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FINAL EVALUATION

GOVERNMENT OF THE REPUBLIC OF ZAMBIA –
UNITED NATIONS JOINT PROGRAMME ON
GENDER-BASED VIOLENCE PHASE II
(GRZ-UN JP GBV II 2019-2024)

FINAL EVALUATION REPORT

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Disclaimer

This Evaluation Report was prepared by a team of two Consultants: Vincent Kanyamuna, Lead Consultant / Evaluation Team Leader and Sheena Kabombwe, the Support Consultant. The content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Resident Coordinator's Office in Zambia.

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Table of Contents

Acknowledgements	2
Executive Summary.....	8
Chapter 1: Introduction	14
1.1 Purpose, objectives and Scope.....	14
1.2 Evaluation Methodology.....	15
1.3 Ethical considerations	15
1.4 Evaluation approach and methods	16
1.4.1 Evaluation approach.....	16
1.4.2 Evaluation criteria, matrix and questions	18
1.4.3 Evaluation Management.....	20
1.4.4 Data sources	20
1.4.5 Data Analysis	21
1.4.6 Theory of Change.....	22
1.4.7 Quality Assurance	22
1.4.8 Evaluation Limitations	23
1.4.9 Work Plan	24
1.4.10 Structure of the Evaluation Report	24
2.1 Background.....	25
2.2 GRZ-UN Partnership on GBV Response.....	25
2.3 Goal and objectives of the programme.....	27
2.4 Expected Results	27
Chapter 3: Evaluation Findings	30
3.1 Relevance	30
3.2 Effectiveness	36
3.3 Coherence	43
3.4 Efficiency	44
3.5 Towards Impact	46
3.6 Sustainability.....	48
3.7 Coordination	50
3.8 Cross-cutting issues.....	52

Chapter 4: Evaluation Conclusions	54
4.1 Relevance	54
4.2 Effectiveness	54
4.3 Coherence	54
4.4 Efficiency	54
4.5 Towards Impact	55
4.6 Sustainability	55
4.7 Coordination	55
4.8 Cross-cutting issues	55
Chapter 5: Evaluation Recommendations	56
5.1 Relevance	56
5.2 Effectiveness	56
5.3 Coherence	56
5.4 Efficiency	56
5.5 Towards Impact	57
5.6 Sustainability	57
5.7 Coordination	57
5.8 Cross-cutting issues	57
Chapter 6: Lessons learned	58
Annexures	59
i) Terms of Reference	59
ii) Stakeholder mapping	59
iii) Summary of field visits	59
iv) List of documents reviewed	59
v) Evaluation Tools	59
vi) Evaluation Matrix for GRZ-UN JP GBV II	59
vii) List of persons interviewed	59
viii) Theory of Change for the GRZ-UN JP GBV II	59
ix) GRZ-UN JP GBV II Results Framework	59

List of Tables

Table 1: Data Sources used in the Evaluation of GRZ-UN JP GBV II	20
Table 2: Programme Financials	28
Table 3: Relevance of GRZ-UN JP II to national, regional, continental and global development frameworks.....	32
Table 4: Programme Outcome and Outcome Indicators.....	36
Table 5: Outcomes and Outcome Indicator Performance	37
Table 6: Mapping outcomes and outputs	38
Table 7: Outputs and Output Indicator Performance.....	38
Table 8: Assessment of Performance of the GRZ-UN JP GBV II Output Indicators ...	39

END-TERM EVALUATION REPORT

Abbreviations and Acronyms

7NDP	7 th National Development Plan
8NDP	8 th National Development Plan
AU	African Union
CBOs	Community Based Organisations
CCP	Chisomo Community Programme
CDF	Constituency Development Fund
COVID-19	Coronavirus disease 2019
CP	Cooperating Partner
CPRD	Convention of the Rights of Persons with Disabilities
CPs	Cooperating Partners
CRC	Conventions on the Rights of the Child
CSO	Civil society organization
CSOs	Civil Society Organizations
ESC	Evaluation Steering Committee
ET	Evaluation Team
EU	European Union
FBOs	Faith Based Organisations
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GRZ	Government of the Republic of Zambia
GRZ-UN JP GBV II	Government of the Republic of Zambia-United Nations Gender Based Violence Joint Programme Phase Two
HIV	Human immunodeficiency virus
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICT	Information and Communication Technology
IDI	In-depth Interview
ILO	International Labour Organization
IOM	International Organization for Migration
IPs	Implementing Partners
IPV	Intimate Partner Violence
JP	Joint Programme
KII	Key Informant Interview
KPI	Key Performance Indicator
KRA	Key Result Area
LNOB	Leave No One Behind
LAZ	Law Association of Zambia
LTA	Light Touch Assessment
M & E	Monitoring and Evaluation
MCDSS	Ministry of Community Development and Social Services Social Services
MDGs	Millennium Development Goals
MoH	Ministry of Health

MTR	Mid-Term Review
NASF	National HIV and AIDS Strategic Framework
NDP	National Development Plan
NGO	Non-Governmental Organization
NGP	National Gender Policy
NLACW	National Legal Aid Clinic for Women
NPA	National Prosecution Authority
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OSC	One Stop Centre
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
ProDoc	Project Document
PWD	Persons with Disabilities
RC	Resident Coordinator
RCO	Resident Coordinator's Office
RGs	Results Groups
RISDP	Regional Indicative Strategic Development Plan
SADC	Southern African Development Community
SCT	Social Cash Transfer
SDGs	Sustainable Development Goals
SNDP	Sixth National Development Plan
SS	Safe Shelters
ToC	Theory of Change
TWGs	Technical Working group
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Funds
UNICEF	United Nations Children's Fund
USD	United States Dollar
VLOSC	Village-Led One Stop Centre
WDC	Ward Development Committee
WfC	Women for Change
WHO	World Health Organisation
YHHS	Young Happy Health and Safe
YWCA	Young Women Christian Association
YWCA	Young Women Christian Association
ZAMDHARP	Zambia Disability HIV and AIDS Human Rights Programme
ZamStats	Zambia Statistical Agency
ZCCP	Zambia Communication
ZDHS	Zambia Demographic and Health Survey
ZICTA	Zambia Information Communication Technology Authority
ZIPAR	Zambia Institute for Policy Analysis and Research
ZPVSU	Zambia Police Victim Support Unit
Z-UNSDPF	Zambia United Nations Sustainable Development Partnership Framework

Executive Summary

In 2019, the Government of the Republic of Zambia (GRZ) and the United Nations (UN) designed and implemented a Joint Programme Phase II focused on Gender Based Violence (GBV). The Programme was initially planned to close in 2022, but a no cost extension to end in March 2024 was granted. The Joint Programme had a robust approach and scope addressing both prevention and response facets of GBV in eight (8) provinces and 22 districts of Zambia. An End Term Evaluation (ETE) was commissioned by the GRZ/UN Partnership to assess the performance of the Programme, focusing on attainment of outputs and outcomes.

Evaluation Objectives

This terminal evaluation had an overall objective of reviewing the achievements made to deliver the specified objectives and outcomes of the GRZ-UN JP GBV II. On that basis, the evaluation sought to establish the relevance, effectiveness, coherence, efficiency, and success of the programme, including the sustainability of attained results. Among others, the evaluation had specific objectives to deliver including; i) Determining the extent to which *the Joint programme* effectively implemented the various components of the programme; ii) Reviewing the programme's experiences; iii) Determining factors contributing to the increase or decrease in GBV survivors and community members accessing services related to the programme interventions; and iv) Proposing recommendations to improve future programming performance and strengthen Results-Based Management (RBM).

Evaluation methodology

The End-term Evaluation was conducted using the standard evaluation criteria drawn from the United Nations Evaluation Group (UNEG) and the Organization for Economic Cooperation and Development (OECD). In the initial stages, the evaluation parameters and procedural requirements, such as mapping exercise to identify the data sources already in place, the feasibility of collecting additional information given the constraints of time and diversity nature of the Joint Programme were ascertained. Throughout the evaluation process, close attention was given to the programming principles of gender equality, human rights-based approach, environmental sustainability, leave no one behind, results-based management and capacity development.

In order to be comprehensive in the performance results obtained, the evaluation collected both qualitative and quantitative data through a range of methodologies including desk review of documentation, Key Informant Interviews (KIIs) and In-depth Interviews (IDIs) with stakeholders and Focus Group Discussions (FGDs) with beneficiaries. The evaluation assessed the two (2) outcomes that the Joint Programme was contributing. In addition, six (6) outputs that were contributing to the two programme outcomes were also assessed. In the analysis, consideration was given to ensure that both aspects of programme contribution and attribution were made as the intervention had phased out.

Main Evaluation Findings

Relevance

According to evaluation findings, the GRZ-UN JP GBV II Phase II was acknowledged by stakeholders as being relevant in meeting existing GBV concerns at community, national, regional, continental, and global levels. Anchored on the needs assessment conducted by ZIPAR that informed the design, the programme targeted the right implementing partners, right communities and the most vulnerable groups including girls, boys, women, and persons with disabilities. Most of the findings were consistent to the results of the Light Touch Assessment that was conducted in 2023 on the performance of the programme. In addition, evidence showed that the programme contributed towards attaining Southern Africa Development Community (SADC) and the African Union's anti-GBV policies and actions. Similarly, global protocols on GBV such as those contained in SDGs and other treaties were too positively impacted by this Joint Programme. However, in spite of the relevance of the Joint Programme, there was persisting and increasing cases of GBV in target districts, including other locations in the country at a time when the Programme was phasing out.

Effectiveness

Evaluation findings have shown that the GRZ-UN JP GBV II was effectively implemented, with much of its deliverables met as planned at design but others were not met, giving a mixed overall performance. Two outcomes with a total of 9 indicators were pursued by the Programme. It was found that the Programme outcomes, at design stage, were not fully articulated, missing critical measurement parameters of baseline values, targets, and sources of information for ascertaining progress. Thus, progress on Programme outputs were used as proxy to understand the performance at outcome level. Findings have established that 79.0% of outputs were fully achieved; 13.5% were partially achieved; 5.6% were not achieved; while 1.9% had missing data due to among others challenges to find the information in programme documents. Thus, overall, the Joint Programme had its planned outputs achieved at 92.5% (combining indicators that were fully and partially achieved). Through the delivery of safe shelters, OSCs and FTCs, service delivery has been enhanced a great deal in target districts.

However, some outstanding issues have been observed on the effectiveness of Programme implementation. The incomplete results framework led to uncertainty on how much progress was made towards realizing the two Programme outcomes. There was also missing information on output indicators, a situation that hindered completeness in assessing programme achievements. Other finding showed that the Programme lacked a unified management information system or an M&E arrangement that harnessed data collection and storage. Further, infrastructure remained a challenge, for instance, some hospital based OSCs had more than two officers sharing an office, a situation that led to victims failing to appropriately express themselves. This was coupled with inadequate safe shelters in targeted districts, a factor that imminently forced GBV survivors to return to homes of abuse. With regards to FTCs, there still remained challenges around slowness in processing and concluding cases due to among other factors long chain of stakeholders involved, long distances and handling costs associated with GBV cases and issues of low staffing in critical institutions.

Another key finding pertained to similar interventions implemented by other partners such as the European Union (EU) and USAID in Northern and Luapula provinces. These programmes were not incorporated in the design of the Joint Programme leading to potential redundancies, duplication of effort as well as fragmentation in the manner anti-GBV activities were being implemented across communities and other stakeholders.

Coherence

Evidence shows that the GRZ UN JP GBV II was coherently implemented, though to an extent only. The Joint Programme was operationalised through partnerships with UN Agencies and GRZ as leads as well as with the support from traditional leaderships and CSOs. The Programme Theory of Change (ToC) was well articulated though it was sparsely shared among stakeholders creating a weak clarity on the pathway to be undertaken and attained by the anti-GBV partnership. The Programme M&E framework was developed late when implementation was already ongoing in 2021. Findings also established that the Programme had not adopted a unified M&E arrangement around data collection, collation, analysis and storage to address the problem of missing data for many performance indicators. It is however, noteworthy that despite these several gaps, the Programme was based on realistic outcomes and outputs informed by a ToC.

Efficiency

Overall, evaluation findings have demonstrated satisfaction with the available resources as they were adequate to meet the operational costs of the GRZ-UN JP GBV II. The Joint Programme reduced transaction costs through its multi-stakeholder approach. Resources were disbursed to implementing partners on time and their utilisation was efficient towards achieving planned outputs and outcomes. All partners in the resources chain collaborated in optimising the use of limited resources to achieve Programme deliverables, regardless of institutional bureaucracies. Notably, COVID-19 had for most of the implementation period (since 2020) negatively affected Programme implementation, such as delays in funding as well as the need to vary funds to other activities which conformed to disease restrictions and guidelines. However, there were some activities under both response and prevention categories that needed continuity. There was also an unclear sustainability of financing anti-GBV activities in target districts. GRZ may be overwhelmed to significantly take up key activities particularly on the budget side. It was acknowledged further that keeping volunteers committed to delivering anti-GBV services in OSCs was a success factor but required an incentive system to keep them on crucial responsibilities. Staff attrition, especially in Government institutions, was presented as a potential factor in slowing the implementation of some Programme deliverables. This was coupled with the need for technically qualified staff to handle gender-based programming.

Sustainability

Findings indicate that the Programme was largely sustainable due to its collaborative, multi-partner and multi-sectoral approach. The results are likely to be sustained because they highlight the programme's comprehensive approach, community engagement, capacity building, policy integration, and empowerment efforts. In addition, having the Gender

Division anchoring this intervention contributed to sustainability as well since it was a permanent structure with a budget for gender interventions country-wide. However, some of the outstanding issues that were likely to hinder the sustainability of the Programme include the persisting cases of GBV in the country, an indication that there was still a lot to be done. Further, family members continued to interfere in justice processes involving high profile GBV cases such as defilements, rape, etc. Similarly, findings have shown that GBV survivors have continued to withdraw cases for various reasons including fear to have perpetrators being prosecuted, given their family positions as bread winners. Further, the stakeholder collaboration and synergies were still needed, for example the police would not provide feedback to VLOSCs, a factor that demotivated volunteers. There lacked some feedback on the final actions taken on perpetrators after the matters were concluded.

Coordination

The evaluation established that the Programme was understood by stakeholders that it was a joint intervention between GRZ and the UN in Zambia. It was also clear that UNDP was the lead within the UN while, the Gender Division under Cabinet Office was the lead within the GRZ. Thus, in terms of operationalization, the Programme was co-coordinated through the co-chairpersonship of the Gender Division and UNDP. The two institutions co-chaired sessions of the Programme Steering Committee which tracked progress, identified challenges, and collectively suggested solutions during implementation of the programme. Other UN Agencies (IOM, ILO, UNFPA and UNICEF) were key to the implementation of the Joint Programme. Similarly, other Government institutions including Ministry of Health, the Judiciary, Ministry of Community Development and Social Services were equally instrumental to the delivery of the Programme. In that regard, the Programme exhibited good coordination to a large extent as it possessed coordinated structures, comparative advantage of multi-stakeholder approach and promoted stakeholder synergies among others. However, evaluation respondents pointed out that since the Programme was implemented through partners who were already preoccupied with their respective mandates, adding activities for the Joint Programme was quite overwhelming to already stressed staff since the Joint Programme did not have full time staff engaged. Also, it was noted that decision making was sometimes delayed due to bureaucratic nature of the programme coordination. Nevertheless, the decisions were eventually made, and implementation of the Joint Programme progressed to deliver planned outputs.

