The Socio-Economic Cost of Gender-Based Violence in Zambia

Pilot study

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Acronyms

ASAZA	A Safer Zambia
CDC	Center for Disease Control
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COVAW	Cost of Violence Against Women
CRC	Coordinated Response Centre
CBOs	Community-based organizations
GBV	Gender-based violence
GCF	Gender Consultative Forum
GDP	Gross Domestic Product
HRC	Human Rights Commission
IPV	Intimate Partner Violence
MCDMCH	Ministry of Community Development, Mother and Child Health
MGCD	Ministry of Gender and Child Development
NLACW	National Legal Aid Clinic for Women
NGM	National Gender Machinery
NGOs	Non-governmental organizations
OABH	Occasioning Actual Bodily Harm
PS	Permanent Secretary
UNDP	United Nations Development Programme
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WILDAF	Women in Law and Development in Africa
WJEI	Women's Justice and Empowerment Initiative
WLSA	Women and Law in Southern Africa
WOAT	World Organisation Against Torture
ToR	Terms of reference
UTH	University Teaching Hospital
VSU	Victim Support Unit
YWCA	Young Women Christian Association
ZARD	Zambia Association of Research and Development
ZDHS	Zambia Demographic Health Survey
ZWPC	Zambia Women's Parliamentary Caucus

Introduction

Zambia Association for Research and Development (ZARD) were awarded a grant by CARE International to undertake research to establish the socio-economic cost of gender-based violence (GBV) in Zambia. The research is an adaptation of the 2011 CARE Bangladesh study by Dr. Kaniz Siddique, which pioneered a framework for quantifying the cost of domestic violence. The present study focuses on the broader topic of gender-based violence, and this report covers Lusaka as a pilot study site. The findings of this research will inform the scaling up of the study to other districts with support from the GRZ/UN Joint Programme on GBV.

Purpose of the Study:

- To use cost analysis which includes the economic and social costs of GBV to provide evidence for a national advocacy campaign, promoting increased budget allocation to GBV activities and the implementation of the Anti-Gender-Based Violence Act 2011;
- To increase understanding of the links between gender norms, behaviours and practices around GBV. This will include understanding of the allocation of resources, power relations, prevailing gender norms, practices and behaviours, and the following key gender issues: access to and control over income and material assets; participation in decision-making processes; mobility and participation in the public sphere, including access to services and markets; GBV; access to justice and institutions dealing with issues of GBV.
- To construct a picture of GBV prevalence rates with information assessed at the individual, family, community, NGO and government levels. This will include the number of survivors of GBV, the kind of violence perpetrated, the perpetrators of violence, the kind of services and the kind of access available to and needed by survivors, and the sources of support often sought.

Study Objectives:

- To identify direct costs, non-monetary costs, and the economic and social multiplier effects of violence.
- To outline cost categories, which include costs to individual survivors and their families, the perpetrators and their families, the communities and local structures, the NGOs dealing with GBV, and the Government departments dealing with GBV.
- To use the costs outlined above to calculate the cost to the nation.

Findings

In spite of certain difficulties in sampling, a total of 95 survivors were interviewed, drawn from high and medium density areas of Lusaka.

a) **Trends in GBV cases and types of services provided by institutions**:

The study revealed that there has been an increase in the number of GBV cases recorded and handled annually by each and every one of the institutions providing GBV related services. That has also meant an increase in the cost of GBV. Most of the GBV has been directed against women and the girl child due to various reasons

mostly related to cultural values and norms. Most of the services provided by all institutions are reactive (curative) rather than proactive (preventative) in nature.

b) Direct (monetary) national GBV cost at individual and family level:

It cost the survivors and their families a total direct cost of **ZMW 836,098,138.08** at national level to address GBV cases in 2013, which represented **0.52%** of Zambia's 2013 GDP. On the other hand, it cost the perpetrators and their families a total direct cost of **ZMW 192,032,694.56** at national level to address GBV cases in 2013, which represented **0.12%** of the GDP. This brought the total national level direct cost of handling GBV cases at individual and family level in 2013 to **ZMW 1,028,130,832.64,** which represented **0.64%** of the 2013 GDP as shown below.

Direct (monetary) costs of GBV at individual and family level in Zambia	**Average annual cost/family (ZMW)**	**Total annual cost at national level (ZMW)**
Total medical cost to survivor and family	1,174.85	493,794,154.4
Emotional shock treatment cost to survivor and family	199.23	83,737,165.92
Displacement cost to survivor and family	439.57	184,753,029.28
Legal costs to survivor and family	67.2	28,244,428.8
Costs of community meetings to survivor and family	108.42	45,569,359.68
Sub-total direct (monetary) cost of GBV to survivor and family per annum	**1989.27**	**836,098,138.08**
% of GDP for direct survivor and family costs		**0.52%**
Legal costs to perpetrator and family	385.46	162,010,379.84
Displacement cost to perpetrator and family	11	4,623,344
Costs of community meetings to perpetrator and family	60.43	25,398,970.72
Sub-total direct (monetary) cost of GBV to perpetrator & family per annum	**456.89**	**192,032,694.56**
% of GDP for the direct perpetrators and family costs		**0.12%**
Total monetary costs of GBV to individual and family	**2446.16**	**1,028,130,832.64**
Total direct (monetary) costs of GBV to Individual and family as a percentage of GDP		**0.64%**

c) Total national income loss due to GBV cases at individual and family level:

The survivors and their families lost time worth **ZMW 669,048,313.28** at national level to address GBV cases in 2013, which represented **0.415%** of the GDP. On the other hand, the perpetrators and their families lost time worth **ZMW 13,247,982.08** at national level to address GBV cases in 2013, which represented **0.008%** of the GDP. This brought the total national level cost of loss of time due to handling GBV cases at individual and family level in 2013 to **ZMW 682,296,295.36,** which represented **0.0.423%** of the GDP as shown below.

Loss of income (indirect cost) due to GBV at Individual and Family Level in Zambia	Average annual cost/family (ZMW)	Total annual cost at national level (ZMW)
Loss due to emotional shock treatment by survivor and family	174.7	17,256,621
Loss due to permanent injury by survivor and family	973.48	117,069,565
Loss due to displacement by survivor and family	409.3	37,915,956
Loss due to legal cases by survivor and family	34.34	8,263,734
Sub-total of annual income loss to survivor and family	**1,591.82**	**669,048,313.28**
Annual income loss to survivor and family as % of GDP		**0.415%**
Loss due to legal cases by perpetrator and family	15.76	4,293,901
Loss due to displacement by perpetrator and family	15.76	6,400,343
Sub-total of annual income loss to perpetrator and family	**31.52**	**13,247,982.08**
Annual income loss to perpetrator and family as % of GDP		**0.008%**
Total annual income loss at individual and family level	**1,623.34**	**682,296,295.36**
Total income loss (indirect cost) at individual and family level as a percentage of GDP		**0.423%**

d) Total annual national GBV cost at individual and family level:

It cost individuals and their families a total of **ZMW 1,710,431,331** at national level to address GBV cases in 2013, which represented **1.063%** of the GDP as shown below:

Cost of GBV at individual and family level in Zambia	Average annual cost/family (Sample)	Total annual cost at national level
Total direct (monetary) at individual and family level	2446.16	**1,028,130,832.64**
Total indirect (loss of time) cost at individual and family level	1,623.34	**682,296,295.36**
Total cost at individual and family level	**4,069.51**	**1,710,431,331.04**
Total cost at individual and family level as a % of GDP		**1.063%**

e) Total cost of GBV to community and financing at individual and community level:

The community level GBV cost was **ZMW 33,082,127.8 (0.02% of GDP)** in 2013. The only community cost was that of counselling, that is, the opportunity cost of time lost by community counsellors in handling GBV cases.

The sample results reveal that most of the total costs to the survivors and their families were financed from the survivor's own money followed by borrowed funds from relatives and friends. The third highest source was the survivors' own parents' money. Even for the perpetrators, most of the financing came from the perpetrators' own money for the different costs that constitute the total cost to the perpetrators and their families.

It was the survivors of GBV who financed the highest proportion of the total cost to the community at 42.1%, followed by money borrowed from relatives and friends at 8.4%, while the third source was the spouses' money at 6.3%. This illustrates how the immediate family and friends bear the indirect cost and ripple effects of GBV by virtue of them being a support system for the survivors.

f) National GBV cost to government institutions interviewed:

The total national level GBV costs to government institutions interviewed was **ZMW 22,409,528**, broken down as follows:

Institution	Amount in Zambian Kwacha				
	2009	**2010**	**2011**	**2012**	**2013**
Police VSU					18,927,400
Mtendere Clinic CRC					38,708
Chawama Clinic CRC					51,120
MCDMCH	138,250	236,526	319,000	912,850	3,392,300
Total	**138,250**	**236,526**	**319,000**	**912,850**	**22,409,528**

A major proportion of the government institutional GBV costs were related to staff emoluments: in 2013, ZMW 18,156,000 (96%) for VSU, ZMW 23,400 (60%) for Mtendere Clinic, and 100% for Chawama Clinic, which could not provide any operational costs. However, for MCDMCH all the above costs are operational costs as the Ministry could not provide staff costs for GBV-related activities since they are not tracked separately and it was difficult to make an estimate. This shows that most of the GBV costs are not used directly to handle the survivors' cases. This coupled with the fact that some institutions do not track staff-related GBV costs is also an indication of how the implementation of the Anti-GBV Act is not yet institutionalized. In addition, if we compare the GBV costs to the survivors and their families and the operational costs of government institutions, it can be seen that the survivors themselves end up incurring more costs for GBV than the government institutions that are established to curb GBV.

g) Total GBV cost to NGOs interviewed:

The total national level GBV costs to NGOs interviewed was **ZMW 12,439,634**, broken down in the table below:

	Amount in Zambian Kwacha				
NGO	**2009**	**2010**	**2011**	**2012**	**2013**
WILDAF				1,341,000	1,608,750
WLSA			68,000	80,600	97,400

YWCA	2,689,251	2,582,166	1,815,372	1,960,418	2,085,640
NLACW		1,953,650	5,679,936	7,886,634	8,647,844
Total	**2,689,251**	**4,535,816**	**7,563,308**	**11,268,652**	**12,439,634**

The percentage of staff-related costs in the total costs of GBV for WILDAF ranged from 40% in 2012 to 45% in 2013. For WLSA, it was 31% in 2011 and 37% in both 2012 and 2013. For NLACW, the percentage of staff-related costs in the total costs of GBV was 42% in 2010, 36% in 2011, 37% in 2012, and 36% in 2013. YWCA did not provide GBV staff-related costs. Comparatively, government institutions carrying out anti-GBV activities spent a higher proportion on staff-related emoluments than NGOs.

h) Total annual national GBV cost and as a percentage of GDP:

It cost Zambia a total of **ZMW 1,778,362,620.84** to address GBV cases in 2013, which represented **1.103%** of the GDP as shown in the table below.

Category of GBV costs at national level	**Total cost per category (ZMW)**	**% of GDP**
Total national GBV cost individual and family level	1,710,431,331.04	1.063%
Total national GBV cost at community level	33,082,127.8	0.02%
2013 national GBV cost at government institutions level	22,409,528	0.013%
2013 national GBV costs at NGOs level	12,439,634	0.007%
Grand total GBV cost at national level	**1,778,362,620.84**	**1.103%**

Recommendations

In general, budget allocations to GBV by the institutions are negligible even when gender-based violence is still very rampant and has been increasing over the years, a situation that calls for the government's attention. In addition, since addressing GBV is at the centre of alleviating the pain of the survivor, the issue of a greater portion of GBV budgets being allocated to staff emoluments in the institutions should be addressed to improve service provision, which in turn will reduce the cost of GBV to the nation.

Section: 1. Introduction

1 The Assignment

Zambia Association for Research and Development (ZARD) was awarded a grant by CARE and MGCD/UNDP to undertake research to establish the socio-economic cost of Gender-based violence in Zambia. The study was initially supposed to be a pilot study focusing on the "Cost of Violence Against Women" (COVAW), funded by CARE International Zambia office and covering Lusaka District only. It was supposed to replicate the 2011 CARE Bangladesh study by Dr. Kaniz Siddique, which pioneered a framework for quantifying the cost of domestic violence[1]. This was the basis on which the contract was duly signed between CARE and ZARD on 27th May 2014, which was also the effective starting date for the study. However, other key partners came on board to fund the study in four other districts and the focus of the study changed from covering women only to covering the wider topic of gender-based violence (GBV), so the methodology was adapted accordingly. The joint discussions on making changes in the conceptual framework of the study were held on Monday, 9th June 2014, and concluded on Thursday, 12th June 2014. The study is now entitled "The Socio-Economic Cost of Gender-based violence in Zambia" and it covers the districts of Lusaka, Kabwe, Chipata, Mazabuka and Kapiri Mposhi. This preliminary report is one of the deliverables of the assignment and covers the pilot study in Lusaka.

1.1 Terms of Reference

The initial terms of reference by CARE for the assignment were to determine the "Cost of Violence Against Women" (COVAW) on a pilot basis, covering only Lusaka. However, when the collaboration was agreed upon between CARE and MGCD/ UNDP to co-sponsor the study, the terms of reference were revised to include four other districts as indicated above and to widen the topic to "The Socio-Economic Cost of Gender-based violence in Zambia".

The Pilot Study of the Socio-Economic Cost of Gender-based violence seeks to work with communities to determine the social and economic cost of GBV to individuals, families, communities, institutions and the state.

1.1.1 The specific objectives

- To identify direct costs, non-monetary costs, and the economic and social multiplier effects of violence.
- To outline cost categories, which include costs to individual survivors and their families, the perpetrators and their families, the communities and local structures, the NGOs dealing with GBV, and the Government departments dealing with GBV.
- To use the costs outlined above to calculate the cost to the nation.

1.1.2 Purpose of the study

- To use cost analysis which includes economic and social costs of GBV to provide evidence for a national advocacy campaign, promoting increased

[1] Kaniz, S. (2011). Domestic Violence against Women: Cost to the Nation. CARE Bangladesh, Dhaka.

budget allocation to GBV activities and the implementation of the Anti-Gender-Based Violence Act 2011;

- To increase understanding about the links between gender norms, behaviours and practices around GBV. This will include understanding of the allocation of resources, power relations, prevailing gender norms, practices and behaviours, and the following key gender issues: access to and control over income and material assets; participation in decision-making processes; mobility and participation in the public sphere, including access to services and markets; GBV; access to justice and institutions dealing with issues of GBV.
- To construct a picture of GBV prevalence rates with information assessed at the individual, family, community, NGO and government levels. This will include the number of survivors of GBV, the kind of violence perpetrated, the perpetrators of violence, the kind of services and the kind of access available to and needed by survivors, and the sources of support often sought.

