



Evaluation  
OF THE **STOP GBV**  
**Programme**  
2012-2018

The *Stamping Out and Preventing Gender-Based Violence (STOP GBV)* Programme was implemented between 2012-2018 with a combined funding package of US\$27.4 million from the United Kingdom Department for International Development (DFID) and the United States Agency for International Development (USAID). The programme supports the Government of the Republic of Zambia's (GRZ) efforts to prevent and respond to GBV, through the collective work of three main implementing partners. This combined donor effort was a response to the rates of reported physical and sexual gender-based violence in Zambia which are some of the highest in the world. Violence rates in Zambia are also generally higher than other countries in the region, including its neighbouring Southern Africa Development Community (SADC) states of Zimbabwe, Mozambique, Malawi, Botswana and South Africa.

Our study evaluated the systematic efforts invested towards reducing gender-based violence by three main implementing partners, each approaching GBV either at the prevention, support or redressal stage.

- 1 World Vision (WV)** has provided **Survivor Support (GBVSS)** primarily through One Stop Centres (OSC) where clients can access a range of response services under one roof;
- 2 Zambia Centre for Communications Programme (ZCCP)** has engaged in **Prevention and Advocacy** through community outreach to both enhance survivor uptake of the OSC services and to change attitudes, beliefs and behaviours that condone and perpetuate the practice of GBV;
- 3 Women and Law in Southern Africa (WLSA)** has embedded trained paralegals within OSCs and trained security and justice stakeholders, particularly the specialist Victim Support Units (VSU) of the Zambian Police Service and members of the judiciary on the management of GBV cases to improve **Access to Justice**.