Cross-cutting issues

Cross-cutting issues represented a core component of the evaluation, to assess whether or not the Joint Programme carried on board principles of human rights, gender equality, disability, environmental sustainability and leave no one behind. Findings have shown that these principles were taken into consideration during the planning and implementation of the Programme. More so, analysis and reflections on these principles show that particular principles such as human rights, gender equality, disability and leave no one behind were extensively implemented. Other principles, such as environmental sustainability, was not prioritised due to the nature of the Programme. To that extent, although the Joint Programme had construction activities such as OSCs and FTCs, their effect on the environment were not

significant. In addition, not all partners understood how the cross-cutting issues were addressed in the Programme at design and/or during the process of implementation.

The evaluation noted aspects that remained matters of concern even after the Programme had closed. The creation of an enabling environment for reporting GBV cases was challenged by shortage of office spaces in some OSCs especially those based in hospitals where partners and volunteers had to share office spaces. Also some renovated GBV courts were not disability friendly and that there was no coherence in implementing disability although it came up in Programme reports, thereby negatively affecting the core principles of the human rights approach as well as that of the leave no one behind.

Recommendations

Relevance

- Joint programmes must use gender analysis throughout to promote gender transformative change to respond to diverse needs, preferences and priorities of beneficiaries and stakeholders as a way of ensuring gender equality. This will require a Comprehensive National Gender Analysis study to document all aspects of GBV.
- Developing of a National Gender Action Framework to work as a guide for all forms of anti-GBV interventions in the country. The framework would also profile GBV hot spots that require attention by partners (to avoid fragmentation of effort among stakeholders).

Effectiveness

- Upscaling the anti GBV Programme to all districts in the country. In the presence of a country Programme to address the scourge, GBV perpetrators country-wide would know that punitive measures were available across the country and in communities.
- Using standard infrastructure plans for all OSCs to realise the desired services and operational environment. Provide technical Support for construction of VLOSC.
- Designing sustainable incentives system for volunteers especially in VLOSC. This would keep the staff with replenished vigour to keep handling GBV cases in local communities. Community owned incentives could be more sustainable.
- Facilitating the translation of the children's code in local language so that community members can understand. A simplified version of the children's code is needed so that the children themselves can understand.
- Using Constituency Development Fund (CDF), more OSCs and VLOSCs can be built in every constituency and probably every ward in some of the vast constituencies to shorten the distances people walk to report GBV cases.
- Joint programmes need to be widespread (at design) to include other existing donor programmes (in this case those implemented by EU and USAID).

Coherence

- Articulating programme Theories of Change and ensure there is stakeholders' buy-in.
- Joint programmes need unified M&E systems/arrangements that are Information and Communication Technology (ICT) aided to improve data collection, analysis and use.

- Programme results frameworks needed to be complete at all levels of outputs, outcomes and where possible long-term impacts. Measurement parameters (indicators, targets, milestones) are critical to ensure tracking and measurement of progress on an intervention.
- Disaggregating programme data when reporting to enhance analysis and report usage.

Efficiency

- Promoting volunteerism because it ensures efficiency of programmes. Plan sustainable incentives to attract the best volunteers.
- Increasing non-donor funding to anti GBV programmes for sustainability purposes. Consideration for increase of Government budgetary allocations towards GBV can lead to control and sustainability of anti GBV programmes.
- Retaining trained magistrates on GBV and place them to FTCs. Staff attrition negatively affects programme effectiveness.
- Joint Programme designs should be participatory and inclusive in order to get content and implementation consensus from key stakeholders, including community members.

Sustainability

- Joint programmes to largely focus on capacity building, income generating activities (empowerment), community awareness, and multi-sectoral approaches. Concentrate on empowerment of families in different fields like agriculture, businesses, etc in rural areas where couples could be put together to form cooperatives and work as a unity.
- Establishing plans for ongoing funding from the outset, including co-financing arrangements with the government and identifying alternative funding sources beyond donors, is essential.
- Developing practical and budgeted exit strategies and sustainability plans from the start would further enhance long-term impact and sustainability of programmes.

Coordination

- Ensuring to cost the contribution of Government to joint programmes to reflect the actual value interventions. This is unlike where only donor funding was reflected in programme design documents—this had potential to perceive Government contribution as being lesser in joint programmes.
- Focusing on ownership and sustainability of programme results by government and community-based stakeholders. For instance, the incentives structure is better embedded in programme coordination arrangements.

Cross-cutting issues

- Right targeting and engagement in joint programmes have far more reaching benefits and required to be informed by wide-spread stakeholders' analyses to determine which cross-cutting issues needed address.
- Include in programme designs perspectives on how persons with disabilities (PWDs) would be involved in programme deliverables.

Chapter 1: Introduction

1.1 Purpose, objectives, and Scope

Purpose of the evaluation

In line with the Programme Document, the programme was set to conduct an end-of-programme evaluation to measure its performance against agreed evaluation criteria. To learn from the implementation experience and provide objective accountability in the achievement of programme objectives and an assessment of its results. The GRZ-UN JP GBV II Theory of Change (ToC) was used as a basis for the development of the evaluation tools. Some of the results of the evaluation of the Government of Zambia - United Nations Joint Programme on Gender-Based Violence (GRZ-UN JP-GBV) Phase II and lessons learned will be used for planning for future gender-related programmes in order to improve planning and implementation. The end of the Programme evaluation will also be informed by the Consultants' review, analyses, and integration of the findings and recommendations of the GRZ-UNJP-GBV Phase II Light Touch Assessment that was conducted from 15th February to 31st May 2023.

Objectives and deliverables of the evaluation

The overall objective of the terminal evaluation was to review the achievements made to deliver the specified objectives and outcomes of the GRZ-UN JP-GBV Phase II Programme. It will establish the effectiveness, efficiency, relevance, performance, and success of the programme, including the sustainability of results.

Further, the specific objectives of the programme evaluation are to:

- Determine the extent to which *the GRZ-UN JP-GBV Phase II programme* has effectively implemented the various components of the programme.
- Review the programme's **experiences** with a view to drawing out, and documenting achievements or results delivered, constraints, and lessons learnt (itemized individual lessons, failed cases as well as good practices) from implementing the *GRZ-UN JP-GBV Phase II Programme* and recommend best adjustments to programme design, strategies for future programme design, planning, and programming.
- Determine factors contributing to the increase or decrease in GBV survivors and community members accessing services related to the programme interventions (OSC, VLOSC, Anti-GBV shelters, ZPVSU) and in particular factors inhibiting/enhancing reporting of GBV cases to the Anti-GBV Fast Track Courts;
- Propose recommendations to improve future programming performance and strengthen results-based management.

Scope of the evaluation

The Evaluation Team is aware that the results of the evaluation are crucial to informing other stakeholders. To that extent, the Evaluation is intended for use by the Programme Implementation Technical team, Steering Committee, National/District Planning Officers,

Parliamentarians, Policy makers, persons with disabilities, Civil Society Organizations (CSOs), Faith Based Organisations (FBOs), Community Based Organisations (CBOs), Anti-GBV service providers, private sector, government line ministries as well as GBV survivors. The scope of the Evaluation will cover the following based on the four areas of Programme interventions which are. Anti-GBV Fast Track Courts, Safe Shelters, VLOSC, hospital based OSCs; Relevance and Strategic fit, Validity of Design, Programme Progress and Effectiveness; Efficiency of resource use; effectiveness of Programme governance and management; Gender Equity; Impact Orientation and Sustainability and Conclusions and Recommendations.

1.2 Evaluation Methodology

An evaluation team consisting of two consultants carried out this end-term evaluation for the GRZ-UN JP GBV Phase II –lead Consultant and a Support Consultant. The evaluation was conducted between 13th March and 30th May 2024. Utilising the standard evaluation criteria drawn from the United Nations Evaluation Group (UNEG) and the Organization for Economic Cooperation and Development (OECD), the evaluation was guided. Evaluation parameters and procedural requirements such as mapping exercise to identify the data sources already in place, the feasibility of collecting additional information given the constraints of time and diversity nature of the Joint Programme.

Suffice to add that the evaluation also examined how and to what extent the GRZ-UN JP GBV II adhered to the programming principles of gender equality, human rights-based approach, environmental sustainability, leave no one behind, results-based management and capacity development. Fundamentally, it was also crucial to assess the extent to which cross-cutting issues were mainstreamed in the Joint Programme.

The evaluation collected both qualitative and quantitative data through a range of methodologies including desk review of documentation, key informant interviews (KIIs) and in-depth interviews (IDIs) with stakeholders and focus group discussions (FGDs) with beneficiaries. Quantitative data, mainly for the programme outputs and outcomes were collected from programme and UN Agency reports as well as from government reports. To be comprehensive, the evaluation assessed the two (2) outcomes that the Joint Programme was contributing to. In addition, the evaluation assessed the all the 48 outputs that were contributing to the two programme outcomes. In the analysis, consideration was given to ensure that both aspects of programme contribution and attribution as the intervention had come to a close.

1.3 Ethical considerations

In terms of ethical considerations, the evaluation process was entirely conducted in the most ethically sound manner. Both consultants worked independently, not having been either employee of any UN Agency nor part of the implementers of the GRZ-UNGBV JP Phase II. In conformity with the UNEG Guidelines, none of the evaluation team members ever played a role in programme design, implementation or indeed advisory. Additionally, anonymity and confidentiality throughout the process of data collection, collation and analysis was

upheld. In that regard, personal respondents' views were kept anonymous, yet used to enrich the evaluation report.

1.4 Evaluation approach and methods

1.4.1 Evaluation approach

The UNEG evaluation guidelines used together with the OECD/DAC Evaluation Standard criteria were used undertake this evaluation. Thus, the elements of relevance, effectiveness, coherence, efficiency, impact and sustainability were adopted to guide the main evaluation questions as well as sub-evaluation questions. Appropriate evaluation methods were employed to help collect valid, reliable, credible and sufficient evidence to meet the objectives of the evaluation. With evidence-based findings, effort to ensure coherence and completeness of data analysis, based on triangulated information was ascertained through the use of multiple data sources and methods. The use of triangulation was important to obtain evaluation findings that were more accurate as confirmed by multiple sources.

It is also crucial to point out that the evaluation focused on principles of gender and human rights responsiveness. GRZ-GBV Programme Outcomes and Outputs were assessed delivery of the and broader contribution to the Seventh National Development Plan (7NDP) and Vision 2030 in the country.

Further, to ensure that the analysis and the evaluation findings were coherently correlated, the Evaluation Matrix (Annex 6) was used. It identifies the key evaluation questions and how they can be answered through the selected methods. The Matrix provides a synthesized record of the information collected as deemed important, from which sources, for what purpose (criteria) and how the collected data was analyzed in order to answer the evaluation main questions and sub-questions for the Joint Programme.

Programme evaluation coverage: The programme was implemented across several districts, including Chipata, Chinsali, Chililabombwe, Chisamba, Chongwe, Choma, Rufunsa, Ndola, Katete, Nalolo, Kalumbila, Kapiri-Mposhi, Lusaka, Itezhi-tezhi, Mongu, Petauke, Lundazi, Mumbwa, Kabwe, Senanga, Solwezi, and Mazabuka. In these geographical locations, the stakeholders involved in the implementation of the Programme were several, some of which included the following:

Box 1: Joint Programme Stakeholders

UN Agencies: Such as UNDP, ILO, UNFPA, UNICEF, and IOM.

Donors: Including the Embassy of Sweden and the Embassy of Ireland in Zambia.

Government Institutions: Such as the Gender Division at the Cabinet Office, the Judiciary Department (Ministry of Justice), and the Ministry of Health (MOH), Ministry of Community Development and Social Services, Office of the President - Offices of DCs,.

Civil Society Organizations: Young Happy Health and Safe (YHHS), Zambia Disability HIV/AIDS Human Rights Programme (ZAMDHARP), Women for Change, and Zambia Centre for Communications Programme (ZCCP).

Community-Based Organizations: Such as Chisomo Community Programme (CCP), National Legal Aid Clinic for Women (NLACW), and Zambia Police Service - Victim Support Unit.

Others: Including the Community Services Directorate, YWCA, Kwatu Zambia, and Zambia Information and Communications Technology Authority (ZICTA).

These implementing partners and stakeholders played crucial roles in delivering programme activities, providing support, and contributing to the overall success and impact of the GRZ-UNGBV JP Phase II. Given the above parameters, evaluation respondents will be derived from Programme team members and closely from collaborating stakeholders.

Selection criteria: To select evaluation sites (i.e. districts and respondent organisations), purposive sampling technique was used. It was suitable given the different aspects of the programme including multiple stakeholders involved, concentration of programme activities and many others. During the Inception Meeting with members of the Evaluation Steering Committee (ESC) (comprised staff from the Gender Division, UNDP, UNFPA, ILO, IOM and UNICEF), specific information regarding provinces, districts and stakeholders involved in the Programme were obtained. The Light Touch Assessment Report was also used to focus the sites and stakeholders to be reached out in the End-term Evaluation. Succinctly, after the Evaluation Team was availed details of the scope of the programme and its dynamics, the selection criteria took into consideration the following:

- Multi-stakeholder nature of the programme (CPs, UN, GRZ, CSOs, Chiefdoms, Beneficiaries, etc)
- Differences in operational presence of UN agencies
- JP intervention concentration by province and district
- Accessibility of districts, given the rain season at the time of the evaluation
- Rural and urban presence of programme interventions
- Inclusiveness of JP interventions under the two outcomes

Selected districts, institutions and mode of interaction with respondents: Given the above selection criteria, two forms of reaching out to the respondents were arrived at, field visits (on site) and virtual (online). Therefore, the collection of data from the sites purposively selected below were conducted as follows:

- **Field visits-** 4 provinces (Lusaka, Eastern, Southern, Central) and 11 districts (Lusaka, Rufunsa, Lundazi, Chipangali, Chipata, Katete, Petauke, Lusangazi, Choma, Kabwe, Chisamba).
- **Virtual interviews-** 4 districts from Copperbelt, North-Western, Western, and Muchinga provinces (Ndola, Kalumbila, Senanga, Chinsali districts).

The selected districts were 15 out of 22, representing 68.2% of the total districts that implemented the joint programme. For an end-term evaluation, the sample was representative of the entire coverage and took care of the given programme dynamics. See Annex III for a list of all provinces, districts and institutions from where respondents to evaluations questions were drawn.

1.4.2 Evaluation criteria, matrix and questions

Evaluation Criteria: The criteria included assessing relevance (and responsiveness), coherence, effectiveness, efficiency, sustainability and coordination. Also included was the addressing of cross-cutting issues of gender and disability mainstreaming and a human rights approach, and synergies between in the programme implemented. These are according to the UN Evaluation Group (UNEG) Norms and Standards and the UNEG Code of Conduct.

