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**SUBMISSION TO THE PARLIAMENTARY COMMITTEE ON NATIONAL GUIDANCE AND GENDER MATTERS; THE REVIEW OF THE GENDER-BASED RESPONSE AND PROGRAMMING IN ZAMBIA VIA-A-VIS ESTABLISHMENT OF VICTIMS’ SHELTERS, FAST TRACK COURTS AND THE ANTI-GENDER-BASED VIOLENCE FUND**

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**OVERVIEW OF GENDER-BASED VIOLENCE LANDSCAPE IN ZAMBIA**

Zambia, like many countries around the world, has high incidences of Gender Based Violence (GBV). According to the Zambia demographic and health survey (ZDHS), 36 percent of women 15-49 have experienced physical violence at least once since age 15, while 52 percent of divorced, separated, or widowed women aged 15-49 have experienced physical violence since age 15. Further, 4 percent of ever-married women have experienced physical, sexual, or emotional violence by their current or most recent husband or partner. According to the Zambia Police Victim Support Unit, a total of 20,540 cases of GBV were reported country-wide in 2021. While this represents a decrease from 2020, it remains a significant concern. Most cases are against women and girls, which is clearly highlighting their vulnerability. The **2021 Annual Gender-Based Violence Disaggregated Data** reveals that **5,301 child victims** experienced abuse across the country. Among these victims, 4,115 **were girls**, representing **77.6 percent** of the total while [**1,186 were boys**, representing **22.4 percent.**](http://www.zambiapolice.gov.zm/index.php/112-news/390-gbv-data-2021)

The experience of sexual violence significantly decreases with wealth quintiles, as 40.4 percent of women in the lowest wealth quintile were victims of physical violence, compared to 28.8 of women in the highest quintile. Factors contributing to GBV include sexual cleansing rituals, harmful social norms, initiation ceremonies, climate change, women’s economic dependence on men, control of resources by men, power relations, women entering male dominated workplaces, socialization of boys and girls at home and in school, inadequate laws on GBV and domestic violence, a lack of law enforcement, and intimate partner violence (IPV) (DHS, 2007).

1. **TYPES/FORMS OF GENDER-BASED VIOLENCE**[[1]](#footnote-1)

