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This action is funded by the European Union

ANNEX 1

of the Commission Decision on the Annual Action Programme 2017 (Part 1)
in favour of the Republic of Zambia

**Action Document for Sexual and Gender-Based Violence (SGBV) Prevention
and Support to SGBV Survivors in Zambia**

INFORMATION FOR POTENTIAL GRANT APPLICANTS

WORK PROGRAMME FOR GRANTS

This document constitutes the work programme for grants in the sense of Article 128(1) of the Financial Regulation (Regulation (EU, Euratom) No 966/2012), applicable to the EDF in accordance with Article 37 of Regulation (EU) 2015/323, in the following sections concerning calls for proposals: 5.4.1; and in the following sections concerning grants awarded directly without a call for proposals: 5.4.2 and 5.4.3.

1. Title / basic act / CRIS number	Sexual and Gender-Based Violence (SGBV) Prevention and Support to SGBV Survivors in Zambia CRIS number: ZM/FED/039-799 financed under 11 th European Development Fund			
2. Zone benefiting from the action/location	Eastern Africa, Southern Africa and the Indian Ocean, Zambia The action shall be carried out at the following location: Zambia (two selected provinces)			
3. Programming document	11 th EDF – National Indicative Programme (2014-2020) for co-operation between the Republic of Zambia and the European Union			
4. Sector of concentration/ thematic area	Gender-Based Violence	DEV. Aid: YES		
5. Amounts concerned	Total estimated cost: EUR 27 100 000 Total amount of EDF contribution: EUR 25 000 000 This action is co-financed by potential grant beneficiaries for an indicative amount of EUR 2 100 000.			
6. Aid modality and implementation modalities	Project Modality Direct management – grants – call for proposals and direct award Indirect management with the Government of the Republic of Zambia			
7 a) DAC code(s)	15180 – Ending Violence against Women and Children – 100%; 15160 – Human Rights – 100%; 11230 – Basic life skills for youth and adults – 40%; 16050 – Multisectoral aid for basic social services – 40%; 13020 – Reproductive Health Care – 10%			
b) Main Delivery Channel	12000 Recipient government (ODA)			
8. Markers (from CRIS DAC form)	General policy objective	Not targeted	Significant objective	Main objective
	Participation development/ good governance	<input type="checkbox"/>	X	<input type="checkbox"/>
	Aid to environment	X	<input type="checkbox"/>	<input type="checkbox"/>

	Gender equality (including Women In Development)	<input type="checkbox"/>	<input type="checkbox"/>	X
	Trade Development	X	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, Maternal, New born and child health	<input type="checkbox"/>	X	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Main objective
	Biological diversity	X	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	X	<input type="checkbox"/>	<input type="checkbox"/>
8. Global Public Goods and Challenges (GPGC) thematic flagships	Global Partnership of Ending Child Marriage (2016-2020) UNFPA Supplies - €20 million (2016-17)			
9. Sustainable Development Goals (SDGs)	Main SDG Goal 5 "Achieve gender equality and empower all women and girls". Secondary SDG Goal 3 "Ensure healthy lives and promote well-being for all at all ages".			

SUMMARY

Zambia is faced with high levels of Sexual and Gender-Based Violence (SGBV), including high levels of child marriage. This is combined with a high level of societal acceptance of GBV and domestic violence. Awareness about existing support services for SGBV survivors is low; the existing services are not systematically and comprehensively provided. The Government at the highest levels are dedicated to fight against SGBV and in particular ending child marriage. Anti-SGBV legislation appears sufficient, but its implementation is hampered due to low budgetary allocations and weak institutional capacities. Referral between the different support services at district level, and communication and reporting between district and national level are not systematic. There is wide consensus amongst various stakeholders not only about the severity of the problem, but on the negative cross-cutting impacts on Zambia's social and economic development.

The programme's overall objective is to reduce Sexual and Gender-Based Violence (SGBV). The specific objectives are to prevent Sexual and Gender-Based Violence (SGBV) in the target areas (SO1) and to increase SGBV survivors' access and use of comprehensive support services in the target areas (SO2). The 7 Expected Results/Outputs are: (1) Increasing SGBV awareness and attitude change among young people in the target areas with less acceptance of SGBV; (2) Sensitisation of traditional, religious and political leaders on SGBV and harmful traditional and cultural practices and norms; (3) Awareness raising through community mobilisation and engagement on SGBV harmful traditional and cultural practices; (4) Access to informal social support groups, (5) Strengthened formal SGBV support structures; (6) Strengthened referral systems and (7) Government's institutional and policy framework and multi-sectoral coordination of SGBV prevention is enhanced. The action focuses its implementation at community and district level, targeting children and youth, local leaders and the media. Through establishing and strengthening Coordinated Response Centres (CRCs) at district level, the action will provide a comprehensive package of support services to SGBV survivors. It will build on - and create synergies with - successful previous and ongoing SGBV programmes, access to justice programmes, and economic empowerment programmes implemented in Zambia. The programme will be implemented over six years, recognising that behaviour change cannot be achieved in the short-term.

1 CONTEXT

1.1 Sector/Country/Regional context/Thematic area

The programme focuses on Sexual and Gender-Based Violence (SGBV). The EU - in line with the Istanbul Convention on preventing and combating violence against women and domestic violence - defines SGBV as "violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately. It can be physical, sexual and/or psychological, and includes: violence in close relationships; sexual violence (including rape, sexual assault and harassment or stalking); slavery; harmful practices, such as forced marriages"¹ Child Marriage is recognised as a special form of SGBV.

Women and girls are most affected by SGBV although boys and men are also affected. In 2016 there were 18,540 reported GBV cases countrywide compared to 15,153 GBV cases reported in 2014². The Zambia Health and Demographic Survey (ZDHS) 2013-14 stated that 43% of Zambian women (aged 15-49) have experienced physical violence since age 15, with current or former husbands/partners as the main perpetrators of physical, emotional and sexual violence³. 45% of Zambian women aged 25-49 were married by the age of 18 and close to 10% by the age of 15. SGBV can also lead to teenage pregnancies⁴. Large parts of the Zambian population appear to accept GBV with 47% of women and 33% of men agreeing that a husband is justified in beating his wife.