Under each criterion, the evaluation answered a number of evaluation questions, which were developed further by the evaluation team. The contribution of the UN Agencies to the development outcomes was assessed according to a standard set of evaluation criteria:

- i. **Relevance:** To what extent were the objectives of GRZ-UN JP-GBV Phase II consistent with Country needs, national priorities, the Country's international and regional Commitments, adjust to emerging issues faced by the country during the implementation, including the occurrence of droughts, floods and Covid-19? Is the Programme doing the right things?
- ii. **Effectiveness:** The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. To what extent did the GRZ-UN GBV Initiative contribute to, or is likely to contribute to, the outcomes defined in the GRZ-UNGBV JP II Programme? How the unintended results, if any, have affected national development positively or negatively and to what extent have they been foreseen and managed. Analysis of effectiveness involves taking account of the relative importance of the objectives or results. Is the GRZ-UNGBV JP II achieving its objectives?
- iii. **Coherence:** The compatibility of the intervention with other interventions in a country, sector or institution. The extent to which other interventions (particularly policies) support or undermine the intervention, and vice versa. Includes internal coherence and external coherence: Internal coherence addresses the synergies and interlinkages between the intervention and other interventions carried out by the same institution/government, as well as the consistency of the intervention with the relevant international norms and standards to which that institution/government adheres. External coherence considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort. How well does the GRZ-UNGBV JP II fit?
- iv. **Efficiency:** How well are resources being used? The extent to which the GRZ-UNGBV JP delivers, or is likely to deliver, results in an economic and timely way. To what extent were results achieved with the appropriate amount of resources and maintenance of minimum transaction cost (funds, expertise, time, administrative cost, etc.: To what extent the benefits from a development intervention have continued, or are likely to continue, after it has been completed? "Economic" is the conversion of inputs (funds, expertise, natural resources, time, etc.) into outputs, outcomes and impacts, in the most cost-effective way possible, as compared to feasible alternatives in the context. "Timely" delivery is within the intended timeframe, or a timeframe reasonably adjusted to the demands of the evolving context. This may include assessing operational efficiency (how well the intervention was managed).

- v. **Impact:** What difference has the GRZ-UNGBV JP II Programme made or is making? The extent to which the Programme has generated or is expected to generate significant positive or negative, intended, or unintended, higher-level effects. Impact addresses the ultimate significance and potentially transformative effects of the intervention. It seeks to identify social, environmental and economic effects of the intervention that are longer term or broader in scope than those already captured under the effectiveness criterion. Beyond the immediate results, this criterion seeks to capture the indirect, secondary and potential consequences of the intervention. It does so by examining the holistic and enduring changes in systems or norms, and potential effects on people's well-being, human rights, gender equality, and the environment.
- vi. **Sustainability:** The criterion assesses the extent to which the net benefits of the GRZ-UNGBV JP II Programme continue, or are likely to continue. Includes an examination of the financial, economic, social, environmental, and institutional capacities of the systems needed to sustain net benefits over time. Involves analyses of resilience, risks and potential trade-offs. Depending on the timing of the evaluation, this may involve analysing the actual flow of net benefits or estimating the likelihood of net benefits continuing over the medium and long-term. To what extent do the benefits from the development GRZ-UNGBV JP II Programme have continued or are likely to continue after it has been completed. Will the benefits last?

Other criteria

- vii. **Coordination:** To what extent the planning and coordination of the GRZ-UNGBV JP II Programme through the different implementing stakeholders contributed efficiently towards the achievement of the outputs and outcomes.
- viii. **Cross cutting Issues:**

Cross cutting issues identified and considered in the JP in accordance with UN Principles on Quality Standards for Programming were:

- Gender Equality and Women's Empowerment
- Disability
- Leave No One Behind (LNOB)
- Human Rights
- Resilience and Accountability
- Social and environmental sustainability

In addition, for the information pertaining to these cross-cutting issues to be adequately collected, the questions in the data collection tools have been appropriated. Specific questions have been included in the interview guides and schedules to be administered to all evaluation respondents. Further, review of documents will also ensure gender and disability issues, leaving no one behind, human rights, resilience, accountability as well as social and environmental sustainability aspects are accounted for in the evaluation.

Evaluation Matrix: The Evaluation Matrix specifies what will be evaluated and how the evaluation will be done. It also specifies the evaluation questions for the GRZ-UNGBV JP II Programme; particular assumptions to be assessed under each question, the indicators, the sources of information, the methods and tools for data collection that will be used. The evaluation matrix is a reference framework to check that all evaluation questions are being

answered. We will use this to verify that enough evidence has been collected to answer all the evaluation questions (**Annex 5**).

Evaluation questions: Standard questions aimed at translating the abstract analytical perspectives of evaluation criteria into concrete language and conceptual components of the GRZ-UNGBV JP II Programme will be formulated. These questions must capture the main elements of the GRZ-UNGBV JP II Programme (Interview Guides: **Annex 5**).

Preliminary findings: As a requirement under the UNEG Evaluation Guidelines, a debriefing session was held with the Evaluation Oversight Committee to give update on the Evaluation Team’s (ET’s) field experiences and some preliminary findings. The purpose of the presentation was to share experiences by the ET and obtain feedback from the Evaluation Oversight Committee. The feedback was significant to permit the ET to go ahead with drafting of the main Evaluation Report. The ET completed and submitted the first draft which was circulated among Government institutions and UN agencies for comments. The stakeholders’ feedback was then incorporated in the final evaluation report.

1.4.3 Evaluation Management

Based on the joint nature of the GRZ-UNGBV Phase II Programme, both UN and Gender Division had the oversight role of the Evaluation. However, an Evaluation Management Team consisting of three UNDP staff worked as Evaluation lead managers. These staff were responsible for the day-to-day implementation and management of the evaluation. In addition, there was an Evaluation Steering Committee (ESC) whose role was technical oversight of the evaluation and this committee comprised of staff from the Gender Division, UNDP, UNFPA, ILO, IOM and UNICEF and these were predominantly M&E officers. Nonetheless, there were some stakeholders on the Joint Programme whose representation was missing in ESC – CSOs and community-based structures and beneficiaries.

1.4.4 Data sources

Table 1: Data Sources used in the Evaluation of GRZ-UN JP GBV II

Evaluation tools	Sources of information	
Documentation review (desk study)	Programme documentation and related reports	<ul style="list-style-type: none"> • Agencies’ Annual Reports • Agencies’ Progress Reports and Evaluations • GRZ-UN JP GBV II documents, Light Touch Assessment Report on the GRZ-UNGBV JP II, annual reports and past evaluation reports (also for related past UN/GRZ evaluations), survey results, national plans and policies and related programme documents.
	Government documents/papers	Including Gender Division reports, relevant policies, laws, strategies, etc.
	Third party reports	i.e. UN Global publications, GRZ publications, OECD/DAC publications etc.

Evaluation tools	Sources of information	
Interviews with UN staff and stakeholders (KIIs/IDIs)	These include:	<ul style="list-style-type: none"> • Interviews with UN agency staff. • Interviews with relevant stakeholders including government representatives, civil society organizations, etc. • Interviews with development partners and funders
Focus Group Discussions (FGDs)		Beneficiaries of the GRZ-UNGBV JP II -linked interventions (FTCs, OSCs, VLOSCs, other beneficiaries)

1.4.5 Data Analysis

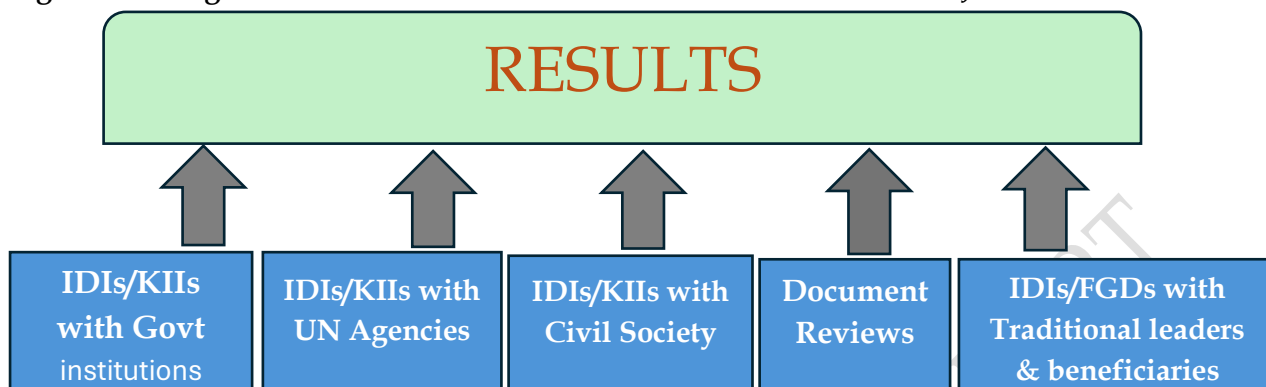
In this evaluation, qualitative and quantitative information was gathered using various methods and instruments including document review, key informant interviews, in-depth interviews, focus group discussions using appropriated interview guides. At the state of collation and analysis of data and information, several analytical components were employed such as critical analytical judgements. It was important that in the analysis, the demonstration of evidence in terms of the sources of information was closely adhered to. The programme outcomes and related outputs where initially reviewed and information obtained on each performance indicator was synthesized.

Further, in the second stage, the evaluation team used triangulation as a way to counter check the reliability of the information collected using various interviews and document review. Triangulation of information sources and data analysis was important given the dynamics of the programme having been implemented among various inter-agencies and institutions involving the UN, Government, civil society, traditional leadership structures and communities. And the fact that the programme was implemented in both the rural and urban areas, the more reason triangulating methods and sources was profound to obtain matching evidence regarding the performance of the programme. This made attribution and contribution of programme results to overall changes in anti GBV efforts in intervention districts.

Given the above and more specifically, the evaluation focused on: (i) implementation status of programme outcomes: the extent to which the planned outcomes and the related outputs have been achieved by end of the programme cycle in 2024; (ii) implementation status of programme planned outputs have been achieved by end of the programme cycle in 2024; (iii) Programme Strategy: if and which programme aspects, strategic partnerships, synergies and linkages proved critical in producing the intended outcomes; (iv) Factors that facilitate and/or hamper the progress in achieving the outcomes, both in terms of the external environment opportunities and risks, as well as internal, including: strengths and weaknesses in programme design, implementation and management, human resource skills, and resources; added value and comparative advantage of the UN/GRZ in contributing to the outcomes, including a better understanding of similar work implemented by other partners and stakeholders and how UN and GRZ add their values and (iv) challenges encountered, Lessons

learned and recommendations as critical aspects of the evaluation to be used in future designs and programming of similar interventions.

Figure 1: Triangulated methods used in the Final Evaluation of GRZ-UN JP GBV II 2019-2024



1.4.6 Theory of Change

The central reference point for this evaluation was the Theory of Change (ToC) that explains the GRZ-UNGBV JP II Programme. The ToC clarifies and leads from planned activities to the intended results of interventions in terms of outputs, outcomes and potential impacts. From the ToC, evaluation questions which set out the key areas of research and assumptions were tested by the Evaluation Team. Key evaluation questions have associated assumptions which needed to be tested by the evaluation team via indicators for which data was collected and analyzed.

An important factor is that the GRZ-UNGBV JP II had in place an articulated ToC (See Annex 8). The ToC was overall grounded in both the UN and GRZ 's overall mandates and drew from previous and present documents and based on understanding of current interventions in the country regarding GBV issues. The ToC is grounded on development objectives, outputs and outcomes as outlined in the GRZ-UNGBV JP II intervention. It is also grounded on the problems and barriers identified by various country analyses in the recent past. In that regard, the ToC focuses on how the UN and GRZ would accomplish its planned outcomes. Further, the ToC identifies not only structural challenges but also solution pathways. The UN Joint Programme underscored the benefits of adopting a comprehensive approach including OSC, FTC, hospital based OSCs, VLOSCs and Shelters at, national, provincial, district and community/family levels.

1.4.7 Quality Assurance

The robust evaluation methodology that was adopted for the exercise gave credibility to the findings. As a way of keeping relevant in terms of the process and evaluation content, the use of the United Nations Evaluation Group Ethical Guidelines and Code of Conduct for Evaluation was important. In addition, specific commitments including accountability, credibility, accuracy, independence and impartiality, completeness and reliability were useful to guide the evaluation. All the stages of the evaluation process were checked and approved

by the Evaluation Steering Committee. Accordingly, the Final Evaluation Report will be subjected for quality assurance by UNDP, UNFPA, IOM, ILO, UNICEF and the ESC.

1.4.8 Evaluation Limitations

The final evaluation was undertaken within the scope and timelines as set out in the Terms of Reference (ToRs). However, the evaluation process was faced with challenges related to both methodological and non-methodological in nature. From the onset of the evaluation, it was understood that the GRZ-UNGBV Phase II Joint Programme final evaluation was to focus on two levels of results – output and outcome level performance. As such, the assessment questions were to ascertain the extent to which outputs were accomplished and their contribution to attaining the set outcomes.

Some challenges which the evaluation team (ET) experienced included logistical delays in scheduling some interviews with key informants, access to latest national reports with outcome and impact level data and information on GBV related issues.

Language was another aspect that potentially would negatively affect evaluation quality and completeness in data collection, given the national nature of the Joint Programme and various local languages in different areas. This however was addressed through the Consultants who were able to communicate with all stakeholders including beneficiaries in all the districts. Information that was collected through local languages mostly using focus group discussions (FGDs) were translated into English verbatim.

Further, the most challenges aspect in measuring the performance of the Joint Programme was the lack of measurement parameters in the M&E results framework. While the Programme at inception had identified outcomes and associated outcome level indicators, there was a lack of inclusion of baseline values and no targets to assist in determining change from the Programme implementation. The only way to go around this information gap was to use output indicator achievements to provide some highlights on changes that the Programme was able to deliver. However, the lack of data on some output indicators and outcomes limited the analysis of the programme's eminent results. Nevertheless, evaluation rigor was established given that over 80% of output level indicators performed in terms of either fully achieved and partially achieved.

Given the limitations in the availability of information pertaining to outcome indicators, the evaluation team (ET) used contribution analysis to triangulate multiple information sources to determine if there was a tangible contribution of the Joint Programme to the expected ultimate outcomes. Another challenge in such a strategic end-term evaluation was to ascertain a direct attribution of Programme outcomes to specific Programme activities and outputs given other partner efforts in the area of GBV in some districts where the Programme was being implemented. The direct attribution is complicated by the fact that the evaluation captures only initiatives conducted by or on behalf of the GRZ-UN JP GBV II. It excludes activities carried out by other development partners which may have also contributed to results and changes that may be observed.

It is also noteworthy that the ET applied human rights and gender equality-sensitive processes and maximized stakeholders' participation in the evaluation. The gender equality and human rights angle was captured through evaluation questions and analysis. In addition, there is a lack of counterfactual evidence that would indicate what development results might have been achieved in the absence of the Joint Programme (2019-2024).

Finally, triangulation of evaluation data collection methods was useful to cover a wide range of respondents from across all provinces where the Joint Programme was implemented. The ET used both face-to-face engagements through IDIs, KIIs, FGDs and virtual spaces including Zoom, Google Meet, and MS Teams to conduct various interviews. See Annex 7 for the complete list of respondents to the evaluation questions.

1.4.9 Work Plan

A work plan to guide the entire evaluation process was developed in conjunction with focal point persons under UNDP, Gender Division and members of the Evaluation Steering Committee. The duration of the assignment was 30 consultancy days starting from 13th March and ended on 30th May, 2024 (see Annex 10 of the workplan).

1.4.10 Structure of the Evaluation Report

To ensure the flow of presentation of different aspects of the Evaluation Report, a structured format was adopted. The report's introductory section (Chapter 1) provides an overview of the evaluation purpose, objectives, scope and methodology. Under Chapter 2, the context and overview of the GRZ-UN JP GBV II is presented. This Chapter also provides details regarding efforts that have been put in place by Government and its partners to address the problem of GBV in the country. Chapter 3 describes the methodological approach. Chapter 4 highlights the main findings while Chapter 5 summarizes the main conclusions and identifies lessons learned from the implementation of the Joint Programme (2019-2014) and Chapter 6 provides a set of recommendations for the consideration of the UNCT and GRZ as well as other partners. Further, additional information supporting the arguments made throughout the document is provided in annexures attached to this evaluation report.