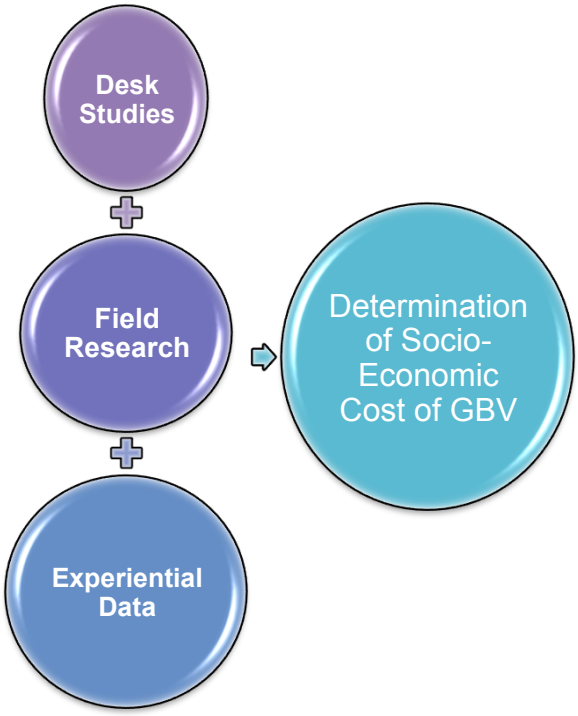
The revised detailed terms of reference (ToR) are attached as **Appendix 5.**

1.2 General methodology and approach

A mixed participatory methodology approach was used in which desk studies (web-searches and literature review) and field research (interviews and field observations) were used to obtain data, which was synthesised, collated and triangulated with the consultant's experiential data to produce the required outputs. The list of documents reviewed is attached as **Appendix 6**.

The data collection and synthesis process is outlined in the **Figure 1-1** below.

Figure 1-1: The synthesis process



The purpose of the literature review was firstly to come up with the contextual framework within which this study is to be conducted. This provided the definition of GBV for the study and the justification for the study. Secondly, desk review served the purpose of highlighting the findings of previous studies in terms of factors that

lead to GBV and the dynamics of GBV in Zambia, including the link between GBV and gender norms, practices and behaviours emanating from socio-cultural values.

The stage of field research undertook to determine GBV costs at two levels: (i) individual, family, community and other local structures, and (ii) non-governmental organizations and government.

1.2.1 Individual, family, community and other local structures

Information and data was collected from primary sources to capture the grassroots realities of GBV. The study began by covering Lusaka alone, which was meant to provide a learning process for the whole study. The other districts to be covered at a later stage are Kabwe, Chipata, Mongu and Mazabuka.

In Lusaka, a survey questionnaire was designed and administered to a total of 95 survivors who were drawn from high and medium density areas of Lusaka. The survey enabled the collection of data on GBV costs related to the survivor and his/her family, the perpetrator and his/her family and the community. The primary survey also brought out information about the demographics of the survey participants and the impact GBV has had on their lives, their families and the communities in which they live.

To come up with the cost of GBV to the survivor and his/her family, the following costs were taken into consideration:

(i) The total physical cost incurred by the survivor and his/her family, which comprised of total medical treatment costs for physical injury and transport costs related to the period the survivor was receiving medical treatment;
(ii) The total psychological cost incurred by the survivor and his/her family, comprising of the emotional shock treatment cost of the survivor and his/her family in monetary terms and the transport costs incurred by the survivor and his/her family as they sought emotional treatment;
(iii) The cost incurred by the survivor and his/her family for organizing community level meetings for counselling to resolve the GBV cases;
(iv) The opportunity cost incurred by the survivor and his/her family due to permanent injury;
(v) The displacement cost of the survivor and other family members;
(vi) The legal costs incurred by the survivor and his/her family due to GBV cases;
(vii) The opportunity cost (time) spent by the survivor and his/her family in handling legal cases due to GBV;
(viii) Any bribe paid by the survivor and his/her family to handle the GBV cases;
(ix) Any other expenses incurred by the survivor and his/her family.

To come up with the cost of GBV to the perpetrator and his/her family, the following costs were taken into consideration:

(i) Cost of the fine paid by the perpetrator as compensation/maintenance fees to the survivor;
(ii) Transport cost incurred by the perpetrator and his/her family to sort out the GBV case at the police or courts;
(iii) Cost to the perpetrator of being in detention (both opportunity cost and the cost incurred by family members when visiting the perpetrator while in detention);
(iv) Cost to the perpetrator of being in jail (both opportunity cost and the cost incurred by family members when visiting the perpetrator while in jail);

(v) Cost to the perpetrator of being displaced and/or going into hiding;
(vi) Perpetrator and his family's opportunity cost (time cost) due to court cases;
(vii) Costs of paying for the handling of the court case;
(viii) Cost to perpetrator and family of organizing community meetings.

The following costs were considered when arriving at the cost of GBV to the community:

(i) Opportunity cost (time) incurred by the community in organizing community level meetings for counselling and/or to resolve the GBV cases;
(ii) Direct cost incurred to organize community level meetings.

1.2.2 Government and non-governmental organizations

The second level of the study involved obtaining information on expenditures government and non-government organizations allotted to combating and addressing issues pertaining to GBV. To identify the expenditure on GBV by the state, it was necessary to go beyond the expenditure items published by the government in order to account for all the contributing ministries, directorates, departments, divisions and agencies. First, the institutional structure for addressing GBV was identified, then the services provided by each institution were reviewed and only then were the expenditures obtained.

The Government institutions identified include the Police VSU, the UTH One Stop Centre, Chawama Clinic Coordinated Response Centre, and Mtendere Coordinated Response Centre. Other key informants are the Ministry of Community Development, Mother and Child Health (MCDMCH), Ministry of Gender and Child Development (MGCD), Ministry of Health, the Judiciary and UNDP. The Government Ministries and UN organizations demanded a letter of introduction from the MGCD, which was finally availed on Friday, 18th July 2014, after great effort was made since inception. Although letters of introduction were delivered to all of the government institutions and key informants, data has only been collected from the two CRCs, MCDMCH, and the VSU. Efforts to collect data from the rest have so far failed. That will have to be done in the next phase when the four other districts are to be covered.

To identify the expenditures of non-governmental organizations, NGOs and CBOs that provide services or conduct advocacy pertaining to GBV were identified and asked to provide their expenditures on GBV. The NGOs identified from which data has been collected are Women and Law in Southern Africa (WLSA), Women in Law and Development in Africa (WILDAF), Young Women's Christian Association (YWCA), and National Legal Aid Clinic for Women (NLACW). CARE International Zambia is yet to be interviewed. Because not all of the Government agencies, NGOs and CBOs in Zambia dealing with GBV issues could be identified, or were willing to share their expenditures, to calculate their total GBV cost, the cost of those from whom data has been collected will need to be increased by an estimated percentage[2] (this was not done in the pilot study here presented). The proportion of the GBV cost to the Gross Domestic Product (GDP) will be calculated when the other four districts have been covered.

[2] In the CARE Bangladesh Study, all the costs were increased by 20% due to this same reason.

1.3 Sampling for individual, family and community level

The plan for the entire study is to target 250 survivors and 500 significant others in the five districts to be covered by the study. It is further planned that the sample size per district is to be proportionate to the number of GBV cases reported and handled. The proportionate sampling was done using GBV cases handled by YWCA, which were segregated by region as follows:

Table 1-1: Proportionate sampling of GBV survivors for each of the study sites

	YWCA GBV CASES HANDLED IN 2011					
Province	**Lusaka**	**Central**	**Eastern**	**Southern**	**Western**	**Total**
No of cases handled	1,371	473	1,976	1,120	1,193	6,133
% of Total	22%	8%	32%	18%	19%	100%
No to be sampled	56	19	80	46	49	250

Source: Calculated from the 2011 YWCA GBV cases by region (Province)

In Lusaka, eight research assistants were involved in data collection for five days. A total of 95 survivors were captured, which was above the target of 56. This meant that on average, a research assistant was able to handle only three to four questionnaires per day because a lot of probing was needed. In addition, due to the sensitive nature of the study, the interviews could not be rushed, because at times the respondents would break down. In such cases, the interview had to be temporarily interrupted until the person being interviewed was ready to continue. This may mean that in the other districts, where only two research assistants will be able to travel, the target of 250 survivors and 500 significant others for the entire study might not be met. Mitigation measures for the remaining four districts are proposed in the lessons learnt in the last section of this report.

1.4 Framework of analysis and types of costs; time frame of study

The framework developed by CARE Bangladesh has been adapted to the Zambian situation and used to calculate the direct tangible costs of GBV as articulated in the study methodology above. The framework is broken down into four categories of costs pertaining to GBV: social costs, intangible mental and physical health costs (meaning the costs besides medical attention, such as pain), time costs, and direct monetary costs. These costs are incurred at five levels: individual, family, community structures (the Church, neighbourhood watch, traditional courts, traditional counsellors and traditional leaders), government and non-governmental organisations. The field tools developed to collect the above information are attached as **Appendices 7, 8 and 9**.

The pilot study collected information on GBV costs incurred during five years, from 2009 to 2013. In the end, the year with the most comprehensive data (2013) was chosen to calculate the total annual GBV cost.

1.5 Lusaka Study Limitations

In undertaking this assignment, the consultants were faced with some challenges outlined below.

1.5.1 Identification and accessibility of key informants

GBV is often kept in the private sphere resulting in many victims being reluctant to speak about their experiences to strangers. Due to the sensitive nature of the study, there was a general understanding that the Consultants needed to sample survivors

from those with whom CARE International Zambia and/or other institutions had already established a working relationship. Some survivors were supposed to be sampled from the databases of the Coordinated Response Centres (CRCs) established during the ASAZA Project, which CARE implemented from 2008 to 2011 with funding from USAID and the EU. These centres were located in Government health facilities with the aim of addressing GBV. Others were to be sampled from those survivors working with the UTH One Stop Centre for Children, the National Legal Aid Clinic for Women and the YWCA drop-in centres and shelters. The survivors were supposed to in turn link the Consultants to perpetrators, families, and community members or local structures that were involved in handling the survivors' cases.

However, on the ground, the Chawama and Mtendere CRCs were not able to provide the databases. Some of the GBV records they had started keeping after the ASAZA Project ended were also missing. The UTH One Stop Centre required the Consultants to obtain a clearance letter from the University of Zambia Research Ethics Committee, a process that takes about six months. The YWCA initially needed authority from the Executive Director who was at the time outside the country.

Given the limited time within which the Lusaka fieldwork needed to be undertaken, the Consultants sought help from a female survivor who linked them to other female survivors she was networking with. That was how the 95 survivors were identified and interviewed.

Due to fear of being victimized, most of the survivors were not comfortable to link the consultants to perpetrators of GBV, community members and some of the family members. In some instances, significant others were totally inaccessible due to relocation, separation, death, or divorce. Some significant others were still going through emotional healing so they were not willing to talk. However, in isolated incidences, phone calls were made to some survivors' family members who were able to help to provide information. As a result, it was mostly the survivors who had to provide the costs even for the perpetrators, the families and the community, based on what they knew, which was limited. This may have resulted in an understatement of the costs on the part of the perpetrators and their families.

1.5.2 Time

The process of incorporating the UNDP and the Ministry of Gender and Child Development as co-funders of the study, the changes in the conceptual framework of the study and the increase in the number of study areas as highlighted above meant that the start of the study was delayed. As a result, the Lusaka site had to be used as a pilot site for pre-testing and learning lessons before covering the four other districts that were incorporated in the study.

1.5.3 Transport and financial constraint

For Lusaka, only one vehicle that could carry a maximum of four people at a time was available, although the research team comprised ten people. This meant that time was lost in some research staff waiting as only one location could be reached at a time. Due to limited funding allocated to this study by CARE, no alternative transport arrangement like hiring could be made.

1.5.4 Recollection of information and availability of data

Some respondents, especially survivors, were unable to recollect the information for each of the incidences, particularly those with multiple incidences within the time frame of the study of five years from 2009 to 2013.

1.5.5 Expectation of some form of material or financial gain

In return for providing information, some survivors were asking for some form of financial and/or material appreciation. In some cases, this blocked further interviewing of the survivor. The survivors also expressed fatigue in providing their stories to many researchers and NGOs that deal with issues of GBV.

1.6 Structure of the Report

This report is divided into five sections as follows:

- **Section 1: The Background**, which introduces this report and outlines its contents.
- **Section 2: The Conceptual Framework,** which lays out the concepts involved in Gender-based violence (GBV) and gives the justification of the study.
- **Section 3: GBV in Zambia** provides literature review on GBV in Zambia.
- **Section 4: Research Findings** gives the results of the research at all the levels of the study. It also provides life stories and experiences collected with consent from survivors; real names and locations have been changed to protect the survivors, victims and perpetrators' right to privacy.
- **Section 5: Conclusions and Recommendations,** this provides conclusions and makes recommendations based on the research findings.
- **Section 6: The Appendices**.

Section: 2. Conceptual Framework

2 Conceptual Framework of Gender-based violence

2.1 Definition of Gender-based violence

The Anti-Gender-Based Violence Act no.1 of 2011 defines "Gender-based violence" as *any physical, sexual, mental, social, or economic abuse against a person because of that person's gender*. These include the following:

- Physical (battery, aggravated battery, physical abuse, forced abortion)
- Social and Economic (property grabbing)
- Sexual (rape, sexual harassment, sexual abuse, incest, forced prostitution, engagement in pornography)
- Emotional (harassment, psychological)
- Human Trafficking.

This is in line with the definition by the World Health Organization (WHO) which defines violence as: *The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a likelihood of resulting in injury, death, psychological harm, mal-development or high deprivation.*[3].

It is also in line with the definition provided by the United Nations. In 1993, the United Nations General Assembly defined violence against women as "*any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women" (United Nations, 1993).*

Acts of violence can take place at various levels, including self-directed (suicidal or self-abusive), interpersonal (within a household or community) or collective (driven by social, political or economic struggles).

The World Health Organization identifies four types of violence:

- *Physical Violence:* Physical violence comprises acts that cause fear, pain, impairment, injury or even death.
- *Sexual Violence:* WHO defines sexual violence as: *Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.*[4]
- *Psychological or Emotional Violence*: According to the Center for Disease Control (CDC), psychological violence comprises threats, actions or coercive tactics that cause trauma.[5]
- *Economic (Deprivation or Neglect):* This includes the failure – either intentional or unintentional – to meet the rights and needs of a dependent.

[3] Krug, E.G, Dahlberg, L.L., Mercy, J.A. Zwi., A.B., Lozano, R. (2002). World report on violence and health. WHO, Geneva.
[4] World Health Organization (2007). WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. Retrieved from: http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf
[5] Centers for Disease Control and Prevention (2008). Psychological /Emotional Abuse.