A large fraction of SGBV incidences are never reported and therefore never addressed. The ZDHS 2013-14 reported that of all women who had experienced any type of physical or sexual violence, only 43% of women sought help to stop the violence, 9% never sought help but told someone and 42% did not seek help and never told anyone⁵. This demonstrates high levels of shame and stigma that surrounds SGBV. It also may be a signal of the perception by victims of violence that they have to endure their situation and that there is no help available which is further isolating victims. Where help was sought, SGBV survivors most frequently sought help from their own family (69%) or from the husband or partner's family (43.2%), whilst formal structures of support were hardly approached for help (e.g. police – 7.8%; medical staff – 1.5%; social work – 2.2%)⁶.

The same conclusions could be drawn from the 2015 Zambia Health and Wellbeing Survey, which stated that around 50% of young people aged 18-24 had witnessed physical violence in the home prior to the age of 18 signalling that the normalisation of violence happens at a young age in the household, leading to entrenchment of its acceptability in adulthood. This same study stated that 40.1% of young men aged 18-21 had experienced physical violence prior to age 18, but only 4.3% received support. 20.3% of young women aged 18-24 had experienced sexual abuse prior to age 18 – none of these young women received support⁷.

Even when reported, many SGBV cases never make it to court as the complaint is withdrawn or seriously delayed⁸. This is due to shame and stigma of SGBV within the communities, but also due to the institutionalisation of incorrect or inappropriate questioning of SGBV survivors and/or witnesses by police and court staff. Other reasons for non-prosecution of perpetrators include inconsistencies between statutory and customary laws; high court costs;

¹ http://ec.europa.eu/justice/gender-equality/gender-violence/index_en.htm.

² Police data: <http://www.zm.undp.org/content/zambia/en/home/presscenter/articles/2016/03/11/zambia-launches-second-fast-track-court-to-expedite-gender-based-violence-cases-.html>.

³ Zambia Demographic and Health Survey (ZDHS) 2013-14.

⁴ ZDHS 2013-14 - 28.5% of women of reproductive age had their first child between aged 15-19.

⁵ ZDHS 2013-14.

⁶ ZDHS 2013-14.

⁷ Zambia Health and Wellbeing Survey (H-WELL 2015).

⁸ Status report on Gender-Based Violence in Zambia (2015) – Women in Law and Development in Africa.

backlogs in the police and court system, absence or incomplete collection of forensic (medical) evidence, and non-acceptance by court of medical records and statements of medical staff of SGBV-cases. The Government has established Victim Support Units (VSU) – part of the police department – in every district, but these are faced with capacity and financial constraints which limit effective forensic evidence collection and criminal investigation. Many SGBV-survivors are forced to return home to the perpetrators⁹.

1.1.1 Public Policy Assessment and EU Policy Framework

The Zambian Government has ratified a number of international and regional gender-related conventions and treaties¹⁰, and has developed and enacted several SGBV-related laws, policies, and plans, in particular the 2011 Anti-GBV Act, the 2015 Gender Equality and Equity Act, the 2014 National Gender Policy, and the National Strategy on Ending Child Marriage 2016-2021. The Zambian Government – up to the highest level – is committed to ending child marriage as demonstrated by many public statements by the President and the formulation of the draft Marriage Bill, which has not yet been enacted. The SGBV regulatory framework appears sufficiently robust, but has not yet been fully implemented, especially not at community and district level. The Gender Equity and Equality Commission – foreseen under the 2015 Gender Act – has not yet been established. The Government has established two GBV fast-track courts to deal with the enormous backlog with the objective to establish these in all provinces. This is a unique approach to improving redress and prosecution of perpetrators of SGBV. As they have only started operating in 2016, there is not yet sufficient proof of their effectiveness and efficiency. Furthermore, challenges are reported in terms of expensive set-up and high operational costs as well as retention of trained court staff.

The programme is fully in line with Zambia's GBV-related policies and with the EU's framework for Gender Equality and Women's Empowerment: Transforming the Lives of Girls and Women through EU External Relations (2016-2020)¹¹ and in particular with the first thematic pivotal area on "Ensuring Girls and Women's Physical and Psychological Integrity". This includes eliminating all forms of violence against women and girls, including ending child, early, and forced marriages¹². It is also in line with the European Consensus on Development¹³ and more in particular with the priority area "People", through tackling gender inequality and providing linkages to Sexual and Reproductive Health and Rights (SRHR) interventions¹⁴, including comprehensive sexual education (CSE), emergency contraceptives and family planning. Overall, the protection of women and girls' rights are a key objective, progress against which will lead to strengthened resilience and empowerment among this target group.

1.1.2 Stakeholder analysis

The programme's **final beneficiaries** are young people, especially boys and girls aged between 7 and 24 and SGBV survivors. Empowerment of girls and women, but also of boys and men, will lead to a reduction of SGBV and will produce other positive impacts for these groups and for society at large.

⁹ Status report on Gender-Based Violence in Zambia (2015) – Women in Law and Development in Africa.

¹⁰ Zambia is signatory of CEDAW, CRC, African Charter on Human and People's Rights; African Charter on the Rights of Women in Africa; SADC Protocol on Gender and Development; ICGLR Instruments of Sexual Violence; and SDGs 2015.

¹¹ Joint Staff Working Document SWD(2015) 182 final of 21.9.2015.

¹² EU Policy framework on gender 2016-2020 p. 4.

¹³ Joint Statement by the Council and the Representatives of the Governments of the Member States meeting within the Council, the European Parliament and the European Commission of 07/06/2017.

¹⁴ as outlined in paragraph 34 of the New European Consensus on Development (OJ C 210 of 30.6.2017).

