree of data quality on the project during the period under review. As part of routine data submission processes to USAID, the project also continued to work closely with the USAID team on all monthly data requirements such as the Bob and High Frequency Reporting (HFR). For the Bob, the project was submitting data using the DHIS 2 upload platform on the monthly basis. For HRF the project was submitting using the standard Excel templates provided by USAID. In a bid to promote standardization in both implementation approach and data collection, the M&E team developed guidelines on conducting OSC outreach activities. Orientation for both ZCCP and OSCs were conducted to ensure that there was a standardized approach in implementing outreach activities. OSC outreach activities were conducted in all districts of implementation and the project has set one week of each month to conduct outreach activities.

One of the key activities implemented during the period under review was the development of the project-level GBV IMS. Since inception of the USAID Stop GBV Project, there has been challenges to operationalize the GBV IMS that was developed by the previous GBV Project. The reasons were around poor architectural structure of the system that was not sustainable and was not in tandem with the current database operations. The national level GBV-IMS did not sit on an open-source platform but relied on support from developers for any modification and continuous functioning which made it difficult to operate in places where support from the developers was not being provided. The system also required to be installed on each computer for it to function. This posed a challenge to installation of the system in newly established OSCs or in OSCs that had problems with their computers. The data elements on the National GBV IMS were not aligned to the modern GBV elements of interest in terms of disaggregates. The project thus developed a system that mirrored the existing GBV IMS but placed on a platform that was easy to use and open-source called DHIS 2. The DHIS 2 is the architectural platform that houses DATIM and MoH's Health Management Information System (HMIS). This platform has proved to be effective due to little operational costs and does not rely on a sole developer for maintenance and improvement. Almost all USG funded project in health and HIV are currently using this platform for their data management. On the DHIS 2 platform, the GBV IMS has been provided with a lot of capabilities to interact with like-minded systems such as DATIM and HMIS. Things such as finer age/sex disaggregation required by both PEPFAR and MoH have been included in the system. Export capabilities and syncing data with MOH's HMIS and DATIM have been provided.

I

During the development of the system, several consultative meetings with the OSCs Coordinators and systems feedback interactions were conducted. Tests were then done to establish the functional capabilities of the system. The interactions greatly assisted the project in developing a system that was responsive and had capabilities to effectively track the GBV program.

GBV IMS preparatory meeting with OSC Coordinators – Kabwe

After the development of the GBV IMS on the DHIS 2 platform, the project engaged Gender Division to discuss scaling-up the use of the system. The system was then presented to the Gender Division and there was buy-in and intention to scale up the system. The Gender Division proposed for a stakeholders meeting with various government line ministries that are implementing GBV related activities so that they could appreciate the system and discuss the roll-out plan. A stakeholders meeting was then conducted in Kabwe to garner inputs from the on the system. The meeting was chaired by Gender Division and had representatives from various key line ministries and other government institutions such as MOH, Police, NPA, Education, Ministry of Justice and Social Welfare. At this meeting, the system (GBV IMS) was presented to the stakeholders to provide feedback on its design and align it to the implementation of the strategy. Stakeholders expressed excitement about the system and provided feedback. Key among the feedback provided was the extension of the GBV IMS beyond the OSC by giving it capability to capture data from the police and other service delivery and entry points for GBV identification and service provision. The M&E team further made a virtual presentation to GBV TWG on the system. A lot of stakeholders in the GBV space expressed interest on understanding the system further.

Part of the participants at the GBV IMS Stakeholder's meeting - Kabwe

During the last quarter of the year, the project trained a total of 81 OSC Counsellors and Data Clerks in GBV IMS use from all supported OSCs both from TA and DSD districts. The training was aimed at making the OSC staff understand and appreciate the system so that they could begin using it in their respected OSCs. The training was focused on DHIS 2 basics, OSC data tools and data collection processes and finally GBV IMS. The project will provide computers and internet in all the OSC where the system will be operating to ensure timely entry of data. The M&E team has dedicated two M&E Officers as focal point persons for the OSC staff using the system.