Chapter 2: Programme Context

2.1 Background

The goal of the Phase II GRZ-UN Joint Programme was to contribute towards reducing Gender-Based Violence (GBV) prevalence in Zambia by establishing an integrated and multi-sectoral mechanism for implementing the Anti-GBV Act No. 1 of 2011. The programme aimed to provide a sustainable, consolidated, and linked package of response services and prevention mechanisms at community, sub-national, and national level that addresses Gender-Based Violence (GBV). The Programme envisaged a strengthened GBV prevention and response system linking community (Village-Led One Stop Centres, economic and social empowerment initiatives) and sub-national child friendly (One Stop Centres, temporary Anti-GBV safe shelters, GBV specialized courts - 'Fast Track Courts') services. One Stop Centres (OSCs) and community response mechanisms also conducted outreach to communities and linked community structures to promote the services and support prevention efforts. At the end of the programme, community and traditional leadership structures must be empowered to speak out against GBV and promote a culture of zero tolerance towards GBV. Ultimately, strengthened response services would counter GBV and provide an element of prevention as communities see action being taken.

2.2 GRZ-UN Partnership on GBV Response

The consultancy team was cognizant of the fact that the Joint Programme was designed to contribute to the attainment of various anti GBV interventions that Government and other stakeholders have been implementing. The escalating and continuing problems around GBV across the country constituted the major reason the Joint Programme was designed to contribute towards eliminating or sustainably reduce GBV cases in the country. Particularly, at national level, Government had developed and enacted several laws, policies and plans, including:

- The 8th National Development Plan Vol.1 (8NDP:2022-2026) and the Implementation Plan (Vol.2) which has a pillar on human development including but not limited to gender inequality. The 8NDP (2022-2026) also gives strategic targets for women economic empowerment and other interventions that contribute towards gender equality. The UN System in Zambia contributed to the development of gender related indicators in the 8NDP, just as it did in the predecessor Plan, the 7NDP (2017-2021).
- Gender Equity and Equality Act No. 22 of 2015 provides for penalties of the sexual harassment offence and prohibits gender discrimination across all sectors. It also provides for equal opportunities for men and women in terms of access to economic opportunities services.
- The Anti-Gender-Based Violence Act No. 1 of 2011 provides for the protection of GBV survivors, the constitution of the Anti-GBV Committee and the establishment of the Anti-GBV Fund. The Anti GBV Act also provides for the establishment of shelters and litigation by way of civil procedure in addition to the already existing criminal procedure.

- Children’s Code Act No. 12 of 2022 which inter alia, provides for care and protection of children and prohibits child marriage. Also the Persons with Disabilities Act.
- The Legal Aid Act No. 1 of 2021
- National Legal Aid Policy of 2018 which aims to increase access to justice for poor and vulnerable groups and provides guidelines for the scope and delivery of legal aid services.
- The Education Act No. 23 of 2011 provides for GBV protection of learners and teachers including prohibition of marriage of learners. The age of a child is defined as someone who is below 16.
- The Penal Code (Amendment) Act No. 15 of 2005 introduced the offence of sexual harassment and made indecent assault a felony. The amendment also created stiffer the penalties for other sexual offences such as Rape, Attempted Rape, Incest and Defilement to a period of not less than 15 years upon conviction. Currently, the Penal Code is being reviewed to align it with the Anti-GBV Act.
- The Anti-Human Trafficking Act No. 11 of 2008 proscribed trafficking of persons of either sex. It provides for medical care, psychological and legal assistance as well as family-tracing and skills-building/ recreation for survivors – as well as shelters, safety, security and legal status.
- The National Long-Term Vision 2030 recognises GBV as a critical area of concern in the provision of domestic security, particularly in cases related to violation of girls’ rights and its contribution to the spread of HIV.
- The National Gender Policy of 2023 provides policy direction and strategies for the development sectors to ensure gender-responsive programming. The NGP vision is “to achieve full participation of both women and men in the development process at all levels in order to ensure sustainable development and attainment of equality and equity between the sexes”.
- The National Plan of Action to reduce HIV Infection among Women and Girls 2010–2014 with the goal to reduce women’s and girls’ vulnerability to HIV infection and mitigate the impact of HIV/AIDS at individual, household, community, institutional and national levels through sustained actions to strengthen women’s and girls’ fundamental human rights.
- The National HIV/ AIDS Strategic Framework (NASF) 2017 – 2021 recognises gender inequalities including GBV as one of the factors fueling HIV transmission in the country and aims to reduce the impact of such violence on HIV transmission by promoting lifesaving access to post exposure prophylaxis as a key intervention in halting transmission of HIV between the perpetrator and victim of sexual violence.
- Other initiatives include the Scorecard on Women, Girls, Gender Equality and HIV (the first ever in the region), which was developed in March 2011 to monitor the progress in reducing GBV and HIV infections resulting from sexual abuse of women/ girls, and two communication strategies, one on GBV from 2009 and another on promotion of gender equality from 2010.

2.3 Goal and objectives of the programme

In the Project Document (ProDoc), the Programme aimed to provide a sustainable, consolidated and linked package of response services and prevention mechanisms at community, sub-national and national level that address GBV. The programme envisaged a strengthened GBV prevention and response system linking community (village-led OSCs, economic and social empowerment initiatives, sub-national (OSCs, shelters, GBV specialized courts – ‘Fast Track Courts’). OSCs and community response mechanisms also conducted outreach to communities and linkages to community structures to promote the services and support prevention efforts. Community and traditional leadership structures were also empowered to speak out against GBV and promote a culture of zero tolerance towards GBV. Ultimately, strengthened response services countered GBV and provided an element of prevention as communities saw action taken.

2.4 Expected Results

The Programme had the following expected outcomes and their respective outputs. The programme aimed to address prevention and response to GBV by working with traditional and local structures to create community response mechanisms as an entry point to breaking the silence on domestic violence and challenging social norms that make GBV acceptable.

Box 2: Programme outcomes and outputs

Outcome 1: *Increased access to and use of quality prevention and response services by persons at risk of GBV and survivors (including children and adolescents), focusing on the following outputs:*

Output 1.1 Target districts have increased capacity to deliver coordinated GBV services.

Output 1.2 GBV survivors have increased access to safe shelters.

Output 1.3 Target districts have increased capacity to deliver quality legal services.

Outcome 2: *GBV survivors, those at risk, and communities are empowered to break the cycle of abuse.*

Output 2.1 GBV Survivors and those at-risk access economic empowerment services

Output 2.2 Community and traditional leadership structures have the capacity to mobilize on GBV prevention.

Output 2.3. Improved multi-sectoral coordination and governance related to GBV prevention and response.

Table 2: Programme Financials¹

UN	2020		2021		2022		2023		TOTAL FROM 2020-2023	% of Expenditure from 2020-2023	Remaining activities for 2024		
Agencies	Planned	Expenditure	Planned	Expenditure	Planned	Expenditure	Planned	Expenditure	Expenditure		Planned	Expenditure	
	\$	\$	\$	\$	\$	\$	\$	\$			\$	\$	
UNDP	597,860	561,123	1,726,025	1,099,581	1,608,812	951,606	451,171.00	842,688	4,383,868	3,454,998	79%	928,870	
UNFPA	209,803	195,487	359,546	232,729	198,485	221,229	29,316.00	122,352	797,150	771,797	97%	25,353	
UNICEF	286,170	224,229	355,714	217,327	207,152	328,968	-	72,291	849,036	842,815	99%	6,221	
ILO	93,876	31,742	164,572	169,676	94,994	138,505	-	8,525	353,442	348,448	99%	4,994	
IOM	284,500	127,886	231,950	296,670	237,900	205,786	-	103,320	754,350	733,662	97%	20,688	
Total	1,472,209	1,140,467	2,837,807	2,015,983	2,347,343	1,846,094	480,487	1,149,176	7,137,846	6,151,720	86%	986,126	

¹ Figures of planned and actuals as obtained from the finance office, UNDP

According to the Programme Document (Prodoc), the total estimated budget for the GRZ-UN JP GBV II Phase II was USD 6,711,169.01 (\$6.7 million). In terms of resource allocation and disbursements, each UN Agency was allocated separate amounts in line with approved annual work plans that were prior approved by the Joint Programme Steering Committee. The work plans detailed the activities carried out within the Joint Programme and the responsible implementing partners, timeframes and planned inputs from the participating UN organizations. Further, the basis for all resource transfers to an implementing partner was equally detailed in the work plans as agreed between the implementing partners and participating UN organizations.

Table 2 above shows a total of USD 7,137,846 which was planned for the period 2019 to 2024 and out of this amount, USD 6,151,720, representing 86% was approved and spent by December 2023. An amount of USD 986,126 was unspent at the close of December 2023 as some activities were still being implemented towards the closure of the Programme in March 2024.

In terms of allocations, UNDP received the highest amount of USD4,383,868 while ILO received the lowest amount of USD353,442 for the entire period of the programme. UNICEF was the second highest funded at USD842,815 and it was followed by UNFPA at USD771,797 and IOM at USD733,662. In terms of expenditure, UNICEF and ILO had each spent their allocations at 99% by December 2023. Similarly, both UNFPA and IOM spent their allocations at 97% by the close of December 2023. Further, the UNDP had total expenditure of USD3,454,998 representing 79% of its total allocation by the end of December 2023. For the outstanding balances under each Agency, the unspent USD 986,126 at the close of December 2023 was said to have been fully spent by the close of the joint programme in March 2024. Therefore, this would mean that the Joint Programme resources were fully spent at the close of the Programme by the end of March 2024.

Chapter 3: Evaluation Findings

3.1 Relevance

Synopsis: *The GRZ-UNGBV Joint Programme Phase II as implemented from 2019 to 2024 was acknowledged by stakeholders in the evaluation as being relevant in meeting existing needs. Relevant in contributing to the address of community, national, regional, continental and global GBV concerns. Documents reviewed also contained a strong affirmation that the programme's achievements towards set outputs and outcomes emanated from needs of stakeholders. Anchored on the needs assessment that informed the design, the programme targeted the right implementing partners, right communities and the neediest groups including girls, boys, women, and people with disabilities. Using the prevailing national statistics on GBV at the time, the geographical choices of 8 provinces and 22 districts were appropriate. The Light Touch Assessment on the performance of the programme brought out significant evidence that the intervention indeed contributed to Zambia's Vision 2030 and in achieving objectives in the country's 7NDP and the current 8NDP. In addition, the programme contributed towards attaining SADC and the African Union's pursuit of gender equality and zero tolerance to GBV policies and actions. Global protocols as encapsulated in SDGs on anti-GBV programming towards strengthened GBV prevention and response investments were too positively impacted by this Joint Programme.*

Detail

The relevance of the GRZ-UNGBV JP II has been affirmed by all evaluation respondents at different stakeholder levels of government institutions, UN Agencies, civil society, traditional leaderships, programme beneficiaries as well as in the documents reviewed. The criterion of relevance was assessed following an analysis of the extent to which the GRZ-UNGBV JP II was associated and beneficial to community (collective challenges from the communities on GBV issues), national (Zambia's Vision 2030 and other national development priorities and needs), regional (the Revised Regional Indicative Strategic Development Plan (2020-2030), continental (the African Union Agenda 2063) and global (the Sustainable Development Goals 2030) development priorities and needs.

Below is a presentation of key messages as found by the Evaluation Team (ET) associated to the relevance of the Joint Programme to different aspects of need – community, national, regional, continental, and global needs:

Partner Buy-in was established: Objectives and strategies of the joint programme were discussed and agreed with national partners driven by GRZ through Gender Division under Cabinet Office, UN Agencies as well as other partners like CSOs. The coordination role played by Gender Division and the UN was important towards a unified delivery of programme activities. At design, the coming together of various stakeholders and agreement to tackle GBV challenges in the identified districts was acknowledged as critical to the success of the programme (KIIs, IDIs, FGDs, document reviews). Among others, the partnership was able to leverage on each other's comparative and competitive advantages to deliver a compendium of anti GBV services including Fast Track Courts (FTCs), Safe Shelters (SS), and One Stop Centres (OSCs) which are either hospital or village based.

Contributed to national, regional, continental and global priorities: Interviews held affirmed that the Joint Programme closely was designed to contribute to meeting goals and objectives of country needs with regard to curbing the GBV vices in their different forms including child marriages, intimate partner violence (IPV), rape and defilement, physical and psychological violence, etc. In that regard, Zambia's policies and legislation on GBV formed a strong anchorage for the Joint Programme's design and execution (see Table 3 on the links with 7NDP, 8NDP, Vision 2030). Consistently, the programme incorporated throughout processes of planning and implementation recommendations of Human Rights mechanisms (including treaty bodies, and special procedures), sustainable development, the needs of women and men, girls and boys in the country. At the same time, the programme was responsive to emerging threats faced by the country during the implementation, particularly those that came with COVID-19 (KIIs, IDIs, FGDs and document reviews).

Further, GBV is a global phenomenon and as such has attracted international attention. To an extent that GBV related issues have been given priority and center-stage in the Zambian context, a replicated effort existed at various other levels. Regionally, the SADC bloc, through its nation membership has equally prioritized the fight against all forms of GBV. This is after identifying GBV as a factor with retrogressive effect on human development, recapitalization and potential to grow economies as desired. The same effort to fight GBV at all cost has been fully embraced by the African Union (AU) as well as the global UN members under the Sustainable Development Goals (SDGs) (core human rights treaties including, International Covenant on Economic, Social and Cultural Rights (ICESCR), International Convention on the Elimination of All Forms of Discrimination against Women, Convention of the Rights of Persons with Disabilities (CPRD), and the Conventions on the rights of the Child (CRC). Other efforts by development partners such as donors, civil society, the private sector and others have too joined to support the curbing of GBV vices, regardless of their form and persons involved (GRZ policy and legislation, UN protocols, SADC, AU, SDGs, documents reviewed, etc). Table 3 provides linkages with regional, continental, and global anti-GBV efforts.