Final beneficiaries are:

- **Children and young people, both girls and boys** – segmented into 7-9, 10-14, 15-19 and 20-24 age groups. This will include in-school and out-of-school children, adolescents and youth as they are fundamental in a process of social norm change and gender role change.
- **SGBV survivors and people at risk of SGBV**

Direct beneficiaries are:

- Teachers and Schools – as entry point reaching children and young people
- Traditional, Religious and Political Leaders - as champions of change and community gate-keepers
- Community Radio and other media outlets
- Providers of SGBV services, e.g. Coordinated Response Centres (CRCs), medical staff, psycho-social counsellors, paralegals, Victim Support Units within the Zambian Police (VSUs), Traditional and Statutory Courts
- Existing community structures
- Government at National, Provincial and District Level
- Civil Society Organisations

1.1.3 Priority areas for support/problem analysis

There are three key priority areas for support: (1) SGBV Prevention; (2) Service Delivery; and (3) Enabling Environment.

(1) SGBV Prevention - change of social norms and mind-sets, beliefs, attitudes and practices

Given Zambia's societal acceptance of GBV combined with high rates of actual violence and high levels of child marriage and teenage pregnancies, SGBV prevention needs to focus on social norm change – and not (only) on changing individual attitudes and behaviour¹⁵. This is a very complex and time-consuming process but the only way for sustainable change to prevent SGBV. Although various community sensitisation and advocacy activities have been conducted in Zambia with Cooperating Partners' support¹⁶, much more investment is needed to ensure lasting change in mind-set and behaviour. Globally it is recognised that more investments, interventions and resources are required to prevent SGBV¹⁷.

- Interventions aiming at social norm and mind-set change should **centre its interventions around children and young people**, with a particular focus on challenging harmful gender norms in the 7-9 age group and the 10-14 age group. These interventions should also address SGBV risk factors, such as alcohol use, controlling behaviours, child marriage, teenage pregnancy, etc¹⁸.
- As individual behaviour is strongly influenced by orientations and actions of those in leadership positions, interventions need to **focus on traditional, religious and political leaders and teachers** as potential champions of change.
- Finally, the public needs to be sensitised to SGBV through mass media interventions, especially **community radio**, combined with community dialogue and engagement. This needs to be further supported with the use of age appropriate Information Education

¹⁵ Manual on social norms and change - UNICEF/UNFPA (2016).

¹⁶ E.g. USAID- DFID Stop GBV programme, Joint UN GBV programme, and various CSO projects.

¹⁷ Conclusions of 57th Session of Commission on the Status of Women (CSW) with strong focus on prevention. – <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/prevention#sthash.62myijyb.dpuf>

¹⁸ Zambia Demographic Health Survey Report (2014) - pages 282 and 287.

Communication (IEC) material and Social Behaviour Change Communication (SBCC) material.

(2) Service Delivery - Access to and use of Support services to SGBV-survivors – change from victims to survivors

SGBV survivors often have limited or no access to formal support services, especially in rural areas. Improving access to and use of quality support services will help to empower victims of SGBV and change them from victims into survivors – restoring their self-esteem.

- **Informal social support groups** of SGBV survivors at community level play an important role in alleviating shame and stigma. It is understood that although the occurrence of SGBV does not significantly differ between rich or poor, poorer SGBV survivors have limited or no possibility to withdraw from violent situations as they often depend for their livelihood on the abusive partner. Informal social groups are therefore often used as a vehicle to provide opportunities for economic empowerment to SGBV survivors. Connecting SGBV survivors to social welfare and economic empowerment opportunities is important to give survivors the possibility to move on from violent situations.
- As demonstrated by data above SGBV survivors do not speak out about their experiences because of shame, trauma or fear of stigma. The CRCs will only be able to provide limited **psycho-social counsellors**. A feasible and cost-effective solution could be for survivors to access the existing toll-free line (run by Lifeline/ChildLine Zambia, a civil society organisation) where psycho-social counselling is provided for free to people calling-in.
- The **Coordinated Response Centre (CRC) Model or One-Stop GBV Centre Model** have demonstrated positive results in increasing access to formal support services inside and outside Zambia, providing a comprehensive support package¹⁹. This can include SRHR services and medical care, psycho-social counselling, (para) legal assistance and advice, police/Victim Support Unit assistance with forensic evidence collection and investigation, and access to justice. Support may further include referrals to child protection services and temporary shelters, and access to social cash transfers and economic empowerment opportunities. Zambia currently has One-Stop GBV Centres in 32 of the 106 districts – many of these have been established with support from Cooperating Partners, including the EU. They are located within a public health facility providing all support services ideally under one roof and preferably with staff on the government pay-roll. The government intends to roll-out these centres to all districts, but this commitment has not been laid-down in an approved national One-Stop Centre policy. Such a policy is highly needed to define the different roles, responsibilities and mandates of the many actors involved, and to ensure sustainability. Long distances and lack of transport is a large barrier for SGBV survivors in accessing support, especially in rural areas. Mobile outreach of support services from the district-level to the community level appears to be a feasible solution of improving access to services. As the different service providers define, interpret and address SGBV in different ways, resulting in misunderstanding between service providers, it is needed to conduct multi-sectoral training package, sector specific training combined with supervision and mentorship.
- **Improving redress and prosecution of perpetrators of SGBV** is important not only for the individual survivor, but also as a deterrent and as a concrete signal to society that SGBV is unacceptable. Many of the SGBV cases that are brought to court are dealt with as civil court cases and not as criminal court cases. 80-90% of civil court cases²⁰ start at

¹⁹ Mid-Term Evaluation of the USAID/DFID Stop GBV programme.

²⁰ Danish Institute for Human Rights – The Community Justice Project in Zambia – project with Judiciary and the House of Chiefs 2011-2014).

traditional courts – presided by local chiefs, with weak referral to local and subordinate courts. Traditional courts focus on customary mediation and arbitration, whilst promoting harmony. The traditional court decides if the SGBV case is an aggravated or a non-aggravated case. The first needs to be referred to local or subordinate courts, while the latter can be dealt with locally by the traditional court. However, aggravated cases are insufficiently referred to civil courts and often also result in a local settlement with the affected family (rather than the SGBV survivor itself) resulting in inadequate or inappropriate punishment for the perpetrator and redress for the survivor. This gives the wrong signal to society that violence goes unpunished. It is therefore paramount that traditional courts and local chiefs are sensitised to SGBV, including appropriate and respectful interaction with SGBV survivors and adequate referral to civil courts when required. Where chiefs have created local by-laws relevant to SGBV, these need to be brought in line with the statutory law.

