
Empowering Voices, Transforming Solutions

Strengthening Zambian Sexual
and Gender-Based Violence
Interventions through Centring
Community Perspectives and
Multi-Sectoral Stakeholder
Collaboration

2023

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This report presents the results of a participatory action research project in Zambia, aiming to understand the challenges and strengths of sexual and gender-based violence (SGBV) interventions from diverse perspectives. Emphasising collaboration and community-centred approaches, the report offers practical recommendations to improve SGBV interventions. The insights contribute to global efforts against SGBV and offer valuable guidance for practitioners and policymakers, promoting more effective and sustainable solutions.

This report shares the findings of a participatory action research project conducted in Zambia from July 2020 to March 2023. The project aimed to understand the strengths and challenges of interventions addressing sexual and gender-based violence (SGBV) from the perspectives of those implementing the interventions and those affected by them. It focused on community assets and needs, involving grassroots organisations as research partners to prioritise local voices. The report emphasises the importance of collaboration, policy comprehension, community-centred approaches, and supportive systems and services in improving SGBV interventions. The insights gathered from stakeholders and community members contribute to global efforts against SGBV and inform effective interventions.

The research project aimed to address SGBV approaches in Zambia by encouraging community-centred approaches and incorporating diverse perspectives. It worked closely with grassroots organisations to ensure the research approach was relevant, inclusive, and effective. By evaluating the perspectives of stakeholders and community members related to intervention initiatives, outcomes, and community experiences, the research aimed to offer strategies to strengthen existing interventions. The report presents key findings from stakeholder interviews and community discussions, highlighting successes, challenges, relevant policies, and recommendations to strengthen SGBV efforts.

EXECUTIVE SUMMARY

The findings underscore the importance of dialogue between stakeholders and communities, understanding and critically engaging with policy discourses, and identifying shared priorities and challenges. Based on these insights, the report provides practical recommendations to strengthen SGBV interventions in Zambia. These include training for professionals and paralegals, survivor-centred approaches, linking SGBV and HIV prevention services, safeguarding measures, improving access to centres and shelters, community awareness and empowerment, and advocating for increased funding.

The research project faced challenges due to the COVID-19 pandemic, leading to remote data collection and limited in-person interactions. Despite these obstacles, the report highlights the significance of community involvement and diverse perspectives in effective and sustainable SGBV interventions.

The insights and recommendations from this research project in Zambia can inform evidence-based policies, guide program strategies, and support advocacy efforts to improve SGBV interventions worldwide. By emphasising community-centredness and diverse perspectives, the report emphasises the importance of collaborative and inclusive approaches in addressing SGBV effectively. The findings provide valuable insights for practitioners and policymakers in the field of global health, promoting stronger SGBV interventions and sustainable change.

The research project aimed to address SGBV approaches in Zambia by encouraging community-centred approaches and incorporating diverse perspectives. It worked closely with grassroots organisations to ensure the research approach was relevant, inclusive, and effective. By evaluating the perspectives of stakeholders and community members related to intervention initiatives, outcomes, and community experiences, the research aimed to offer strategies to strengthen existing interventions. The report presents key findings from stakeholder interviews and community discussions, highlighting successes, challenges, relevant policies, and recommendations to strengthen SGBV efforts.

NON VIO LEN CE D U N D E R R E P R E S S I O N

Sexual and gender-based violence (SGBV) is a widespread problem globally, and many international efforts are being made to address it. Global initiatives, such as the 1979 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) (UN Women, 2009) and the 1993 Declaration on the Elimination of Violence against Women (UNGA, 1993), have led to significant investments from international donor agencies to support countries' efforts in combating SGBV. For instance, the UK Department for International Development (DFID) allocated a substantial £24,948,733 through the Prevention of Violence against Women and Girls Research and Innovation Fund, aimed generate evidence on effective strategies to prevent and respond to SGBV, and use that evidence to shape policies and programs for countries in Global Majority regions. (DFID, 2019).

In Zambia, SGBV is a significant issue, with 47% of Zambian women and girls aged 15-49 reporting intimate partner violence (IPV) within the last 12 months (Lowe Morna et al., 2020). To address this problem, Zambia passed the Anti-Gender-Based Violence (Anti-GBV) Act in 2011, which is considered one of the most comprehensive SGBV laws in the Southern Africa Development Community (SADC) region (Elizabeth, n.d.). However, there are concerns about how this law is being implemented and the effectiveness of collaborative efforts (Avocats Sans Frontières, 2017). To tackle these concerns, the Government of Zambia (GRZ) and the United Nations (UN), with support from the European Union (EU), have implemented programs to strengthen SGBV prevention and response systems in the country.