The National Gender Policy outlines violence as: femicide / female killing, spouse battering, property grabbing, rape in and outside marriage, incest and defilement especially of girls/children, sexual harassment particularly at places of work, harassing and beating of women perceived to be improperly dressed.[6] It is acknowledged that this definition leans more towards a definition of violence against women. However, this is so because most victims of GBV in Zambia are women.

These definitions of gender-based violence acknowledge that such violence is rooted in gender inequality and is often tolerated and condoned by laws, institutions and community norms; it is not only a manifestation of gender inequality, but often serves to reinforce it (Heise, Ellsberg and Gottemoeller, 1999 as reported in ZARD, 2011).

2.2 Justification of the Study

Few economic analyses on domestic violence let alone on gender-based violence (GBV) have been conducted in developing countries, particularly in Africa, despite their strong persuasiveness for influencing national plans and policies. A pioneering study in Bangladesh conducted by Fahmida Khatun et al. through the Centre for Policy Dialogue in 2010 found that victims of domestic violence spent on healthcare, shelter, criminal justice, legal services and social services a total amount equivalent to 2.86% of the GDP of Bangladesh. A more recent study carried out by Dr. Kaniz Siddique for CARE-Bangladesh in 2011 obtained similar figures. This study used a framework that identified the social costs, intangible mental and physical health costs (meaning the costs besides going to the doctor, such as pain), time costs, and direct monetary costs that domestic violence has on four main levels of society: individual, family, community and the state.

A summary of the cost of VAW in Bangladesh developed by the 2011 study is outlined in **Table 2-1** below:

Table 2-1: Effect of the cost of GBV on the Bangladesh GDP

Societal Level	Taka (mil)	% of total government expenditure	% of GDP
Individual and family	140,840	12.37%	2.08%
State	1,372	0.12%	0.02%
Non-state	1,500	0.16%	0.03%
Total	**144,110**	**12.65%**	**2.13%**

As part of the efforts to provide greater evidence and visibility for the fight against gender-based violence in Zambia, where 47% of women aged 15-49 have at some point in their lifetime experienced physical violence from an intimate partner, CARE and the UNDP/MGCD in partnership with ZARD have undertaken to adapt the initiative which was undertaken by CARE Bangladesh to the Zambian context, and develop a pioneering study on the cost of gender-based violence to Zambia. The study will use the framework developed by CARE Bangladesh to identify the social costs, intangible mental and physical health costs (the costs besides going to the doctor, such as pain), time costs, and direct monetary costs that gender-based violence has on five main levels of society: individual, family, community, NGOs and to the state.

[6] Pathfinders Consultants (2005) Gender-based violence A Situation in Chadiza, Chibombo, Mansa and Mazabuka, PLAN.

Section: 3. GBV in Zambia

3 GBV in Zambia

Gender-based violence (GBV) in its various forms is widespread in communities around the world and Zambia is no exception. The impact of gender-based violence resonates in all areas of health and social programming. The survivors of violence experience increased rates of morbidity and mortality and studies have shown that the transmission of HIV/AIDS is exacerbated among other health conditions.

Overall there are high prevalence levels of GBV in the country, but what is unknown is what it costs the individual, perpetrator, families, the community, and institutions handling GBV cases (both NGOs and the state). This study will fill that gap. Data and information relevant to the study were sourced from various institutions and websites. Literature review on GBV in Zambia has been limited to the topic of this study – determining the socio-economic cost of GBV. The documents accessed so far are listed in **Appendix 6**.

3.1 Prevalence and types of gender-based violence in Zambia

3.1.1 Physical violence and sexual violence

Available statistics indicate that physical violence is the most prevalent form of gender-based violence in Zambia. According to the ZDHS 2007, almost half (47%) of all Zambian women have experienced physical violence since the age of 15 (77% by their current/former husband/partner, 7% by a brother or sister, and 6% by their father/step father); and one in five (20%) of Zambian women have experienced sexual violence in their lifetime (64% by their current/former husband/partner or boyfriend). Statistics from "A Safer Zambia" (ASAZA), which was a CARE Zambia led gender-based violence Coordinated Response Program implemented over a three year period from 2008 to 2011 in eight Coordinated Response Centres (CRCs), indicate that out of a total of 18,282 cases across the eight sites for the whole project implementation period (as shown in **Appendix 3)**, 54% were cases of spouse battery.

Statistics from the Zambia Police Victim Support Unit confirm the predominance of cases of physical violence. In 2010, there were 2,791 cases of assault occasioning actual bodily harm (OABH) reported to the Police, out of a total of 7,878 reported cases, representing 35.4%. In 2011, the number of reported cases for the same offence rose to 3,699 out of a total of 7,649 reported cases, representing 48.3%. In 2012 there were 4,303 cases of assault occasioning actual bodily harm (OABH) reported to the Police, while in 2013, the number of reported cases for the same offence rose to 4,485. There was an increase in reported cases from the year 2010 to 2013.

With the reported increase in cases of gender-based violence, the question which this study seeks to address is, what is the cost of GBV to the nation, to individuals, families and communities? Even though there is a lot of progress in breaking the silence around gender-based violence as evidenced by the increased number of

reports, there are still many unreported cases especially in the rural areas. What does this mean in terms of costs to individuals, families, communities and the nation?

It is important to note that many victims of Gender-based violence suffer multiple forms of GBV at the same time, thus a person who is sexually assaulted suffers sexual violence, physical violence as well as emotional and psychological violence. This has implications for costs.

According to the ZDHS survey, sexual violence is more common among women aged 25-39 (22 percent). [7] Among girls younger than 15 surveyed in the latest ZDHS, sexual violence/abuse occurred 19% by a relative, 6% by a family friend, and 10% by the girl's friend. One-third of women had experienced an act of violence during the 12 months preceding the survey.[8] Statistics from Zambia Police Victim Support Unit indicate that in 2010, there were 2,419 cases of defilement representing 30% of all cases for that year, which is high considering that other forms of sexual violence figures are not included.

3.1.2 Gender-based violence cases reported to YWCA in 2011 and 2012

Appendices 1 and 2 provide the YWCA reported cases between January and December 2011 and 2012 by region, respectively. Data for 2013 was not provided.

Appendices 1 and 2 also show that for GBV cases reported to YWCA both in 2011 and 2012, those related to marital/relationship problems topped the list (1,277 and 1,348 cases respectively), followed by GBV cases related to child maintenance neglect (1,204 and 1,117 respectively). The third highest reported type of GBV was financial delinquency (1,121 and 875 respectively) while the fourth one was emotional/psychological abuse (735 and 796 respectively). It can also be observed from the two tables that sexual related GBV (rape and defilement) have also been on the increase. In all these cases, it is mostly women and the girl child who are the victims, which supports the findings of the ZDHS 2007 study.

3.1.3 Gender-based violence cases handled by the ASAZA from 2008 to 2011

ASAZA data showed that 80% of the survivors were female, with the younger ones averaging 25 years. 68% of the survivors were aged 18 years and above. A significant proportion (32%) was aged below 18 years of age, showing that violence against children is widespread. In fact, children below 5 years of age accounted for 16% of the survivors.

Therefore, even as this study seeks to determine the socio-economic cost of GBV, if GBV costs are to be reduced, concerted efforts will be needed by both the private sector and the public sector to sensitize the people on the cost of GBV focusing on the characteristics of GBV in Zambia highlighted above.

3.1.4 Gender-based violence cases handled by UTH One Stop Centre in 2013

The University Teaching Hospital (UTH) One Stop Centre figures for January to December 2013 summarized in the table below indicate that a total of 1,252 GBV cases were reported of which 97.2% were against a female child (defilement). From that early age, children grow up traumatized almost throughout their lives, a situation which becomes very difficult to cost.

[7] Ibid.

[7] Women and Law in Southern Africa-Zambia, Avon Global Center for Women and Justice at Cornell Law School, Cornell Law School International Human Rights Clinic (2012) "They are Destroying Our Futures" Sexual Violence Against Girls in Zambia's Schools

[8] Central Statistical Office (CSO) [Zambia] and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007: Key Findings. Calverton, Maryland, USA: CSO and Macro International Inc.

Table 3-1: Number of GBV cases reported at UTH One Stop Centre in 2013

Items	Number	Percentage
Number of GBV cases	1,225	
Of which 0-5 years	252	20.6%
Of which 6-10 years	260	21.2%
Of which 11-15 years	713	58.2%
Of which Females	1,191	97.2%
Of which Males	34	2.8%
Number started on PEP	566	46.2%
Number never completed	187	15.3%
Number completed	379	30.9%
Parents refused PEP	0	0%
HIV Positive	40	3.3%
RPR Positive	14	1.1%
Hepatitis B positive	10	1%
HIV +ve NO PEP	9	1%
Pregnancy	66	5.6%
Emergency contraceptive	306	25%

Source: CSA, AO5, UTH One Stop Centre

3.1.5 Violence against girls and children

A 2005 qualitative study by Plan in its areas of operation (Chadiza, Chibombo, Mansa and Mazabuka Wards) found evidence of sexual abuse of children in Mazabuka's Ngangula community (Southern district), as well as in Mansa's Lungwishi community. This abuse was more pronounced in schools - both the formal government, and community schools. While adult respondents did not think that violence against children was a major problem, the children themselves reported that it does happen. In Mansa, the police confirmed handling between one and two cases of violence against children a month. According to the study, in Mansa, particularly in most of the rural areas, children and girls can be used in ritual sexual cleansing of the widow/er if the spouse dies from causes other than those related to illness. Data from a health clinic in Chibombo also confirms high incidence of violence against children, as the majority of cases brought to the clinic are of sexual violence against girls in the age range of 14 – 18 years. [9]

Another 2009 school-based survey found that 31% of girls and 30% of boys aged 13-15 in Zambia had been forced to have sex.[10] A 2012 survey in Lusaka province highlights the high incidence of violence within and on the way to school, perpetrated by teachers, students, or other men. The survey found that sexual harassment and violence affect adolescent girls at all levels of schooling and ages and in all types of school settings, whether urban or rural. 54% of the students interviewed said that they had personally experienced some form of sexual violence or harassment by a teacher, student, or men they encountered while travelling to and from school.[11]

[9] Pathfinders Consultants (2005) Gender-based violence: A Situation in Chadiza, Chibombo, Mansa and Mazabuka, A Study Conducted for Plan Zambia

[10] Brown et al., 2009 in Keesbury, J. et al. (2012) A Review and Evaluation of Multi-Sectoral Response Services ('One-stop Centres') for Gender-Based Violence in Kenya and Zambia, Population Council: Nairobi,Kenya.

[11] Women and Law in Southern Africa-Zambia, Avon Global Center for Women and Justice at Cornell Law School, Cornell Law School International Human Rights Clinic (2012) "They are Destroying Our Futures" Sexual Violence Against Girls in Zambia's Schools

The Plan study also highlighted early marriage as a prevalent form of violence, particularly in rural areas. This practice is closely linked, according to the report, to the high attrition rates of girls from grade 5 upwards. The research also found that girls are sometimes forced into early marriages as successors to deceased married women relatives, even against their will.[12]

The cost of all the above types of GBV cases to the nation remains unknown. Once that is known, it will inform strategies for advocacy, policy review and budget allocation to fight it.

3.2 Perpetrators

To be able to know how to cost GBV, it is important to know the perpetrators of GBV. Perpetrators of physical and sexual violence range from strangers, to current or previous husbands and partners, to teachers and schoolboys, as well as family members and acquaintances. Violence is perpetrated within the community, family and schools, and is often underreported due to fear of shame and stigma, fear of retaliation, and lack of efficient responses and redress. Most of the GBV cases are perpetrated by family members as can be seen from the statistics below.

- 54 per cent of Zambian women reported having suffered from spousal or partner abuse at some point in time, whether physical, emotional, or sexual.[13] Even the YWCA figures (**Appendix 1** and **Appendix 2)** and the ASAZA Project reported cases (**Appendix 3**) confirm this situation.
- 60 per cent reported that their current husband or partner was the perpetrator and 17 percent reported that the perpetrator was a former husband or partner. [14]
- One in 10 women mentioned suffering from acts of physical violence during pregnancy. [15]
- 7 per cent of women who had experienced physical violence since the age of 15 reported that the perpetrator was their sister or brother, while 6 per cent reported the perpetrator was their father or step-father. [16]
- 64 per cent of women who experienced sexual violence reported that their current or former husband, partner, or boyfriend was the perpetrator. [17]
- Among women who were younger than 15 years old when the first experience of sexual violence occurred, the perpetrator was a stranger (34 per cent); a relative (19 per cent); a family friend (6 per cent); or a friend (10 per cent). [18]

Consistent with most literature, ASAZA data suggested that males were more likely to be perpetrators of GBV than females. Approximately nine out of ten (89 per cent) of the GBV cases were committed by males. Compared with survivors, the perpetrators of GBV were relatively older with an average age of 34.2 years old. GBV was found to be common among couples. Data showed that male spouses (husbands) were the main perpetrators across all the common cases of GBV

[12] Pathfinders Consultants (2005) Gender-based violence A Situation in Chadiza, Chibombo, Mansa and Mazabuka, PLAN
[13] Central Statistical Office (CSO) [Zambia] and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007: Key Findings. Calverton, Maryland, USA: CSO and Macro International Inc.
[14] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007. Calverton, Maryland, USA: CSO and Macro International Inc.
[15] Central Statistical Office (CSO) [Zambia] and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007: Key Findings. Calverton, Maryland, USA: CSO and Macro International Inc.
[16] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007. Calverton, Maryland, USA: CSO and Macro International Inc.
[17] Ibid.
[18] *Ibid.*

reported. For example, 88% of all GBV victims indicated that spouse battery was perpetrated by their male spouses.

3.3 Costs of gender-based violence

GBV also generates economic costs to the individual, the family, community and wider society, as well as the nation. For instance, violence within the family inevitably results into expenses incurred or foregone for health care, consumption costs, or lost education and working hours, including suffering of children and extended family members.

There are direct costs, indirect costs and hidden or unquantifiable costs to gender-based violence. There are also lingering effects over the life cycle, within families and across generations. Some of the direct costs of gender-based violence include the spectrum of immediate healthcare, social and family service and criminal justice system costs (including police, courts, prisons, even private security). The estimated price tags are most likely an understatement of the actual costs, due to underreporting of violence, but are nonetheless significant.