| **TYPE** | **EXAMPLES** | **LIKELY PERPETRATORS** |
| --- | --- | --- |
| **1. Physical violence** | | |
| Physical assault | Beating, punching, kicking, burning, killing, shooting, “unintentional” touching, etc. | Husband, intimate partner, family member, friend, acquaintance, stranger, workmate, any person in a position of power, parties to a conflict. |
| **2. Emotional and psychological violence** | | |
| Abuse | Non-sexual verbal abuse such as insults, gossip, rumors, jokes, forcing the other to act in a certain way outside of their will, intimidation, or threats. | Any person in a position of power or control, this act is usually perpetrated by husbands, intimate partners, or family members. |
| Confinement | Separating a person from friends/ family, restricting movement, denying freedom, restricting/obstructing the right to move freely. | Any person in a position of power or control, this act is usually perpetrated by husbands, intimate partners, or family members. |
| **3. Sexual violence** | | |
| Rape/Attempted rape | Entering any part of the victim’s body with a sexual organ or object by force, threat of force, coercion, hateful environment, or exploitation, or against a person unable to give consent.  Attempted coerced/forced intercourse, without penetration. Includes marital rape. | Any person in a position of power, influence, and control, including the husband, intimate partner or caregiver. |
| Sexual abuse of children/Incest | Any act in which a child is used to attain sexual satisfaction. Every sexual relationship/sexual interaction with a child within or outside the family. | Someone the child trusts, including the parents, siblings, member of the larger family, friend or stranger, teacher, elderly person, leader or any other caregiver, and any person with power, influence, and authority over the child. |
| Sexual abuse | Physical penetration or attempted physical penetration of a sexual nature, including inappropriate touching by force, through unequal terms, or coercion. | Any person in a position of power, influence and authority, family members/local community, colleagues at work, including supervisors, strangers. |
| Sexual exploitation | Any exploitation of a position of weakness, variance in power, or confidence for sexual purposes. This includes financial, political, or social benefit of the sexual exploitation of another person. | Any person in a position of power, influence, and authority, including humanitarian aid workers, soldiers/officers at checkpoints, teachers, smugglers, and trafficking rings. |
| **4. Harmful and traditional practices** | | |
| Early marriage | Marriage or informal union with children below the legal age (intercourse in such relationships is considered rape of a minor since the minors do not enjoy legal capacity to consent). | Parents, family members and local community. |
| Forced marriage | Arranged marriage without the free and informed consent of a person in most cases in exchange for financial gain through paying of lobola (dowry). | Parents and family members. |
| Initiation ceremonies | Ceremonies arranged at puberty that result in confining a girl or boy and performing rituals of physical or sexual violence, e.g., sexual trials. | Parents, family members and local community. |
| Property grabbing and denial of inheritance rights | Grabbing the property, e.g., land, house etc., after death of spouse of divorce or  Practices/laws that provide different rules for men and women to inherit property. | Family members and local community. |
| Witchcraft | The practice of alleging someone is a witch with the aim to force them to act or be treated in an abusive way, often based on age or status. | Family members, local community. |
| **5. Social and economic violence** | | |
| Denying girls of education | Taking girls out of school, preventing or hindering access of girls and women to technical, professional, or basic academic knowledge. Prioritizing boys’ educations over girls’ education. | Parents, family members, local community. |
| Widow inheritance | The practice of inheriting a woman against her will upon death of husband. | Family members, local community. |
| Discrimination and/or denial of opportunities and services for women | Exclusion, denial of access to opportunities/services such as education, medical assistance, paid employment, property rights. | Family members, local community, institutions and organizations, government entities. |
| Social exclusion of women | Denial of access to civil, social, economic, cultural, and political rights and their enjoyment, imposing discriminatory practices  or physical and psychological harm, acceptance of discriminatory practices in the name of culture. | Family members, local community, institutions and organizations, government entities. |
| Discrimination in the workplace | Rules or informal practices that prevent women from accessing certain job roles or promotions, unequal pay for the same role, tolerance of sexual and gender-based harassment in the workplace. | Institutions and organizations, government entities. |

**CAUSES OF GENDER BASED VIOLENCE**

**Gender-based violence (GBV)** in Zambia is a pressing issue with far-reaching consequences. GBV is cross-cutting and the causes to GBV result from different factors ranging from economic, social, traditional and personal influences. The following are some of the causes.