## Context



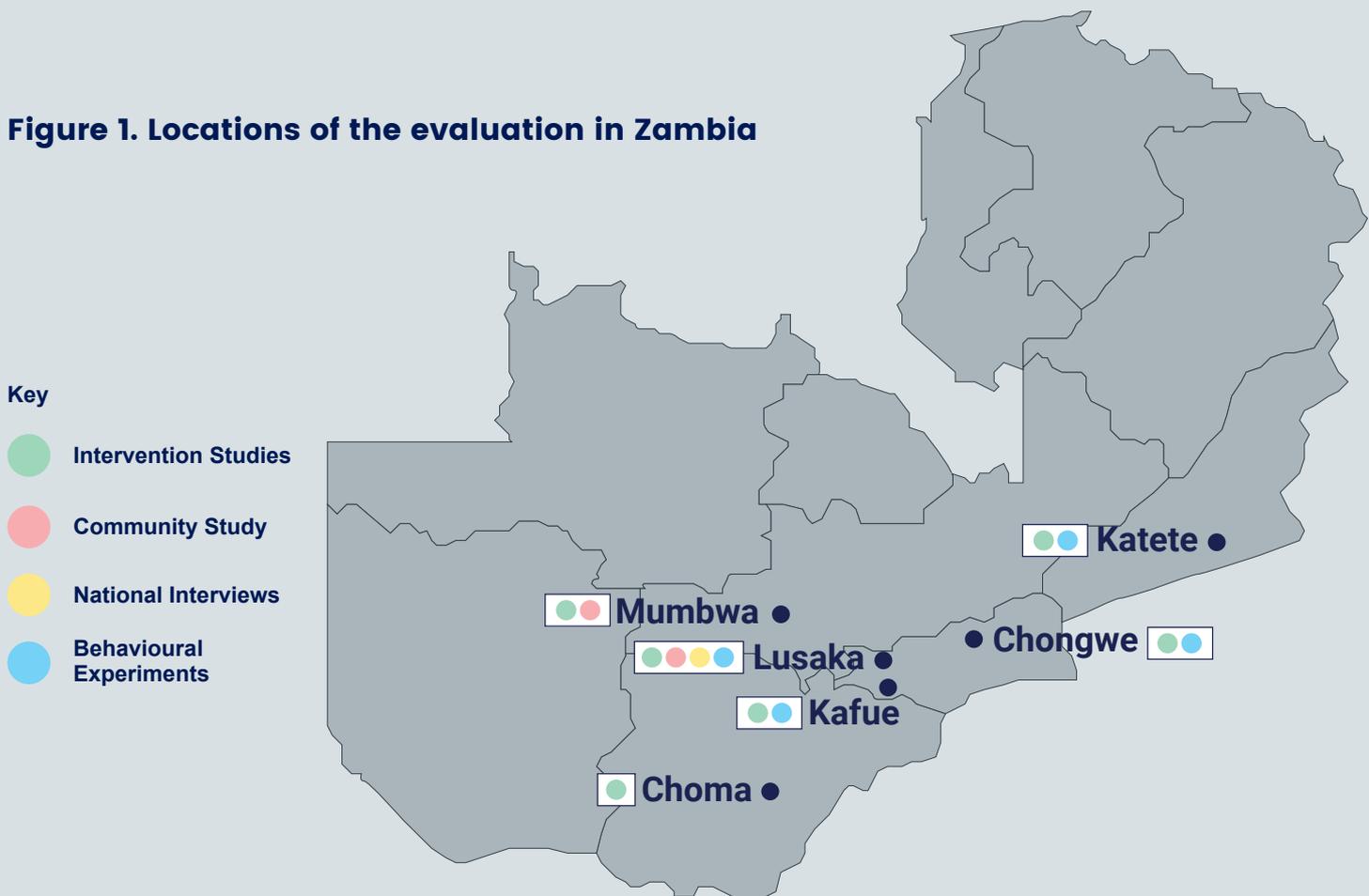
## Evaluation Approach

We carried out a **mixed-methods, realist, and theory-based** evaluation in six districts in Zambia: in Chongwe, Katete, Kafue, Choma, Mumbwa, and Lusaka we employed in-depth interviewing and round table discussions to collect qualitative data from implementing partners in order to understand the delivery of the three intervention arms from the supply side. We complemented this data with demand-side data collected via life histories and in-depth interviews in two community studies, carried out in Mumbwa and Lusaka. We also carried out a series of key informant interviews and round-table discussions with high-level stakeholders from the GRZ, the donor sector, and development partner organisations in Lusaka. Our primary data was triangulated against a review of secondary materials including monitoring and costing data supplied by implementing partners, which also informed a Programme Concept and Management Review exercise. Finally, these qualitative approaches

were complemented by a behavioural experiment component led by the Busara Center for Behavioural Economics, and carried out in Chongwe, Katete, Lusaka, and Kafue districts.

Overall data collection was designed to answer a set of evaluation questions derived from the **OECD DAC criteria** of Relevance, Effectiveness, Efficiency, Impact, and Sustainability.

**Figure 1. Locations of the evaluation in Zambia**



## Key findings

The STOP GBV programme has established **16 OSCs**, built the capacity of close to **4000 police and judiciary staff** on GBV prevention and response, facilitated the court processing of **2872 GBV cases** and supported more than **70,000 GBV survivors** with medical, psycho-social, and paralegal counselling. The programme has actively engaged with Traditional Leaders, **270 of whom have denounced the practice of child marriage** in their chiefdoms.

### GBVSS

- By providing all services in one place, the OSCs have managed to be more accessible and reduce survivor stress in accessing different services. This has also made it cheaper and easier for survivors to engage with support services.
- OSCs are able to meet a range of survivor needs, although more shelters are required and financial/livelihoods support remains lacking, resulting in case withdrawal in some instances. Quality of counselling services was found to be variable.
- OSCs have, through their work, become well known entities, but reception of their work varies by sex. We found that while women were supportive of OSCs and their work, men often felt threatened by the OSCs, feeling their services to be invasive.
- The handover of the OSCs to the Ministry of Health has been largely successful in ensuring continuity of services, but that the intensity of these services has declined—for example, community outreach has been discontinued.
- awareness of GBV, are more supportive of survivors, and are acting to hold perpetrators to account.
- Sport in Action programming was effective at increasing boys' knowledge levels and altering their attitudes towards girls. Behaviour change was easier to accomplish with boys than with men, whose behaviours and attitudes were embedded and difficult to shift. Men's networks, when active, served as a catalyst for behaviour change and encouraged anti-GBV sentiments and actions.
- The roles of Community Advocates were perceived as valued and understood by government officials, implementing partners, and community members. However, this value has not translated into a continuation and scale-up of local awareness-raising and GBV prevention activities.