Table 3: Relevance of GRZ-UN JP II to national, regional, continental and global development frameworks

GRZ-UN JP GBV II	7NDP (2017-2021) 8NDP (2022-2026) Vision 2030	SADC RISDP (2020-2030)	Agenda 2063	SDGs
<p>Outcome 1: Increased access to and use of quality prevention and response services by persons at risk of GBV and survivors (including children and adolescents), focusing on the following outputs</p> <p>Outcome 2: GBV survivors, those at risk, and communities are empowered to break the cycle of abuse.</p>	<ul style="list-style-type: none"> - Lives free from violence and discrimination - Reduced poverty, vulnerability and inequalities - Mitigating violence against women and children - Gender-based violence elimination - Gender equity and equality in the socio-economic development process by 2030 - Prevent and combat the existing Gender Based Violence scourge, particularly against women and girl children 	<ul style="list-style-type: none"> -Enhanced gender equality as well as women’s empowerment and development, and elimination of gender-based violence -Implementation of the SADC Regional Gender-Based Violence Strategy and Framework for Action intensified. -A monitoring, evaluation, and reporting system for the Regional Gender-Based Violence Strategy and Framework for Action is fully integrated into the SADC Monitoring, Evaluation, and Reporting System. 	<ul style="list-style-type: none"> -Eliminating all forms of discrimination and violence against women and girls -Eradicate all forms of gender-based violence and harmful practices against women and girls, especially child, early and forced marriages - Women and girls empowerment - Youth empowerment and children’s rights -Gender equality in all spheres of life -Over 95per cent of rural women will have access to productive assets, including land, credit, inputs and financial and insurance services. -Achieve full gender parity where women occupy 50per cent of elected offices at state, regional and local bodies, and 50per cent of managerial positions in government and private sector will be held by women. 	<ul style="list-style-type: none"> -Achieve gender equality and empower all women and girls -Create sound policy frameworks and enforceable legislation at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions -Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations -Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

Applied Phase I recommendations: Phase I for initial the GRZ-UN JP GBV II was implemented for the period 2012 and 2017. By the end of Phase I Programme implementation, numerous outstanding issues remained unresolved and GBV cases and dynamics evolved. The escalating GBV cases documented in reports and evaluations of Phase I, on both the prevention and response sides led to Phase II. In that regard, the new GBV assessment exercise in 2019 worked as a key input to inform Phase II design and programming. The joint approach to the fight against GBV whereby, Government and the UN, as well as other partner organizations became an important success factor to deliver as one (KIIs, IDIs, FGDs, document reviews).

Synergized GRZ, UN and partners' work (delivering as one): The GRZ-UNGBV II Joint Programme towards combating GBV cases that at design in 2019 were increasingly high could not be implemented in isolation by partner organisations. Achieving notable impact in reducing GBV prevalence required concerted efforts of stakeholders. The evaluation gathered acknowledgements that the Joint Programme promoted and attained the desired synergies between and among stakeholders including Government, UN Agencies, donors, civil society, tradition leaders and indeed the general members of the community, not leaving GBV survivors themselves.

With such a collective approach, where partners pooled their comparative and competitive advantages, delivering desired outcomes as one was practically possible. The synergies were possible because Government was taking a leading role in setting up a shared national development agenda through Vision 2030, NDPs and related policies and legislation. Upon these shared development priorities of Government, other stakeholders found it prudent to support the national effort to tackle GBV issues collectively. For example, the UN in Zambia through its country cooperation framework was able to align their work to what GRZ was focused on (KIIs, IDIs, FGDs, document reviews).

Right programme targeting: The relevance criterion asked whether the Joint Programme was rightly targeted in terms of groups. From the documents reviewed and through evaluation interviews, it was established that to a large extent, key target groups were reached by the Programme. The right stakeholders and beneficiaries were reached such as GBV survivors and perpetrators (both women and men), people with disabilities (especially the deaf who could not shout in times of attack), GBV champions (mainly traditional and civic leaders), and service providers (implementing partners) were also involved. UN Agencies that were implementing related activities as well as Government institutions including Gender Division, the Police, Judiciary, Ministry of Health, Ministry of Community Development and Social Services (MCDSS) and Ministry of Education were identified as critical to the Programme success. However, at community level, further effort to understand different groupings, especially informal ones (*e.g. alangizi*) was not explored at design, yet they were the ones that resisted efforts to curb undesired practices potentially promoting high GBV incidences among young people. These were reported in FGDs and KIIs.

Stakeholder capacity needs addressed: At all levels of the Joint Programme implementation, the effort to build capacities was prioritised. Findings established that a great deal of achievements in this regard were attained. Capacity building of staff and local communities, mainly from government and implementing partners were done. Local communities became vigilant and active in reporting cases of GBV such as defilements, rape and spouse battering. Community awareness, prevention, and response towards GBV cases were highly achieved in areas of operation and beyond. For example, Chief Chanje's VLOSC of Chipangali District, were receiving GBV cases from outside the chiefdom (surrounding 5 to 8 near chiefdoms). However, the evaluation also gathered that capacity building was not adequate in terms of skills and knowledge gap among those involved in GBV issues among staff in implementing partners as well as work environments not fully meeting desired standards of operations (e.g. lacking equipment). For example, the ET heard from one respondent in a KII:

Survivors enrolled into school and early marriages were dissolved and children taken back to schools. Survivors of criminal cases were taken to police and perpetrators taken the court. Needs have been addressed largely. Survivors are provided with food at OSCs. People are aware of the wrongs of GBV, mindsets are being transformed through this Programme campaigns and services. Negative cultural practices are being clamped down. Joint Programme is well aligned to the law protecting survivors, e.g. survivors are separated from perpetrators in court. All matters of GBV are heard from GBV courts, which are conducive.

Demand for FTCs resolved: At design, and indeed recommendations from Phase I were overwhelming over the need for additional Fast Track Courts (FTCs) across the country. This would ease the trying of GBV cases in environments that were friendly to children and other victims. Despite high costs and bureaucracies involved in delivering functional FTCs, the Joint Programme managed to achieve this deliverable. Additional FTCs were established in Choma, Chipata, Ndola, Kabwe and later in Solwezi and Chinsali. These courts have and are still hosting a number of GBV cases and prosecuting them with the urgency they deserved (KIIs, IDIs, FGDs, document reviews).

Economic empowerment needs addressed: The Joint Programme was deliberate on empowerment of survivors and vulnerable groups in society. GBV was said to be rife in the countryside (villages) due to power imbalance between men and women. Therefore, the economic empowerment given to women by providing them with knowledge (*Basic business management skills*) and start-up capital assisted to reduce GBV cases especially Intimate Partner Violence (IPV). Document reviews and evaluation interviews conducted established that empowerment would go a long way to reduce GBV in communities. However, empowerment interventions needed to be centred on correct targeting and prioritisation. Sustainability of the empowerment support given to women was not sustainable and remained inadequate to result in a more transformational self-sufficiency to those who received the empowerment packages.

Responsive to voices of survivors: The Joint Programme was designed to target GBV survivors and address their immediate and long -terms needs. As such, voices of survivors were clearly taken into consideration as their problems were mainly on lacking empowerment opportunities and this informed the decisions made by the Joint Programme partners to train

survivors in basic business management and provided them with start-up capital. The Programme utilized a bottom-up approach in designing programmes to ensure the needs of the intended beneficiaries were considered. Survivors in VLOSCs confirmed benefiting from the Programme through empowerment initiatives and how these supports assisted to reduce GBV in their communities and homes. Further, the survivors confirmed their ability to sensitise fellow members in their communities on all forms of GBV, a practice that assisted to reduce and prevent new GBV cases.

Flexibility during COVID-19 outbreak: The GRZ-UNGBV JP II was mostly implemented during the period COVID-19 was at the peak globally. There were restrictions on movements and gatherings. Consequently, the Programme resources, particularly the funds for sensitisation activities, funds were equipment (e.g., computers) for Implementing Partners who needed to work virtually rather than being utilized for Programme resources. There were reduced or/and in some instances no monitoring activities permitted. Thus, virtual platforms became inevitably the acceptable channels of conducting Programme activities, at least for the entire peak of the pandemic. Acknowledgement was made during interviews that where necessary, adjustments to the Programme were effected, especially adjustments around ambitious targets, given the slowness of work schedules under the COVID-19 period. Some output indicators were reported not achieved mainly because of COVID-19, hence the need to adjust targets. The adjustments were informed by the Rapid Assessment of the impact of COVID-19 which was undertaken by the UN. Despite these given programme dynamics, cases of GBV continued to be reported from all target districts, in some cases with increased counts.

The ET also gathered that Covid-19 had significantly disrupted the delivery of Programme activities by undermining the human resources on the intervention. Staff from across the Programme Partnership were affected by the pandemic through illnesses and in some cases loss of lives. These occurrences potentially affected the pace at which relevant GBV issues were addressed by the Joint Programme.

Outstanding concerns:

- Weak ownership of anti GBV interventions by Government partners poses a threat to sustainability and enjoyment of long-term gains.
- Persisting and increasing cases of GBV in target districts, including other locations in the country
- Targeting challenges arising from lack of comprehensive stakeholder mapping, especially at community level
- Fragmentation in addressing GBV issues at sub-national, national, SADC, AU and global level. Unified management information system (s) missing, leading to data duplications, redundancies, etc.

3.2 Effectiveness

Synopsis: *The GRZ-UN JP GBV Phase II was implemented pursuing two Outcomes which collectively had a total of 9 indicators. Unfortunately, at design stage, the Programme did not define critical measurement parameters of baseline values, targets, and sources of information for ascertaining progress. Consequently, the evaluation could not provide direct measurements of progress at outcome level. Instead, progress on Programme outputs were used to get a proxy picture of performance at outcome level. 79% of outputs were **fully achieved**; 13.5% were **partially achieved**; 5.6% were **not achieved**; while 1.9% had **missing data/information** due to among others challenges to find them in programme documents. Lack of latest survey reports by the Zambia Statistical Agency (ZSA) also contributed to missing data. However, this meant that overall, the Joint Programme had its planned outputs achieved at 92.5% (that is, fully achieved and partially achieved). The programme gains were literally mixed, with positive as well as undesired results.*

Detail

Overall, evidence gathered through triangulation of sources including in-depth interviews (IDIs), Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and document reviews show that the Joint Programme was implemented effectively. Notably, outputs adopted in the programme as stated in the Monitoring and Evaluation Results Framework were achieved to satisfactory levels. In addition, the positive performance of the programme outputs would potentially imply the corresponding positive performance of the programme outcomes. However, this may also not be ascertained in all instances. The following Tables below depict performance information for the Joint Programme at outcome and output level with their respective indicators.

Table 4: Programme Outcome and Outcome Indicators

Outcomes	Outcome Indicators	Comment
Outcome 1: Outcome 1: GBV Survivors and persons (including children and adolescents) at risk have increased access to and utilize quality GBV prevention and response	<p>Outcome Indicator 1.1: % of women and girls (15-49 years) who reported experiencing physical or sexual violence who sought help to stop the violence (UNFPA)</p> <p>Outcome Indicator 1.2: % of eligible survivors receiving PEP within 72 hrs. (UNFPA)</p> <p>Outcome Indicator 1.3: % of GBV survivors receiving legal assistance (UNICEF, IOM, and UNDP)</p> <p>Outcome Indicator 1.4: % of survivors receive services at hospital based OSCs either from other parts of the health facilities, other service providers and/or the community (UNFPA and UNDP)</p> <p>Outcome Indicator 1.5: % of GBV cases before and through the Fast-Track Courts resolved within 3 months out of the total annual GBV cases before and through the Fast-Track Courts (UNDP, UNICEF)</p>	<ul style="list-style-type: none"> • No baseline values, no programme targets, no yearly targets. • Absence of information on baseline, targets and on achievement made it difficult to assess actual performance of outcomes and their respective indicators
Outcome 2: GBV Survivors, those at risk and communities are able to break the cycle of abuse	Outcome Indicator 2.1: % of GBV survivors and those at risk aged 15-49 taking up employment opportunities (Self/wage) (Disaggregated by age and sex) (ILO and UNDP)	<ul style="list-style-type: none"> • No baseline values, no programme

	<p>Outcome Indicator 2.2: # of GBV survivors and those at-risk reporting increase in economic empowerment² (ILO and UNDP)</p> <p>Outcome Indicator 2.3: % of currently married women whose husbands make decisions about their health care for them (UNFPA)</p> <p>Outcome Indicator 2.4³: % change in women/men aged 15-49 who agree that a husband is justified in hitting or beating his wife for at least one reason (IOM and UNFPA)</p>	<p>targets, no yearly targets.</p> <ul style="list-style-type: none"> • Absence of information on baseline, targets and on achievement made it difficult to assess actual performance of outcomes and their respective indicators
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Statistically, the Joint Programme had two (2) outcomes namely; *i) Increased access to and use of quality prevention and response services by persons at risk of GBV and survivors (including children and adolescents), and ii) GBV survivors, those at risk, and communities are empowered to break the cycle of abuse.* Further, outcome 1 had five (5) indicators while outcome 2 had four (4) indicators, giving a total of nine (9) outcome level indicators for the entire Joint Programme. However, during the design phase, the parameters for these outcome-level performance indicators were not clearly defined. The M&E Results Framework lacked clarity on the baseline information for each outcome indicator that was adopted. Table 5 shows the lack of data for all the 9 outcome indicators.

Similarly, information on targets (both for the entire programme and for in-year) lacked for each outcome indicator. In that regard, the evaluation could not ascertain to what extent the outcome indicators performed in the absence of measurable indicator information and data. However, to address this information gap, the information from the performance of programme outputs was used as proxy to appreciate their (output indicators) potential contribution to outcome level indicator performance.

Table 5: Outcomes and Outcome Indicator Performance

Outcome	Outcome indicators	Fully achieved	Partially achieved	Not achieved	No data
Outcome 1	5	0	0	0	5
Outcome 2	4	0	0	0	4
Total	9	0	0	0	9

Table 5 illustrates how each of the two outcomes was mapped to a set of related or contributory outputs. In the absence of indicator information to demonstrate the level of progress for the Joint Programme outcomes, using output level information will be crucial as doing so conforms with the Results-Based Management (RBM) tenets. The causality of results

² This refers to change in well-being including increase in income and capacity enhancement to improve livelihoods such as training in business skills and group savings

³ Data will be collected on survivors who experience any one of the following: (i) Wife goes out without telling husband (ii) Wife neglects children (iii) If wife argues with husband (iv) If wife refuses to have sex with husband; and (v) If wife burns food

from inputs, processes, outputs, outcomes and impact of the GRZ-UN JP GBV II can be determined to a large extent.

Table 6: Mapping outcomes and outputs

Outcome 1	Outcome 2
Output 1.1	Output 2.1
Output 1.2	Output 2.2
Output 1.3	Output 2.3

It is notable that three (3) outputs were to be implemented to realize Outcome 1 while a set of three (3) outputs were aligned to Outcome 2. In that regard, the Joint Programme implemented several activities that were meant to achieve the outputs of increasing the capacity to deliver coordinated GBV services in all targeted districts (output 1.1); increasing access to safe shelters of GBV survivors (output 1.2); and increasing the capacity to deliver quality legal services in all target districts (output 1.3). Through various activities implemented and the achievement of outputs as shown in Table 8 below, outcome 1 could be viewed as having performed as desired—that is, increased access to and use of quality prevention and response services by persons at risk of GBV and survivors, including children and adolescents. Given the overall positive performance of output level indicators under Outcome 1, the respective outcome level indicators could similarly be acknowledged as having performed positively, to an extent possible (see Table 6 above). Notably, some output indicators did not perform well, according to evaluation findings (e.g. output 1.3) which lacks performance data (see Table 7).

In addition, Outcome 2 has also been realised to some extent possible. The three (3) outputs that were implemented under this Outcome and as measured in Table 8 below, it can be concluded that to some extent, GBV survivors, those at risk, and communities were empowered to break the cycle of abuse. Two (2) outputs (GBV Survivors and those at-risk access economic empowerment services and Community and traditional leadership structures have the capacity to mobilize on GBV prevention) were achieved at 83% and 100% (output 2.1 and output 2.2), respectively. Output 2.3 (improved multi-sectoral coordination and governance related to GBV prevention and response) was partially achieved at 50%.