The GRZ and the UN have joined forces to launch a three-year program called the Joint Programme on Gender-Based Violence. With a budget of USD\$6.7 million, this program aims to strengthen GBV prevention and response systems in Zambia (UN Zambia, 2019). The EU has also contributed by providing a €25 million grant to support the SGBV Prevention and Support to SGBV Survivors program. This program works in partnership with four national and international non-governmental organisations (iNGO), including Lifeline/Childline Zambia, World Vision Zambia, Norwegian

Z O H C U D O R H N

Church Aid, and BBC Media Action. Currently operating in the Luapula and Northern Provinces of Zambia, these programs aim to prevent SGBV by challenging harmful cultural beliefs and improving access to support services for survivors. The expected outcomes include increased awareness, changes in societal norms, education of traditional, religious, and political leaders about SGBV, greater community involvement, improved support systems, and better coordination by the government (NAOEDF, 2019).

Although efforts have been made to address SGBV in Zambia, there are ongoing concerns about how the issue is approached and tackled together. To address this, the Zambia National Network Against Sexual and Gender-Based Violence (ZNAS) was created. Community activists stress the significance of personal and shared responsibility in challenging the harmful beliefs and behaviours that contribute to SGBV (Chungu, 2017). They advocate for coordinated interventions and mechanisms to promote change and hold individuals accountable.

This report shares the results of a detailed research project that investigates the perspectives of various actors and community members on how Zambia addresses SGBV. The focus is on finding ways to improve current interventions by prioritising the strengths, assets, and needs of the community. While global frameworks and donor-funded programs have supported efforts against SGBV, the high prevalence of this issue in Zambia calls for more effective strategies that actively involve the community. Concerns remain about the impact of the Anti-GBV Act and ongoing programs supported by the GRZ, UN, and EU on the community. Collaboration between institutions and the community needs improvement, and coordinated interventions are necessary. The creation of the Zambia National Network Against Sexual and Gender-Based Violence (ZNAS) shows recognition of these challenges.

Based on three main goals, this research project used a combination of methods to study the issue of SGBV in Zambia. The methods included analysing policies related to women's health and empowerment, conducting interviews

NON FURTIVE PRO FIT

with institutional stakeholders, organising focus group discussions (FGDs) with various community members, and hosting a stakeholder workshop. The project took place from July 2020 to March 2023 and involved both institutional stakeholders and community members, particularly marginalised community groups. Its purpose was to understand the strengths and challenges of SGBV interventions in Zambia from the perspectives of different stakeholders and community members. With that understanding, the report provides practical recommendations that highlight the importance of community involvement and diverse viewpoints in developing effective and long-lasting approaches. Despite the existence of international support and allocated resources, the high prevalence of SGBV in Zambia requires better strategies. By examining relevant policies, finding areas of agreement between stakeholders and the community, promoting collaboration, and encouraging collaborative participation of stakeholders and communities, the research project aimed to address gaps and create collective recommendations to improve SGBV interventions.

The research project faced limitations because of the COVID-19 pandemic, which required part of the data collection to be done remotely. While this affected face-to-face interactions, it provided flexibility and allowed the inclusion of individuals who face accessibility challenges. However, there were difficulties in involving populations that experience higher levels of violence, which may have resulted in their underrepresentation. In future efforts, it is important to make a deliberate attempt to include marginalised groups. Although the research mainly focused on Zambia, its findings can be adapted for other places dealing with interventions against sexual violence. The perspectives gathered from institutional stakeholders and community members contribute to a deeper understanding of how to combat sexual violence. The recommendations generated from the research can be valuable for policymakers, practitioners, and advocates worldwide. The methodologies and approaches used in the project provide insights into conducting research in difficult circumstances and during crises, which can benefit researchers and organisations in different settings.

METHODS

The research project followed a step-by-step approach to understand institutional stakeholder and community member perspectives with the aim of improving SGBV interventions in Zambia. It involved analysing relevant women's health and empowerment policies, conducting interviews and FGDs, and facilitating a stakeholder workshop.

01

Women's Empowerment & Health Policy Analysis

In the first phase, the research team analysed key women's health and empowerment policy documents using critical discourse analysis. This helped create an understanding of how the policies influenced power dynamics and social inequity related to SGBV. This phase aimed to provide a valuable tool for global health practitioners to analyse the discourses perpetuated by policies and critically reflect on their usefulness in strengthening SGBV interventions.

02

Institutional SGBV Stakeholder Interviews

The second phase involved conducting in-depth interviews (in July 2020 and between January-March 2021) with 19 institutional stakeholders (listed in Table 1) operating within the realm of SGBV in Zambia. The sample comprised representatives from implementing agencies, donors, and grassroots organisations. The selection of interviewees was informed by recommendations from colleagues and a mapping process of SGBV and women's empowerment organisations. Interviews were conducted in person or through virtual platforms, aiming to gather insights into SGBV intervention strategies, perspectives on policy utilisation and implementation, and community-centred approaches.