(3) Enabling Environment - Strengthening of the institutional and policy framework and improve multi-sectoral coordination related to SGBV prevention and response

Although the legal framework related to SGBV seems sufficiently robust, there needs to be further support in policy guidance on prevention of SGBV and clarification of roles, responsibilities and mandates of all different stakeholders providing services to SGBV survivors. Implementation of existing SGBV-related policies, guidelines and plans is often hampered by limited resources and capacities within ministries, but also because of weak coordination between these ministries and at the various administrative levels. Standardisation and roll-out of simple and practical tools related to SGBV prevention, service delivery and referral (e.g. guidelines, checklists, forms, etc.) is needed to enable a more coherent approach. Technical assistance (TA) is required to assist the Government in strengthening its institutional and policy framework and in improving multi-sectoral coordination related to SGBV prevention and response. There is **limited coordination and referral** between the different support services. Although a national referral framework exists for the different services provided to SGBV survivors, roll-out and implementation is weak and not standardised. The **referral system** between the different support services to SGBV survivors between the community and the district, as well as those at district level between the various service providers at different Ministries, needs to be strengthened.

2 RISKS AND ASSUMPTIONS

Risks	Risk level (H/M/L)	Mitigating measures
Lack of sustainability of support services beyond the lifetime of the programme	M	<ul style="list-style-type: none"> • Use of government staff for district-level Coordinated Response Centres (CRCs) embedded within Health Facilities. • Close collaboration and coordination with existing government structures for programme oversight. • Focus on practical, simple and cost-effective solutions. • No costly constructions but refurbishments. • No procurement of costly and high-tech equipment. • Development of a sustainability plan.
Limited government ownership and leadership	L	<ul style="list-style-type: none"> • Leadership of the President with clear political commitment to ending child marriage. • The technical working group will be co-chaired by different key ministries.

		<ul style="list-style-type: none"> • Specific roles of different ministries to be clearly spelled out. • TA to Government at national level to assist with programme management and oversight. • Clearly identified reporting lines between community, district and national level.
Limited capacity of Ministry of Gender to implement the SGBV programme	L	<ul style="list-style-type: none"> • Ministry of Gender will chair the steering committee and co-chair the technical working group. • The Ministry will benefit from Technical Assistance. • Programme will not be implemented by the Ministry of Gender itself but by other Ministries with support of CSOs.
Demand for services overwhelms the programme's ability to deliver.	L	<ul style="list-style-type: none"> • Results of service delivery will be closely monitored under the grant contract. Contingency is foreseen in the budget.
Departure of key senior government staff.	L	<ul style="list-style-type: none"> • This will be addressed through policy dialogue, in particular through the steering committee and the technical working group. Further supported by Technical Assistance.
Success of programme leads to spike in convictions and added pressure on prison system.	M	<ul style="list-style-type: none"> • Support to traditional courts, including mediation and arbitration where possible. • Strengthening of the referral system between traditional court and statutory court.
Assumptions		
<ul style="list-style-type: none"> • The Government is committed to a mind-set change related to SGBV. 		

3 LESSONS LEARNT, COMPLEMENTARITY AND CROSS-CUTTING ISSUES

3.1 Lessons learnt

The programme has been informed by the experience from previous and ongoing SGBV, justice and health sector projects and programmes as well as from the many consultations undertaken as part of the programme design process.

- More attention and funds need to be committed to the prevention of SGBV, especially as changing behaviour and social norms related to SGBV is a complex and lengthy process. It needs to address risk factors and barriers.
- Community engagement should target harmful gender norms through:
 1. Focusing on both female and male children and young people while their attitudes and behaviour are still in development. This should include attention for SRHR, age-appropriate CSE, life skills, and economic empowerment.
 2. Partnering with traditional, religious and political leaders as agents of change.
 3. Sensitisation through social mobilisation, advocacy, and use of mass media, in particular through the use of community radio.
- Most survivors of SGBV will seek help from relatives and friends, demonstrating the importance of informal support groups.
- A Coordinated Response Centre providing a comprehensive package of support services to SGBV survivors appears an adequate approach when the limited understanding among service providers about SGBV and referral between different services is also improved.

Adequate collection of medical evidence of sexual and physical assaults and their use in court is weak.

- Long distances and lack of means of transport between the community and the service providers, especially in rural areas, is problematic, but can be mitigated through integrated mobile outreach.
- Use of call centres is an effective and efficient way to increase the current limited access to psycho-social counselling.
- Need to include traditional courts with regards to redress and prosecution of perpetrators of SGBV.

3.2 Complementarity, synergy and donor coordination

The Gender Cooperating Partners group meets on a monthly basis. Focus is on information sharing and coordination between the different gender and SGBV programmes.

The programme complements and builds on recognised gaps and best practices from other (SGBV) programmes, such as:

- (1) EU-funded GBV project with CARE (2006-2011). Set-up of the first One-Stop Centre in Zambia, handed-over to government in 2011.
- (2) USAID and DFID's Stop GBV programme (2013-2018) – USD 27.4 million. Implemented by NGOs. Focus on support to 16 district-level One-Stop GBV Centres, community mobilisation, behaviour change communication, and training of paralegals and police.
- (3) UN joint programme on GBV (2012-2018) – USD 15.6 million. Funded by Sweden and Ireland, implemented by different UN agencies. Focus on policy development, community mobilisation, support to fast-track courts, and capacity support to Ministry of Gender.
- (4) UNESCO's Strengthening Comprehensive Sexuality Education Program for young people in school settings (2013-2018) – with financial support from SIDA.
- (5) Global Partnership on Ending Child Marriage – Funded by EU, DFID, CIDA; implemented by UNICEF. Focus on social empowerment.
- (6) World Bank's Girls' Education and Women Empowerment and Livelihood (GEWEL) programme (2015-2020) – USD 65 million. Focus is on economic empowerment of women and increased access to education for adolescent girls in 50 districts.
- (7) EU's Access to Justice Programme (PLEED) – Implemented with GIZ. Focus on policy guidance, institutional support and training to paralegals and the Victim Support Units.