Table 7: Outputs and Output Indicator Performance

Results Group	Output indicators	Fully achieved	Partially achieved	Not achieved	No data
Output 1.1	17	14	2	1	0
Output 1.2	4	3	1	0	0
Output 1.3	9	6	1	1	1
Output 2.1	6	5	0	1	0
Output 2.2	6	6	0	0	0
Output 2.3	6	4	2	0	0
Total	48	38	6	3	1

Table 8: Assessment of Performance of the GRZ-UN JP GBV II Output Indicators

Outputs	% fully achieved	% partially achieved	% Not achieved	No data
Outcome 1: GBV Survivors and persons (including children and adolescents) at risk have increased access to and utilize quality GBV prevention and response				
<i>Output 1.1 Target districts have increased capacity to deliver coordinated GBV services</i>				
Output indicators (17)	82.4% (14)	11.8% (2)	5.9% (1)	0.0% (0)
<i>Output 1.2 GBV survivors have increased access to safe shelters</i>				
Output indicators (4)	75% (3)	25% (1)	0.0% (0)	0.0% (0)
<i>Output 1.3 Target districts have increased capacity to deliver quality legal services</i>				
Output indicators (9)	66.7% (6)	11.1% (1)	11.1% (1)	11.1% (1)
Outcome 2: GBV Survivors, those at risk and communities are able to break the cycle of abuse				
<i>Output 2.1 GBV Survivors and those at-risk access economic empowerment services</i>				
Output indicators (6)	83.3% (5)	0.0% (0)	16.7% (1)	0.0% (0)
<i>Output 2.2 Community and traditional leadership structures have capacity to mobilize on GBV prevention</i>				
Output indicators (6)	100% (6)	0.0% (0)	0.0% (0)	0.0% (0)
<i>Output 2.3. Improved multi-sectoral coordination and governance related to GBV prevention and response</i>				
Output indicators (6)	66.7% (4)	33.3% (2)	0.0% (0)	0.0% (0)
Overall output achievement	79.0%	13.5%	5.6%	1.9%

Table 7 and Table 8 present performance information for all the 48 output level indicators under both Outcome 1 and Outcome 2. The GRZ-UNGBV Phase II Joint Programme was designed to contribute to reducing the overall incidences of GBV in the country generally and in targeted districts specifically. According to evaluation findings, 79.0% of outputs were **fully achieved**; 13.5% of outputs were **partially achieved**; 5.6% of outputs were **not achieved**; while 1.9% of outputs had **missing data/information**. This means overall, the Joint Programme had its planned outputs achieved at 92.5% (that is, fully achieved and partially achieved).

A total of 30 indicators were measured under the three (3) outputs under Outcome 1. Notably two output indicators under Outcome 1 scored above 70% (output indicators under output 1.1 and 1.2) indicating a satisfactory achievement level while some indicators under Output 1.3 scored 66.7% as fully achieved. Further, 11.8%, 25% and 11.1% of output indicators were partially achieved under Outcome 1 (output indicators under outputs 1.1, 1.2 & 1.3). 6.9% of output indicators were not achieved under output 1.1. It is desirable to note that all the indicators under outputs 1.1 and 1.2 had data to measure performance. However, the indicators that performed lowly are those under output 1.3 (Target districts have increased capacity to deliver quality legal services). While 66.7% of the indicators were fully achieved and 11.1% were partially achieved, another 11.1% were not achieved and yet another significant proportion of the indicators had missing data at 11.1%. This situation was consistent with triangulated evaluation findings which noted that availability of legal services were on the low side (paralegals) and this was coupled with uncoordinated reporting of such services.

As for output indicators under Outcome 2, the performance was comparatively better than those under Outcome 1. A total of 12 indicators were measured under the three (3) outputs. Indicators under output 2.1 that were **fully achieved** stood at 83.3% while 16.7% were measured as **not achieved**. However, all the six (6) indicators under output 2.2 were fully achieved (100%). This entails that activities of the Joint Programme enhanced the capacities of community and traditional leadership structures to mobilize on GBV prevention. As for the indicators under output 2.3, those **fully achieved** constituted 66.7% while 33.3% of the indicators were **partially achieved**. This mixed performance highlights both successes and areas for improvement within this output.

While there are outputs that have not been fully achieved, many indicators have been satisfactorily achieved. This status is in conformity with information gathered from various sources in the evaluation (IDIs, KIIs, FGDs and document reviews). Below are some highlights on achievements under the effectiveness criterion as summarized from evaluation findings.

Implemented activities for both prevention and response: To a great extent, efforts to implement activities to achieve outcomes under *prevention* and *response* were delivered by the Joint Programme. The Programme established fast-track courts (FTCs), hospital-based and village-based One Stop Centres (OSCs) within hospitals and chiefdoms near the communities and people who needed the services. In addition, safe shelters provided also ensured that the response side was addressing issues of GBV with the urgency desired. On the prevention side, the Joint Programme delivered several activities including capacity building of community volunteers such as Change Agents (CAs) on GBV prevention and response, sensitizations of stakeholders at national, provincial, district, traditional leadership and community levels on the dangers of various forms of GBV. Stakeholder trainings and tailored capacity building initiatives have been given to members of the community and partner organisations as a measure to address the occurrences of GBV (KIIs, IDIs, FGDs and document reviews).

Promoted stronger stakeholder synergies: The Joint Programme was characterised by a robust (strengthened) stakeholder partnership including UNDP and Gender Division as leads, other implementing UN Agencies (UNFPA, IOM, ILO, UNICEF), GRZ institutions, CSOs, Traditional leaders all complemented one another's effort. Ability by stakeholders, including volunteers worked as counsellors, paralegals, and champions in OSCs, among others, to receive, respond and/or refer GBV cases to appropriate bodies, stand as evidence that demonstrate that the JP strengthened the capacity of local institutions, CSOs, and communities to prevent and respond to GBV in Zambia in a more focused approach. In addition, civic leaders such as Members of Parliament (MPs), councilors, and others worked together to make the JP successful. They participated in various awareness and advocacy radio and TV programmes. In one of the beneficiary FGDs, a respondent retorted:

We thank and appreciate the political leadership, traditional leadership, UN Agencies for making the programme successful in addressing the rising cases of GBV.

Most vulnerable groups were reached: The Joint Programme reached out to most vulnerable groups including women, girls and persons with disabilities (PWDs) especially in rural areas. For example, the empowerment of women stood to mitigate the power imbalances between

men and women as *empowerment* made women less dependent on men, thereby reducing conflicts between them which mainly led to intimate partner violence (IPV). *A GBV survivor used to suffer, she is blind, she has scars and she lost sight because of being beaten. Now she lives better because of the knowledge shared by the JP* (narration by a member of a beneficiary FGD). At the inception of the Joint Programme, a lack of women empowerment was one of the contributing factors to increasing violence and activities were identified as one of the mechanisms to empower women by setting up capital so they could start their own businesses and get freed from their abusive spouses. Although target groups had been widened in the Joint Programme to include men and boys, the number of males being victims of GBV had not increased greatly as compared to women and girls (FGDs, KIIs, IDIs, document reviews).

Joint Programme broke power-relational barriers: Power imbalance between men and women also forced many families to fail to report defilement cases and other forms of sexual abuses or indeed other severe GBV matters for fear of having the only person providing family income to be arrested. Respondents articulated how the Joint Programme messaging and community engagements addressed this gap and empowered people to report GBV cases regardless of who was involved. Such community awareness has led to reduced cases of GBV among members of the community, due to perpetrators' fear of being reported and prosecuted in the courts of law (IDIs, KIIs, FGDs).

Joint Programme leveraged on Volunteers: The Joint Programme strengthened the capacities of volunteers and stakeholders to record cases accurately for analysis to ensure disaggregated data on the basis of sex, geographic location, and other variables (e.g. under YHHS). Consequently, at the FTCs, cases were disposed off within a short period of time. GBV matters are treated urgently, within 14 days. Also, GBV matters were treated differently depending on the district, for instance out of 42 cases, 34 were disposed off within 14 days in Choma. Almost all perpetrators were convicted and sentenced. In all the cases, facilitating factors included traditional leadership, police, Ministry of Community Development and Social Services (MCDSS), the judiciary and Ministry of Health (IDIs, KIIs, FGDs, document reviews).

Joint Programme provided Anti GBV Materials: Various materials were supplied during Programme implementation. Hospital based OSCs were equipped with child friendly corners. Other examples include the translation of Anti GBV Act in seven languages was an important activity; provision of face masks and sanitizers during Covid-19 outbreak since only a few people were allowed in the court room was also important in creating a conducive work environment. During COVID-19, only the interpreter, magistrate, victim and the accused were allowed in the courts (IDIs, KIIs, FGDs, document reviews).

Staff attrition: The effective delivery of the Joint Programme activities was negatively affected by staff transfers, especially in Government and among UN Agencies. By the time the Programme was ending in March 2024, several key staff had either been transferred or their employment contracts had expired. This meant that new staff had to close a Programme they had not been a part of from the beginning (IDIs, KIIs).

Increases in GBV cases reported: Due to an increase in awareness and involvement of traditional leaders in anti GBV activities in targeted districts, more GBV cases were being reported. This was unlike before the implementation of the joint programme when

predominantly the concealment of GBV cases was common among stakeholders due to certain cultural and traditional beliefs and practices. (IDIs, KIIs, FGDs, document reviews).

Changes in attitudes, beliefs and practices: The Joint Programme worked well whereby generally, people's attitudes and beliefs towards GBV issues have changed. Through various sensitization activities delivered by the Joint Programme, hindering practices to the fight against GBV have been reduced (IDIs, KIIs, FGDs, document reviews). However, behavioral change takes time for people to shift, but the Programme scored a success on this front.

Stakeholder Capacity Building: To build the capacity of different stakeholders so that they could apply themselves on GBV issues constituted a core focus of the Joint Programme. At design, both the Programme outcomes and outputs sought to enhance capacities of stakeholders to address GBV cases, regardless of the profile and scale. Therefore, the Programme delivered activities that sought to both sensitize and empower people, to equip them with knowledge and options to manage any GBV case. Thus, staff of implementing partners, traditional leaders, GBV survivors and general community members were trained on various aspects of GBV interventions. However, respondents noted that despite many efforts, staffing levels to adequately manage GBV issues remained low (IDIs, KIIs, FGDs, document reviews).

Addressed GBV infrastructural needs: On the GBV response side, the Joint Programme provided some infrastructure to assist in reducing GBV across the country. Fast Track Courts (FTCs) and safe shelters represent key infrastructure that the Programme provided to offer services to survivors of GBV. *Before we had FTCs, we used to have challenges in terms of our witnesses coming to testify, but now we have the court itself, which is really suited for that purpose because there is no interaction with the perpetrator and the victim in the court* (IDI respondent. Also KIIs, document reviews).

Effect of COVID-19: The outbreak of COVID-19 was acknowledged as having had an effect on the delivery of the Joint Programme. Most of the Programme activities were outdoor and these conflicted with COVID-19 restrictions. At the peak of Programme implementation, the world, including Zambia enforced movement restrictions on goods and people. Programme activity execution as well as monitoring was negatively affected. Expenditures on some activities were not feasible any longer due to several restrictions that came with COVID-19. On another front, COVID-19 caused a mixed effect on GBV issues in the community. Reported cases of GBV increased, potentially due to people remaining in their homes together and also resource/income dynamics in homes (IDIs, KIIs, FGDs, document reviews).

Outstanding concerns:

- Incomplete results framework deemed it hard to ascertain progress of the Programme, particularly at outcome level.
- Sources of indicator information was restricted to Programme reports. Lack of reports on outcome level information deemed it problematic to measure progress at high results.
- Missing information on performance indicators hindered completeness in assessment of programme achievements.
- Lack of a unified management information system or M&E arrangement was recipe for inconsistencies in data collection and storage.
- Some Hospital OSCs had more than two officers sharing an office, a situation that may make some victims fail to express their feelings and challenges.
- Inadequate safe shelters in all districts.
- Abusive marriages continue because empowerment initiatives are not adequate.
- Justice system taking too long, not fully resolved in spite presence of FTCs.
- Similar interventions were implemented by other partners such as the European Union (EU) and USAID in Northern and Luapula provinces yet were not part of the Joint Programme, thus creating potential redundancies and duplication of effort as well as fragmentation in the manner anti-GBV activities were being implemented across stakeholders.

3.3 Coherence

Synopsis: Evidence show that the GRZ UNGBV JP II was coherently implemented, but to an extent only. This was seen through planning and operation, as respondents and documents showed that the Joint Programme was operationalised through partnerships with UN Agencies and GRZ as leads with the support of traditional leaderships and CSOs. The Joint Programme had an articulated Theory of Change which pronounced the pathway to achieving the high results. In addition, the Programme Monitoring and Evaluation (M&E) Results Framework was also articulated. But this results framework was not clarified at design, instead, it was only articulated when implementation was already underway in 2021. This negatively affected the ability to track progress and ascertain the change caused by the intervention. The lack of a complete results framework at design could have been the reason for missing outcome level baseline values and targets, a critical gap faced by the evaluation to capture changes at outcome level. Coupled with that, the absence of a unified M&E arrangement around data collection, collation, analysis and storage also negatively affected the coherent implementation of the Programme to some extent – leading to missing data. Despite the gaps, the Programme was based on realistic outcomes and outputs and whereby output indicator information was available and assisted to appreciate the contribution of the Joint Programme to addressing GBV issues in targeted districts.

Detail

The theory of change (ToC) was coherent and realistic for the Joint Programme as it articulated actual problems and solutions in terms of prevention and response to GBV in the Zambian context. This enabled smooth planning and operationalisation of the Programme. The activities undertaken therefore, resulted into realization of the two Programme outcomes, which were; (i) GBV survivors and persons (including children and adolescents) at risk have increased access to and utilize quality GBV prevention and response services, and (ii) GBV survivors, those at risk and communities are empowered to break the cycle of abuse.

Evaluation respondents pointed out that the ToC was not shared among stakeholders and this gap meant stakeholders were not closely and time-to-time guided by the theory behind the Programme. To a large extent, only UN Agencies and Gender Division as leads were aware of the ToC, but for success to be delivered with the same commitment, all stakeholders including IPs needed to share the ToC (KIIs, FGDs).

In addition, implementing partners contributed significantly to a coherent implementation of the Joint Programme through robust capacity building of stakeholders. This worked well in that at every stage, right from planning to implementation, there was stakeholder complementation of one another. Indicators, as contained in the Programme results framework remained relevant throughout the implementation process as they were a scale on which to weigh the level of completion in focus areas (IDIs, KIIs and document reviews).

Further, M&E arrangements were found not to be unified thereby negatively affecting coherence of the programme. It was found that there was lack of standardized data collection tools by Implementing Partners (IPs) at community level particularly. Each IP had their own data collection tools leading to challenges in collating and data analysis on consolidation of monitoring reports. Data was mostly disaggregated, however, particular attributes such as disability were not taken into consideration when disaggregating data for some IPs. Nevertheless, despite the noted weaknesses, UN agencies provided M&E reporting templates for IPs.

Outstanding concerns:

- Unshared theory of change among stakeholders created a weak clarity and commitment to Programme deliverables.
- Fragmentation in data management systems undermined the partnership approach to deliver as one. A unified M&E arrangement would be helpful to sustain a culture of data management including analysis, storage and dissemination.
- Absence of linking community based GBV structures to overall results-based orientation led to notable coherence challenges in data collection, analysis and reporting gaps.