Table 1: List of nineteen (19) interviewees by organisation and sector affiliation

Organisation Name	Sector Affiliation
European Union	Donor
United Nations Development Programme (UNDP) Zambia	Donor
United Nations Population Fund (UNFPA) Zambia	Donor
Sistah Sistah Foundation Zambia	Grassroots Organisation
Women and Law in Southern Africa (WLSA) Zambia	Grassroots Organisation
Young Women Christian Association (YWCA)	Grassroots Organisation
ActionAid Zambia	Implementing Agency
FHI 360	Implementing Agency
Judiciary of Zambia	Implementing Agency
Lifeline/Childline Zambia	Implementing Agency
National Legal Aid Clinic for Women (NLACW)	Implementing Agency
Non-governmental Gender Organisations Coordinating Council (NGOCC)	Implementing Agency
Population Council	Implementing Agency
Victim Support Unit, Zambia Police Service	Implementing Agency
World Vision Zambia	Implementing Agency
Zambia Centre Communication Programs (ZCCP)	Implementing Agency
Zambia Human Rights Commission	Implementing Agency
Zambian Ministry of Chiefs and Traditional Affairs (MOCTA)	Implementing Agency
Zambian Ministry of Gender	Implementing Agency

03

Focus Group Discussions with Community Groups

The third phase included FGDs with different community groups between November-December 2022: current and former sex workers, individuals with disabilities, and SGBV activists. The aim was to understand their experiences and perspectives on SGBV and interventions. Participants were recruited through local grassroots organisations, Sistah Sistah Foundation and Disability Rights Watch. The research project team, with the assistance of a hired rape crisis counsellor, facilitated and led the FGDs.

02

Multisectoral Stakeholder Workshop

The fourth phase centred around a stakeholder workshop, held in March 2023, where 48 participants, including community members from the FGDs, institutional stakeholders interviewed during phase two, and other relevant stakeholders. Disability Rights Watch facilitated the workshop, during which the research team presented the findings from the interviews and FGDs. The workshop served as a platform for knowledge sharing, open discussion, and collective reflection on the research findings and their implications for SGBV interventions in Zambia.

In summary, this research project was designed to examine relevant policies, gather diverse perspectives on the functioning and impact of Zambian SGBV interventions, and engage institutional stakeholders and community members in collaborative knowledge sharing and reflection - ultimately with the aim to apply all these learnings towards strengthening SGBV interventions in Zambia.

RESEARCH FINDINGS

Policy Analysis

This research project used critical discourse analysis (CDA) to examine global health policies on women's empowerment and sexual and gender-based violence (SGBV) in Zambia (Breton, 2022). The policies included: the 1979 CEDAW treaty; CEDAW's 19th Recommendation, which highlights SGBV's negative impact on the health and livelihood of women; the 1993 DEVAW; SADC's Prevention and Eradication of Violence Against Women and Children (SADC Addendum); Articles 1-5 and 22-23 of the 2003 Maputo Protocol, which directly address and define non-conflict SGBV; and Zambia's 2011 Anti-Gender-Based Violence Act. The analysis revealed limitations and biases within these policies that hindered structural transformation and community liberation.

The key findings from the analysis were:

- 01 Protection of Women**
Policies focused on protecting women often overlooked empowerment and collective action, treating women as passive recipients of care.
- 02 Promotion of Equality**
Gender mainstreaming approaches maintained existing gender norms and excluded marginalised groups, failing to address complex gender dynamics.
- 03 Eradication of Harmful Cultural Norms**
Global perspectives labeled traditional practices as backward without considering the agency and autonomy of African communities in shaping their own norms.
- 04 Neoliberal Empowerment**
Policies promoting neoliberal empowerment through employment and capital failed to address intersecting oppressions and maintain unequal economic relations.

To address these limitations, it is crucial to shift policy discourses towards promoting agency, collective action, and inclusion of diverse voices and experiences. The insights from the analysis inform the project's aim of strengthening SGBV interventions by incorporating local perspectives and strategies.

The analysis also highlights contradictions and shortcomings in global public health policies, calling global public health actors to conduct reflexive examinations of their use and reliance on these limiting discourses. Involving communities from Global Majority regions from the beginning is essential to challenge exclusionary practices and ensure transformative approaches to SGBV interventions.

By incorporating the insights from the critical discourse analysis, the research project can work towards inclusive, community-driven, and transformative SGBV interventions in Zambia, addressing power imbalances and colonial legacies in global health

Comparison of Institutional Stakeholder and Community Perspectives

Table 2 compares the perspectives of interview participants, who represent institutional stakeholders, and focus group discussants, who represent community members. It provides valuable insights into their views on various topics related to addressing SGBV in Zambia, including successes, relevant policies, and challenges. This analysis helps us understand the diverse perspectives among stakeholders, revealing areas where they agree and disagree. This information is crucial for developing comprehensive and effective interventions to combat SGBV in Zambia.