Indirect costs of violence include loss of income and lower productivity (for both victims and perpetrators), increased risk of sickness and poverty. The individual health effects alone are astounding, victims of abuse have higher rates of unintended and rapid repeat pregnancy, significantly higher risk of sexually transmitted diseases; multiple mental health problems, depression, panic attacks and insomnia.[19] A US study has shown that compared to women who have not experienced violence, battered women in the United States seek psychiatric care four to five times more often and attempt suicide five times more often.[20]

Research also shows a correlation between gender-based violence and arthritis; chronic neck, back and pelvic pain; migraine headaches; stomach ulcers; spastic colon; and other digestive diseases. Victims of domestic violence are more likely to use tobacco and other harmful substances and they rarely engage in improving their own health.[21]

Some of the hidden costs of gender-based violence faced by women, men, boys and girls include fear, emotional pain and anxiety. There are also the related, yet unreported, quality of life and civil rights issues, such as being isolated socially and economically, bullied, and restricted from movement, association and interaction.

Another issue is the inter-generational transmission of violence for the millions of individuals who suffered or witnessed violence as children. Individuals who have experienced violence are more likely to drop out of school, have problems with drug addiction and other crimes, prostitution and to become perpetrators of violence themselves.

Progressive efforts have been made in establishing the infrastructure and human resources needed to ensure access to justice and scale-up of comprehensive services for GBV survivors, including health services and psychological, social, and economic support. All of these services have associated costs that can be estimated. For instance, for the health facility-based, NGO-owned OSC in Mazabuka, Population Council has estimated the average cost per client at US$ 33.50 per year. The cost per client for YWCA Burma, a stand-alone, NGO-owned OSC in Zambia,

[19] http://www.cdc.gov/od/oc/media/pressrel/r030428.htm
[20] Heise, Lori L., Pitanguy, Jaqueline and Germain, Adrienne, “Violence against Women: The Hidden Health Burden”, World Bank Discussion Paper no. 255, Washington D.C. 1994
[21] http://www.cdc.gov/ncipc/pub-res/ipv.htm

was estimated at US$ 31.00.[22]

3.4 Risk factors

According to the ZDHS (2007), alcohol abuse seems to have a strong correlation with partner abuse. Women whose husbands are often drunk are more likely to suffer from physical or sexual violence than women whose husbands do not drink (70 per cent and 39 per cent). [23] In several regions in Zambia, including the Southern region, GBV is more prevalent during the marketing season for the farming community and during paydays for those in employment.[24] In addition, socio-cultural factors promote tolerance for GBV. For instance, currently the legal framework does not challenge early marriage practice because Zambia recognises customary law, which allows young girls to be married. The only concern under customary law is if the girl has attained puberty and if her parents consent to the marriage. [25]

3.4.1 Limitations in responding to violence

According to the 2007 ZDHS survey, only 46 percent of Zambian women who had experienced physical or sexual violence ever sought help from any source, while 6 percent told someone about the violence but never sought help. 41% of women who experienced violence did not tell anyone, nor did they seek help.[26] A Plan qualitative study found that police often failed to respond to reports of violence against women, and were perceived to be contributors to the persistence of gender-based violence. In communities such as Ngangula and Malala in Mazabuka, as well as in other communities in Chadiza, Chibombo and Mansa wards, police services were not physically accessible. Plan suggests that this is a cause for perpetrators to continue acting in the knowledge that seeking remedy was difficult for the survivors of the violence. [27]

The ASAZA data reported that very few cases (2%) were taken to court despite the indication that some perpetrators were detained or arrested by the police after reporting the cases.

According to a 2012 report on Sexual Violence Against Girls in Zambia's Schools, it is true that school and civil officials often fail to respond effectively, and girls who do report are frequently unable to obtain redress.[28] Girls who experience violence in school rarely report it, fearing stigma, blame, retaliation, or unresponsiveness on the part of school authorities.

A 2001 book by Women and Law in Southern Africa (The Invisible Struggle WLSA: 2001, cited in Plan) argues that Zambian society is not ready to confront violence, as not only is violence within the family invisible, the community and the agents of the justice system often collude in keeping it that way. The report further argues that for many women, seeking help results in having to confront not only the abuser, but also

[22] http://lusakavoice.com/2014/04/29/government-launches-one-stop-gbv-centre/
[23] Central Statistical Office (CSO) [Zambia] and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007: Key Findings. Calverton, Maryland, USA: CSO and Macro International Inc.
[24] Pathfinders Consultants (2005) Gender-based violence A Situation in Chadiza, Chibombo, Mansa and Mazabuka, PLAN.
[25] Ibid.
[26] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007. Calverton, Maryland, USA: CSO and Macro International Inc.
[27] PLAN, 2005.
[28] Women and Law in Southern Africa-Zambia, Avon Global Center for Women and Justice at Cornell Law School, Cornell Law School International Human Rights Clinic (2012) *"They are Destroying Our Future: Sexual Violence Against Girls in Zambia's Schools".*

key members of the family and the justice system, which can in turn result in social isolation, loss of personal security, homelessness and loss of financial support to care for children. Often, women decide to continue living in situations of abuse, rather than to face those risks.[29]

3.5 Policy, Legal and Institutional Framework

The understanding of the policy, legal and institutional framework is paramount in the establishment and interpretation of implications of the cost of GBV to the nation. In the midst of the current policy, legal and institutional framework in place, GBV continues to escalate and most victims are not aware of the provisions in both the international and national laws.

3.5.1 International Law

Zambia has ratified most of the major international and regional instruments aimed at the promotion and protection of human rights. Zambia has a dualist legal system and, therefore, national enabling legislation is required in order for international and regional treaties to become part of national law.[30]

Zambia has ratified the International **Covenant on Economic, Social and Cultural Rights** (ICESCR), the **International Covenant on Civil and Political Rights** (ICCPR), the **Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment** (CAT), the **Convention for the Elimination of Racial Discrimination** (CERD) and the **Convention on the Rights of the Child** (CRC). [31] Zambia has signed but not yet ratified two **Optional Protocols to the CRC**.[32]

Zambia also ratified the **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** in June 1985, it has signed (2008) but not yet ratified the **Optional Protocol** to the Convention which establishes the competence of the Committee on the Elimination of Discrimination Against Women to receive and consider communications from individuals and groups.[33]

Zambia is a State party to the **African Charter on Human and Peoples' Rights**. Article 18 (3) of the African Charter provides that State Parties shall ensure the elimination of all forms of discrimination against women as well as protection for the rights of women "as stipulated in international declarations and conventions." [34] A **Protocol to the African Charter on Human and Peoples' Rights** which specifically deals with the rights of women came into effect on 25 January 2005 [35], and Zambia ratified this in 2006. [36]

Zambia is a signatory to the 1998 **Addendum on the Prevention and Eradication of Violence Against Women and Children**, which now forms part of the **Southern African Development Community's (SADC) Declaration on Gender and Development**. The following measures are included: enacting and enforcing

[29] PLAN, 2005.
[30] Bourke-Martignoni, J. (2002) Implementation of the Convention on the Elimination of All Forms of Discrimination against Women by Zambia, World Organisation Against Torture.
[31] Ibid.
[32] *United Nations Treaty Collection, Chapter IV : Human Rights, Accessed on 8 May 2014.*
[33] *United Nations Economic Commission for Africa, Country Specific Information, Zambia,* Accessed on *28 May 2014.*
[34] Bourke-Martignoni, J., 2002.
[35] *African Commission on Human and Peoples' Rights (1979) African Charter on Human and Peoples' Rights.*
[36] Bourke-Martignoni, J., 2002.

legislation aimed at the prevention and punishment of violence against women and children; providing information, protective and health services to women and children affected by violence; introducing gender-sensitive training programmes for law enforcement officials and the judiciary; and gathering data including statistics on the incidence of violence against women and children. [37]

3.5.2 National Laws

The **Anti Gender-based violence Act No. 1** of 2011 was enacted by the Parliament of Zambia in 2011 to provide for the protection of victims of gender-based violence. The Act includes provisions for protection orders, occupation orders, and shelters.[38] The Act also provides heightened protection and support for girls who experience school-based sexual abuse. [39]

The Zambian Government had already showed commitment to integrating gender equality, and GBV prevention and response provisions in national law prior to 2011. This is summarized in the table below.

Table 3-2: Gender equality, and GBV prevention and response provisions in National Law prior to 2011.

Legislation	Description
Constitution	Guarantees the formal equality of women and men, and prohibits discrimination based on race, tribe, gender, place of origin, marital status, political opinion, colour, disability, language, social status, or creed. But it has a reservation article 23, which states that the equality clause does not include "adoption, marriage, divorce, burial, devolution of property on death and other matters of family law.
The Anti-Human Trafficking Act (No. 11), 2008	Enables the prosecution of human traffickers and commits the government to providing protection services to victims of the crime.
The Sexual Offences and Gender Violence Bill, 2006	Addresses sexual and gender-based violence and provides for protective remedies for victims of gender-based violence. The most recent draft of the bill still does not criminalize marital rape.
The Penal Code	Provides for indecent assault, including bodily harm and sexual harassment. Women who have suffered physical injury as a result of domestic violence may sue their husbands for damages in the civil court. The Penal Code criminalizes sexual violence including rape (but not marital rape) and defilement.
The Penal Code (Amendment) Act No. 15, 2005	Introduced a number of amendments to the Penal Code, including with regard to sexual harassment, harmful practices and trafficking in children.

Source: UNECA[40]

[37] Ibid.
[38] *K4 Health (date n.a.) The Law on Gender-based violence, K4 Health Toolkits.*
[39] Women and Law in Southern Africa-Zambia, 2012.
[40] *United Nations Economic Commission for Africa, Country Specific Information, Zambia,* Accessed on 28 May 2014.

3.5.3 Violence, law and the education sector

The education sector has also enacted some laws to address sexual violence against girls in schools as highlighted below. However, nothing has been done in trying to understand the cost of GBV related to such violence. This study will be a first step in that direction.

Sexual violence against girls in schools has been addressed through the **Anti-Gender-Based Violence Act and the Education Act**, which provide heightened protection and support for girls who experience school-based sexual abuse, and amendments to the Penal Code Act of 2011, in which sexual harassment was criminalized.

Sexual violence against girls in schools has also been addressed through education sector policies and strategies. For example, in 2010 the **Ministry of Education** issued an order that prohibited teachers from conducting private tutoring sessions in their homes and has partnered with nongovernmental organizations that have instituted promising programmes aimed at empowering schoolgirls to protect themselves against sexual violence, these including girls clubs. The Ministry of Education is also in the process of drafting a **National Child Protection Policy for Schools**, which will include guidelines for preventing and responding to sexual violence in schools.[41]

3.5.4 Institutional structures and processes

Understanding of the institutional structures and processes is vital to determining the cost of GBV to the nation. This is articulated below.

In order to fulfil its gender international obligations Zambia has established several key institutions which form the **National Gender Institutional Framework (NGIF)**. The NGIF consists of the Ministry of Gender and Child Development (MGCD); the Parliamentary Committee on Legal Affairs, Governance, Human Rights, and Gender Matters, the Gender Consultative Forum (GCF); the Zambia Women's Parliamentary Caucus (ZWPC), the Human Rights Commission (HRC); the Zambia Police Victim Support Unit (VSU); Gender Focal Points in Planning Units of the line ministries, provincial planning units and District Development Coordinating Committees.

The Ministry of Gender and Child Development (MGCD): The MGCD, which is the National Gender Machinery is mandated to coordinate, monitor and evaluate the implementation of the National Gender Policy NGP) and other gender related activities in the nation. The MGCD coordination activities involve collaboration on gender issues with NGOs as well as networks such as the Gender Forum and the Women Parliamentary Caucus.

The **Police Victim Support Unit (VSU)** was established in 1994 but started operating fully in 1998. The VSUs are located in over 300 police stations located in all the 10 provinces of Zambia. Each VSU is managed by at least a victim support officer. The major reason for its establishment was to handle cases of GBV. The **Police Training College** has incorporated issues of gender violence in its curriculum in order to sensitise law enforcement officers about gender violence and how to deal with such cases. However, the functioning of the VSU is still hindered by lack of resources, limited capacity to conduct investigations and outreach outside of Lusaka, as well as lack of comprehensive data collection. [42]

[41] Women and Law in Southern Africa-Zambia, 2012.
[42] Ibid.

The Judiciary: The judiciary system in Zambia has established civil and criminal courts. Since GBV is a criminal offence, once cases are reported to the Police, those on which legal action is supposed to be taken are processed and submitted to the courts of law, which are another level for costing GBV. The fast track court is another way in which the Zambian Government is addressing issues of GBV.

Community level structures: Some GBV cases are handled in the local community structures such as Neighbourhood Watch, traditional structures, churches and families.