1. **Gender Literacy and educational gaps**: Although gender parity has been attained at the primary school level (1.03), there remains a strong gender divide in literacy levels, with 66 percent of women being literate, compared to 82 percent of men. At the secondary level, in 2020, gender parity stood at 0.94, suggesting an average of 100 boys enrolled for every 94 girls. As children progress through the education system, the percentage of female learners significantly drops due various factors which affect females different from females such as teenage pregnancies and lack of conducive learning environment for girls. This in turn increases the vulnerability of girls to GBV due to their compromised capacity to know their rights and access resources.[[2]](#footnote-2)
2. **Harmful Social Norms and** **Cultural Stereotypes**: Aspects of harmful social norms embedded in our societies and culture promote violence, control, and harmful behaviours contribute to GBV. For example: Inkama – highly held belief only applying to women, what happens in the bedroom, remains in the bedroom weather good or bad. Yet if a woman makes a little mistake, the same culture teaches men to take such a woman back to her parents because she was not well taught. There is also a stereotype that women must get married at a certain age in life, if not, they associate them with having a promiscuous background leading them to succumb to any form of GBV as long as society calls her MRS somebody. Many more cultural taboos, sayings, and beliefs disadvantage women.
3. **Poverty** levels remain high, particularly among women and girls. At 54.4 percent, poverty levels overall remain high, particularly in rural areas where the percentage is higher (76.6 percent) than in urban areas (23.4 percent).13 Poverty is higher among women (56.7 percent) than men (53.8 percent). Moreover, women in lower income quintiles are more likely to be survivors of gender-based violence (GBV); 40.4 percent of women in the lowest wealth quintile experience violence, compared to 28.8 percent of women in the highest wealth quintile.14 This is likely explained by evidence which suggests that economic insecurity and GBV are related. [[3]](#footnote-3)
4. **Traditional Gender Roles**: Expectations that dictate rigid roles for men and women may contribute to the normalization of power imbalances, cooking, washing, cleaning, taking up leadership roles, decision making, providing etc. Even when there has been a tremendous shift absorbing women into male dominated roles. Females’ duties still remain for females causing women to be more burdened and some men to get even more idle to cause more GBV related harm in society especially young ones. This can be evidenced by a number of junkies in our society.
5. **Blame and Stigmatization:** Cultural norms that blame victims, especially women, for instances of sexual assault can create a culture of silence, discouraging survivors from reporting incidents or seeking support. Eg indecent assault (dressing).
6. **Lack of sensitization, education, reporting and Help-Seeking of support**: The **Zambia Demographic Health Survey (ZDHS, 2018)** revealed that **36 percent of women aged 15-49** have experienced physical violence at least once since the age of 15. Shockingly, **52 percent** of these survivors never sought help or disclosed their experiences. This reluctance to report exacerbates the problem.
7. **Climate change**, Climate change effects such as heat waves, drought, crop failure, pollution or excessive temperatures and rainfall has an impact on agriculture. The impact of climate change is more in rural areas at 67.8 percent compared to urban areas at 65.8 percent. Because 90 **percent** of women do the actual agriculture work and depend on it, they are more negatively affected than women living in rural areas. Climate change-induced agricultural challenges disproportionately affect rural women, who face heightened risks of gender-based violence. Resource scarcity, economic stress, altered gender roles, migration pressures, food insecurity, and health impacts contribute to an environment where vulnerabilities escalate into violence.
8. **Financial Security**: Limited financial security for women, marked by lower access to pensions and insurance, contributes to increased vulnerability. Economic dependence and lack of social protection may intensify power imbalances, making women more susceptible to gender-based violence in various forms. Women are less likely to have access to social security and insurance. Whereas 64.7 percent of men have a pension scheme, only 35.3 percent of women do; 60.9 percent of men have insurance, compared to only 39.1 percent of women.25 Most women are employed in the informal sector which until the recent past, has long been excluded from social security and health insurance services. In 2018, the Government enacted the National Health Insurance Act No. 2 of 2018 which provides for self-employed people to register for health insurance.[[4]](#footnote-4)
9. **Women entering male-dominated** **spaces** When women get into traditional male-dominated spaces, they encounter backlash, exposing them to a range of violence—physical, psychological, sexual, social, and economic. In Zambia, where over 50 percent of households are led by females, societal expectations place an overwhelming burden on women. This overburdening role in society not only perpetuates gender inequalities but also significantly raises the risk of gender-based violence. The many-sided challenges faced by women entering such spaces extend beyond the societal realm to their homes and communities, creating a pervasive environment where gender-based violence becomes a heightened and persistent risk for women.

**LEGAL FRAMEWORK AND POLICY GOVERNING THE PROVISION OF SAFE SHELTERS AND FAST TRACK COURTS FOR VICTIMS OF GENDER-VIOLENCE.**

Zambia exhibits a progressive legal framework addressing gender-based violence (GBV) through the Ratification of International Agreements Act of 2016. Despite strong legislation such as the Anti-Gender Based Violence Act of 2011, challenges like inadequate capacity and low awareness hinder effective implementation. Recognizing GBV as a human rights violation, international agreements empower victims, yet the Act remains less known among Zambian women. Institutional capacity, funding issues, and personnel shortages pose obstacles, emphasizing the need for increased awareness and resource allocation to ensure the robust enforcement of policies promoting gender equality and combating GBV in Zambia.Top of Form

Top of Form

**The Zambian Constitution** The Zambian Constitution, under Article 11, guarantees fundamental rights without discrimination. However, Article 23(4)(c) creates an exception for personal laws on marriage, divorce, and property devolution, leaving women and girls vulnerable to GBV such as property grabbing and child marriage.