Table 2: Comparison of perspectives between institutional stakeholders and community members

	Stakeholders	Community Members
Perspectives of successes	<ol style="list-style-type: none"> 1. Legal and judicial measures <ul style="list-style-type: none"> ◦ Fast-track courts 2. Collaborative efforts and community engagement <ul style="list-style-type: none"> ◦ Multi-country and -sectoral collaborative effort ◦ Increased engagement with traditional leaders 3. Policy development and technological innovations <ul style="list-style-type: none"> ◦ Creation and localisation of relevant policies (i.e., Anti-GBV Act and the National GBV Policy) ◦ Development of the GBV Information Management System 	<p>Their responses were limited and did not provide much insight into the impact of such efforts on the community.</p>

Table 2 (cont'd)

	Stakeholders	Community Members
Perspectives of relevant Zambian policies	<ol style="list-style-type: none"> 1. The Anti-GBV Act conflicts with cultural issues 2. Inadequate resources to enforce the Anti-GBV Act 3. Inadequate provisions in the Anti-GBV Act 4. Lack of penalties in the Anti-GBV Act 5. Inconsistencies between the Constitution and the Anti-GBV Act 	<ol style="list-style-type: none"> 1. Lack of widespread understanding and knowledge of relevant policies pertaining to SGBV 2. For those more familiar, there was recognition that the policies were not sufficiently implemented as promised or intended 3. Concern that policies/IEC material have not been translated or produced in braille, which would increase policy accessibility for persons with disabilities
Perspectives of challenges	<ol style="list-style-type: none"> 1. Resource and policy challenges <ul style="list-style-type: none"> o Insufficient resources and funds to the response and prevention of SGBV o Lack of harmonisation and gaps in policies 2. Coordination and collaboration challenges <ul style="list-style-type: none"> o Inconsistent perspectives on coordination and harmonisation o Lack of SGBV Commission 3. Social norm and service provision challenges <ul style="list-style-type: none"> o Culture as a hindrance to SGBV prevention o Inadequate skills among service providers, under staffing, and staff transfers o High withdrawal of SGBV cases by women o Re-offending perpetrators 4. External Crisis Factor <ul style="list-style-type: none"> o COVID-19 Pandemic 	<ol style="list-style-type: none"> 1. Support and service accessibility <ul style="list-style-type: none"> o Lack of proper platforms for SGBV survivors to get adequate help o Lack of information on where to seek SGBV support and services o Learners' lack of knowledge due to inadequate teaching of Comprehensive Sexuality Education framework in schools 2. Negative attitudes and fragmented treatment procedures <ul style="list-style-type: none"> o Lack of Trauma informed Care o Negative attitudes from police and medical professionals towards SGBV survivors o The procedure to seek treatment is tedious 3. Inadequate support for marginalised community groups <ul style="list-style-type: none"> o Abandonment from expected support systems and service providers o The GBV fast track courts lacks specific guidelines to provide a supportive environment for women with disabilities, which speaks to inadequacies within the legal framework

Perceived Successes

Institutional stakeholders highlighted successful approaches in addressing SGBV, such as implementing legal and judicial measures like fast-track courts, fostering collaboration, engaging communities through multi-country and multi-sectoral efforts, and utilising policies and technological innovations like the GBV Information Management System. These approaches have been instrumental in addressing long-standing challenges faced by survivors of SGBV. For instance, in Zambia, the introduction of fast-track courts has been hailed as a blessing, allowing cases to be heard swiftly with minimal interference with witnesses. This timely resolution also enables survivors to stay at shelters for support during the case's proceedings, which was not possible in the past, where cases often dragged on for years, leading to loss of interest and withdrawal of cases. Additionally, traditional leaders' knowledge on SGBV has proven valuable in handling cases within chiefdoms and providing crucial linkages to organisations for survivors. Their efforts have motivated community members to join the fight against SGBV. Furthermore, some stakeholders perceive collaboration between institutions, government, and grassroots organisations has been successful, facilitating extensive work at both community and national levels. The existence of partnerships has reduced barriers and challenges, resulting in more effective SGBV interventions.

"The coming of the fast-track courts, it is a blessing for Zambia, cases can be heard, there is little interference with the witnesses and it's even possible to keep a victim at the shelter for 3 months within the time the case is been heard. Unlike in the past where cases took years to conclude...and they could have given up on the case or just withdrawn the case."

(Research Advocate, implementing agency)

"With the knowledge on GBV that traditional leaders have received, they are able to handle GBV cases within the chiefdom and provide linkages to organisations for GBV victims. The traditional leaders have also motivated the community members to join in the fight against GBV."

(Programme Officer, implementing agency)

"No, there are no barriers or challenges [when collaborating with government and grassroots organisations]. Most of our institutions work with implementation partners where it is a partnership and we work together, doing a lot of work at community level and national level. So, there are no barriers, per se, because of the agreement that we have with our implementing partners."