4 Causes of gender-based violence in Zambia

4.1 Social norms and gender discrimination

According to a 2013 review of published literature on women's health and SRH in Zambia by the Regional Network for Equity in Health in East and Southern Africa (EQUINET), gender-based violence is closely linked to women's socio-economic status, which is in turn closely linked to their education level, as lower education means that women have fewer economic opportunities. It is also linked to patriarchal beliefs that reinforce men's and boys' dominance over women and girls. [43]

The report argues that GBV against women is perpetuated by cultural beliefs and practices such as initiation ceremonies and payment of bride price, which further reinforce male perceptions of their superiority over women. This belief leads women to stay submissive and obedient even when they are physically, sexually and mentally abused. [44]

According to the World Organisation Against Torture (WOAT), the persistence of traditional beliefs which privilege men as the holders of authority within the family continue to keep the levels of domestic violence experienced by women in Zambia high, as this creates strong social pressure for women to endure the violence. Marriage is often referred to as the "shipikisha club", or the "enduring club", in reference to societal expectations that women accept any violence or ill treatment that their husbands or male partners may perpetrate. This social pressure also contributes to women's unwillingness to report family-based violence.[45]

A 2005 research study of factors associated with attitudes toward intimate partner violence found that an overwhelming majority of the women in Zambia (85 per cent) would justify intimate partner violence (IPV) for at least one of the following reasons: burning food, going without informing the partner, neglecting the children, arguing with the partner, and refusing sexual intercourse with the partner. Women with a history of IPV were at higher risk of justifying IPV than peers without IPV experience.[46]

4.2 Socio-economic factors

Poverty is also a major contributing factor to gender-based violence. Plan reports that parents and guardians can often be more concerned with obtaining monetary

[43] LDHMT, TARSC (2013). 'Women's health and sexual and reproductive health in Zambia: A review of evidence', EQUINET, TARSC: Harare.
[44] Ibid.
[45] Bourke-Martignoni, J., 2002.
[46] Lawoko, S. (2005) *Factors Associated with Attitudes Toward Intimate Partner Violence: A Study of Women in Zambia Violence and Victims.* Volume 21 Issue 5 Pages: 645 to 656

compensation for girls who were sexually abused than with seeking justice. The study also found evidence of sexual violence following advice from traditional doctors who recommended a child's sexual abuse as a way of enriching oneself or curing an illness. Plan also argues that often gender-based violence is linked to poverty and control of resources. [47]

4.3 Attitudes towards women and children

According to Plan's research findings, attitudes to women, girls and children in general are also recognized as causes of gender-based violence. [48]

Two more qualitative studies analyse **women's and men's attitudes** and levels of violence, both showing an alarmingly high degree of acceptance of domestic violence in Zambia. According to a 2005 research study of factors associated with attitudes toward intimate partner violence, uneducated and low-educated **women** were more likely to report tolerant attitudes toward violence. The data also indicates that abuse is more prevalent among women older than 20 years, married, living in urban settings, and with high education levels. In addition, the research found that youth growing up in violent surroundings is likely to develop a tolerant attitude in adulthood. The proportion of women with tolerant attitudes toward IPV reduced as accessibility to information and autonomy in household decisions increased. [49]

Another study (2008) compared attitudes toward intimate partner violence (IPV) between Zambian and Kenyan **men**, and found that many men in Zambia (71%) felt that IPV was justified as a way of punishing a woman for transgression from normative domestic roles. The study further found that, in priority order, socio-demographic, autonomy, and access-to-information indicators predicted attitudes toward IPV in both countries. Finally, the study found that in Zambia, men's positive attitudes toward women's autonomy did not reduce the likelihood of justifying IPV.[50]

5 Interventions

5.1 Community based programming

According to the **National Action Plan on Violence Against Women and Children** the media are not sufficiently trained to sensitize, build capacity, and foster closer collaboration between women's groups and organizations working with women and children and doing activities around mobilization of men. Therefore, in terms of community mobilization, information on gender-based violence is not properly accessed by a large number of women in particular, and communities in general, especially in rural areas. The Government has, however, run a "gender violence tribunal" initiative, in order to sensitise the public, policy-makers and law enforcement officials to the issue of GBV. No information has been found about the effectiveness of this initiative.[51]

The National Action Plan also outlines planned activities to increase availability of accurate and reliable information and increased level of awareness about GBV; these include: developing an advocacy/IEC/BCC strategy; developing and

[47] PLAN, 2005.
[48] Ibid.
[49] Lawoko, S., 2005.
[50] Lawoko, S. (2008). *Predictors of attitudes toward intimate partner violence: a comparative study of men in Zambia and Kenya.* J Interpers Violence. 23(8):1056-74
[51] Republic of Zambia, Gender in Development Division, Cabinet Office (2008) National Action Plan on Gender-Based Violence (NAP-GBV) 2008-2013

standardizing Information Education and Communication materials on GBV prevention, protection and on issues of security; translating simplified GBV related laws/articles into local dialects and disseminating at community level; undertaking awareness raising campaigns addressing gender relations that focus on men, youth and other target groups at national and decentralized levels; using educational entertainment (edutainment) programs, as well as community wide meetings, knowledge-building workshops, and seminars, peer group discussions, and drama. However, there is no information about their impact. [52]

For a summary of different types and examples of effective **community based programming** in Zambia, see **Appendix 10**.

[52] Ibid.

Section: 4. Research Findings

6 Individual, family and community

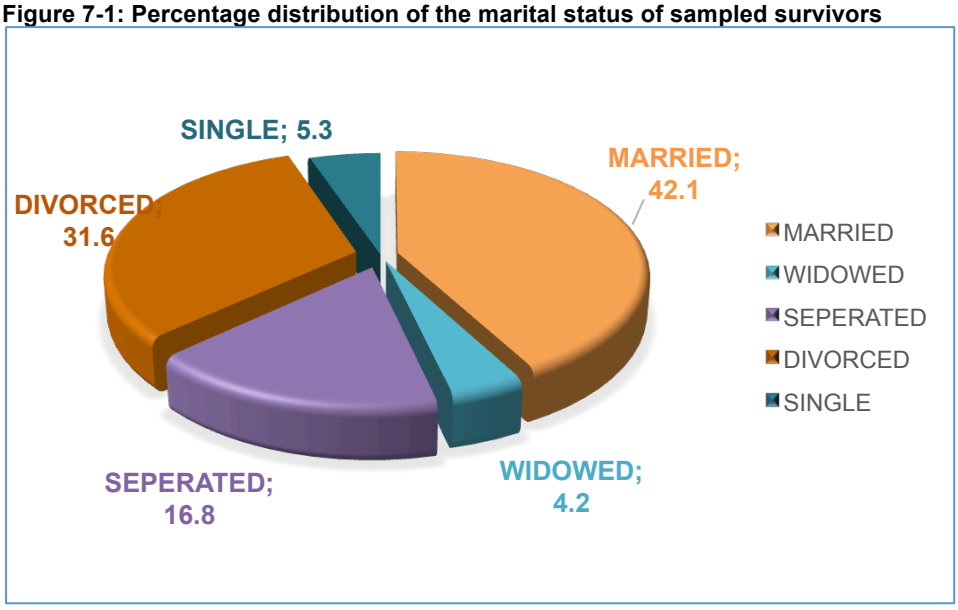
6.1 Demographics

Ninety five (95) questionnaires were administered to survivors (94 female = 99% and 1 male = 1%) drawn from Mtendere, Kalingalinga, Old Ng'ombe, New Ng'ombe, Chipata, Garden, Chainda, and Kanyama Compounds, which are high density areas and Kabwata, a medium density area.

2.1% of those survivors were aged between 8 and 16 years, 52.6% were aged between 17 and 35 years, 34.7% were aged between 36 and 55 years, while 10.5% were above 55 years.

Most of the sampled survivors (42.1%) were married followed by those who were divorced (31.6%) while the smallest percentage was for the widows at 4.2% as shown in **Figure 7-1**. 25% of those married got married before the age of 18 years; some of them as a result of pregnancy and others were fleeing abusive relationships in their homes. Some of them believed that marriage would give them relief from their oppressive environments, only to experience more abuse in the marital relationship.

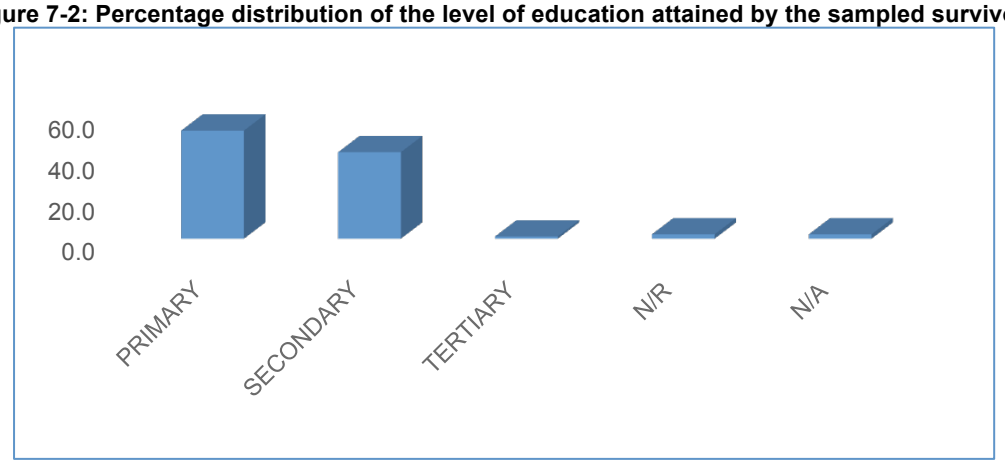
Figure 7-1: Percentage distribution of the marital status of sampled survivors



Majority of the survivors came from households with 6-10 people (49.5%). 36.8% came from households with 3-5 people, 8.4% from households with less than 3 people, 4.2% from households with 11-15 people while 1.1% came from households with more than 15 people.

The highest level of education most of the survivors had reached was primary education (52.6%), followed by secondary education at 42.1% and tertiary at 1.1%. 2% of the survivors had never been to school while 2% were non-responsive as shown in **Figure 7-2**. People with a low level of education or no education are more vulnerable to gender-based violence because of their total dependence on someone else for survival. The dependency at the same time makes them persist in living in a violent environment.

Figure 7-2: Percentage distribution of the level of education attained by the sampled survivors



6.2 Types of violence experienced

This study considered six categories of violence (physical, emotional/psychological, sexual, economic, human and social/cultural violence), each of which had different types of violence which survivors suffered as indicated in the table below. The table also provides the most frequently quoted reason by survivors for the type of violence they suffered. The list of reasons from which the survivors were selecting is provided under Question 12 in the Questionnaire for the individual, family and community hereto attached as **Appendix 7**.

6.3 Factors contributing to GBV

Consistent with available literature, the table below shows that the most common five reasons for GBV cited by the survivors are drug/alcohol abuse which appeared highest 20 times, followed by infidelity of the spouse which appeared highest 7 times. The third was petty dispute between husband and wife, which appeared highest 5 times, the fourth was ill tempered spouse which appeared highest 2 times, and the last insecurity of the spouse which appeared highest once.

Table 4-1: Types of violence and highest reported cause of violence for each type of violence

	A buse/crime/violence/ injustice	**% of survivors affected by violence**	**Highest reported Reason causing the incident of violence**	
A	**Physical violence**	%	Narration	%
A1	slapping, kicking, punching, beating/hitting with hands/feet	98	Petty dispute between husband and wife	28
A2	beating/hitting with an object	73.7	Drug/alcohol addiction of the husband	28
A3	Choking	50.5	Petty dispute between husband and wife	12.6
A4	Burning	2.1	Drug/alcohol addiction of the husband	3.2
A5	Pouring something on you (specify)	36	Petty dispute between husband and wife	8.4
A6	Use of weapon against victim	53.7	Spouse is an ill-tempered person	10.5
A7	Forced abortion	15.8	Spouse is an ill-tempered person	3.2
A8	Maiming (disfigured/deformed)	23.2	Drug/alcohol addiction of the husband	12.6
B	**Psychological/Emotional violence**			
B1	Threats to use force/physical violence	89.5	Drug/alcohol addiction of the husband	20
B2	Intimidation/inferiority complex	84.2	Drug/alcohol addiction of the husband	23.2
B3	Harassment	55.8	Drug/alcohol addiction of the husband	16.8
B4	Damage to property	64.2	Drug/alcohol addiction of the husband	21.1

B5	Verbal abuse (Insulting, demeaning)	81.1	Drug/alcohol addiction of the husband	18.9
B6	Isolation/ Restricting mobility	74.7	Insecurity of spouse	22.1
B7	Abandonment	74.7	Infidelity of the spouse	23.2
B8	Financial Deprivation	72.6	Drug/alcohol addiction of the husband	23.7
B9	Not talking to each other	73.7	Petty dispute between husband and wife	24.2
C	**Sexual violence**			
C1	Rape	64.2	Infidelity of the spouse	12.6
C2	Attempted Rape	42.1	Infidelity of the spouse	12.6
C3	Defilement	8.4	Drug/alcohol addiction of the husband	3.2
C4	Attempted defilement	10.3	Infidelity of the spouse	4.2
C5	Indecent assault	30.5	Drug/alcohol addiction of the husband	11.6
C6	Sexual harassment	43.2	Drug/alcohol addiction of the husband	8.4
C7	Sexual exploitation/coercion	41.1	Drug/alcohol addiction of the husband	6.3
C8	Incest	1.1	Another man/co-husband	1.1
C9	Sexual abuse	45.3	Drug/alcohol addiction of the husband	9.5
C10	Abduction	17.9	Drug/alcohol addiction of the husband	6.3
D	**Economic violence**			
D1	Denial of food	61.1	Petty dispute between husband and wife	13.7
D2	Denial of access income	65.3	Drug/alcohol addiction of the husband	10.5
D3	Denial of access to education	46.3	Infidelity of the spouse	7.4
D4	Denial of access to water and sanitation	24.2	Drug/alcohol addiction of the husband	4.2
D5	Deprivation of maintenance of spouse	80	Drug/alcohol addiction of the husband	14.7
D6	Deprivation of maintenance of children	63.2	Drug/alcohol addiction of the husband	13.7
D7	Property grabbing	35.8	Infidelity of the spouse	6.3
D8	Not allowing to earn income	47.4	Infidelity of the spouse	20
D9	Forced to earn/took away all the earnings	41.1	Drug/alcohol addiction of the husband	10.5
D10	Other (specify)	27.4	Other reasons	1.1
E	**Human Violence**			
E1	Women children trafficking	0	No reasons	0
E2	child trafficking	1.1	No reasons	0
F	**Social/cultural Violence**			
F1	Early/forced marriage	25.3	Other reasons	15.8
F2	Eloping	21.1	Other reasons unspecified	6.3

6.4 Cost of Gender-based violence to the survivors and the survivors' families

6.4.1 Medical treatment costs to survivors and their families

Out of the sampled 95 survivors, 87 (92%) reported that they were physically injured, 7 (7%) were not injured while 1 (1%) was non-responsive. Of the 87 who were physically injured, 34 (39.1%) suffered one incidence of injury, 21 (24.1%) suffered two incidences of injury, 19 (21.9%) suffered three incidences of injury, 5 (5.7%) suffered four incidences of injury while 8 (9.2%) suffered five incidences of injury. Of the 87 who were physically injured, 83 (95%) sought medical treatment while 4 (5%) did not.

The survivors who sought medical treatment were asked to indicate how much they spent on medical treatment which included doctors' fees, family nursing costs, cost of medicines,

hospitalization, surgery, laboratory tests, X-ray, police report, etc. for each of the incidences of violence they suffered. The survivors' total medical treatment cost for all incidences excluding transport related costs was found to be **ZMW 89,126.50** per year, bringing the average to **ZMW 938.17** per survivor and his/her family for the 83 survivors who reported on this.

In addition, those survivors who sought medical treatment were asked to indicate transportation costs (bus fares, taxi hire, etc.) they and their family members incurred to and from the hospital during the period the survivor was receiving medical treatment. Transportation costs included those incurred during the initial taking of the survivor to hospital, hospital visitations by family while the survivor was in hospital and transport costs incurred when going for any reviews at the hospital. The total transportation cost related to medical treatment of the survivors incurred by each survivor and his/her family was summed up and was found to be **ZMW 22,485** per year, bringing the average to **ZMW 236.68** per survivor and family per year for the 83 survivors who reported on this.

The overall total cost of medical treatment and transportation whilst seeking medical treatment (total physical cost) for the survivor incurred by the survivors and their families is ZMW 89,126.50 plus ZMW 22,485 which is **ZMW 111,611.50** for the 83 survivors or an average of **ZMW1,174.85** per survivor and family per year.