**The Penal Code CAP 87** The Penal Code Act is the primary law for charging GBV perpetrators. While amendments have set minimum sentences for offenses like child defilement, some provisions, like the defense for child defilement, limit progress in protecting children from sexual abuse.

**The Anti-GBV Act No. 1 (2011)** The Anti-GBV Act defines GBV broadly and establishes mechanisms for protection. However, challenges in implementation include a non-functional Anti-GBV Committee, an unestablished Anti-GBV Fund, and inadequate scaling up of protective shelters.

**The Gender Equity and Equality Act No. 22 (2015)** The Gender Equity and Equality Act domesticates international instruments on gender. Despite enactment in 2015, the Gender Equity and Equality Commission remains unoperationalized, hindering effective implementation.

**The Education Act, No. 23 (2011)** While the Education Act prohibits child marriages among learners, it leaves non-student children unprotected.

**The Marriage Act, CAP 50 (1918)** The Marriage Act prohibits marriages below the age of 16 but permits child marriages for 16- and 17-year-olds, with exemptions for children below 16 in certain circumstances.

**The Anti-Human Trafficking Act No. 11 (2008)** Despite having the Act, human trafficking for labor and sexual exploitation remains a concern, necessitating ongoing collaboration to strengthen response mechanisms.

**The National Gender Policy (2014)** The National Gender Policy aims to address gender imbalances and includes measures to combat GBV. However, the absence of an operational National Action Plan (NAP) on GBV limits its effectiveness.

**The Eighth National Development Plan (2022-2026)** The 8NDP prioritizes interventions to tackle GBV, teenage pregnancies, child abuse, and violence, reflecting the government's commitment to eradicating poverty and inequality.

**Key Opportunities in Legislation and Policies**

The current legislative and policy framework offers opportunities for addressing gaps, including the ongoing review of the Anti-GBV Act, Penal Code Act, NAP, and 8NDP. This presents a chance to emphasize gender-equitable resource distribution and establish an operational NAP. Efforts to reform the constitution offer an opportunity to eliminate personal law domain exceptions to the non-discrimination clause.

Allocating funds for GBV survivors and victims of trafficking in the Anti-GBV Act and Anti-Human Trafficking Act provides an avenue to lobby for adequate resources. Additionally, existing frameworks allow for improvements in public awareness and access to justice, suggesting the value of simplifying and translating laws and policies into local languages.

In conclusion, while Zambia has made significant strides in its legal and policy framework, addressing challenges and leveraging current opportunities is crucial for the effective protection of victims of gender-based violence

**ROLE OF STATE AND NON-STATE ACTORS IN THE RESPONSE AND PROGRAMMING FOR GENDER BASED VIOLENCE IN ZAMBIA**

In the context of **gender-based violence (GBV)**, both **state** and **non-state actors** play crucial roles in shaping responses and programming. Survivors of GBV benefit when professionals coordinate their efforts. All agencies involved in the investigation of GBV cases are encouraged to use a multi-disciplinary case management approach. The goal is to reduce trauma to the survivor & improve coordination of service delivery.