(Programme Coordinator, donor agency)

On the other hand, when community members were asked to share their perspectives on organisations and interventions that address SGBV in their communities, the responses were limited and did not provide significant insight into the presence and impact of such initiatives. However, a deeper exploration of specific experiences sheds light on the challenges faced by vulnerable groups, such as persons with disabilities, in accessing support and justice for SGBV incidents. Women and men with disabilities recounted their struggles in seeking assistance from the police and the courts. They highlighted the lack of

awareness and understanding among service providers, leading to a lack of appropriate support and accommodations. For instance, a woman with disabilities shared her frustration, stating that officials often disregard her presence and neglect her needs. Moreover, participants mentioned the decline in involvement since the Ministry of Gender's reduced presence, further exacerbating the issue. Similarly, a deaf participant described the daunting hurdles faced in reporting incidents of sexual violence, including communication barriers, absence of sign language interpreters, and the daunting process of navigating the legal system alone. These experiences shed light on the critical gaps in resources and government commitment to addressing gender-based violence, with promises of establishing dedicated commissions unfulfilled. These findings underscore the urgent need for inclusive and accessible support systems to protect the rights of vulnerable populations and ensure effective responses to SGBV incidents.

"...generally, I think persons with disabilities no one hears from them. It's always a by-the-way thing. Every institution, they don't really mind about persons with disabilities...People are not educated in these institutions about issues of persons with disabilities, being sexual violence or...It's like [we] are being separated from the the rights of human rights...when I go to the police, they won't even mind that I'm even there, they'll be just passing by. Even at the hospital when I go there...It's like every time you have to explain yourself."

(Women with disabilities FGD participant)

"Especially when the the Ministry of Gender was there, it was very, we were very active. We were being contacted to be involved, but maybe this is because that ministry is no longer [that we are not as involved]."

(Women with disabilities FGD participant)

"So, when [a deaf person experiences sexual violence], to report to VSU or police when you go to court, you will have to pass through many procedures. You have to write and then they ask you, 'Which village? Which chief? Who is your father?' There are forms to follow, but for the deaf they don't know anything. What am I going to write? Because I don't even know what to write. So, you have to find the lawyer – the lawyer you don't have money to pay – and then that perpetrator is enjoying while seeing you suffer...So, the court themselves, they don't have [a sign language interpreter] to stand in. You have to face the judge yourself."

(Men with disabilities FGD participant)

"Because the government officials, this should be something that they should be doing. Gender division. Aside from coming up with themes for 16 Days of Gender Activism, and Women's Day, they're supposed to be going to these villages and educating these people.

But then it's like, one, resources around sexual gender-based violence or gender-based violence in general, there are no resources there. Because when you go to the Anti-GBV Act, you read that was supposed to have a commission, and that commission is supposed to be funded by the government. But for the past 10 years, there's been no resource directed to that commission. The commission has not even been set up. This government, they promised us that they will, but it's been over a year, and we still don't have a gender division, like a commission."

(SGBV activist FGD participant)

Perceptions of Zambian SGBV Policies

Both institutional stakeholders and community members expressed concerns about the implementation and impact of relevant SGBV policies in Zambia. Community members, in particular, felt that they did not experience the intended effects of these policies. Institutional stakeholders raised concerns about cultural conflicts, limited resources, inadequate provisions, lack of penalties, and inconsistencies between the Anti-GBV Act and the Constitution. For instance, an SGBV activist highlighted the conflicts between customary law and statutory law, where decision-making power remains skewed towards men, families, and communities, perpetuating societal norms that undermine survivor empowerment. Furthermore, community members pointed out the insufficient rollout of the Anti-GBV Act, with limited awareness and understanding among the public, leading to a lack of effective implementation across the country.

Additionally, institutional stakeholders discussed challenges related to government funding and politics, affecting the effective execution of SGBV initiatives. A Country Director from an implementing agency mentioned the need for multidisciplinary training for police officers, highlighting the lack of awareness about existing relevant guidelines. The challenges with funding were also brought up by a Programme Manager from a donor agency, where government funding was underfunded and indirectly allocated through NGOs, creating complexities in the implementation process. These findings underscore the need for improved coordination, awareness, and financial support to strengthen the impact of SGBV policies and interventions in Zambia.

"...when you look at the [Anti] GBV Act, [you still see] how there this conflict between the customary law and the statutory law...It's still conflicting...for Zambia, we still like uphold our customary law...And even when you've seen the [Anti] GBV Act, you're still going to see that it doesn't give the victim any power to make decisions. The decision still relies on the men, the family, and the community...I think because it's not clear in the way that it comes out, it still perpetrates certain societal norms and beliefs within itself...And I see why people want to change and all of that. And when it comes to [Anti] GBV Act, there's been little or no rollout to the rest of the country. I think if we randomly just stopped a woman on the street and [asked], 'Do you know about the [Anti] GBV Act?' she'll tell you no. And if we place the table at the roadside and stopped 10 people randomly...maybe one out of the 10 [will] tell you they know something, and not that they know the content of the Act. They've just heard about it in passing...in this 16 Days of Gender Activism. So the roll out of it is not good."

(SGBV activist FGD participant)

"...we tried do multidisciplinary training with police officers for 5 days. And [they] were not aware that there is a multidisciplinary guideline for the management of sexual violence in Zambia issued by the Ministry of Gender and a lot of research at the council fed into these guidelines. The guideline details how police, medical personnel and the required psychosocial councillors for survivors of sexual violence should be in the country."

