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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 convetion on the rights of a child (CRC), which was signed in September 1990 and ratified in December 1991.

- The southern Africa development community (SADC) declaration of gender and development and its addendum on the prevention and eradiction of violence against women and children, which Zambia signed in 1999.

- The convention on the worst forms of child labour, which was ratified by Zambia in 2001. The convention aimed at prohibiting and eliminating the worst forms of child labour.

The Zambian government is committed to combat SGBV and uphold the rights of women and children, through the Ministry of Health, Ministry of Justice, the Zambia Poice (Victim Support Unit) and through partnership with non-governmental organizations like Young Women Christian Association, etc.

The Government of Zambia in collaboration with a number of stakeholders, including cooperating partners and the civil society has been making conseted efforts in addressing SGBV. The recent effort include the enactment of the Anti-Gender Based Violence Act No. 1 of 2011, the amendment Act of the Penal Code (Act No. 15 of 2005) and the enactment of the Anti-Human Trafficking Act No.11 of 2011.

Consequently, the establishment of coordinated multisectoral response centres (CRCs)in the country has helped survivors gain easy access to legal, medical and psychological support. The CRCs have also built and enhanced capacity of the police and health personnel to handle SGBV cases.

Therefore, this paper will attempt to discuss the establishment of multisectoral responses including the range of services available, location of such services and the coordination mechanism in place. The paper will further attempt to highlight the role of police, the difficulties in establishing coordinated multisectoral response services, suggest ways of overcoming challenges including good practices for up-scaling and then conclude.

ESTABLISHMENT OF COORDINATED MULTI-SECTORAL RESPONSES

With reference to Zambia, the establishment of coordinated multi-sectoral responses to address SGBV was first piloted as a project in 2006. This pilot project was called a Safer Zambia (ASAZA) Project. The ASAZA Project was led by Care International, Zambia and World Vision and financially it was supported by European Union, USAID and the Women and Justice Empowerment Initiative of the United States Government.

Among other partners included the following partners; Ministry of Gender in Development, Ministry of Community and Social Services, Ministry of Health, the Zambia Police Service,

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:

PARTNERS	**ROLE IN ASAZA**
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.
Ministry of Health (MoH)	Approve and promote standardized protocols for SGBV case management. Second medical personnel to CRCs to provide medical services to survivors eg. thorough examination of a survivor of SGBV and signing a medical report to be used as collaborative evidence in court.
Zambia Police (Victim Support Unit)	Handle all cases of SGBV. Their role includes law enforcement investigations, prosecutions and counseling victims.
Child Justice Forum (CJF)	Provide technical input to training judges and other members of the judiciary on SGBV cases.
International Justice Mission (IJM)	Train paralegals, provide technical assistance for activities to legal protection and legal services in communities.

The aim of the ASAZA Project was to eliminate SGBV through conducting awareness-raising programmes and supporting victims of SGBV, in partnership with the government of Zambia. Furthermore, the establishment of coordinated multi-sectoral responses was aimed at expanding and strengthening the capacity of the SGBV partnership to improve service delivery and develop a holistic approach as well as sustainable support to some of the most vulnerable groups in Zambia.

The overall objective of the ASAZA Project was to establish and extend a coordinated multi-sectoral response in Zambia, that would address the service needs of women, children and men affected by SGBV.

The specific objective of the ASAZA Project was to establish and increase institutional support and capacity of partner organizations to meet the needs of victims and survivors of SGBV to wider geographical area in Zambia.

Implementation methodology: To achieve the objectives of the ASAZA Project, the following activities were undertaken:

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 settting (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 Police Service four motor vehicles (4x4 Nissan Hardbody). The centres that benefited were Chipata, Kitwe, Lusaka and Ndola. (see attached copy of the map of Zambia, indicating the locations of the CRCs)

- 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 Community Services Directorate (CSD). The CSD was established following the Zambia Police Reform Program of 1994 and is legally recognized by through the Zambia Police Amendment Act No. 14 of 1999. The CSD is made up of the following Units; Victim Support Unit, Schools' Liaison Unit, Community Safety Unit, Child Protection Unit and the Chaplaincy Unit. The Schools' Liaison Unit sensitizes school children, including those in tertiary education on Gender based Violence and other crimes.

- The Community safety Unit sensitizes the communities on Gender Based Violence and other crimes. Traditional Leaders have also been sensitized through such means, Drama and Posters/brochures have been used mostly to disseminate information.

- The Chaplaincy Unit sensitizes officers and their families in Police Camps on sexual violence and other crimes. The Unit also sensitizes suspects in Police custody on moral conduct.