6.4.2 Psychological/emotional cost for the survivors and survivors' families

The sampled survivors were asked whether they or other members of their families suffered any emotional shock that made them change behaviour and the way they perceive things, people and/or situations as a result of the violence the survivor suffered. 88 of the 95 survivors (92.6%) said "yes", 5.3% said "no, while 1.1% was none responsive.

The 88 survivors who responded positively to the question of emotional shock were asked if as a result of the emotional shock the survivor, the family or the community sought any help on their behalf to address it. The sources of help sought and the percentage distribution are indicated in the table below. 78 of them (88.6%) sought help, while 10 of them (11.4%) did not respond to the question.

Table 4-2: Survivors who indicated they and their family members sought help for emotional shock

Where help was sought	No. of survivors who sought help	% of those who sought help
Doctor	13	15
Police	10	11
Family member	37	42.1
Church	18	20.5
N/R	10	11.4
Total	**88**	**100**

The 78 survivors who indicated treatment of emotional shock was sought for themselves and/or their family members were asked to indicate how much they had spent on it, which included all costs related to the treatment except for transportation costs which were captured separately. Some responses were in monetary value while some were in the form of hours. Those who responded in hours indicated that the survivors spent a total of **5,939.7 hours** while the survivors' family members spent a total of **699.6 hours**, bringing the overall total hours spent by the survivor and the survivors' family members on treatment of emotional shock to **6,639.3 hours**. These hours were converted into monetary value using the current minimum wage rate of ZMW 500/month, which translated into ZMW 2.50 per

hour to bring the monetary cost of the treatment of emotional shock suffered by survivor and family to **ZMW 16,598.25,** averaging **ZMW 174.7** per survivor and family per year.

In addition, those survivors who sought emotional shock treatment were asked to indicate transportation costs they and their family members incurred to and from the place of treatment during the whole period they were receiving the treatment. The total transportation cost related to treatment of emotional shock of the survivors and their families was found to be **ZMW 18,927**, bringing the average per survivor and family to **ZMW 199.23**.

The overall total cost related to treatment of emotional shock incurred by the survivors and their families is ZMW 16,598.25 plus ZMW 18,927 which is **ZMW 35,525** per year, averaging **ZMW 373.94** per year per family**.**

6.4.3 Cost due to permanent injury by survivors and their families

Sixty-four (64) of the 95 survivors (67.4%) indicated that either they and/or their family members had permanent injuries as a result of the violence they suffered. Of those 64, 59 (92.2%) indicated that only one person suffered violence while 5 (7.8%) indicated that two people were involved. This meant that a total of 69 people were injured during the violence suffered by 64 survivors.

The 64 survivors who reported to have suffered physical or mental injuries were asked if at all the injuries they and other family members suffered resulted in loss of ability to work. 51 of them (79.7%) indicated that the physical or mental injuries did result in loss of ability to work while 13 (20.3%) indicated that they did not lose the ability to work as shown in the table below.

Table 4-3: Number of survivors and survivors' family members who suffered loss of ability to work

Responses	Total No. of responses	% that suffered loss of ability to work
Yes	51	79.7
No	13	20.3
Total	**64**	**100**

The time lost due to loss of ability to work and the daily income lost were multiplied for each person to get the cost of loss of ability to work due to injury. Where the daily income of the person who had suffered loss of ability to work was unknown, the daily minimum wage was used as a proxy. The total amount came to **ZMW 92,481.38** for all 64 survivors and their families per year, averaging **ZMW 973.48** per survivor and family.

6.4.4 Displacement cost of the survivors and their families

The survivors were asked if they had to leave home due to the violence they suffered i.e. if they were displaced. Out of the 95 survivors, 83 (87.4%) had to be displaced, 11 (11.6%) were not displaced and 1 (1%) did not respond to the question. The total time lost due to displacement (14,281.53 hours for survivors and 1,272 hours for survivors' families = **15,553.53 hours,** which were converted into days) and the daily income lost (or the daily minimum wage where the daily income was not known) were multiplied for each displaced survivor to get the opportunity cost of survivors and their families' displacement, whose sum came to **ZMW 38,883** per year or an average of **ZMW 409.3** per survivor and family per year.

The displaced survivors were also asked to indicate the direct cost they incurred during the displacement period in form of transportation costs and costs related to food while travelling. The total direct displacement costs came to **ZMW 41,759** per year or an average of **ZMW**

439.57 per survivor and his/her family per year. The overall displacement costs borne by survivors and their families stood at **ZMW 80,642.83**, or **ZMW 848.87** per survivor and family.

6.4.5 Criminal justice costs for survivors and their families

6.4.5.1 Direct legal costs incurred by survivors and their families

The 95 survivors were asked if they or their families reported the case to the police and/or sued the perpetrators in a fast track court, civil court or criminal justice court. The table below shows that 45.3% of the respondents reported the case to the police, 17.9% to the civil court, 2.1% to the criminal court and 1% to the fast track court. However, 30.5% of them never reported the matter anywhere, while 3.2% were non-responsive.

Table 4-4: Survivors who sought legal redress

Where help was sought	No. of survivors who reported	% of those who sought legal redress
Fast track court	1	1.6
Civil court	17	27
Reported to Police	43	68.2
Reported to Criminal court	2	3.2
Total	**63**	**100**

Out of the 95 survivors, only 63 (66.3%) reported the cases to the police and/or courts as indicated in **Table 4-4** above. 52 (82.5%) of those survivors had their cases finalized as shown in **Table 4-5** below. Data analysis shows that of the 52 cases which were finalized, 19 (36.5%) ended in a reconciliation, 5 (9.6%) ended in a separation, 10 (19.2%) ended in a divorce, while 1 case (2%) ended in a conviction and 17 cases (32.7%) were withdrawn.

Table 4-5: Survivors who had their case finalized

Status of Case	No. of survivors who reported	% Of Cases Finalised
Reconciliation	19	36.5
Separation	5	9.6
Divorce	10	19.2
Conviction	1	2
Withdrawn	17	32.7
Total	**52**	**100**

Of the 15 cases that ended in a separation and divorce, only 9 (60%) resulted in the survivors being paid maintenance and compensation, while in 6 cases (40%) no compensation was reported. The actual cost of the compensation or maintenance fees paid to the survivors is included in the perpetrators' cost at court later in the report.

The survivors were asked to provide expenses incurred by themselves or their family members for transport, food and other needs when they went to the police, fast track court, civil and/or criminal court. The total cost was **ZMW 4,740.5** per year, bringing the average to **ZMW 49.9** per survivor and family per year. In addition, the 63 survivors who took their cases to the police or courts were asked to indicate if they and their families paid any bribe for the cases to be handled to which 20 of them (31.74%) responded in the positive. A total of **ZMW 1,644** was paid by those survivors and their families per year, the average cost per survivor and family amounting to **ZMW 17.3** per year. Thus, the average direct annual legal cost per survivor and family came to **ZMW 67.2.**

6.4.5.2 Opportunity cost for survivors and their families due to seeking legal redress

The opportunity cost for the survivors was calculated by multiplying the amount of time spent pursuing legal redress with the daily income lost for each survivor and summing up the individual costs. A total of 32 survivors (33.7%) indicated that they and their family members had lost a total of 130 working days as a result of attending to legal proceedings. The total opportunity cost due to legal redress was found to be **ZMW 3,262.4** per year bringing the average cost per survivor and family to **ZMW 34.34.**

6.4.6 Cost of organizing and attending community meetings for survivors and their families

Of the 73 survivors who reported attending community meetings, only 58 had incurred direct costs amounting to **ZMW 10,300** in total, or an annual average of **ZMW 108.42** per survivor and family.

6.4.7 Calculation of total and average cost to the sampled survivors and their families

The total annual cost incurred by the sampled survivors and their families in attending to GBV cases was found to be **ZMW 340,207.86**, bringing the average annual cost to **ZMW 3,581.1** per survivor and family. It was calculated as provided in the formula below and as summarised in the table below. The direct (monetary) annual cost to the survivor and the family is **ZMW 188,982,** bringing the annual average of monetary costs to survivor and family to **ZMW 1,989.27.** The annual indirect cost (loss of income) to the survivor and family is **ZMW 151,225.86** bringing the annual average of indirect costs to survivor and family to **ZMW 1,591.82.**

CALCULATION OF TOTAL COST TO THE SURVIVORS AND THEIR FAMILIES =
Total physical cost (Q15 + Q16) + emotional treatment cost (Q21 in monetary terms) + transport for emotional treatment (Q23) + cost of permanent injury (Q30) + cost of displacement (Q33 or Q34) + legal costs (Q40) + opportunity cost based on legal cases (Q45) + bribe paid to handle the case (q47) + other expenses (Q49) + cost of organizing community committee meetings survivors and families (Q72).

Table 4-6: Summary of GBV annual costs for the survivors and survivors' families

SURVIVORS AND THEIR FAMILIES' GBV COSTS BY CATEGORY	ZMW (Total for SAMPLE)	# of Responses	ZMW (Average per family)
COST OF PHYSICAL VIOLENCE FOR SURVIVORS AND THEIR FAMILIES			
Survivor's total direct medical treatment cost	89,126.50	83	938.17
Survivor & survivor family's total direct transport cost for medical treatment	22,485	83	236.68
Sub-total = Total physical cost of survivor and family	**111,611.50**	**83**	**1,174.85**
COST OF PSYCHOLOGICAL/EMOTIONAL VIOLENCE FOR SURVIVORS & THEIR FAMILIES			
Opportunity emotional shock treatment cost by the survivors and the survivors' family	16,598.25	78	174.7
Direct transport cost for emotional shock treatment by survivors & families	18,927.00	78	199.23
Sub-total of emotional cost of survivor and family	**35,525.25**	**78**	**373.94**
COST OF LOSS OF ABILITY TO WORK			
Opportunity cost of loss of ability to work	**92,481.38**	**64**	**973.48**
DISPLACEMENT COST			
Survivors' displacement opportunity cost	38,883.83	83	409.3
Survivors' direct displacement costs (transport, food while travelling etc.)	41,759.00	83	439.57
Sub-total of displacement cost of the survivors	**80,642.83**	**83**	**848.87**
LEGAL COSTS			
Direct expenses while seeking legal redress (transport, food, etc)	4,740.50	63	49.9
Bribe paid by the survivors and survivors' families to handle case (direct cost)	1,644.00	20	17.3
Cost of time away from work by survivors and families due to court case	3,262.40	32	34.34
Sub-total = total cost of the survivors for seeking legal redress	**9,646.90**		**101.54**
Direct cost of community meeting for survivors and their families	**10,300**	**58**	**108.42**
Total direct (monetary) costs to survivor and family	**188,982.00**		**1,989.27**
Total indirect cost (lost income) to survivor and family	**151,225.86**		**1,591.82**
TOTAL COST TO SAMPLED SURVIVORS AND THEIR FAMILIES	**340,207.86**		**3,581.1**

To obtain the national level total cost to the survivors and their families, the average cost of GBV to the survivor and her family based on the sample (ZMW 3,581.1) was multiplied by the total number of GBV cases estimated to have occurred in 2013 (420,304 - calculated as assumed below) and the resulting figure is **ZMW 1,505,150,654.**

An assumption was made to calculate the estimated total number of GBV cases that occurred in 2013 as deduced from the findings of 2013/2014 Zambia Demographic and Health Survey[53]. According to this survey, only 43% of victims of gender-based violence seek help, and only 7.8% of those who seek help report to the police. Considering that the total number of GBV cases reported to the VSU in 2013 at national level was 14,097, the

[53] Zambia Demographic and Health Survey 2013-2014, Central Statistical Office, Lusaka, Zambia, March 2015.

total number of GBV cases in 2013 was calculated as 14,097 divided by 7.8% and then by 43% to obtain **420,304**. This is the figure that has been used in this study.

6.4.8 Financing of survivors and survivors' families GBV costs

The survivors were asked how each type of GBV based cost was financed. The responses provided in the table below indicate that most of the financing came from the survivors' own money followed by borrowed funds from relatives and friends, and then from own parents' money.

Table 4-7: Sources of finance to meet survivors' and survivors' family members' GBV costs

	Source of financing	Physical cost (%)	Emotional cost (%)	Displacement cost (%)	Related legal costs (%)
1	Survivor's own money	49	46.3	61.1	38.9
2	Own parents' money	25.3	11.6	6.3	5.3
3	Spouse's parent's money	6.3	4.2	2.1	1.1
4	Spouse's money	5.3	0	2.1	1.1
5	In laws' money (both sides)	3.2	2.1	3.2	0
6	Borrowed from relatives/friends	35.8	15.8	22.1	11.6
7	Borrowed from a microfinance institution	0	0	0	0
8	Supported by NGOs	0	2.1	0	1.1
9	Supported by Church	5.3	4.2	2.1	4.2
10	By selling tangible property (ornaments, etc.)	9.5	4.2	5.3	2.1
11	By selling land/house	1.1	0	0	0
12	Others (specify)……	3.2	-	-	-

6.5 Cost of gender-based violence to the perpetrators and the perpetrators' families

6.5.1 Fines and transport costs to perpetrators and their families to go to police and court

Out of the 31 survivors (32.6%) who indicated that the perpetrators were fined, only 28 provided the figures for the fine. The total annual fine paid by perpetrators and their families was ZMW 33,276 bringing the annual average fine to **ZMW 359.27s** per perpetrator and family.

Although 57 survivors (60%) indicated that the perpetrator was reported to the police, only 12 of them could provide the figures on how much the perpetrator spent to handle the case with the police or the court, of which the total amount came to **ZMW 803**, the annual average being **ZMW 8.45** per perpetrator and family per year.

Summing up, the total direct cost to perpetrators for handling the cases was ZMW 34,079, which makes for an annual average cost of **ZMW 367.72.**

6.5.2 Detention and jail costs for perpetrators and perpetrators' families

The survivors were asked if the perpetrator was detained and/or jailed. 28 of the survivors (29.5%) indicated that the perpetrators were detained, while 12 of them (12.7%) indicated that the perpetrators were jailed. The total direct annual cost of being in detention for the 28 perpetrators was **ZMW 1,233**, with the annual average cost per perpetrator and family being **ZMW 13**. The total direct annual cost of the 12 perpetrators who spent time in jail was **ZMW 450,** bringing the annual average cost of being in jail to **ZMW 4.74** per perpetrator and

family. Therefore, the total direct annual cost of being in detention and jail was **ZMW 1,683** or an annual average of **ZMW 17.74** per perpetrator and family.

To calculate the opportunity cost of being in detention and/or in jail, the time spent in detention and in jail for each perpetrator had to be multiplied by the foregone daily income reported or estimated using the minimum wage as a proxy. Being in detention and/or jail cost the perpetrators and their families a total of **ZMW 1,497** per year, so the average annual opportunity cost of being in detention and/or jail was **ZMW 15.76** per perpetrator and family.