(Country Director, Implementing agency)

"There seem to be a lot of politics at play, because [we] don't fund government directly. The government is taking lead with NATWAMPANE, but we then fund directly the NGOs who are going to be implementing. So we have difficulties, you know, because Ministry of Gender is underfunded...So, you can see the issues there..."

(Programme Manager, Donor agency)

Perceived Challenges in Addressing SGBV

Both institutional stakeholders and community members recognise various challenges in addressing SGBV. One key challenge is the limited availability of resources and funding, which affects the accessibility and availability of support services for survivors. For instance, a Research Advocate from an implementing agency pointed out the difficulties in handling defilement cases due to the insufficient funds to purchase necessary reagents for the DNA lab. This limitation can hinder effective investigation and resolution of such cases.

Moreover, the participant quotes shed light on another pressing challenge, which is the influence of social status and privilege on accessing justice. An SGBV activist shared an alarming observation of how justice seems to be biased and dependent on the social standing of the survivor and family. The quote exemplifies how a police officer's response may vary depending on the perceived importance or social status of the survivor's family. This highlights the need for a fair and impartial justice system that provides equal treatment to all survivors, regardless of their background.

“...I asked [a police officer and asked], 'how would you feel if someone did this to your child?' She was like, 'No, it can't be my child.' Because her, she is the police officer and she's very special. This can't happen to my children. And so, you see...if this was happening to the Speaker's child, it would be a whole case. Like they would find the perpetrators overnight. So, it's who you are, for you to get your justice in this country. You need to know who you are, where you work, how much money you have, how influential you are.”

(SGBV activist FGD participant)

The importance of comprehensive policies and their effective implementation in addressing SGBV was also emphasised. Institutional stakeholders identified specific challenges falling into resource and policy constraints, coordination and collaboration challenges, social norm and service provision challenges, as well as external crisis factors. Within this context, participants discussed the complexities and inconsistencies within existing laws and policies. An Executive Director from an implementing agency highlighted the challenges arising from inconsistencies in the Constitution and other laws despite having progressive provisions in the Gender Equity and Equality bill of 2015 and the Anti-GBV Act of 2011. The process of amending these laws poses its own difficulties, leaving gaps in the legal framework to effectively address SGBV cases.

Moreover, a Co-Founder of a grassroots organisation pointed out that while Zambia has commendable policies on paper, the real issue lies in the implementation and enforcement of these policies. Despite having robust laws to address SGBV and sexual assault, survivors often face disheartening experiences when seeking help from the police. The lack of adherence to the policies and laws by the systems responsible for upholding them allows perpetrators to continue their abusive behaviours, undermining the effectiveness of the existing legal framework.

These findings underscore the importance of not only having comprehensive policies but also addressing the challenges in their implementation and enforcement to create a meaningful impact in combating SGBV.

“... so we have to address the inconsistencies in our laws through amending them or repelling them, but that process takes a bit of time, political will, and so forth. But that has been a challenge that we still have these gaps in our laws in the Constitution although we have very progressive provisions, especially in the Gender Equity and Equality bill of 2015... [and] the Anti-GBV Act of [2011]. The Penal Code is still there to strengthen provisions when addressing some of these minimum service for defilement, which is now 15 years, and [the] introduction of sexual harassment and these other offences, but I think we still have a problem with our Constitution. You know, the process of amending that is something else, but basically inconsistencies in our laws is a challenge.”

(Executive Director, Implementing agency)

“I think all I can say from my perspective, GBV like I said before, we have these laws and not activism and so I even mentioned like I love how the policies are in Zambia when it comes to gender based violence and sexual assault. But down to it, people don't care, a lot have gone [to the] police station [and end up with bad experiences]...So it's like the system that needs to uphold these same policies and laws, they don't. And that in turn also makes these perpetrators and abusers to continue to abuse...So...the only thing I can complain about is [the policies are] there, [which is] great. but how is it helping people?”

(Co-Founder, Grassroots organisation)

Community members highlighted issues related to accessing and using support services, negative attitudes and fragmented treatment procedures, and insufficient support for marginalised community groups, including women with disabilities and sex workers.

“There is stigmatisation because once they go to the police, the police will say ‘ndiwe chi hule chabe, Kapena wamubela chabe that's why akumenya’ (you are a prostitute you probably stole from him/her that's why you were beaten) or whatever, you know? There will be all those things. It's the same thing whereby these people are scared to go to the clinic...because even the nurse herself will go and discriminate.”

(Sex worker FGD participant)

“A person with intellectual disability would be sexually violated and when we go to victim support, to say this person was violated and everything, they would say, ‘No, this person is an imbecile’. So then, where is litigation there?...this person deserves the right to be protected.”

(Women with disabilities FGD participant)

“It is a challenge even to report. I've worked with the Victim Support Unit...a person with a disability comes there to report. Immediately that person goes out there, they've sent [them] to another office. They will start now saying that the person who raped this person with a disability has enjoyed because it's like it has been long or maybe she has never had. And the attorney also says to the male who raped her saying that he enjoyed because the woman...was a virgin. So, it is dangerous because it's like you're washing your dirty linen in public when you go and report to the police station. They don't take us as people who can interact in that particular space of sex...”