### Prevention and Advocacy

- While the evaluation found some limitations in the use and effectiveness of media, the programme's media and community activities have successfully communicated the understanding that GBV is harmful and wrong.
- When deliberately framed in a social/community context, ZCCP advocacy videos can change perceived social norms, but have less effect on individual attitudes. One video alone is not enough to change many individual beliefs and attitudes or engagement towards the issue of GBV.
- The evaluation found evidence of some attitude change, but the aim of decreasing the tendency to blame survivors was not consistently achieved.
- While the programme has made progress in casting GBV as unacceptable, the assumption that survivors will seek support because of decreases in stigma does not consistently hold because it does not account for the varied factors influencing whether women seek support.
- Traditional and religious leaders are raising
- **Access to Justice**
- There was general consensus across stakeholders that the handling of GBV cases and treatment of survivors have improved over the course of the programme and there was significant appreciation voiced about the quality of the capacity building/training interventions.
- Key security and justice actors now appropriately escalate serious GBV crimes, rather than attempting to settle them out of court using Alternative Dispute Resolution techniques, particularly mediation.
- The evaluation was unable to confirm that the criminal prosecution of GBV cases has improved because medical and police staff are better at collecting forensic evidence.
- OSC paralegals effectively help GBV survivors pursue their cases through the court system, although there is scope for strengthening this role.
- Paralegals play a positive role in allaying survivors' fear of the formal justice system, but there is no evidence to suggest that they played a significant enough role to reduce case attrition.
- The lack of safe houses or shelters was a significant issue in progressing GBV cases, given that many survivors of spousal GBV offences must continue to co-habit with the perpetrator and will be forced into withdrawing.



## Recommendations

### GBVSS recommendations

1. All GBVSS services must continue to be in one space.
2. OSC should continue to be located within the hospital. Housing the OSC in the hospital has allowed for improved access to medical services and has also reduced any stigma a survivor might face in approaching the OSC to report a case on GBV.
3. OSCs need to be flexible with their timings or offer viable alternatives to register a complaint.
4. OSCs need to be linked with safe spaces or provision of some form of shelter.
5. Counsellors and paralegals need additional training. Training needs to include i) sensitivity towards cases of GBV reported by men, ii) stress-management at a personal level iii) sustained engagement with the client.
6. Hospital budgets needs to have special allocation for OSCs including costs for fuel and vehicle maintenance.
7. For effective survivor support, the programme must include options for women's economic empowerment.
8. Based on the size of the district, some districts may require multiple OSCs and a resourcing for the resumption of mobile OSCs.

### Prevention and Advocacy recommendations

1. Future prevention and advocacy programming should take the opportunity to leverage the social and community frame, building on the understanding that norm change requires a social dimension and does not happen only at the individual level.
2. Do not take for granted women's attitudes towards gender-based violence; focus efforts on targeted programs for *both* men and women that address each group's specific barriers to behaviour change.
3. Implementers of prevention and advocacy activities should continue to convene people to engage with media activities and discuss them.
4. Design considerations for future programme activities will need to demonstrate a more developed theory of change and create project activities that focus more explicitly on strengthening the process by which increased knowledge of/exposure to new norms (rather than increased knowledge of potential punishment) leads to changed attitudes and behaviour.
5. Future interventions should account for the existing negative 'blowback' from men.



6. Partners implementing media interventions should conduct outreach to/establish partnerships with non-programme or 'mainstream' media providers.
7. Prevention and advocacy activities should begin with younger children and especially boys, so that as males especially enter adolescence and young adulthood, they are more likely to hold positive views and/or be inclined to engage with the anti-GBV and pro-gender equity messages and activities.
8. DFID should include in future design a focus on group activities that meet regularly over a sustained period.
9. By stressing the benefits of gender equality and questioning power, rather than emphasising the punitive dimension, future programme design should focus on meaningful *norm* shifts instead of fear-based *behaviour* changes.
10. The programming ToC and activities need to actively consider and respond to constraints and pressures faced by women that affect their ability to report perpetrators, such as financial dependence, fear of violent backlash if they report, and pressure from families and communities not to report.
11. Work with traditional leaders and chiefs should be continued and strengthened. To facilitate greater attitude and behaviour change among traditional leaders, more training should take place to encourage change over time. An analysis on what drives traditional leaders' actions and support of GBV prevention and response could be helpful to inform programme design.
12. Men, children, and the elderly need to be more intentionally included into programme activities to ensure there is sustainable change in community norms instead of fear-based change.

## Access to Justice recommendations

1. Training of key justice and security actors needs to continue but it must be undertaken in a more strategic manner to ensure both its longer term sustainability and increased coverage. In particular, the integration of GBV training and case management within the curricula of the police training academy would likely negate some of the challenges identified under the STOP GBV programme.
2. Future programmes must more effectively deal with the root causes of GBV case withdrawal.
3. Fast-tracking of cases must be prioritised in order to ensure that delays in the judicial process do not contribute to withdrawals.
4. Future advocacy efforts should secure the proper integration of paralegals into the OSC structure following their transition to government ownership, to ensure that the vital role they play in survivor support continues.
5. Future programmes should also strengthen activities to sensitise traditional leaders.
6. DFID should consider the wider constraints of the security and justice system, beyond the capacity of duty bearers and communities, such as infrastructure adequacy, in being able to accommodate an increasing number of reported cases and criminal cases proceeding through the courts.



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