This programme will draw upon policy documents and training materials developed by these other programmes.

3.3 Cross-cutting issues

The programme's principal objective is to reduce harmful gender norms and promote gender equality, particularly among children and young people (age 7-24 years). Persons with disabilities are not specifically targeted by this programme but are implicitly part of the main target group. It uses a rights-based and a gender-sensitive approach, starting from the rights of women and girls (in particular SGBV survivors) and the obligations of the public sector to ensure these rights are honoured. The programme is in line with the EU's Gender Action Plan 2016-2020 and with the EU Delegation's Human Rights country strategy, which prioritises SRHR and covers SGBV and promotion of women and girl's rights. The programme includes awareness raising of teenage pregnancies, child marriages and SRHR. Adolescent girls and young women account for an important number of people living with HIV/AIDS. Environmental and climate change concerns will be taken into consideration with regard to refurbishments of Coordinated Response Centres and/or shelters, e.g. use of local materials and local artisans for the building, rain water collection, use of solar panels for lighting, best practices in water and sanitation, and use of improved cooking stoves.

4 DESCRIPTION OF THE ACTION

4.1 Objectives/results

This programme is relevant for the United Nations 2030 Agenda for Sustainable Development. It contributes primarily to the progressive achievement of SDG Goal 5 "Achieve gender equality and empower all women and girls", but also promotes progress towards Goal 3 "Ensure healthy lives and promote well-being for all at all ages".

The **overall objective** of the programme is **to reduce Sexual and Gender-Based Violence in Zambia.**

The specific objectives are:

1. To prevent Sexual and Gender-Based Violence (SGBV) in the target areas (SO1);
2. To increase SGBV survivors' access and use of comprehensive support services (SO2).

The programme has the following Expected Results/Output Areas:

- (1) Increasing SGBV awareness and attitude change among young people in the target areas with less acceptance of SGBV;
- (2) Sensitisation of traditional, religious and political leaders on SGBV and harmful traditional and cultural practices and norms;
- (3) Awareness raising through community mobilisation and engagement on SGBV harmful traditional and cultural practices;
- (4) Access to informal social support groups;
- (5) Strengthened formal SGBV support structures;
- (6) Strengthened referral systems;
- (7) Government's institutional and policy framework and multi-sectoral coordination of SGBV prevention is enhanced.

4.2 Main activities

Programme activities may include but are not limited to the following:

SO1: To prevent Sexual and Gender-Based Violence (SGBV) in the target areas

1. Awareness raising amongst children and young people, with special attention for boys and young men, including age-appropriate Comprehensive Sexuality Education (CSE);
2. Partnering with traditional, religious and political leaders;
3. Social Behaviour Change Communication (SBCC) through interpersonal communication, advocacy and awareness-raising, and community radio.

SO2: To increase SGBV survivors' access and use of comprehensive support services in the target areas

1. Support to informal social support groups;
2. Demand-generation activities;
3. Refurbishment of Coordinated Response Centres (CRCs) and/or shelters, and provision of medical and office equipment and supplies, and vehicles for outreach and referral;
4. Sensitisation, training and mentorship of providers of SGBV support services;
5. Provision of psycho-social support related to SGBV;
6. Improving redress and prosecution of perpetrators of SGBV, whilst strengthening the link between traditional and local courts;
7. Life-skills development and economic empowerment through saving groups and/or referral.

Both specific objectives:

- Strengthen institutional capacity and provision of policy support related to SGBV;
- Strengthening of the SGBV referral system;
- Support on SGBV-related advocacy and awareness raising activities.

4.3 Intervention logic

Leading principles underpinning programme design and implementation are:

- use of a flexible, multi-sectoral, comprehensive, evidence driven, inclusive and right-based inclusive approach, responding to specific needs of the population in the target areas as well as responding to concrete demands from government in the prevention and response to SGBV
- focus on practical, simple and cost-effective solutions, systems strengthening, standardisation and roll-out of existing tools and materials
- country ownership and government leadership
- strengthening relevant existing community structures and involvement of community volunteers and peer educators, including community-level accountability structures
- focus on results and sustainability from the start

A sustainability plan will be developed at the start of the programme.

The programme will focus on **Northern Province** and **Luapula Province**, which score worse than the national average on various SGBV-related indicators. Mapping of different SGBV programmes demonstrated that Luapula and Northern Province had received hardly any support from other bilateral and multilateral partners; most support programmes focus on other provinces closer to the capital. Complementarities could also be achieved with the Government's Social Cash Transfer programme and the World Bank's GEWEL programme when it comes to the referral of SGBV survivors to activities related to economic empowerment. Potential implementing partners are present in both provinces, which is necessary for programme implementation.

The programme will have a **province-wide approach** – including all districts of both provinces whilst reaching as many people as possible with programme interventions. The size of the two provinces combined is 128,217 km² - slightly smaller than Poland, but with a population size of just below 2.5 million people²¹. Given the size of these mainly rural provinces, investments in transport will be fundamental for successful programme implementation. Alternative provinces may be chosen if programme implementation in these two provinces is not possible for reasons beyond the Commission's control.

Section 1.1.3 sets out in detail the rationale of the chosen expected result areas.

5 IMPLEMENTATION

5.1 Financing agreement

In order to implement this action, it is foreseen to conclude a financing agreement with the partner country, referred to in Article 17 of Annex IV to the ACP-EU Partnership Agreement.

5.2 Indicative implementation period

The indicative operational implementation period of this action, during which the activities described in section 4.2 will be carried out and the corresponding contracts and agreements implemented, is 72 months from the date of entry into force of the financing agreement.

