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Multisectoral Services and Responses for Women and Girls
Subject to Violence

Establishing coordinated multisectoral responses the case of
Zambia

by

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INTRODUCTION

Establishment of CRCs: The establishment of a coordinated multisectoral response in Zambia can be understood better and appreciated by first examining, nature of the problem, how it was perceived earlier and the legal environment to address it.

Nature of the problem: Violence is a daily and often deadly fact of life for millions of women and children. In Southern Africa as in the rest of the world, rape, abuse and domestic violence occur on an epidemic scale (SARPCCO Policing Violence Against Women and Children, 2001). The media carry stories of a few shocking cases but the frequency with which society's most vulnerable members are violated and harmed could generate stories to fill ever headline every day.

Perception of SGBV in Zambia in the recent past: Sexual and Gender Based violence (SGBV) crime in Zambia is often perpetuated by the cultural environment that generally does not categorise SGBV as abuse of human rights. For instance, wife battery is considered as a measure of discipline. Females, particularly rural women have shown a high level of acceptance of such violence, may be because culturally females are subordinate to males and consequently traditional norms teach women to accept and tolerate battery(Zambia Demographic and Health Survey, 2001-2002) .

Legal environment: initially when victims of SGBV took initiative and reported to the police, the police perceived such cases as family issue and not criminal in nature. Furthermore, Zambia's statutory legal system unchanged since independence did not recognize sexual or physical assault within marriage as a crime. However, it prohibited incest, defilement and rape outside marriage. To compound the problem, the criminal justice was not adequately equipped with skills, resources or statutes to fully address SGBV and uphold the rights of women and children. Some of the challenges included:

Inadequate office space for the police to offer privacy to victims of SGBV during investigations or statement recording.

Inadequate transport to follow up investigations.

Inadequate shelters for women who must for their safety leave abusive homes.

There was a gap in the capacity of medical facilities to handle SGBV cases. Few health staff were trained to respond to SGBV survivors. They often had no access to post exposure prophylaxis and emergency contraceptive.

Compounding these problems was the absence of a standardized procedure to handle cases of SGBV by the police and health care givers.

Current position of Zambia on SGBV: Zambia is a signatory to a number of international instruments, which seek to protect women and children. Among these include:

The convention on the elimination of all forms of discrimination against women and children (CEDAW), 1979.

The united nations convention on the rights of a child (CRC), which was signed in

Young Women’s Christian Association (YWCA) of Zambia, Child Justice Forum (CJF), Zambia Society for Prevention of Child Abuse and Neglect (ZASPCAN), Women and Law in Southern Arica (WILSA) Zambia, International Justice Mission and so on. Below is the table showing some of the implementing partners and their roles:

Young Women Christian Association (YWCA) of Zambia	Manage CRCs, provide counseling to survivors, support community education and awareness. Provide shelter to victims of SGBV who need safety from abusive homes.
Women in Law in Southern Africa (WILSA)	Provide legal advice to survivors, support community education and awareness. Provide technical advice to CRCs. Advocate for legislative reform.

Identification and training of role players in the fight against SGBV. This included partners such as medical professionals and volunteers, police, magistrates, social workers, paralegals and traditional leaders. Traditional leaders were targeted so that they could become change agents in their communities and help change bad aspects of tradition, for example early marriage or general attitude towards SGBV.

The partners were involved from the onset of the program to enhance the understanding of the roles of each player and thus pave way for coordination in a multisectoral approach as well as making referrals easy. The role players were also involved in monitoring and evaluation program for the CRCs so that together they learn their institutional strength and weaknesses, and suggest measures to address the weaknesses. For instance, the weakness in the law to address SGBV was identified, this in turn called for advocacy and hence the enactment of the Anti-Gender Act and other related laws (as mentioned on in the introduction), to address the plight of women and children.

Also the absence of a standardised approach to SGBV case management was noted and that called for the urgent development of the national guidelines (protocols) for the multidisciplinary management of survivors of SGBV in Zambia. This was done in close collaboration with the civil society and financial assistance from the United Nations Population Fund, United Nations Children's Fund, European Union and USAID through Care International Zambia and SIDA through Population Council of Zambia. The protocols or guidelines cover all service providers (legal, health and social services) accordingly.