(Men with disabilities FGD participant)

The challenges are deeply interconnected with the perspectives shared by institutional stakeholders, particularly regarding economic dependency and vulnerability. A programme officer highlighted that many women withdraw their cases due to their reliance on their husbands for livelihood and the fear of losing their jobs if they report harassment by their employers. These factors, in turn, contribute to the underreporting and withdrawal of SGBV cases before they can be heard before the courts of law.

“Women are enemies of themselves, they usually withdraw their cases because majority of them depend on their husbands [who are majority of perpetrators of GBV] for a livelihood. For other women, they not very well educated and vulnerable and if they report a boss who harassed them, they might lose a job and they might not get another job. So, they either choose to live in silence or withdraw the case before it heard before the courts of law...”

(Programme officer, Implementing agency)

High withdrawal of SGBV cases by women can be influenced by multiple factors, including stigma, victim-blaming, fear of retaliation, lack of support, and inadequate legal mechanisms. These norms and attitudes discourage women from reporting or pursuing their cases, negatively impacting the effectiveness of service provision. Such discouragement creates unwelcoming environments for survivors, making it difficult for them to access and engage with support services that fail to adequately address their unique needs and circumstances. Consequently, this perpetuates a cycle of underreporting and inadequate response to SGBV cases.

Similarly, the re-offending of perpetrators can be linked to both social norms and challenges in service provision. Harmful norms that normalise or excuse violence contribute to the perpetuation of such behaviour. Additionally, the absence of comprehensive rehabilitation and prevention programs for perpetrators has detrimental effects on both the health and legal systems. Without appropriate interventions addressing the root causes of violent behaviour and promoting behaviour change, individuals who have perpetuated violence may continue to pose a threat. This puts additional strain on health and legal systems and continues a cycle of violence, hindering efforts to create safer communities.

“...we are still going to point out that [the vast majority of] perpetrators are men, and it's not us being hateful towards men because we want to make them miserable. That's pointing to men as a society, as a whole...benefit from a system that [harms] women...so asking them to be more responsible to take a stand doesn't necessarily [harm] them. We are asking them to be accountable, and people see that as we don't like men.”

(Co-Founder, Grassroots organisation)

“...the issue that was missing...how do you stop offending? How do you stop that? Today you are taking this person to the GBV court and given the two years in prison, then they come out. How do you stop that person from re-offending? Let them undergo counselling, teach them how to live with people in society...”

(Legal expert, Implementing agency)

Exploring Ways that Communities Empower Themselves

FGD participants openly shared empowering strategies they employ to safeguard themselves and their communities against SGBV. Through candid accounts and valuable insights, we gain a deeper understanding of the resourceful and community-driven measures they undertake to create safer environments and foster mutual support amidst the challenges posed by SGBV. One participant, a sex worker, highlighted the creation of a platform to advocate for sex worker rights, providing a safe space to educate each other about their rights and assert themselves against abuse. A women with disabilities FGD participant emphasised the importance of supporting each other to avoid vulnerability and protect against violations. Likewise, participants with disabilities discussed how community home-based caregivers play a crucial role in identifying and assisting those hidden and abused within their homes. The discussions brought to light the presence of information dissemination on SGBV within communities, but also highlighted the need for better assessment of the quality and relevance of this information. These participant quotes present tangible evidence of how communities are actively empowering themselves and each other, demonstrating proactive approaches to combat SGBV and create safer and more resilient environments.

“So, we've created a platform where we are able to let [other sex workers] know what their rights are....And believe me, in...the past year, we've had success stories where a sex worker would come and just say, 'In the past, they used to abuse me, but now I am [able] to speak out.'...What we do have [are] small workshops like these. We invite maybe 10 sex workers [and] we discuss the rights. [In] most cases, a sex worker puts themselves like, 'I am not a human being, I'm just a sex worker. When I go to the clinic, they call me a sex worker. When I go to the police, they call me a sex worker.'...So, we are letting them know that, listen, you are a human being, you have rights, you have got the right to actually say no...”

(Sex worker FGD participant)

“I think as what we're doing as individuals to avoid vulnerability is also [to] talk to one another. We are trained to be sisters' keepers, because there are situations where, like people that do not have disabilities do not understand the diversity of disability...if I see that there is a woman or a girl with a disability that is just not well treated or not staying under a very accommodative environment, I will try to interrogate and find the best ways of how we can find the best shelter where this person can stay or something for them to do.”

(Women with disabilities FGD participant)

“...I can mention one particular church that I've worked with to do identification of persons with disabilities who have been kept behind the door and locked because of being with a disability. These are community home-based caregivers. When they're going out to visit other people in these spaces, they're able to identify a child or a person with a disability.”