²¹ Luapula: 50,567 km² (≈ Bosnia and Herzegovina) and Northern Province: 77,650 km² (≈ Czech Republic). Population: Luapula = 1,127,453 inhabitants; and NP: 1,304,435 inhabitants (LCMS 2015).

Extensions of the implementation period may be agreed by the Commission's authorising officer responsible by amending this decision and the relevant contracts and agreements; such amendments to this decision constitute non-substantial amendment in the sense of Article 9(4) of Regulation (EU) 2015/322.

5.3 Implementation of the Budget Support Component

N/A

5.4 Implementation modalities

5.4.1 Grants: call for proposals "SGBV Prevention and Support services to SGBV-survivors" (direct management)

(a) Objectives of the grants, fields of intervention, priorities of the year and expected results:

The objectives of the call will be to prevent Sexual and Gender-Based Violence (SGBV) by challenging and changing beliefs, attitudes and practices in the target areas and to increase SGBV survivors' access and use of comprehensive support services. Fields of interventions may be those ones mentioned under the respective expected result areas 1 and 2 (section 4.2) and a number of interventions mentioned under expected result area 3 (e.g. development of tools and strengthening coordination structures at provincial, district and community level, a number of advocacy activities, etc.).

(b) Eligibility conditions

The call for proposal will aim at contracting one or two consortium(s) of a lead-applicant with one or more co-applicants with a proven track record in the activities aimed at under the result areas. Partnerships with Zambian civil society organisations should be an integral part of the activities proposed. In order to be eligible, lead applicants must be legal persons; be non-governmental organisations, public bodies, or international (inter-governmental) organisations as defined by Article 43 of the Rules of application of the EU Financial Regulation; be established in a Member State of the European Union or a country which is a party to the Agreement on the European Economic Area or a Member State of the OECD or Zambia (this requirement does not apply to international organisations).

Subject to information to be published in the call for proposals, the indicative amount of the EU contribution per grant is between EUR 7 and EUR 18.5 million: the final amounts will depend on the number of lots that will be used in the call for proposal. The indicative duration of the grant (its implementation period) is 60 months.

(c) Essential selection and award criteria

The essential selection criteria are financial and operational capacity of the applicant.

The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

(d) Maximum rate of co-financing

The maximum possible rate of co-financing for grants under this call is 90%. In accordance with Article 192 of Regulation (EU, Euratom) No 966/2012, in accordance with Article 37 of Regulation (EU) 2015/323, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100%. The essentiality of full funding will be justified by the Commission's authorising officer responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

(e) Indicative timing to launch the call

It is estimated that the call will be launched during the last trimester of 2017.

5.4.2 Grant: direct award for the mass media component under Expected Result Area 1 - Prevention (direct management)

(a) Objectives of the grant, fields of intervention, priorities of the year and expected results

The objective of this grant will be to prevent Sexual and Gender-Based Violence (SGBV) by challenging and changing beliefs, attitudes and practices in the target areas through the use of mass media and community involvement and dialogue. This falls under expected result area 1 – prevention – and is through a combination of interventions such as community radio, social media, community radio listening groups and community dialogue.

(b) Justification of a direct grant

Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to **BBC Media Action**. Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified because the action has specific characteristics requiring a specific type of beneficiary for its technical competence, specialisation or administrative power or nature of the action with regard to Article 190(f) of the Rules of Application. A direct award to BBC Media Action would also allow to build on their experience in similar mass-media campaigns and to have close collaboration with DFID who will fund similar activities but in different geographical areas.

(c) Essential selection and award criteria

The essential selection criteria are the financial and operational capacity of the applicant.

The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

(d) Maximum rate of co-financing

The maximum possible rate of co-financing for this grant is 95%.

In accordance with Article 192 of Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 37 of Regulation (EU) 2015/323, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100%. The essentiality of full funding will be justified by the Commission's authorising officer responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

(e) Indicative trimester to conclude the grant agreement

Third trimester of 2018.

5.4.3 Grant: direct award for toll free line for SGBV survivors under Expected Result Area 2 - Support to SGBV survivors (direct management)

(a) Objectives of the grant, fields of intervention, priorities of the year and expected results

The objective of this grant will be to increase access to and use of comprehensive support services for SGBV-survivors through call centre services. The grant would support the activities and the operations of **LifeLine/ChildLine Zambia** call centre, which is offering psycho-social counselling and guidance to children and adults needing information, advice, referral and support.

(b) Justification of a direct grant

Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to LifeLine/ChildLine Zambia. Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified because of the de facto monopoly position of

the beneficiary with regard to Article 190(c) of the Rules of Application. LifeLine/ChildLine Zambia has the only call centre of its sort in Zambia. A direct award to LifeLine/ChildLine Zambia would also allow to build on their previous experience funded by other Cooperating Partners and expand their scope of possibilities to offer their services in the two targeted provinces.

(c) Essential selection and award criteria

The essential selection criteria are the financial and operational capacity of the applicant.

The essential award criteria are relevance of the proposed action to the objectives of the call; design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

(d) Maximum rate of co-financing

The maximum possible rate of co-financing for this grant is full funding given the limited financial capacity of the Call Centre.

In accordance with Article 192 of Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 37 of Regulation (EU) 2015/323, if full funding is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100%. The essentiality of full funding will be justified by the Commission's authorising officer responsible in the award decision, in respect of the principles of equal treatment and sound financial management.

(e) Indicative trimester to conclude the grant agreement

Indicative time line for the signature of this direct grant if applied will be the second or third trimester of 2018.

5.4.4 Indirect management with the partner country

A part of this action with the objective to enhance the government's institutional and policy framework and multi-sectoral coordination of SGBV prevention and response through the provision of Technical Assistance, mainly at national level, may be implemented in indirect management with the Government of the Republic of Zambia in accordance with Article 58(1)(c) of the Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 17 of Regulation (EU) 2015/323 according to the following modalities:

The partner country will act as the contracting authority for the procurement and grant procedures. The Commission will control ex ante all the procurement and grant procedures.

Payments are executed by the Commission.