The total annual cost to the sampled perpetrators and their families for the perpetrator being in detention or jail was **ZMW 3,180** or an annual average of **ZMW 33.5** per perpetrator and family.

6.5.3 Cost to perpetrators of organizing and attending community meetings

The total direct cost of organizing community committee meetings by the 28 perpetrators and their families was **ZMW 5,741**, with an annual average of **ZMW 60.43.**

6.5.4 Displacement costs to perpetrators and their families

43 of the survivors interviewed (45.3%) indicated that the perpetrators had to be displaced or went into hiding as a result of the violence they caused. The direct displacement costs to perpetrators (for food, transport, etc.) amounted to **ZMW 1,038**, the annual average being **ZMW 11** per perpetrator and family. The opportunity cost of displacement was calculated by multiplying the time of displacement from home with the daily income of the perpetrators as reported or estimated with the help of the minimum wage, and then summing up the totals. The opportunity cost of displacement was reported to be **ZMW 1,497** or an annual average of **ZMW 15.76** per perpetrator and family. The total annual displacement cost for the perpetrators while in hiding was **ZMW 2,535**, bringing the average opportunity cost of displacement to **ZMW 26.76** per perpetrator and family per year.

6.5.5 Total GBV cost to the sampled perpetrators and their families

The total annual cost (direct and indirect) of GBV to the perpetrators and their families was found to be **ZMW 45,536** implying an annual average of **ZMW 482.41** per perpetrator and family calculated as follows:

The total cost of GBV to the perpetrators and their families = Cost of the fine (Q52) + Transport and food costs while handling court case (Q54) + Direct detention cost (Q56 x Q58) + Cost in jail (Q56(a) x Q58) + Direct cost of displacement/hiding (Q60) + Opportunity cost due to displacement (Q63 x Q65) + cost of paying for the handling of the case (Q62) + cost of perpetrators & families organizing the community committee meeting (Q74). These costs are summarized in the table below.

The total direct (monetary) annual cost to perpetrators and their families is **ZMW 42,541**, while the annual average per perpetrator and family is **ZMW 449.89.** The total indirect annual cost (loss of income) to perpetrators and their families is **ZMW 2,995**, bringing the annual average of indirect costs to **ZMW 31.52** per perpetrator and family**.**

Table 4-8: Summary of the total GBV cost for perpetrators and their families

PERPETRATORS AND THEIR FAMILIES' GBV COSTS BY CATEGORY	ZMW (Total for SAMPLE)	# of Responses	ZMW (Average per family)
COST OF HANDLING COURT CASES BY PERPETRATORS AND THEIR FAMILIES			
Fines paid	33,276	28	359.27
Expenses for handling the case with the police or the court	803	12	8.45
Sub-total for handling court cases by perpetrators and family	**34,079**		**367.72**
COST OF BEING IN DETENTION AND JAIL FOR PERPETRATORS AND THEIR FAMILIES			
Direct cost in detention	1,233	28	13
Direct cost in jail	450	12	4.74
Opportunity cost of being in detention and jail by perpetrator & family	1,497	28	15.76
Sub-total detention and jail cost of the perpetrators and families	**3,180**		**33.5**
DISPLACEMENT COSTS			
Direct cost of displacement (transport, food, etc.)	1,038	4	11
Opportunity cost of perpetrator and family due to displacement	1,497	19	15.76
Sub-total displacement costs	**2,535**		**26.76**
COST OF COMMUNITY MEETINGS FOR PERTRATORS AND FAMILIES			
Direct cost to perpetrator and family of organizing community meetings	**5,741**	**28**	**60.43**
Total direct (monetary) costs to perpetrator and family	**42,541**		**456.89**
Total indirect cost (lost income) to perpetrator and family	**2,995**		**31.52**
TOTAL COST TO THE PERPETRATORS AND THEIR FAMILIES	**45,536**		**488.41**

To obtain the national level total cost to perpetrators and their families, the average cost of GBV to perpetrator and family based on the sample (ZMW 488.41) was multiplied by the estimated total number of GBV cases in 2013 (420,304) to get **ZMW 205,280,676.64**.

6.5.6 Financing of perpetrators and perpetrators' families GBV costs

The survivors were asked how each type of GBV cost was financed for the perpetrators and their families. The responses provided in the table below indicate that most of the financing came from the perpetrators' own money.

Table 4-9: Sources of finance to meet perpetrators and perpetrators' family members GBV costs

B	Source of financing	Displacement cost	Community meetings
1	Perpetrator's own money	16.8	42.1
2	Own parents' money	0	2.1
3	Spouse's parent's money	2.1	2.1
4	Spouse's money	1.1	6.3
5	In laws' money (both sides)	0	2.1
6	Borrowed from relatives/friends	2.1	8.4
7	Borrowed from a micro finance institution	0	0
8	Supported by NGOs	0	0
9	Supported by Church	0	4.2

10	By selling tangible property (ornaments, etc.)	0	2.1
11	By selling land/house	0	0
12	Others (specify)……	-	-

6.6 Cost of GBV to the community

6.6.1 Costs of providing services to survivors with emotional shock

Survivors were asked to indicate if they or their family members sought any community counsel. A total of 73 survivors responded in the positive and indicated that the counsellors from whom help was sought to attend to survivors' and their families' emotional shock spent a total of **2,991 hours** attending to those cases. The hours were converted into monetary value using the current minimum wage rate of ZMW500/month, or ZMW2.50/hour, to bring the lost income due to treatment of emotional shock by the counsellors to **ZMW 7,477.5** for all the survivors and their families. This implies an annual average of loss of income of **ZMW 78.71** for the counsellors per individual survivor and family. This is the only cost to the community.

To compute the national level monetary value of the opportunity cost to the community, the average cost of GBV to the counsellors per survivor and family based on the sample (ZMW 78.71) was multiplied by the estimated total number of GBV cases (420,304) and the result was **ZMW 33,082,127.8**.

6.6.2 Financing community costs

The table below illustrates sources of funding and how community committee meetings costs were financed. It can be observed that the survivors of GBV bore the highest cost at 42.1% followed by money borrowed from relatives and friends at 8.4%. This illustrates how the immediate family and friends bear the indirect cost and ripple effects of GBV by virtue of them being a support system for the survivor. The third source was spouses' money at 6.3%.

Table 4-10: How community committee meetings costs were financed

		Yes (%)	No (%)	N/R (%)	N/A (%)
1	Survivor's own money	42.1	23.2	14.7	20
2	Own oarents' money	2.1	63.2	14.7	20
3	Spouse's parent's money	2.1	62.1	1.1	20
4	Spouse's money	6.3	58.9	14.7	20
5	In laws' money (both sides)	2.1	63.2	14.7	20
6	Borrowed from relatives/friends	8.4	56.8	14.7	20
7	Borrowed from a Micro finance institution	0	65.3	14.7	20
8	Supported by NGOs	0	65.3	14.7	20
9	Supported by Church	4.2	61.1	14.7	20
10	By selling tangible property (ornaments, etc.)	2.1	63.2	14.7	20
11	By selling land/house	0	64.2	14.7	21

7 Government Institutions

7.1 UTH One Stop Centre

The UTH One Stop Centre is a donor-funded project under the Ministry of Health that provides free GBV services to children who are sexually abused. It is located at the

University Teaching Hospital. Services provided include health care (examinations, VCT, and provision of medication); psychosocial care (counselling children and taking them to social welfare where needed); police services (police are seconded to the project to provide services). While the police draw their salaries from the Zambia Police, their operational costs in relation to activities provided at the centre are met by the Project. Where a child needs to be housed, they are taken to the Young Women Christian Association (YWCA).

Most of the children whose cases are handled are girls who have suffered defilement, but recently there have also been cases of sodomy. More cases are reported in the hot season when children play outside most of the time, unattended and/or not being watched over. On average, the Centre handles more than 100 cases per month. The Centre does not handle perpetrators.

Costs incurred include: staff salaries, medication, and transport costs for the police who every Tuesday and Thursday go to the police stations where the cases were reported. Fuel is paid for directly by the donor. However, the costs could not be released without clearance from the UNZA Research Ethics committee.

7.2 Police Victim Support Unit

The Victim Support Unit is a wing under Zambia Police (ZP) that was established in 1994 (but became fully functional in 1998) to handle cases of GBV and other victim associated cases. GBV services provided include investigations, prosecution, counselling, legal assistance and prevention. The VSU is funded by the Government, and sometimes some donors fund certain costs directly like the construction of offices. The VSU has 340 staff country wide, 15% of whom earn a salary of about ZMW 7,000 per month (equivalent to ZMW 357,000.00), and 85% an average salary of ZMW 4,000 per month (equivalent to ZMW 1,156,000.00). This brings the monthly **staff salary costs** of the VSU to about ZMW 1,513,000 which translates into **ZMW 18,156,000** on an annual basis.

In terms of operational costs, each province is allocated an annual budget. For Lusaka Province the annual budget for the year 2013 and 2014 was ZMW 72,000, and it was set to be paid in monthly instalments of ZMW 6,000. For Copperbelt Province the annual budget for the year 2013 and 2014 was ZMW 60,000, paid in monthly instalments of ZMW 5,000. For each of the remaining 8 provinces the annual budget for the year 2013 and 2014 was ZMW 48,000 and was set to be paid in monthly instalments of ZMW 4,000. Therefore, the **total annual operational costs** for VSU = ZMW 72,000 + ZMW 60,000 + (ZMW 48,000 x 8 = ZMW 384,000) = **ZMW 516,000**.

Although there are supposed to be monthly disbursements to all provinces to meet VSU operational costs, this has not been the case due to insufficient funds. In some months, there are no disbursements at all while in other months the provincial disbursements tend to be lower than the budget allocation. The operational costs are used for follow-up cases dealt with by VSUs around the provinces.

In addition to staff and operational costs, there are VSU national coordination costs, which are supposed to be disbursed on a monthly basis to cover the entire nation as follows:

Table 5-1: Police VSU national coordination costs for 2013

Type of National Coordination Cost	Annual cost (ZMW)
Production of IEC materials on GBV (ZMW 6,000 to 8,000/month)	96,000
Human trafficking (ZMW 2,700/month)	32,400
Juvenille Justice (ZMW 5,000/month)	25,000

GBV counselling (ZMW 6,000/month)	72,000
Total National Coordination Costs	**255,400**

Therefore the total annual cost for VSU = the staff salaries + operational costs + national coordination costs = ZMW 18,156,000 + ZMW 516,000 + ZMW 255,400 = **ZMW 18,927,400**.

7.3 Chawama Clinic Coordinated Response Centre

Chawama Clinic Coordinated Response Centre (CRC) was opened by the ASAZA project in 2012, towards the end of the ASAZA Project. GBV Services provided by the Clinic include counselling, treatment and making referrals to other service providers. Medical services are provided free of charge to GBV victims, but the victim buys a book in which the doctor writes the results of the diagnosis.

The Centre has about six members of staff (1 clinical officer, 3 counsellors, 1 nurse and 1 laboratory technician) who handle general VCT and counselling cases. They have been appointed to handle GBV cases on a part-time basis. Three staff (the clinical officer, laboratory technician and nurse) earn about ZMW 4,000/month, while the counsellors receive about ZMW 3,100/month. Whenever there are cases of GBV, those are given priority compared to VCT cases. However, since the ASAZA Project came to an end, there has been a great reduction in the number of GBV cases reported and handled by the Clinic (on average about 1 to 2 cases per week or about 8 cases in a month). These six staff spend about 20% of their time on GBV cases.

Annual Staff costs:

((3 people x ZMW 4,000/month) x 12 months) x 20% of their time = ZMW 28,800

((3 people x ZMW 3,100/month) x 12 months) x 20% of their time = ZMW 22,320

Total annual staff cost: ZMW 51,120

Challenges/limitations:

- The staff cannot do follow-ups to the survivors due to inadequate funding.
- The Clinic staff reported not knowing the whereabouts of any survivors.
- The CRC does not prepare any progress reports on GBV cases since the report format provided by the District Health Office does not have a provision for reporting on GBV.
- Cases are recorded in a book.

7.4 Mtendere Clinic Coordinated Response Centre

Mtendere Clinic Coordinated Response Centre (CRC) was opened by the ASAZA Project in 2009. GBV Services provided by the Clinic include mainly counselling and treatment. Medical services are provided free of charge to GBV victims, but the victim buys a book in which the doctor writes the results of the diagnosis. There are two members of staff who handle GBV cases on a part-time basis: 1 nurse who also handles the TB Corner and 1 counsellor who also deals with general psychosocial counselling for all other cases that need counselling.

The Clinic reported that "there is not much going on from the time the people that started it left", referring to the ASAZA Project. This clearly indicates an absence of a sense of ownership. The CRC no longer has police services, as was the case during the ASAZA Project. In terms of records, even the database ASAZA left does not exist anymore. From

2011 to date, the Clinic records GBV cases in a book. However, the Clinic reported that the books for 2011 and 2012 could not be traced, leaving only the books for 2013 and 2014.

The Clinic handles an average of 30 GBV cases and 200 other general counselling cases per month. However, GBV cases take longer in counselling than the other general cases, so the counsellor spends 50% of her time on GBV cases while the nurse spends 10% of her time on GBV cases.

Annual Staff costs: Given the above analysis, the annual staff costs for Mtendere Clinic can be estimated as follows:

((1 Nurse x ZMW 4,000/month) x 12 months) x 10% of her time = ZMW 4,800

((1 Counsellor x K3,100/month) x 12 months) x 50% of her time = ZMW 18,600

Total annual staff cost: ZMW 23,400

Annual GBV Operational Costs for Mtendere Clinic:

In 2014, the Clinic was spending about ZMW 7,400 per month in operational costs, of which 10% was spent on GBV cases. Therefore, the annual operational costs related to GBV cases = (ZMW 7,400 x 12 months) x 10% **= ZMW 8,880**

Annual GBV expenditure on medications for Mtendere Clinic: The Clinic did not have any records on actual expenditures on medications, except for the budgeted figure of ZMW 5,357 per month from 2011 – 2013 of which 10% is attributed to GBV cases. However, the Consultant observed that the expenditure could not have been the same for three years when most of the drugs are imported and the exchange rate has been changing. Even for the locally produced drugs, the inflation rate has been different in each of the years. An estimate for the total annual cost of medications for GBV cases **=** (ZMW 5,357 * 12 months) x 10% **=** ZMW 6,428.40

Thereby, the total estimated GBV costs for Mtendere Clinic are ZMW 23,400 + ZMW 8,880 + ZMW 6,428.40 = **ZMW 38,708.**

7.5 Ministry of Community Development, Mother and Child Health

The GBV related costs for the Ministry of Community Development, Mother and Child Health and the activities on which the funds were spent are provided in the table below.

