



A SAFER ZAMBIA (ASAZA) MODEL FOR A COORDINATED RESPONSE TO GBV UNDER THE WOMEN JUSTICE EMPOWERMENT INITIATIVE (WJEI) PROGRAM



July 16, 2016

A Safer Zambia

- The ASAZA program is an initiative designed to undertake activities aimed at altering the social and cultural patterns that promote GBV and provide direct services to meet the physical, psychological and legal needs of girls and women who survive GBV.
- Started on February 1, 2008 and was to end on January 31, 2011 but has an eight months cost extension from February 1, 2011 to September 30, 2011.

A Safer Zambia

- The ASAZA CRC activities are designed to tackle the problem of GBV in Zambia from two directions: preventive and restorative. These are undertaken in eight CRCs in the seven Districts where ASAZA operates.
- Chipata and Lusaka (Burma) CRCs outside the hospital set up.
- CRCs in the hospital set up are at Kabwe General Hospital, Buchi Clinic (Kitwe), Livingstone General Hospital, Mtendere Clinic (Lusaka), Mazabuka District Hospital and Ndola Central Hospital.

ASAZA prevention activities

- Engagement of men as change agents - men's networks are formed to undertake prevention activities that help to shift unhealthy cultural attitudes by leveraging their existing relationship and influencing youths and men to change their mind sets.
- Engagement of community leaders and traditional leaders as change agents - these are sensitized on GBV and because they wield authority, their voices carry enormous weight and their actions influence everyone in their communities.

ASAZA prevention activities

- Engagement of youths as change agents – Youths are trained to reach out to other youth in their communities on GBV to change attitudes and behaviors
- General community as change agents – These are engaged using the community conversations approach, a prevention tools developed by World Vision to support positive behavior change targeted at the individual, family and community.
- In partnership with MCDSS and other stakeholders launched a national GBV campaign whose theme is **“Abuse, Just Stop It!”**.

ASAZA restorative activities

- Direct service delivery to GBV survivors at the Coordinated Response Centers (CRC) which includes medical services (health personnel), legal services (police and paralegals), psychological services (counselors and social welfare officers) and linking to survivor support groups and when necessary linking to safe houses or shelters
- Each CRC is equipped with specialized medical kits for the proper collection, documentation, and preservation of evidence, and has a vehicle to provide transportation to clients who live ten or more kilometers away.

ASAZA restorative activities

- Caregivers are utilized as a primary mechanism to identify GBV survivors at household level, provide care and support and refer, as necessary to the CRC.
- Survivor support groups are formed to provide support to other survivors and also work together on empowerment initiatives.
- Life Line Zambia a 24 hour toll free telephone counseling service was utilized to also refer cases to CRCs. This can be accessed throughout the country from all the mobile and landline telephone networks

Examples of best practices

Prevention

- Involvement of community structures e.g. men, traditional leaders, youths etc creates community involvement and support for change
- Media – national and community based in various languages promotes dialogue around GBV that contributes to change
- IEC/BCC materials e.g. drama performances, documentaries, PSAs, jingles, posters, brochures etc ensures messages are presented in a way that the community can identify with and better understand

Examples of best practices

- Community conversations approaches promotes open discussion about norms and practices and strengthens bonds among communities to work together towards change
- Use of national events helps to draw attention to GBV and create the necessary political will
- CRC advisory councils – promote local ownership and leadership at district level

Examples of best practices

Restorative

- Stand alone model is less traumatic to survivors (private setting) and is more flexible in terms of use of space but medical staff not available 24 hours, survivors need to be driven to a health facility and in process evidence may be lost etc
- Hospital based model has guaranteed medical staff for 24 hours, better access to medical services including additional services i.e. PEP, EC and ARVs but maybe be shunned due to fear of stigmatization, restricted use of space, overcrowding and many other functions of the health facility etc

Examples of best practices

Restorative

- Quality assurance mechanisms e.g. GBV guidelines, setting of minimum standards, training etc are important for service delivery
- Survivor feed back mechanisms are important for access the effectiveness of the services (perception matters as well)
- Support to survivors e.g. transport to increase the chances of cases reaching the CRC, court preparation etc to ensure survivors are supported to continue with the case

Examples of best practices

- Caregivers services – to ensure that even at household level survivors are assisted (home based care model) etc
- Survivor groups – Group therapy helps the survivor but also provides an opportunity for them to work as a group and move forward etc
- Service provider networks - strengthening referrals and collaboration as relationships with other service providers are established – also reduces duplication of efforts, minimizes gaps and challenges

Challenges

- Cases received at CRC not streamlined(e.g. rape, defilement, spouse battery) all GBV cases are attended to
- Lack of well established shelters/ safe houses
- Lack of medical staff (sometimes one has to wait for more than two hours.
- Child counselors few (no deliberate focus on this)
- High number of cases being reported at the CRCs – planned for 50 but receiving more than 200 per month.
- Inadequate space at CRCs due to an increase in the number of cases being reported- implications for counseling.

Challenges

- Due to the sensitizations in the communities especially through radio and TV, the number of survivors coming from far away places (outside the ASAZA Districts) is on the increase and therefore the CRC staff do not have adequate resources to follow these cases up.
- These survivors from outside the ASAZA Districts are also refusing to be referred to other service providers in their District such as clinics, hospitals and VSU because the level of service provision there is not very effective

Challenges

- Police lack appropriate tools for the prosecution of GBV cases.
- Police and other government officers supporting the CRC are not permanently assigned to CRC due to inadequate manpower; thus compromising follow-up.
- Insufficient number of gynecologists to attend to GBV victims and ensure correctly filled in reports.

Issues to be considered

Technical assistance

- Specialized training in forensic issues , forensic evidence techniques collection for police officers, social workers and health staff – Linked to availability of DNA laboratories.
- Specialized training in couple counseling.
- Training in pediatric essential services
- Development of and integration of quality control mechanisms in the service delivery.
- Mobilize support for establishment of specialized courts for GBV

Issues to be considered

Service provision

- Scale up and integration of services
- Strengthen the referral network – both formal and informal
- Survivor access to full time service providers
- Link survivors to educational and empowerment opportunities
- Work on streamlined data and data collection to focus only on 10 or less GBV categories

Thankyou for Listening



ABUSE
just stop it!