In accordance with Article 190(2)(b) of Regulation (EU, Euratom) No 966/2012 and Article 262(3) of Delegated Regulation (EU) No 1268/2012 applicable in accordance with Article 36 of Regulation (EU) 2015/323 and Article 19c(1) of Annex IV to the ACP-EU Partnership Agreement, the partner country shall apply procurement rules of Chapter 3 of Title IV of Part Two of Regulation (EU, Euratom) No 966/2012. These rules, as well as rules on grant procedures in accordance with Article 193 of Regulation (EU, Euratom) No 966/2012 applicable in accordance with Article 17 of Regulation (EU) 2015/323, will be laid down in the financing agreement concluded with the partner country.

5.5 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply.

The Commission's authorising officer responsible may extend the geographical eligibility in accordance with Article 22(1)(b) of Annex IV to the ACP-EU Partnership Agreement on the basis of urgency or of unavailability of products and services in the markets of the countries concerned, or in other duly substantiated cases where the eligibility rules would make the realisation of this action impossible or exceedingly difficult.

5.6 Indicative budget

Result areas	EU contribution (in EUR)	Indicative third party contribution (in EUR) (co-funding in case of grants)
5.4.1 – Call for proposals SGBV Prevention and Support services to SGBV-survivors (direct management)	18 500 000	2 000 000
5.4.2 – Direct grant Mass Media (direct management)	2 000 000	100 000
5.4.3 – Direct grant toll free line for SGBV survivors (direct management)	500 000	0
5.4.4. – Indirect management with partner country (procurement services)	1 500 000	0
5.9 – Evaluation, 5.10 – Audit	300 000	0
5.11 – Communication and visibility	200 000	0
Contingencies	2 000 000	0
Total	25 000 000	2 100 000

5.7 Organisational set-up and responsibilities

Given the **multi sectoral character** of this programme, many stakeholders from different ministries from different administrative levels and various implementing partners and programme beneficiaries will be involved in programme oversight and actual implementation. Multi-sectoral coordination at the various levels is essential for successful programme implementation and for strengthening accountability mechanisms, including representation and involvement of key populations in the programme's governance structure. Sensitisation of communities and key stakeholders involved in responding to SGBV at every level will be undertaken to protect the rights of women and girls and to ensure increased equal access to support services.

The **Steering Committee** – chaired by the Ministry of Gender – will oversee and guide programme implementation, making strategic decisions if/when needed. Preferably all large SGBV programmes supported by Government and cooperating partners will fall under one single joint steering committee. Ministries and other stakeholders involved in implementation and ideally beneficiaries will be represented in the steering committee. The steering committee will meet indicatively bi-annually. TA will be provided through the service contract to provide institutional support and policy advice, and to assist the Government to ensure adequate coordination of programme implementation.

A programme-specific **technical working group** will be set up, which will meet regularly, depending on the need. The key ministries, implementing partners, service providers and the EU will be represented in the technical working group. The meetings will be co-chaired by three lead ministries: (1) Ministry leading on SGBV prevention (e.g. Ministry of Community Development and Social Welfare); (2) Ministry leading on service delivery to SGBV

survivors (e.g. Ministry of Health); and (3) Ministry of Gender given its mandate to coordinate the SGBV response.

It is foreseen that the majority of interventions are to be implemented at provincial, district and community level. **Regular programme coordination meetings at district and provincial level** are expected to take place – where possible using existing government structures such as the District Development Coordination Committees (DDCC) and/or the District Councils, and Provincial Development Coordination Committees (PDCC). Implementing partners and ideally beneficiaries from the community level should be represented in these structures.

5.8 Performance monitoring and reporting

Monitoring of performance of programme interventions is intended to be jointly conducted with implementing partners under government leadership. Reports on programme performance are expected to be submitted to the different types of programme governance structures described under point 5.7 above. A baseline and an end line will be conducted by the grant beneficiaries or directly by the Commission to gather primary data.

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the logframe matrix. The report shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation. Where possible, beneficiaries from the community level will be represented in programme monitoring.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

5.9 Evaluation

Having regard to the importance of the action, a mid-term and a final evaluation will be carried out for this action or its components via independent consultants contracted by the Commission. This may include primary data-collection through a Knowledge Attitude and Practice (KAP) survey at baseline and at end-line. A mid-term evaluation might be carried out for problem solving in particular with respect to issues emerged during the implementation of the project. The final evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that prevention of SGBV is a complex and lengthy process.

A Monitoring and Evaluation framework will be formulated at the start of implementation to define more precisely the data and information needs of the programme, to set out how the M&E capacities of the various actors will be monitored and supported, and to define choices regarding the type, timing and governance of evaluations that will be carried out.

The Commission shall inform the implementing partner at least 30 days in advance of the dates foreseen for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all

necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports shall be shared with the partner country and other key stakeholders. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Indicatively, one or two contracts for evaluation services shall be concluded under a framework contract in 2020 and/or 2023.

5.10 Audit

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements. Indicatively, one contract for audit services shall be concluded under a framework contract at the end of the project.

5.11 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU.

This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, to be elaborated at the start of implementation and supported with the budget indicated in section 5.6 above.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities. Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements.

The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

Indicatively, a service contract may be signed for visibility and communication.

APPENDIX - INDICATIVE LOGFRAME MATRIX (FOR PROJECT MODALITY)

The activities, the expected outputs and all the indicators, targets and baselines included in the logframe matrix are indicative and may be updated during the implementation of the action, no amendment being required to the financing decision. When it is not possible to determine the outputs of an action at formulation stage, intermediary outcomes should be presented and the outputs defined during inception of the overall programme and its components. The indicative logframe matrix will evolve during the lifetime of the action: new lines will be added for including the activities as well as new columns for intermediary targets (milestones) for the output and outcome indicators whenever it is relevant for monitoring and reporting purposes. Note also that indicators should be disaggregated by sex whenever relevant.