**State Actors**:

1. **Government Institutions**: These include law enforcement agencies, police, judiciary, and legislative bodies. They are responsible for creating and enforcing laws, policies, and regulations related to GBV. In Zambia, state actors such as the
2. **Zambia Police Service**: Mandated by law to receive reports of GBV, ensure continued safety of the survivor, investigate & pursue prosecution of the abuse cases and to escort survivors to health facility.
3. **Gender Division:** Prior to August 2021, the Ministry of Gender (MoG) oversaw the coordination of gender related policies and laws. After the change in administration, the ministry was dissolved and reconstituted as the Gender Division under the umbrella of the Office of the President with the full mandate of the former ministry. At provincial level, the Gender Division has nine provincial gender officers, staffing at district level is challenging, raising difficulties in the coordination of gender related programming. Despite its continuing shortcomings in staffing, the centralization of the gender portfolio under the Office of the President is a significant step in helping enhance, and better streamline, the country’s coordination of gender programming.
4. **Health care Systems**: Medical Professionals provide a comprehensive examination of a survivor; Treat any physical injuries, infections & manage pregnancy prevent infections & pregnancy; Collect critical forensic evidence to help corroborate the survivor's account of assault/ abuse and testifying to their findings in court.
5. **Educational Institutions** / **Community Members/ Support groups:** these assist in the identification and reporting of cases of abuse; Sensitization of community members by working with chiefs, traditional healers, religious & other leaders on dangers of GBV & preventive measures; Support groups for rehabilitation & integration of Survivors back into the community and also offer psychosocial support. Schools and universities contribute to prevention efforts by educating students about healthy relationships, consent, and reporting mechanisms.
6. **Social Welfare Agencies**: Investigate (with the police) allegations of abuse, neglect, abandonment, exploitation, and caretaker incapacity; Determining whether a survivor should be separated from the abuser, provision and placement of in safety homes; Help prepare survivors for medical exams & court appearance as well as assist Counsellors/ Psychologists provide Psycho Social Counselling (PSS) which takes care of survivors’ mental health issues

**Non-State Actors**:

1. **Civil Society Organizations (CSOs)**: NGOs, community-based organizations, and women’s groups actively engage in GBV prevention, awareness, and advocacy. They provide services, conduct research, and hold the government accountable.
2. **Media**: Non-state actors like media outlets such as TV, Social media, drama groups, community radio stations and other outlets raise awareness through campaigns, documentaries, and news coverage. They influence public opinion and put pressure on policymakers and provides a platform for advocacy groups.
3. **Religious and Traditional Leaders**: They have significant influence in communities and can promote gender equality, challenge harmful norms, and support survivors.
4. **Private Sector**: Companies and businesses can contribute by implementing workplace policies, supporting employee well-being, and funding GBV programs.
5. **International Organizations**: Entities like the **United Nations** and **UN Women** collaborate with governments and CSOs to address GBV globally and provide technical assistance.

In Zambia, efforts to combat GBV involve a multi-sectoral approach, where state and non-state actors collaborate to create comprehensive responses, raise awareness, and empower survivors. It is essential to strengthen coordination, allocate resources, and hold all actors accountable to achieve meaningful impact in the fight against GBV.

**CHALLENGE AND GAPS IN THE SERVICE DELIVERY CHAIN REGARDING SAFE SHELTERS FOR SURVIVORS OF GBV IN ZAMBIA AS WELL AS ACTUALIZATION OF THE ANTI-GENDER-BASED VIOLENCE FUND**

Findings that were conducted through focus group interviews and individual interviews with victims of violence and staff by Young Women Christian Association (YWCA) an institution implementing GBV shelter programs in Zambia revealed that there is greater appreciation of the existing shelters among the victims however,