3.4 Efficiency

Synopsis: *Generally, evaluation findings demonstrate satisfaction of the available resources in terms of being adequate to operationalise the GRZ-UNGBV JP II. Evidence further show that the Joint Programme reduced transaction costs due to its multi-stakeholder approach. Regarding disbursements of resources on time, respondents and documents reviewed confirmed adequate performance on that front. It was acknowledged that the Programme utilised available resources efficiently towards achieving planned outputs and outcomes. The UN Agencies worked well with the donors and disbursed resources to Implementing Partners, regardless of institutional bureaucracies. However, the efficiency of Programme activity delivery was hindered for most of the time by Covid-19 outbreak. Thus, it was necessary to downsize most of the activities that needed physical delivery in conforming to new operational guidelines. As such, there were some adjustments in expenditure to support activities that could be implemented despite the disease outbreak. Further, when the Russia-Ukraine War started, donors faced some cashflow delays but later honoured their funding obligations to the Joint Programme. Evaluation findings also reviewed that a lot of activities were not completed as the Programme was phasing out. Activities under both response and prevention categories needed continuity.*

Detail

The evaluation criterion on efficiency sought to establish the extent to which the Joint Programme through the available resources had contributed to, or was likely to contribute to, the outcomes defined in the M&E results framework. To an extent possible, focus was to appreciate whether or not the Programme achieved any unintended results in addition to positive achievements (KIIs, IDIs, FGDs, document reviews).

Adequate resources: In terms of availability and adequacy of resources (funds, logistics, staff, etc.), the GRZ-UNGBV Joint Phase II Programme had a pool of available resources to operationalise the activities. The total Programme budget was about USD 6,711,169.01. These funds were managed by the UNDP, UNFPA, IOM, ILO, and UNICEF that further disbursed to IPs in accordance with agreed upon work plans. Generally, funds were timely delivered making IPs satisfied with availability of resources although not enough to address all persisting GBV needs. The project document was used to draw particular activities each stakeholder was to undertake while focusing on particular outputs and outcomes to achieve the objective of the Programme.

Adherence to institutional financial regulations and procedures: This evaluation also found that all stakeholders' administration and financial procedures were appropriate for the implementation of the programme although sometimes the UN processes took longer than expected (institutional bureaucracies). Audits were also conducted for some IPs while others submitted financial statements only due to limited funding which indicated no financial mismanagement. For the UNDP, audits were not conducted as the Programme did not attain audit thresholds as per UN standards.

Flexibility in expenditure decisions: Logistical resources were used efficiently as confirmed by stakeholders and documents reviewed. For instance, physical meetings were substituted for virtual ones whenever possible in the wake of COVID-19 thereby leading to favourable budget and in most cases at a cheaper cost. Additionally, stakeholders conducted trainings in the communities close to the target groups to ensure efficient use of logistical resources. The UN further engaged consultants from GRZ when need arose.

Monetary contribution of GRZ not quantifiable: The contribution of GRZ in monetary terms was not quantifiable for the Programme. For example, salaries for government staff, as well as equipment were not factored at project design, a factor many respondents submitted as key to appreciating a fuller cost of GBV intervention of this magnitude. The partnership certainly was deemed crucial to reducing transaction costs and in delivering Programme activities efficiently. It was for that reason a complete cost profile should have been made available to ascertain the efficiency of resource utilization by stakeholders (KIIs, IDIs, FGDs, document reviews).

Mixed Programme staff competences and attrition: Gender is a specialized profession and those individuals in related portfolios required a good understanding of what was involved in gender design and programming. In that regard and to some extent possible, the Joint Programme utilised competent and qualified staff to a large extent particularly among the UN agencies. Staff were involved based on their strengths as one agency could not have skilled

staff in all areas of the programme. GRZ institutions equally had competent staff to a large extent although capacity in terms of numbers of staff was lacking in some cases such as those in FTCs under the Judiciary.

Further, the Gender Division (and potentially other IPs) had limited staff and in some cases no experts in GBV issues. In addition, transfer of staff affected efficiency, notably after the country's general elections in 2021 on the GRZ side. OSCs had limited doctors and nurses dedicated to the program. Generally, in terms of staffing, GRZ institutions worked based on available staff. IPs such as CSOs faced a similar challenge to some extent, as in some cases, only one member of staff would be dedicated to the programme thereby stressed. Some CSOs however had adequate staff employed on full-time basis (KIIs, IDIs, FGDs, document reviews).

Volunteerism vs. cost efficiency: VLOSCs heavily relied on volunteers to ensure efficiency of the Joint Programme. The GRZ UNGBV JP II had 200 volunteers in various VLOSCs across the country. Furthermore, the UN volunteers as well as IPs' volunteers also contributed to efficiency of the Programme. This demonstrates the importance of volunteerism in ensuring efficiency of the Programme (KIIs, IDIs, FGDs, document reviews).

Outstanding concerns:

- Unclear sustainability of financing anti-GBV activities in all the target districts. GRZ may be overwhelmed to significantly take up key activities.
- Keeping volunteers committed to delivering anti-GBV services in hospital based OSCs and VLOSCs. Absence of an incentive system can be risky to volunteers' continued provision of services.
- Resources for mobility are a problem. Transport challenges for OSCs/VLOSCs.
- Lack of power backups for equipment installed in FTCs. This situation leads to stopping trials.
- Poor equipment maintenance.
- Lacking computers for data collection and analysis specifically for GBV.
- Low levels of technical expertise at Gender Division and OSCs, affecting delivery.
- Staff attrition especially in Government institutions.

3.5 Towards Impact

Synopsis: *This End-Term Evaluation did not measure impact level indicators. Instead, focus was on outcomes and outputs. However, questions were asked in the evaluation what respondents viewed as impact caused by the Joint Programme, hence this section on 'towards programme impact'. Although the full impact of the GRZ-UNGBV Phase II JP may take time to fully materialize, respondents strongly perceived the Programme as positively impactful. The evaluation gathered that the Joint Programme contributed to making strategic changes in Zambia, focused on achieving national, global and the realization of human rights, including for the most vulnerable groups. One immediate notable area of impact among community members is a shift in beneficiaries' attitudes and behavior towards GBV related issues. This change is attributed to the increased awareness and knowledge gained from the Programme, leading community members to gradually discarding negative social norms and harmful traditional practices that perpetuate GBV.*

Detail

Gender-based violence has a long historical perspective in Zambian societies and over time, various types of GBV have been identified and interventions to address them have too been dynamic. Below are some pointers to the Joint Programme impact as viewed by evaluation respondents:

Knowledge Application: Evaluation findings have shown that communities appreciate and apply anti-GBV knowledge obtained from the Programme. The GRZ UNGBV JP II disseminated anti-GBV knowledge through awareness campaigns (e.g. radio programmes), education programmes, and capacity-building initiatives. Hence, individuals and communities gained a deeper understanding of the root causes and consequences of GBV. Owing to this, communities now have capacity to counter GBV such as early marriages and cases of IPV.

Empowerment of Women and Girls: Through economic empowerment initiatives, such as skills training (village banks, gardening, goat rearing among others), the programme has empowered women and girls to assert their rights, pursue opportunities, and challenge harmful gender norms. This empowerment has led to increased self-esteem, autonomy, and decision-making power for women and girls in communities.

Improved Service Delivery (Institutional capacity): One other impact showed by the Joint Programme is enhanced service delivery mechanisms for GBV survivors. These include VLOSCs, OSCs, and support services. These initiatives have streamlined access to essential services such as healthcare, legal aid, counselling, and shelter, improving the overall response to GBV cases. Therefore, even after the program comes to an end, people will continue to use strengthened institutions (judiciary, police, health facilities, social welfare, etc) to curb GBV. This would result in both reduction in GBV cases as well as enforcement of stiffer laws by prosecuting would-be GBV offenders.

Policy and Legal Reforms: Though this can be seen as a long-term impact, progress has been made by the Joint Program to actualise policy and legal reforms aimed at addressing GBV at the national level. The Children's code has been translated into seven languages. The legal Aid Act was also enacted in 2021 to support the work of paralegals in the fight against GBV.

Outstanding concerns:

- Impact level indicators for the Joint Programme lacked in the design document including the M&E Results Framework.
- Eradicating or reducing GBV cases should always be linked to national development and not an end in itself.

3.6 Sustainability

Synopsis: Findings indicate that the Programme is largely sustainable due to its collaborative and multisectoral approach. Harmonization with GRZ policies and priorities as well as thematic areas of partner CSOs will also ensure sustainability. The investment made in the skills, knowledge, and resources of programme staff, participants and stakeholders built their capacity to continue and adapt the project beyond its completion. In other words, the End term Evaluation findings demonstrate that GRZ-UNGBV Phase II JP results are likely to be sustained because they highlight the programs comprehensive approach, community engagement, capacity building, policy integration, and empowerment efforts.

Detail

Collaborative and multisectoral approach: Respondents and literature confirmed that with existing institutions such as the Police, Health sector, law enforcement bodies, and Civil Society Organizations (CSOs) will achieve lasting results. Through formal agreements and capacity-building initiatives, these partners are equipped to continue providing essential services and support related to GBV even after the program closes. This institutionalization not only reinforces the program's impact but also creates a lasting legacy of strengthened systems and collaboration in addressing GBV at various levels of society. This sustained availability of services and support mechanisms, coupled with a network of trained professionals and community advocates, creates a robust foundation for addressing GBV in a holistic and enduring manner.

Capacity Building: Results show that capacity building is one major element that is likely to sustain the achievements of the program. Through trainings, workshops, and knowledge-sharing platforms that took place during the project, key actors involved in GBV prevention and response, such as service providers, law enforcement agencies, healthcare professionals, and community leaders, acquired the skills, tools, and resources needed to effectively carry out their roles. This strengthened capacity not only improved the quality and efficiency of program activities but also fostered a network of skilled professionals who are likely to sustain and expand the program's impact beyond its initial phases. Realistic long-term effects of the JP through capacity building were seen at how stakeholders and VLOSC were able to handle GBV cases appropriately. In showing that capacity building is key to sustainability, a respondent mentioned that:

We will still cling on it so that our already trained personnels will be able to have a talk and then keep on training our learners, especially through the guidance and counselling department. Coupled with the already existing trained champions.

Another aspect that is likely to make the Joint Program sustain its outcome areas is its transformative nature of people's lives. This has happened through economic empowerment and knowledge acquisition. By equipping survivors and vulnerable communities with skills, resources, and opportunities for economic independence, the program has not only enhanced their financial well-being but also empowered them to break free from cycles of violence and dependency. Through income-generating activities and increased knowledge, participants

have gained the means to support themselves and their families, leading to increased self-esteem, autonomy, and social inclusion.

Local resource mobilization: Some stakeholders play a pivotal role in ensuring the sustainability of the GRZ-UNGBV JP II by mobilizing local resources. The initiatives focus on mobilizing resources, such as financial contributions from village headmen at the Village-Led One Stop Centres (VLOSCs), demonstrates a commitment to community ownership and investment in the fight against GBV. For example, at Chamuka Chiefdom VLOSC, it is a requirement for each village to contribute ZMW 500 per month to support the operations and activities of the VLOSC. This also fosters a sense of responsibility and solidarity among local leaders in addressing GBV issues. There is no doubt that the program cannot be sustained with this best practice at the VLOSC.

Increased knowledge of GBV by community members through community engagements has played a crucial role in enhancing the sustainability of the GRZ-UNGBV Phase II JP. Firstly, this has heightened awareness and understanding of GBV issues among community members which empowers them to recognize the root causes of GBV, address underlying social norms and attitudes, and implement effective prevention and response strategies. Therefore, knowledge of handling GBV cases will not be erased from local communities and partners involved in the fight of GBV. Benefits of the Program are likely to go beyond because this knowledge is permanent. Additionally, empowerment and business trainings given to women and the vulnerable groups will outlive the program. This increased knowledge will ensure that the GRZ UNGBV Joint Program remains sustainable in its efforts to combat GBV and promote gender equality in the long run.

Institutionalization: The institutionalization of program principles, strategies, and partnerships within national institutions, including the police, health sector, law enforcement bodies, and CSOs, is a significant factor contributing to sustainability. This integration ensures that essential services, advocacy efforts, and capacity-building initiatives continue even after the program's conclusion.

Community Ownership: The programme's emphasis on community engagement, awareness-raising, and capacity building empowers communities to take ownership of GBV prevention and response efforts. This sense of ownership fosters sustained commitment, local leadership, and grassroots initiatives to combat GBV at the community level.

Outstanding concerns:

- GBV cases were still taking place in the country, as sign that there was still a lot to be done, especially that the JP was not in every part of the country.
- Some Chiefdoms did not have anti-GBV interventions, hence, tradition was still a hindrance to the fight against GBV.
- Family members continue to interfere in Justice process involving high profile GBV cases such as defilements, etc.
- Survivors withdrawing cases.
- Other cultures and religions are resistant to anti-GBV agenda (e.g. they believe in early marriages).
- Lack of feedback from police to VLOSCs. This demotivates volunteers.

3.7 Coordination

Synopsis: *The Programme was understood by stakeholders that it was a joint intervention between GRZ and the UN in Zambia. On the UN side, the UNDP was the lead while on GRZ side, the Gender Division under Cabinet Office was lead. Thus, in terms of operationalization, the Programme was co-coordinated through the co-chairpersonship of the Gender Division and UNDP. The two institutions co-chaired sessions of the Programme Steering Committee which tracked progress, identified challenges and collectively suggested solutions during implementation of the programme. In general, this programme exhibited good coordination to a large extent as it had coordinated structures, comparative advantage of multi-stakeholder approach and promoted stakeholder synergies among others.*

Detail

Structured Coordination of Joint Programme: The JP was well coordinated with stakeholders (UN agencies, GRZ institutions and CSOs) well vested with their specific roles and clear points of coordination. The partners synergized effectively and this created strong bond in terms of focus towards achieving intended goals. The objectives and strategies of the JP were discussed and agreed to with stakeholders driven by the Programme Steering Committee led by UNDP and GRZ through Gender Division (Cabinet Office). The leadership of the Steering Committee made all stakeholders in the JP to have clear focus on their roles. Further, constant accountability on the performance of the programme in terms of tracking progress, identifying challenges and collectively suggest solutions was through the programme steering committee. (Document reviews, KII and IDI).

The five UN agencies (UNDP, UNFPA, IOM, ILO, UNICEF), GRZ institutions and CSOs understood their shared roles and responsibilities as they were carefully selected based on their strength to utilise their expertise as per their main areas of focus as organisations or institutions. These stakeholders were already dealing with gender-related issues therefore understood their shared roles and responsibilities adequately. For instance, MCDSS were working on safe shelters and capacity building through economic empowerment of citizens, therefore they were brought on board to be part of the JP on the basis of women economic

empowerment in rural areas. Similarly, the judiciary were brought on board to facilitate justice through the FTCs. Stakeholders were coordinated on the premise that individual organisations would not achieve so much working in isolation, hence the unity of purpose. (Document reviews, KII and IDI).

The UNDP also coordinated annual plans, which were key documents for monitoring and evaluation that assisted to track the achievements attained in the year and identify shortcomings to understand reasons for successes and/or failures. Each partner also had their plans that fit into the main plan for the country office. UNFPA, IOM, ILO, and UNICEF had to implement, collect data, and generate reports on their activities with their indicators while UNDP conducted verification missions of the data and the results presented as well as consolidated received data and reports on a quarterly basis and also on an annual basis.