- The VSU is mandated to handle crimes against women and children. Their role includes investigations, prosecutions and counseling. The VSU also sensitizes the Community on sexual offences and currently it's running the following programmes: - Police and You radio programme which comes every Sunday on Radio 2 from 08:00 – 09:00 hours on Gender Based Violence, also adverts on GBV run on both ZNBC and MOBI TV. For the purpose of discussing the coordinated response centre, this paper will dwell more on the VSU because of their mandate.

  The Zambia Police Service second VSU officers to the CRCs (atleast one officer per CRC), who do the preliminaries at first instance of SGBV cases. The officer present at the CRC opens an inquiry file, attaches the medical report once satisfied that it has been signed by the doctor, for use as evidence in court. The officer then refers the victim to the nearest police station convenient to them as a family and sends the file (s) there through the official channel to ensure documents are intact and well preserved. This is line with

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 coordinated response center for medical services and long standing counseling where the situation demand so. When the medical report is signed, the officer carries on with investigations with the view to establish evidence for court proceedings.

In other words, the role of the police in handling SGBV can be summed up as follows:

- ✓ Step 1: Intake of victim at the police station. This is very important and the officer must be sensitive of the trauma, shame or fear the survivor may be experiencing or have experienced.

- ✓ Step 2: Provide immediate counseling to ensure the victim is able to give information necessary to establish the case or constitute investigations.

- ✓ Step 3: Conduct initial interview, which interview must be short as it is only intended to establish basic elements of the crime.

- ✓ Step 4: Assess the situation and know whether the victim is concerned about falling pregnant. If yes, offer emergency contraceptive (EC) pills. The EC is most effective if taken within 72 hours from the time the crime was committed. Here cautioned should be taken and allow only officers trained in EC administration do the job.

- ✓ Step 5: Escort victim to the hospital to ensure that the victim is properly registered and receives immediate medical services.

- ✓ Step 6: When medical care is completed, ensure that proper long term support is available by referring them to social service agents.

- ✓ 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	28	25
Depriving beneficiaries of their property	195	260	211	154	158
Assault	3351	2605	2791	3699	4303
Rape	229	244	254	211	215

CHALLENGES IN ESTABLISHING COORDINATED MULTISECTORAL RESPONSES

Other than inadequate funding to run CRCs, the following are the challenges in the implementation of activities:

- Lack of shelter or inadequate shelter for the abused children and women, to ensure safety of the victims in some of the cases result in inadequate support. For instance, YWCA manages shelters for such victims and offers counseling for survivors in about 50 districts (out of 72 districts) where it is present, but its overall capacity does not meet the demand.

- Transport and communication have been difficult issues for the centres. There is only one vehicle per centre, used for collection of victims from the police where they first reported and for following up of cases.

- Inadequate space and staffing aspects within the CRCs. The number of cases have been high as compared to the number of available staff and overburdened these, causing them to be stressful, a situation not conducive for a counselor.

- The medical services are one of the most essential services. Hence, the overall shortage of medical personnel in the country has posed a challenge to the concept of having a medical person at the CRC.

- High staff turn-over, especially in governmental organizations like the Police and Ministry of Health, as it jeopardizes flow of coordination and new staff may be ill equipped. Thus training them adds onto already existing funding constraints.

OVERCOMING CHALLENGES AND GOOD PRACTICES FOR UP-SCALING

The following can be taken as measures to overcome the above stated challenges and make good practices for up- scaling:

- Involve all the partners from the very initial design of the program and action implementation, including monitoring and evaluation of the CRCs, as this ensures institutional strengthening and capacity building for all the partners at individual and organizational levels;

- To overcome staff turn-over, need for continued training of role players in the fight against SGBV;

- To counteract the shortage for medical personnel, victims of SGBV must be transported to the nearest hospitals so they can access services. Consequently, adequate transport facilities must be made available at the centres. One other option would be to solicit for

CRCs within the hospitals to enable availability of medical services to victims in a more cost effective manner;

- To strengthen the laws on SGBV, need to engage parliamentarians and lobby for enactment of relevant laws suitable to address the plight of women and children. In the case of Zambia, this was done and today there is an Act of Parliament that addresses SGBV. Also the establishment or construction of the much needed forensic laboratory is well underway;

- With regard to inadequate shelter, setting up shelter places can address the problem;

- Need for enough manpower at the CRCs, to ensure excellent service delivery;

- Community leaders are important in changing the culture of silence that does not recognize SGBV as a violation of human rights. Thus, incorporate community leaders who will play an important role as a change agent in influencing perceptions and behavior on SGBV;