Targeting issue based SGBV advocacy which included training of media professionals in the appropriate reporting of SGBV (without distorting the story nor disclosing the victims where express permission to do so has not been granted).

Establishing coordinated response centres. At the initial of the project, two centres were established, one in urban setting (Lusaka) and the other in peri urban setting (Chipata). The centres can be referred to as one stop centre, as they provide all the services under one roof, thereby making it convenient and efficient for the victim to be attended to. The sites were selected in this manner, to help compare the rate of SGBV crimes likely to be reported in urban and peri urban setting. According to results collected in 2006 – 2008, Lusaka recorded more cases of SGBV than Chipata. Although Lusaka has a higher population than Chipata, the high level of reporting can be alluded to community awareness.

By 2008, the ASAZA Project was scaled-up and extended to the following areas of Zambia: Kabwe, Kitwe, Livingstone, Ndola and Mazabuka. For easy mobility and quick follow-up of SGBV cases, in December 2008 Care International Zambia (with aid of the European Union) donated to Zambia Pon 8.85 Tmec1 5r209-fbiourfbimo(e)s nvolvhic15(c)499(ha)4((

Data capturing and analysis is cardinal for monitoring and evaluation. To achieve this, an attempt was made to facilitate connectivity of all coordinated response centres to a shared data base and progressing functionality. In this regard Care International Zambia trained some police officers in data entry and donated some computers for data capturing.

Due to multi-sectoral approach, contact personnel or liaison officers were indentified for each institution or partner, this development enhanced coordination and ease referrals whenever faced with a situation that required the input of other role players.

THE ROLE OF THE POLICE

The Zambia Police endeavours to fight SGBV and bring offenders to book, through the

the guidelines for the police, that other than having a standardized procedure to handle SGBV, approach based on the guidelines enhances the quality of forensic evidence collection so as to facilitate prosecution of the crime (National Guidelines for Management of Survivors of SGBV in Zambia, 2011)

Once the file is received, the officers concerned carry out further investigations and prosecutions. Where it is noted that the victim requires long standing counseling, the officer recommends so and refer the victim or survivor of SGBV to the appropriate social service agents. Similarly, where the victim requires removal from their homes for the purpose of safety, the officer recommends so and refers the victim to social welfare officers or YWCA for temporal accommodation.

In the case where the matter is first reported at the police station, the VSU officers, first conduct the preliminaries of getting facts of the crime, time date and place of occurrence including details of suspect if known, then escort victim to the nearest hospital or

Step 7: Collect evidence from the crime scene as it is an important source of information that is used to build a case against the perpetrator.

Step 8: Pre-trial preparations. Explain the court procedure and explain clearly what will be expected from the victim (as a witness).

To ensure excellent service delivery, the Zambia Police, through the Access to justice Programme, has so far trained one hundred and twenty (120) officers in the specialized fields, with the view to handle well gender based violence cases.

Diploma in Gender Studies and Development (30 officers)

Diploma in Psychosocial Counseling (70 officers)

Diploma in Human Rights and Law (20 officers)

The Police, through the same program (Access to Justice), have acquired ten vehicles for ease follow up of cases. In addition, three modern VSU offices have been built to offer privacy to SGBV victims and enhance victim services at the police. These offices are in Luapula, Lusaka and Western provinces.

The police have gone further and incorporated SGBV in the police training program, so that officers during training can be oriented to the standardized procedure of handling SGBV cases.

From the above activities, the number of cases reported to the police (VSU) have increased (see table below), with Assault ranking high every year. This can be alluded to the fact that people are aware, can now report and receive justice. It is a fact that when people have confidence in the police, they are likely to report cases.

OFENCES	2008	2009	2010	2011	2012
Indecent Assault	140	188	170	114	99
Defilement	1224	1676	2419	1339	2369
Incest	32	30	41		

REFERENCES

SARPCCO Policing Violence Against Women and Children, 2001.

Zambia Demographic and Health Survey, 2001 – 2002.

The National Guidelines for the Multidisciplinary Management of Survivors of Gender Based Violence in Zambia, 2011