There was clear cut advantage attributed to coordination between and among different stakeholders through the JP which led to achievement of intended results in the fight against GBV. Interviewees acknowledged that such results would not have been achieved had the partners worked in isolation. For instance, the VLOSC in Chief Chanje's Chiefdom is presiding over GBV cases from within and outside the chiefdom. This was achieved as a result of support from UNDP, MCDSS, Zambia Police, Judiciary through the FTC and YHHS, among others, who would work together, each providing a service to deal with GBV case to its logical conclusion.

Promoted stakeholder synergies: The stakeholders were synergized for a common purpose to address GBV from different fronts in a well-coordinated approach. The partners complemented one another's efforts which this strengthened the combat against GBV in targeted areas and those outside of the project's implementation. The construction of VLOSCs enabled organising all necessary services in one place- police, paralegal, nurse and a counsellor, thereby making the place friendly and conducive for victims to report their GBV cases. This allowed medical personnel to quickly examine and endorse the results on the medical form, the Police then opens a docket and investigate the matter, and forward to NPA where the matter would then be taken to FTC.

Outstanding concerns:

- The JP partners have own prime mandate or other duties hence were often overwhelmed.
- Decision making was sometimes delayed due to bureaucratic nature of coordination.

3.8 Cross-cutting issues

Synopsis: Interviewees affirmed that principles of human rights, gender equality, disability, environmental sustainability and leave no one behind were integrated in the GRZ UNGBV JP II. These principles were taken into consideration during the planning and implementation of the programme. Analysis and reflections on these principles show that particular principles such as human rights, gender equality, disability and leave no one behind were extensively implemented. This is attributed to the type of stakeholders (UN agencies, GRZ institutions and CSOs) that were partnered with in the programme. Other principles such as environmental sustainability was not devoted significant attention due to the nature of the programme. However, some partners seemed not to understand how the cross-cutting issues were addressed in the Programme.

Detail

Human rights: The focus on GBV takes the issue of human rights at the center stage. This is because any form of GBV is a violation of human rights. As such, the Joint Programme was reported to have been premised on fundamentals of human rights as enshrined in national and international protocols. Both the UN and GRZ as well as all Implementing Partners in the Joint Programme were cognizant of delivering programme activities on the basis of respect for human rights (KIIs, IDIs, FGDs, documents reviewed).

Gender equality: Although GBV disproportionately affects women and girls, this programme also included men and boys in its initiatives. Some IPs involved men in the JP activities from inception to closure. This was from a realisation that men and boys were equal partners in addressing GBV. The engagement with men and boys reformed some of the perpetrators to be champions against GBV, which is a milestone. Some testimonies in this regard were obtained from VLOSCs such as Misolo in Lusangazi, Bunda-Bunda in Rufunsa, and Chanje in Chipangali.

Disability: The PWDs were equally included to some extent in the JP programme. Some IPs such as ZAMDHARP were fully focused on PWDs and attested to the inclusion of PWDs. Beneficiaries equally attested to economic and knowledge empowerment received. ZAMDHARP beneficiaries were able to reduce GBV among the disabled and retrieve children who were married off. Furthermore, the Magwero School of the Deaf and Magwero School of the Blind received assistance from this programme. The deaf were among the groups considered to be most vulnerable when it came to GBV as they could not shout for assistance when they faced GBV attack like rape or verbal abuses. The JP partners also assisted the PWDs at the two Magwero Schools with different materials such as computers and braille for the blind. In addition, rape cases involving persons with disability (e.g. mentally unstable) were treated with agency and are represented by a lawyer. The FTCs were accessible to the disabled, for instance a FTC managed to retrieve a deaf person who was being abused after being married off early. However, FTCs were also found not to be holistically user friendly to persons living with disabilities particularly with regard to the court infrastructural designs.

Environmental sustainability: The cross-cutting issue of environmental sustainability was of minimal concern to the Joint Programme. Construction activities were not substantial to cause significant environmental threats. OSCs and safe shelters constructed or rehabilitated did not pose adverse environmental effects.

Leaving no one behind: The JP worked to embrace all in a bid to reduce GBV. All stakeholders like the Traditional Leaders, vulnerable members of the society like women, children and PWDs were all included in the JP. There was also the aspect of HIV and AIDS which was not prioritised at design of the JP but, through other partner programmes, there was recognition that issues of GBV and those of HIV and AIDS were related. For instance, cases of rape and defilement were direct links through which victims risked contracting HIV and AIDS condition. For this, HIV and AIDS was among the cross-cutting issues the JP partners, especially OSC housed in hospitals, had to deal with as they worked to reduce GBV in areas of operation and beyond. In OSC that were in Hospitals had to address HIV and AIDS issues such that medical rooms were offering services like community sensitisation, psychosocial counselling and administering PREP, PEP, condoms and other check-ups.

The inclusion of leaving no one behind worked to ensure that people, especially the vulnerable groups like the women, children and PWDs were included in various programmes aimed at combating GBV in the country. The integration of gender equality and equity also showed that the JP embedded human rights issues. The JP partners showed commitment to incorporate all human rights issues to required standards.

Outstanding concerns:

- The creation of an enabling environment for reporting GBV cases was challenged by shortage of office spaces in some OSC especially those based in hospitals where partners/volunteers had to share offices.
- Renovated GBV courts were not disability friendly.
- Other stakeholders felt cross-cutting issues in the Programme were not strongly deliberate in the design. Not holistic except for those gender related and disability.
- Noted that there was no coherence in implementing disability although it came up in reports.

Chapter 4: Evaluation Conclusions

4.1 Relevance

Evaluation findings from respondents and documents reviewed established that the GRZ-UNGBV Phase II Joint Programme was relevant to local community, national, regional, continental and global anti-GBV agenda. The Programme took on board and implemented recommendations from Phase I and was responsive to stakeholder needs. However, some gaps such as lack of a comprehensive gender analysis for the country needs address. At the same time, a National Action Plan would be useful to provide stakeholders with a unified road map.

4.2 Effectiveness

The GRZ-UNGBV Phase II Joint Programme was implemented pursuing two Outcomes which collectively had a total of 9 indicators. Unfortunately, at design stage, the Programme did not define critical measurement parameters of baseline values, targets, and sources of information for ascertaining progress. Consequently, the evaluation could not provide direct measurements of progress at outcome level. Instead, progress on Programme outputs were used to get a proxy picture of performance at outcome level. 79.0% of outputs were fully achieved; 13.5% were partially achieved; 5.6% were not achieved; while 1.9% had missing data/information due to among others, challenges to find them in programme documents. Thus, overall, the Joint Programme had its planned outputs achieved at 92.5% (combining indicators that were fully and partially achieved).

4.3 Coherence

The theory of change upon which the programme was anchored facilitated coherent implementation of the programme. Implementing Partners contributed significantly to a coherent implementation of the JP through robust capacity building of stakeholders. Further, indicators (results framework) of the programme remained relevant throughout the implementation process as they were a scale on which to weigh the level of completion in focus areas. However, lack of unified M&E arrangements negatively affected coherence in this Programme.

4.4 Efficiency

According to the planned resources of the joint programme, UN Agencies (UNDP, UNFPA, IOM, ILO, and UNICEF) disbursed the funds and implementing partners were able to undertake their activities as planned. Administration and financial procedures for stakeholders were appropriate for the implementation of the programme although sometimes the UN processes took longer than expected. Further, audits were conducted for some IPs while others submitted financial statements due to limited funding which indicated no financial mismanagement. For the UNDP, audits were not conducted as the programme did not attain audit threshold as per UN standards. The partnership reduced transaction costs.

Staff attrition was a notable challenge among Government institutions. However, volunteerism enhanced the efficiency of delivering programme activities.

4.5 Towards Impact

The evaluation did not measure the impact of the Joint Programme even though achieving long term impact was the strategic goal of the Intervention. The scope of the evaluation was to check the achievement of outcomes for the joint programme. With a multi-sectoral strategy, capacity building programs, community involvement efforts, and cooperative partnerships, the Joint Program has attempted to significantly impact GBV in the country and address it. Although it will take some time to see the extent of the impact of the JP, short-term impact is already showing through knowledge application, empowerment of beneficiaries, improved service delivery and community engagement.

4.6 Sustainability

Findings indicate that the Programme is largely sustainable due to its collaborative and multisectoral approach with key stakeholders. Harmonization with GRZ policies and priorities as well as thematic areas of partner CSOs will also ensure sustainability. The investment made in the skills, knowledge, and resources of programme staff, participants and stakeholders built their capacity to continue and adapt the project beyond its completion.

4.7 Coordination

The Joint Programmes achieved significant results that could not have been attained had the individual partners worked in isolation. For example, when victims went to Hospital led OSC, they could access all services beginning from medical issues, Police to investigate the matter would be available, and counsellors would take the victim through some sessions, and many more services all in one place. Similarly, the continuous engagement of Traditional leaders eased things when it came to handling cultural matters that protected GBV perpetrators.

4.8 Cross-cutting issues

Findings established that principles of human rights, gender equality, disability, HIV/AIDS environmental sustainability and leave no one behind were integrated in the GRZ UNGBV JP II. These principles were taken into consideration during the planning and implementation of the programme. However, environmental sustainability was not devoted significant attention due to the nature of the programme, except for isolated cases involving construction of OSCs, Fast Track Courts, and safe shelters.

Chapter 5: Evaluation Recommendations

5.1 Relevance

- Joint programmes must use gender analysis throughout to promote gender transformative change to respond to diverse needs, preferences and priorities of beneficiaries and stakeholders as a way of ensuring gender equality. This will require a Comprehensive National Gender Analysis study to document all aspects of GBV.
- Development of a National Gender Action Framework to work as a guide for all forms of anti-GBV interventions in the country. The framework would also profile GBV hot spots that require attention by partners (to avoid fragmentation of effort among stakeholders).

5.2 Effectiveness

- Upscale the anti GBV Programme to all districts in the country. In the presence of a country Programme to address the scourge, GBV perpetrators country-wide would know that punitive measures were available across the country and in communities.
- Use standard infrastructure plans for all OSCs to realise the desired services and operational environment. Provide technical Support for construction of VLOSC.
- Design sustainable incentives system for volunteers especially in VLOSC. This would keep the staff with replenished vigour to keep handling GBV cases in local communities. Community owned incentives could be more sustainable.
- Facilitate the translation of the children's code in local language so that community members can understand. A simplified version of the children's code is needed so that the children themselves can understand.
- Using Constituency Development Fund (CDF), more OSCs and VLOSCs can be built in every constituency and probably every ward in some of the vast constituencies to shorten the distances people walk to report GBV cases.
- Joint programmes need to be widespread (at design) to include other existing donor programmes (in this case those implemented by EU and USAID).

5.3 Coherence

- Articulate programme theories of change and ensure there is stakeholders' buy-in.
- Joint programmes need unified M&E systems/arrangements that are Information and Communication Technology (ICT) aided to improve data collection, analysis and use.
- Programme results frameworks needed to be complete at all levels of outputs, outcomes and where possible long-term impacts. Measurement parameters (indicators, targets, milestones) are critical to ensure tracking and measurement of progress on an intervention.
- Disaggregate programme data when reporting to enhance analysis and report usage.

5.4 Efficiency

- Promote volunteerism because it ensures efficiency of programmes. Plan sustainable incentives to attract the best volunteers.

- Increase non-donor funding to anti GBV programmes for sustainability purposes. Consideration for increase of Government budgetary allocations towards GBV can lead to control and sustainability of anti GBV programmes.
- Retain trained magistrates on GBV and place them to FTCs. Staff attrition negatively affects programme effectiveness.
- Joint Programme designs should be participatory and inclusive in order to get content and implementation consensus from key stakeholders, including community members.

5.5 Towards Impact

- To ensure maximum impact in outcome areas, prioritization should include capacity building, income generating activities (empowerment), alternative source of funding, community awareness programme, increase the tenure of the project, multi-sectoral approach.

5.6 Sustainability

- Joint programmes to largely focus on capacity building, income generating activities (empowerment), community awareness, and multi-sectoral approaches. Concentrate on empowerment of families in different fields like agriculture, businesses, etc in rural areas where couples could be put together to form cooperatives and work as a unity.
- Establish plans for ongoing funding from the outset, including co-financing arrangements with the government and identifying alternative funding sources beyond donors, is essential.
- Developing practical and budgeted exit strategies and sustainability plans from the start would further enhance long-term impact and sustainability of programmes.

5.7 Coordination

- Ensuring to cost the contribution of Government to joint programmes to reflect the actual value interventions. This is unlike where only donor funding was reflected in programme design documents – this had potential to perceive Government contribution as being lesser in joint programmes.
- Focusing on ownership and sustainability of programme results by government and community-based stakeholders. For instance, the incentives structure is better embedded in programme coordination arrangements.

5.8 Cross-cutting issues

- Right targeting and engagement in joint programmes have far more reaching benefits and required to be informed by wide-spread stakeholders' analyses to determine which cross-cutting issues needed address.
- Include in programme designs perspectives on how persons with disabilities (PWDs) would be involved in programme deliverables.

Chapter 6: Lessons learned

Below are lessons learned as drawn from the evaluation findings:

- At design in 2019, there were other similar programmes on GBV being implemented by partners such as the EU and USAID. The Joint Programme did not explore possibilities of collaborating with existing interventions in an effort to deliver as one and cut on potential redundancies, duplications and fragmentations in implementations. Thus, the more widespread and inclusive Joint Programmes with existing interventions at design, the better coordination and impact there is likely to be for anti-GBV programmes.
- The involvement of Chiefs and Village Head Persons were cardinal in breaking the barrier of culture as vehicle for GBV cases.
- Community awareness on means of handling cases as well as women empowerment is vital in addressing GBV.
- Training of women in basic business management and provision of start-up capital assist to respond to emerging issues that can expose them to GBV (floods, droughts, COVID-19, etc)/ Economic empowerment of women.
- Reducing GBV requires a multi-stakeholder and multi-sectoral approach.
- Continuous community sensitization on GBV pose a high chance to reduce cases and create a resilient community.
- Anti-GBV programming must have incentives pre-designed in programme documents (e.g. incentives for volunteers). As mentioned by a respondent: *You cannot use the people to work hard and end GBV for free, they need motivation (stipend or allowance). JP should have had dedicated personnel working on this project not just volunteers. Volunteers have to be paid.*
- GBV cannot be eradicated if people who are affected are not involved.
- Persons with disability need special attention in anti-GBV programming since they are the most vulnerable.
- Family members that were abusive to the disabled cease doing so with increased anti-GBV awareness interventions (e.g. verbal abuse, food denial, etc).
- Safety features in FTCs where the perpetrators and victims sit in different rooms lead to obtaining quality evidence in GBV cases.
- Abusive spouses fear the law.
- GBV is not static, there is need for upscaling and adaptive measures to emerging trends.
- The right targeting is key. Proper stakeholder mapping and planning with the affected results in positive outcomes.
- Fast tracking GBV cases yield more success in addressing a matter in court than a protracted case.

Annexures

- i) Terms of Reference



TORs.docx

- ii) Stakeholder mapping



REVISED
Stakeholder Mappir

- iii) Summary of field visits



List of
districts_provinces a

- iv) List of documents reviewed



Updated List of
Documents to be sh

- v) Evaluation Tools



Evaluation
Tools.docx

- vi) Evaluation Matrix for GRZ-UN JP GBV II



Evaluation
Matrix_Z-UNGBV II JI

- vii) List of persons interviewed



Updated List of
respondents and be

- viii) Theory of Change for the GRZ-UN JP GBV II



TOC.doc

- ix) GRZ-UN JP GBV II Results Framework



GRZ-UNGBV JP II
M&E Results Framev