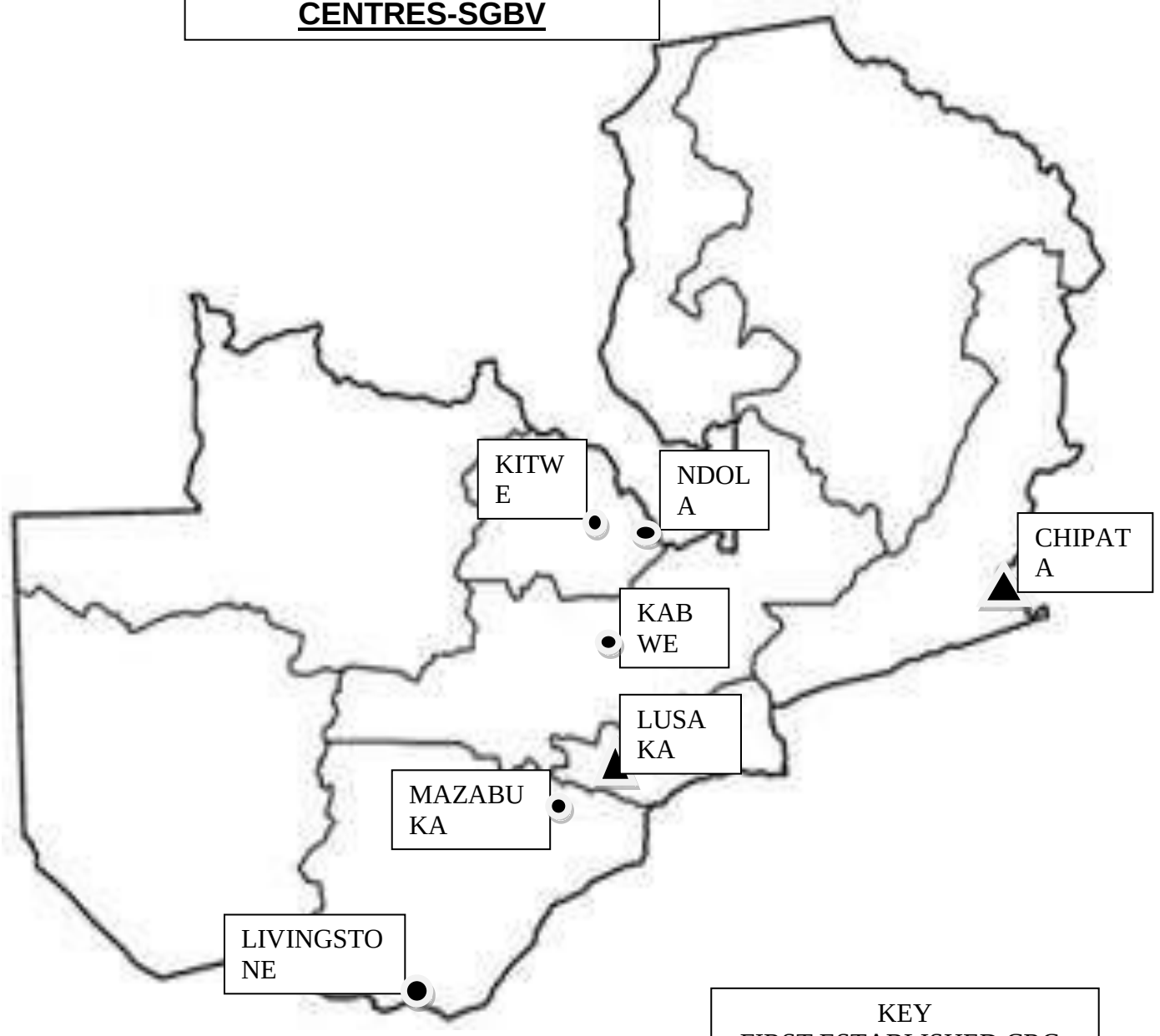
- Need to develop protocols on SGBV case management for legal and health care givers so that there is a standardized procedure (accepted by all and to enhance SGBV case management;

- For continuity of the CRCs, there is need to have a consortium in place or an organization among partners responsible to coordinate, monitor and evaluate, where the program started from, where it is going and what can be done to sustain it.

CONCLUSION

Involving all the partners from the design of the program and action implementation, including monitoring and evaluation of the CRCs, ensures institutional strengthening and capacity building for all the partners at individual and organizational levels. It furthermore strengthens the capacity of the partnership and proves that collaborative work at the CRCs and at national level is an adequate approach for raising awareness on SGBV, and introducing measures to counteract.

MAP OF ZAMBIA SHOWING CORDINATED RESPONSE CENTRES-SGBV



KEY
FIRST ESTABLISHED CRCs
6 SCALED UP CRCs

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