1. **Inefficient coordination among service providers**, cutting across health, psychosocial, and legal sectors, poses a critical challenge. Delays in responding to GBV incidents risk evidence loss and case withdrawals. Inadequate system governance in one-stop centers, including staffing, job descriptions, reporting, and accountability, exacerbates the problem.
2. **Limited provisions** of the law and policy direction to offer comprehensive guidance to factors that are not included in the prosecution of GBV cases. Such as emotional abuse.
3. **The GBV fund** is not actualized and not enough to meet the purpose of its intended use and few stakeholders are aware of its existence.
4. **Insufficient** human, technical, financial, functional structural investments hinder effective programmatic responses. 6 fast-track courts are not sufficient for the whole country. Upscaling and decentralization of the fast-track courts will enable more affected people to utilize the services.
5. **Insufficient data and research** on gender-based violence prevents informed evidence-based decision-making.
6. **Stereotypes and homogenous treatment of GBV cases lead s**ome vulnerable groups to face more barriers accessing GBV support. Such as individuals as pregnant or nursing mothers, men and boys, migrants, and indigenous women, may face additional barriers in accessing safe shelters.
7. **Lack of sensitization and awareness raising:** The general public, stakeholders and other parties are not fully aware of what constitutes GBV, where to report the case and how to handle.
8. **Limited Scope and Coverage**: GBV Fund and Safe shelters may not be available in all regions or may lack sufficient capacity. The quality of the safe shelters often does not meet the different needs of women from men. E.g., lack privacy and proper human habilitation standard.
9. **Sensitivity of GBV cases which cause s**hame, fear of payback, the process of accessing services contribute to low utilization rates of the services.
10. **Withdraw of cases by the complainant,** **the most outstanding challenge:** GBV mostly involves a close relation, or someone depended on. The perpetrator always has more power regarding social status, economical, age and physical strength. More feelings and emotions are involved with this crime and they must also be put into consideration when handling the case. This kind of crime is a different one, it’s not like a traffic offence, it involves physical and emotional pain being inflicted by the most loved person.
11. **Lack of economic empowerment:** if state and non-state parties have financial challenges regarding management of GBV. What more the victims? This makes it more difficult for them to leave the perpetrators.
12. **Lack of sufficient one stop centers,** human, financial and capacity resources

In summary addressing these challenges requires a holistic approach that involves legal reforms, increased investments, data-driven decision-making, and a commitment to gender equality. Ensuring safe shelters for survivors is a critical step toward ending gender-based violence

**RECOMMENDATIONS ON THE GBV RESPONSE AND PROGRAMMING IN ZAMBIA**

The fight against Gender-Based Violence (GBV) in Zambia requires a comprehensive strategy that encompasses legislative and policy reforms, efficient systems and coordination, and robust prevention and response mechanisms. This set of recommendations aims to provide a framework for addressing the pervasive issue of GBV in Zambia, ensuring a holistic and effective response. the success of these recommendations lies in their collective implementation, reflecting a commitment to combating GBV comprehensively and creating a safer and more just society in Zambia. The collaborative effort of government, civil society, and the community is pivotal in achieving meaningful and lasting change.

**1. Legislation and Policies:**

Support for ongoing legal and policy reform processes is essential to align provisions of the Anti GBV Act with the Penal Code. Therefore, improving access to justice for GBV survivors is important.

**Technical Support for Policy Revision***:* Provide technical support to the Gender Division to expedite the revision of the 2014 National Gender Policy, finalize and cost the GBV National Action Plan (NAP), and launch guidelines for establishing Victim-Led One-Stop Centers (VLOSCs) and operation of national GBV protective shelters. Additionally, support mechanisms for operationalizing the Anti-GBV Fund and establishing the Anti-GBV Committee under the Gender Division are crucial steps.

**2. Systems and Coordination:**

*Financial Investment in GBV Coordination:* Allocate financial resources to the Gender Division to implement the approved staffing structure at the provincial level for effective GBV coordination. This investment will strengthen provincial coordination and enhance the overall efficiency of GBV programs.

**Revamp National GBV Coordination Mechanisms***:* Support efforts to revamp national GBV coordination mechanisms, including the convening of GBV Technical Working Groups (TWGs) at all levels. This involves enhancing information sharing, planning, and harmonization of key GBV guidelines and training manuals to strengthen referral pathways, feedback mechanisms, and standard operation procedures.