	Results chain	Indicators	Baselines (incl. ref. year)	Targets (incl. ref. year)	Sources and means of verification	Assumptions
Overall objective: Impact	To reduce Sexual and Gender-Based Violence (SGBV)	% of ever-married women who have experienced physical or sexual violence by any husband/partner in the last 12 months *	Luapula: 33.5%; NP: 25.4% (national: 26.7%)	Based on baseline	ZDHS 2013/2014 and ZDHS 2021	
		% of women age 20-24 who were first married by age 18	National: 31.4%	Based on baseline	ZDHS 2013/2014 and ZDHS 2021	
Outcomes						
Specific objective(s): Outcome(s)	SO1: To prevent Sexual and Gender-Based Violence in the target areas	% of women aged 15-49 who agree that a husband is justified in hitting or beating his wife for at least one reason ²² (disaggregated by age)	Luapula: 76.7% NP: 79.1% (national: 46.9%)	Based on baseline	ZDHS 2013/2014 and ZDHS 2021	Government owned & -led, focused on mind-set change; ZDHS is carried out timely by Government.
		% of men aged 15-49 who agree that a husband is justified in hitting or beating his wife for at least one reason (disaggregated by age)	Luapula: 49.7% NP: 48.6% (national: 30.7%)	Based on baseline	ZDHS 2013/2014 and ZDHS 2021	
		% of people in the target areas with no acceptance of SGBV (disaggregated by believes, attitudes and practices – and age and sex)	Based on baseline	Based on baseline	KAP survey at baseline and end-line	

²² ZDHS 2013/14 – justifications for wife beating are: wife burns the food, argues with the husband, goes out without telling him, neglects the children and/or refuses to have sexual intercourse with him.

	SO2: To increase SGBV survivors' access & use of comprehensive support services in the target areas	% of women aged 15-49 who have ever experienced physical or sexual violence who sought help to stop the violence	Luapula: 46%; NP: 28.8% (national: 43%)	Based on baseline	ZDHS 2013/2014 and ZDHS 2021	
		# of SGBV survivors having received at least 1 support service - with EU support (disaggregated by type of support, age, sex and disability)	2017: 0	Based on baseline	Annual progress reports	
		% of referred SGBV cases against women and children that are investigated and sentenced – with EU support *	2017: 0	Based on baseline	Annual progress reports	
Result areas/Outputs for outcome 1 – Prevention of SGBV						
Outputs	O1: Increasing SGBV awareness and attitude change among young people in the target areas with less acceptance of SGBV	1.1. # of children and young people aged 10-24 who have received Comprehensive Sexuality Education (CSE) in and out of school – with EU support (disaggregated by age and sex)	2017: 0	Based on baseline	Annual progress reports	
	O2: Sensitisation of traditional, religious, and political leaders on SGBV and harmful traditional and cultural practices and norms	1.2. # of traditional, religious, and political leaders sensitized on SGBV – with EU support	2017: 0	Based on baseline	Annual progress reports	Ownership and leadership by these leaders, focused on mind-set change
	O3: Awareness raising through community mobilisation and engagement on SGBV and harmful traditional and cultural practices	1.3. # of people reached through community mobilisation on SGBV - with EU support (disaggregated by age and sex)	2017: 0	Based on baseline	Annual progress reports	Communities open to mind-set change
		1.4. # of people reached with SGBV messages broadcasted by community radio in the target areas - with EU support	2017: 0	Based on baseline	KAP survey at baseline and end-line	Sufficient community radio capacity
	Government's institutional and policy framework and multi-sectoral coordination of SGBV prevention and response is enhanced (same as O7, but also applies to SO2)	1.5. % of the target districts in which the SGBV Referral System is rolled-out – with EU support	2017: 0	100%	Annual progress reports	Government ownership and leadership, focused on mind-set change
		1.6. % of the target districts in which simple and practical tools for identification of SGBV symptoms are rolled-out – with EU support	2017: 0	100%	Annual progress reports	
		1.7. % of the target districts in which SGBV response is improved - with EU support	2017: 0	Based on baseline	Annual progress reports	

Result areas/Outputs for outcome 2 – Service Delivery to SGBV survivors						
Outputs	O4: Access to Informal social support groups	2.1. # of people participating in informal social support groups, with EU support (disaggregated by age and sex)	2017: 0	Based on baseline	Annual progress reports	
	O5: Strengthened formal SGBV support structures	2.2. % of SGBV support structures functional ²³ and able to provide quality services - with EU support	2017: 0	2023: 20	Annual progress reports	Government staff present in Health Facilities
Outputs		2.3. # of persons trained on SGBV – with EU support (disaggregated by type of service provider ²⁴)	2017: 0	Based on baseline	Annual progress reports	
	2.4. # of telephone calls to toll-free helpline – with EU support	2017: 0	Based on baseline	Annual progress reports	ChildLine/ Lifeline has sufficient capacity	
	O6: Strengthened referral systems	2.5. % of defendants and plaintiffs receiving legal aid at all stages of criminal proceedings - with EU support (disaggregated by age and sex) **	2017: 0	Based on baseline	Annual progress reports	Data availability
	O7: Government's institutional and policy framework and multi-sectoral coordination of SGBV prevention and response is enhanced	2.6. SGBV Referral System is rolled-out in the target areas – with EU support	2017: 0	100%	Annual progress reports	Government ownership and leadership, focused on mind-set change
2.7. Simple and practical tools for identification of SGBV symptoms are rolled-out in the target areas – with EU support		2017: 0	100%	Annual progress reports		
2.8. # of SGBV coordination meetings (disaggregated by administrative level ²⁵)		2017: 0	Based on baseline	Annual progress reports		
2.9. # of advocacy interventions related to SGBV (disaggregated by administrative level ²⁶)		2017: 0	Based on baseline	Annual progress reports		

* = Indicator from the EU Gender Action Plan (GAP); and ** = Indicator from Zambia's National Indicative Programme (NIP)

²³ Functional = refurbished, equipped, supplied and operational, and accessible for persons with disabilities.

²⁴ Including health staff, psychosocial counsellors, social workers, paralegals, police/VSU, staff of traditional and local courts.

²⁵ Administrative level refers to national, provincial, district and community level.

²⁶ Administrative level refers to national, provincial, district and community level.