Training of OSC Data Clerks and Counsellors in GBV-IMS - Lusaka

At the outset of the period under review, the project focused on strengthening internal data collection, entry and management systems by undertaking a database systems audit. During the audit which was conducted at an M&E retreat, proposals where made as to what type of changes needed to be made to the system in order to make it function optimally. The changes were to enhance the data entry speed and give the system ability to accept data offline as the online-based entry system posed a challenge due to unstable internet. Changes and adjustments were made to the system and this has seen significant improvements in data entry speed. With these changes to the system, the M&E team has had ability to verify volunteers that worked each month prior to payment of monthly stipends. Apart from systems adjustments during the M&E retreat, refresher trainings on project indicators and program guidelines were conducted to Data Entry Clerks. This helped the DECs to conduct their data entry quicker and build capacity to the community volunteers based on current MER guidelines. At about year, a follow-on orientation was conducted with the DECs to build on the skills earned from the retreat and also to present to them the changes made to the system that would ease the data entry processes. Ultimately, FY22 saw major DHIS 2 improvements and stability.

M&E team retreat - Chaminuka

In FY23, the project envisions full uptake of the GBV-IMS across all supported OSCs. This will help to ensure timely collection of data for GEND_GBV. The project will go ahead and mop all the data from 2019 and enter it into to the GBV IMS. This will enable the project to capture all GBV services provided at the OSC during the life of the project. The GBV system will be launched during early parts of FY23. There will be continued support to the OSC to ensure that data is being collected with a high degree of accuracy. The project is also exploring ways to make the GBV IMS have additional capabilities of tracking GBV data beyond the OSC but capture other entry points.

CHALLENGES

The project recorded significant positive outcomes that have been described in this report. However, it also encountered challenges that were addressed as in the table below

	Challenges	How they have been addressed
1.	High number of pending cases mainly due to some police officers being slow to conclude investigations and process dockets to NPA for prosecution.	The project supported NPA and Zambia Police Service (ZP) to conduct prosecutor-led investigations to clear the backlog of cases pending at various police stations.
2.	Lack of coordination between VSU and Criminal Investigations Department (CID) affects the rate at which cases are investigated and forwarded to NPA for prosecution.	The project supported NPA to conduct stakeholder meetings at district level which provide a platform for all stakeholders to meet and share best practices and knowledge.
3.	Change of Government in August 2021 led to change of members in the community structures like CWACs which created a gap due to delayed replacement and the new member had no skills on child protection and GBV management.	The project supported the selection of new members of community structures and built their capacity on child protection and GBV management.
4.	Lack of local language translated CBIM cards series.	The project translated CBIM cards series in three local languages (Chewa, Silozi and Tonga).

5.	Lack of training materials such as special balls for children with disabilities.	These were encouraged them to do alternative sporting activities that didn't involve balls, as the special balls were equally unavailable in the market.
6.	Competition from other USAID funded organizations that are providing food, jerseys to CBIM boys and paying higher stipends to the coaches.	The project engaged MYSA for standardization during implementation so that food should not be provided as it's equally not sustainable.
7.	Continued transfers of trained medical personnel causes capacity gap at OSCs	The project trained more medical personnel from the facilities so that we have a pool of staff to cover up in case of transfers.
8	Limited infrastructure for OSC	Lobbying to MOH and facility heads to attach importance to offering of post-GBV care services. In addition, some of these decision makers were trained which helps them understand the importance of the OSC .

LESSONS LEARNED

During the period under review, the following were some of the lessons learned.

3) There is need to strengthen case flow structures from community level, vis-à-vis the community child protection committees to service providers like the OSC and police.
4) CBIM intervention though directly benefiting the boys, to greater extent has also positively impacted on the coaches on HIV and GBV prevention.
5) Engagement of key Government ministries to lead on project implementation provides ownership of the program by Government.

LIST OF UPCOMING ACTIVITIES

1) Capacity training in MDT and LIVES for service providers
2) Train Community Activists, Coaches and Peer Educators in GBV and HIV implementation using *SASA!,* CBIM and Peer Education
3) Support OSCs with equipment and supplies
4) Participate in National and Chiefdom level commemoration of 16 Days Activism Against GBV
5) Project Monitoring and submission of agreed milestones.

Annexes

1. EMMP 

2. Success Stories