**Strengthen GBV Information Management System***:* Support ZAMSTATS to strengthen and roll out the existing GBV information management system. This will ensure the timely collection of quality and holistic data nationwide, contributing to evidence-based decision-making.

**3. Prevention and Response:**

**Investing in Primary Prevention Mechanisms:** To combat GBV, increasing investment in primary prevention mechanisms is crucial. Engaging traditional and religious leaders in this effort supports evidence-based programming, fostering community-based organizations' empowerment to implement survivor-centered interventions at the grassroots level.

**Strengthening Social Welfare Support:** Recognizing survivors' financial burdens, there is a need to bolster the social welfare system. This involves providing comprehensive assistance, particularly economic provisions, and developing targeted programs for sustainable economic opportunities, contributing significantly to survivors' long-term empowerment.

**Transparency, Optimization, and Allocation of GBV Fund:** Enhancing transparency and communication regarding available funds for GBV programs is pivotal. Actively working towards actualizing the GBV fund and strategically allocating resources, with a focus on diverse needs and vulnerable groups, is crucial for program success.

**Mitigating Barriers to Service Utilization:** To create a supportive environment for survivors, implementing sensitivity training for service providers is essential. Developing campaigns to reduce the stigma associated with reporting GBV cases, along with capacity-building workshops for stakeholders, contributes to fostering a more supportive atmosphere.

**Facilitating Coordination Among Service Providers:** Establishing effective coordination mechanisms among different sectors is vital for improving response times. Developing protocols for the timely and collaborative handling of GBV cases enhances the overall efficiency of service provision.

**Addressing Power Imbalances and Emotional Dynamics:** Given the unique nature of GBV cases involving close relationships, providing specialized training for law enforcement officers is critical. Handling emotionally charged cases with sensitivity ensures a supportive and empathetic response.

**Expanding One-Stop Centers:** Increasing the number of one-stop centers and allocating sufficient resources is essential for providing comprehensive services. Maintaining a survivor-centered approach, respecting privacy and confidentiality, and creating a conducive physical and emotional environment are vital aspects of expanding these centers.

**Increasing Funding Allocation:** Crucial to the national response is increasing funding allocation for GBV programs. This ensures the availability of trained personnel, essential commodities, and equipment for GBV case management. Standardizing and enhancing services provided through various centers, making them more accessible, is paramount for an effective response.

**Ensuring Adequate Budget Allocation:** The government's commitment to ensuring adequate budget allocation towards GBV programs is fundamental. Reducing over-dependence on external actors will enhance ownership and sustainability, fostering a more resilient response to GBV in Zambia.Top of Form

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**Conclusion**

For effective coordination of GBV interventions, it is also necessary to support the implementation of the GBV National Action Plan and the establishment of the Gender Commission provided for in the Construction and in the Gender Equity and Equality Act. Forums, such as a symposium to bring stakeholders together to discuss strengthening of GBV and Gender coordination should be considered to influence legal framework, these proposals should be presented in an interconnected advocacy strategy, emphasizing the importance of collaborative efforts, improved training, and the need for a victim-centered and trauma-informed approach to GBV response. Engaging with law enforcement agencies, policymakers, and community leaders will be crucial for the successful implementation of these proposals in Zambia.

1. Some contents in this table were extracted from UNHCR’s Report on “Sexual Violence and Gender Based Violence.” [↑](#footnote-ref-1)
2. Food and Agriculture Organization of the United Nations, “The gender gap in land rights,” 2018 [↑](#footnote-ref-2)
3. SADC Gender and Development Monitor, 2022 [↑](#footnote-ref-3)
4. [1](https://marchassociates.org/prevalence-of-gender-based-violence-in-zambia/): [Prevalence of Gender Based Violence in Zambia](https://marchassociates.org/prevalence-of-gender-based-violence-in-zambia/) [African Impact: Hope for Fighting Gender-Based Violence in Zambia](https://africanimpact.com/hope-for-fighting-gender-based-violence-in-zambia/). [↑](#footnote-ref-4)