(Men with disabilities FGD participant)

“So, I think we do have people in the community spreading information on sexual gender-based violence and telling children and each other what to do when it happens. But, still, we can't ignore the information gap that's there. The information is being passed, but there's nothing that we can measure to ascertain the relevance and the quality of this information...So, there's information, but we can't map out what kind of information it is. But from the results that we're getting with regard to the numbers being reported, and how people are generally feeling, we can tell that there's an information gap. There's little or no information. And the little information is coming from activists, or people who are working in spaces to do with gender-based violence.”

(SGBV activist FGD participant)

These findings on community strategies to cultivate empowerment reveal areas of overlap between institutional stakeholders' and community members' perceptions of efforts to address SGBV in Zambia. It is evident that combating SGBV involves navigating complex dynamics and diverse challenges. Therefore, critically examining existing approaches and the need for comprehensive, inclusive, and well-implemented interventions becomes crucial to address SGBV effectively. Building on the efforts of various community groups in safeguarding themselves and each other represents an excellent path for sustainable progress, centering the wealth of knowledge, expertise, and capacity these groups already possess.

The research findings shed light on the multifaceted nature of addressing SGBV in Zambia, with valuable insights from both institutional stakeholders and community members. Participant quotes reveal common challenges like limited resources, stigma, victim-blaming, fear of retaliation, and inadequate support services, contributing to high withdrawal and underreporting of SGBV cases. However, amidst these challenges, empowering strategies emerge from various community groups. Sex workers create platforms to advocate for their rights and educate each other, individuals with disabilities embrace the role of being "sisters' keepers" to protect against vulnerability, and community caregivers play a vital role in identifying and assisting those facing abuse.

These community-driven measures exemplify the potential for comprehensive, inclusive, and sustainable interventions. Fostering collaboration among stakeholders, policymakers, and community members becomes crucial to forge a united front in addressing SGBV. By building upon the expertise and capacity that community groups possess, we can collectively strive for a safer and more equitable Zambia, where the rights and well-being of every individual are protected and upheld.

RECOMMENDATIONS

Bringing Everyone Together at the Multisectoral Stakeholder Workshop

The stakeholder workshop brought together community members, institutional stakeholders, and other relevant partners involved in the research project. Its purpose was to create a space for them to come together, learn about the research findings, find common ground in their perspectives, and envision ways to improve efforts against SGBV in Zambia.

After presenting the research findings, the workshop participants split into smaller groups for focused discussions. They were given specific questions to guide their discussions, aiming to gather insights and recommendations from both community members and institutional stakeholders. This ensured that their unique perspectives and experiences were communicated and considered by both implementors and those impacted by SGBV interventions.

The recommendations generated from the stakeholder workshop represent the collective input of the participants. They cover various areas, including policy, resource allocation, community involvement, capacity building, and service provision. The participants stressed the importance of collaboration, inclusivity, and prioritising the needs of survivors in strengthening SGBV interventions in Zambia. The following recommendations highlight key areas for action and improvement identified during the workshop:

01

Policy and Legal Framework

- Bring back the Ministry of Gender, with an emphasis on including persons with disabilities.
- Encourage civil society organisations to participate in the review of the Anti GBV Act of 2011.
- Strengthen laws and ensure appropriate punishment for perpetrators of SGBV.
- Simplify and harmonise relevant laws and policies, empowering communities in both urban and rural areas.

02

Funding and Resources

Increase funding for SGBV interventions.

03

Service Provision and Support

- Establish centres and shelters providing SGBV care.
- Train individuals to identify persons with disabilities and educate them about their rights and available services related to SGBV.
- Promote regular meetings between Community Based Volunteers and the police.
- Enhance engagement with traditional leaders and counsellors by hosting community dialogues involving men and boys.
- Pay attention to high-risk groups and prioritise belief and support for survivors.
- Integrate preservice and paralegal training into the curriculum for healthcare workers and police officers to address biases and promote understanding from the beginning of their professional careers.
- Adopt a survivor-centred and client-based approach by integrating the LIVES framework (Listen, Inquire, Validate, Enhance safety, and Support), which is the first-line response to SGBV developed by WHO/USAID, into trauma-informed care training, ensuring privacy and enhancing linkages between clinical and community care.
- Strengthen the linkages between SGBV post-services and HIV prevention services.
- Enhance safeguarding efforts and establish accessible reporting mechanisms at institutional levels, addressing power imbalances and the need for non-retaliation policies.

04

Community Engagement and Awareness

- Foster collaboration and avoid working in silos among institutions working on SGBV.
- Sensitise relevant authorities, such as parliamentarians and lawyers, on SGBV issues.
- Continuously raise awareness and empower communities at the grassroots level.
- Conduct ongoing SGBV sensitisation in schools.
- Understand the specific root causes of SGBV in each community.

These recommendations offer valuable guidance for policymakers, practitioners, and stakeholders involved in SGBV interventions in Zambia. They emphasise the importance of collaboration, resource mobilisation, community engagement, capacity building, and survivor support in creating a comprehensive and effective response to SGBV. By incorporating these recommendations, stakeholders can work towards fostering a safer, more supportive, and empowered environment for all individuals affected by SGBV in Zambia.

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