Table 5-2: GBV cost for the Ministry of Community Development, Mother and Child Health

Year	Department	Amount Spent (ZMW)	Activities undertaken
2009	Planning & Information	138,250	Gender in Development- Mainstreaming gender in the Ministry's programmes and policies.
2010	Social Welfare	102,288	Places of Safety-Sexual and Gender-based violence vote. Funds used to finalise the Place of Safety for victims of Gender-based violence and conduct sensitization activities in districts
	Planning and Information	134,238	Gender in Development- Mainstreaming gender in the Ministry's programmes and policies.
Sub-total		**374,776**	
2011	Social Welfare	135,000	Places of Safety-Sexual and Gender-based violence vote. Funds used to finalise the Place of Safety for victims of Gender-based violence and conduct sensitization activities in districts
	Community Development	49,000	Sensitising women clubs on GBV
	Planning & Information	135,000	Gender in Development- Mainstreaming gender in the Ministry's programmes and policies.
Sub-total		**319,000**	
2012	HR & Admin.	30,000	Sensitizations on Gender-based violence on International Women's Day
	Social Welfare (GRZ)	135,000	Sexual and Gender-based violence vote. Funds used to finalise the Place of Safety for victims of Gender-based violence and support services to victims including conducting sensitization activities in districts
	Social Welfare (UNICEF)	594,000	Sensitization/ stakeholder coalition building in districts, sensitization of school children and refugees at Mayukwayukwa Refugee camp
	Community Development	49,000	Sensitising women clubs on GBV
	Planning & Information	75,850	Gender Commemorative function-Sensitization of women on Gender-based violence and participation in 16 days of gender activism.
		29,000	Participating in International Women's Day.
Sub-Total		**912,850**	
2013	Social Welfare	150,000	Anti- Gender-based violence vote. Funds used to finalise the Place of Safety for victims of Gender-based violence and conduct sensitization activities in districts
	Planning & Information	121,200	Mainstream Gender in Social Sector Ministries
		3,000,000	Construction of places of safety
		30,800	Participation in International Women's Day
		90,300	Gender Commemorative functions including participation in 16 Days of Gender Activism
Sub total		**3,392,300**	
Overall Total		**4,998,926**	

Source: Ministry of Community Development, Mother and Child Health

However, it should be noted that the above costs do not include the staff-related costs which could not be provided by the Ministry as it was difficult for them to separate the staff costs pertaining only to GBV-related activities.

Attempts to collect data from the Ministry of Gender and Child Development, the Ministry of Health (UTH other than One Stop Centre) and the Judiciary have so far proved futile. This could possibly be done in the next phase when the other four districts will be covered.

7.6 Summary of GBV costs for government institutions interviewed

The summary of GBV costs for the government institutions interviewed is presented in the table below. Some Government institutions did not provide their costs for some years. In 2013, for which year each of the interviewed government institutions provided data, the total cost was **ZMW 22,439,528.40**, most of which was contributed by the VSU at 84% followed by the MCDMCH at 15%. The costs for the CRCs were negligent at less than 1% each. For the VSU, salaries made up the major proportion of their cost.

Table 5-3: Summary of GBV costs for government institutions interviewed

Institution	Amount in Zambian Rebased Kwacha (ZMW)				
	2009	2010	2011	2012	2013
Police VSU					18,927,400
Mtendere Clinic CRC					38,708
Chawama Clinic CRC					51,120
MCDMCH	138,250	236,526	319,000	912,850	3,392,300
Total	**138,250**	**236,526**	**319,000**	**912,850**	**22,409,528**

The major proportion of the government's institutional GBV costs was related to staff emoluments: in 2013, it was ZMW 18,156,000 (96%) for VSU, ZMW 23,400 (60%) for Mtendere Clinic, and 100% for Chawama Clinic, which could not provide any operational costs. However, for MCDMCH all the above costs are operational costs as the Ministry could not provide staff costs for GBV-related activities since they are not tracked separately and it was difficult to make an estimate. This shows that most of the GBV costs are not used directly to mitigate the survivors' cases. This coupled with the fact that some institutions do not track staff-related GBV costs, is also an indication of how the implementation of the Anti-GBV Act is not yet institutionalized. In addition, a comparison of the GBV costs to the survivors and their families and the operational costs of government institutions implies that the survivors themselves end up incurring more costs on GBV than the Government institutions which are established to curb GBV.

8 NGOs

8.1 Women in Law and Development in Africa

GBV activities are centred on advocacy, awareness creation and providing free legal advice to the victims (WILDAF has three lawyers to do this). The Organisation has been implementing a Plan Zambia funded Child Rights and Protection Programme in Chadiza focusing on advocacy and awareness creation for the last three years. They also have a program to sensitise duty bearers in their responsibilities and provisions of the Anti GBV Act of 2011, and an advocacy and awareness creation program on reproductive health rights. Staff spend 75% of their time on GBV related activities. Most of the cases they have handled are caused by petty disputes between husband and wife. The table below provides

estimated annual GBV expenditures for the institution in 2012 and 2013, which show an increase from ZMW **1,341,000** in 2012 and ZMW **1,608,750** in 2013.

Table 6-1: Annual GBV related expenditures for WILDAF by type of service

Type of cost	2012 (ZMW)	2013 (ZMW)	TOTAL (ZMW)
Awareness creation on maternal health	246,000	84,000	330,000
Advocacy materials on maternal health	155,000	122,000	277,000
Material production on child protection		10,000	10,000
Advocacy on child rights	364,000	467,000	831,000
Direct expenditure on children GBV		160,000	160,000
Salaries (75% of ZMW 1,021,000)	543,000	765,750	1,308,750
Reproductive Health Rights	33,000		33,000
TOTAL ZMW	**1,341,000**	**1,608,750**	**2,949,750**
Proportion of salaries to the total GBV Cost	**40%**	**45%**	**44%**

Source: WILDAF

8.2 Women and Law in Southern Africa

For WLSA, GBV activities are equally centred on advocacy, awareness creation and providing free legal services and advice to the victims. Details on their expenditures are given in the table below.

Table 6-2: WLSA's GBV average annual costs by type of service

	2011	2012	2013	TOTAL
Legal services	28,000	31,000	38,000	97,000
Stationery Costs	15,800	16,200	18,900	50,900
DSA Costs	21,100	29,500	36,000	86,600
Other legal services	3,100	3,900	4,500	11,500
TOTAL (ZMW)	**68,000**	**80,600**	**97,400**	**246,000**
% of DSA costs in the total GBV costs	**31%**	**37%**	**37%**	**35%**

Source: WLSA

8.3 Young Women's Christian Association

GBV service provision has been YWCA's core mandate since the early 1970s. Through its Women's Human Rights programme components, YWCA provides Drop-in Centres, advocacy and outreach, shelters for battered women and Child in Crisis Centres. Other services include: counselling, legal advice, shelter, support towards payment of medical fees, transport for clients and repatriation of clients.

The table below provides the costs related to GBV that YWCA incurred from 2009 to 2013.

Table 6-3: Summary of YWCA's GBV annual expenditures by type of service provided

Service provided	2009 (ZMW)	2010 (ZMW)	2011 (ZMW)	2012 (ZMW)	2013 (ZMW)	TOTAL (ZMW)
Counselling	1,715,180	1,607,622	965,872	1,102,700	1,228,000	**6,619,374**
Shelter including food	960,000	960,000	840,000	840,000	840,000	**4,440,000**

Legal	4,062	5,034	2,700	1,206	840	**13,842**
Other (specify)	8,000	7,500	6,800	14,500	16,800	**53,600**
TOTAL (ZMW)	**2,689,251**	**2,582,166**	**1,815,372**	**1,960,418**	**2,085,640**	**11,126,816**

Source: YWCA

For YWCA, their primary focus is counselling and provision of shelter for victims and survivors. The table above shows the budget allocation over a period of five years with counselling receiving the highest allocation both annually and cumulatively at ZMW 6,619,374, accounting for 59.4% of the total budget of ZMW 11,126, 816. Next come shelter (including food) at ZMW 4,440,000, legal services and other non-specified services.

8.4 National Legal Aid Clinic for Women

The National Legal Aid Clinic for Women (NLACW) was established in 1990 as a project under the Women's Rights Committee of the Law Association of Zambia. The project was established to provide affordable legal aid to women and children from marginalised social sectors. This it does through legal redress, arbitration, mediation and advocacy through law reform.

NLACW has dealt with GBV in many forms. The GBV response services include case investigations, counselling and legal help. The table below provides GBV-related costs incurred by the institution from 2010 to 2013. It can be observed that the allocation of funding to the GBV cases increased from ZMW 1,953,650 in 2010 to ZMW 8,647,844 in 2013, the legal cost being the highest contributor to the total expenditure, followed by salaries/wages.

Table 6-4: Summary of NLACW's GBV related expenditures by type of service provided

	2010 (ZMW)	**2011 (ZMW)**	**2012 (ZMW)**	**2013 (ZMW)**	**TOTAL (ZMW)**
Legal services Annual	1,618	50,540	77, 532	137,100	189,258
Legal Transport Costs	28,347	74,764	130, 432	112,320	215,431
Counselling Services		3,947	11, 951	10,866	14,813
Community actions and workshops		35,829	112, 478	112,966	148,795
Other legal Services		35,440	55, 000	9,000	44,440
Radio and TV Programmes		23,011	70, 891	47,090	70,101
Salaries/Wages	818,954	2,045,231	2,885,313	3,096,612	8,846,110
Legal Costs total	1,104,731	3,411,174	5,001,321	5,121,890	14,639,116
TOTAL (ZMW)	**1,953,650**	**5,679,936**	**7,886,634**	**8,647,844**	**24,168,064**
% of salaries in total costs	**42%**	**36%**	**37%**	**36%**	**37%**

Source: National Legal Aid Clinic for Women

8.5 Summary of GBV costs for NGOs interviewed

The summary of GBV costs for the NGOs interviewed is given in the table below. Some NGOs did not provide their costs for some years. From 2012 to 2013, for which years each of the interviewed NGOs provided data, the total cost increased from ZMW **11,268,652** to **ZMW 12,439,634** respectively.

Table 6-5: Summary of GBV costs for NGOs interviewed in Zambian Rebased Kwacha

	2009	2010	2011	2012	2013
WILDAF				1,341,000	1,608,750
WLSA			68,000	80,600	97,400
YWCA	2,689,251	2,582,166	1,815,372	1,960,418	2,085,640
NLACW		1,953,650	5,679,936	7,886,634	8,647,844
Total (ZMW)	**2,689,251**	**4,535,816**	**7,563,308**	**11,268,652**	**12,439,634**

The percentage of staff-related costs in the total cost of GBV for WILDAF was 40% in 2012 and 45% in 2013. For WLSA it was 31% in 2011 and 37% in both 2012 and 2013. For NLACW the percentage of staff related costs in the total cost of GBV was 42% in 2010, 36% in 2011, 37% in 2012, and 36% in 2013. YWCA did not provide GBV staff-related costs. Comparatively, government institutions carrying out GBV activities spend a higher proportion on staff-related emoluments than NGOs.

9 National Level GBV Costs

9.1 National level GBV cost to individual and family

The Consultant used the number of cases handled by the VSU countrywide in 2013 (14,097) as a proxy for the number of families in which GBV is experienced at least once per year.

By adding the information that we have obtained in the preceding chapters, the Consultant was able to calculate the cost of GBV in Zambia on the individual and family level. The calculations were done in three sections, specified as Sections A, B and C.

Section A (Table 7-1) calculates the direct cost of GBV by taking the sum of the direct cost to the survivor and family (from **Table 6-6**) and the direct cost to the perpetrator and family (from **Table 6-8**). The cost per family was then used to extrapolate the national cost. The same process was conducted in **Section B (Table 7-2)** to determine the lost income related to GBV, but the information used was the lost income of the survivor and family (**Table 6-6**) and the perpetrator and family (**Table 6-8**).

Section C (Table 7-3) combines section A and B to determine the total cost of domestic violence to the nation at the individual and family levels as shown below.

9.1.1 National direct GBV costs at individual and family level

Table 7-1 below provides the total direct GBV cost at individual and family level (i.e. the survivor and family and the perpetrator and family respectively) at national level. To extrapolate the cost at individual and family level for Zambia in 2013, the estimated total number of GBV cases in 2013 (420,304) was taken to be the number of survivors as well as the perpetrators since for every survivor there is a perpetrator. This figure was multiplied by the average annual cost of the survivors and their families and the perpetrators and their families calculated from the sample respectively to get the annual total GBV cost to the survivor and family and to the perpetrator and family respectively for each category of cost. Then the percentages of those costs were calculated as a proportion of the 2013 GDP (ZMW 160,920,000,000[54]), as shown in the table below:

[54] GDP figure source: World Bank, http://www.worldbank.org/en/country/zambia.

Table 7-1: Section A – Direct costs of GBV at individual and family level in Zambia

Direct (monetary) costs of GBV at individual and family level in Zambia	Average annual cost/family (ZMW)	Total annual cost at national level (ZMW)
Total medical cost to survivor and family	1,174.85	493,794,154.4
Emotional shock treatment cost to survivor and family	199.23	83,737,165.92
Displacement cost to survivor and family	439.57	184,753,029.28
Legal costs to survivor and family	67.2	28,244,428.8
Costs of community meetings to survivor and family	108.42	45,569,359.68
Sub-total direct (monetary) cost of GBV to survivor and family per annum	**1989.27**	**836,098,138.08**
% of GDP for direct survivor and family costs		**0.52%**
Legal costs to perpetrator and family	385.46	162,010,379.84
Displacement cost to perpetrator and family	11	4,623,344
Costs of community meetings to perpetrator and family	60.43	25,398,970.72
Sub-total direct (monetary) cost of GBV to perpetrator & family per annum	**456.89**	**192,032,694.56**
% of GDP for the direct perpetrators and family costs		**0.12%**
Total monetary costs of GBV to individual and family	**2446.16**	**1,028,130,832.64**
Total direct (monetary) costs of GBV to Individual and family as a percentage of GDP		**0.64%**

The results show that it cost the survivors and their families a total direct cost of **ZMW 836,098,138.08** at national level to address GBV cases in 2013, which represented **0.52%** of the GDP. On the other hand, it cost the perpetrators and their families a total direct cost of **ZMW 192,032,694.56** at national level to address GBV cases in 2013, which represented **0.12%** of the GDP. This brought the total national level direct cost of handling GBV cases at individual and family level in 2013 to **ZMW 1,028,130,832.64**, which represented **0.64%** of the 2013 GDP.

9.1.2 National indirect GBV costs at individual and family level

Table 7-2 below provides the total indirect GBV cost to the individual and family at national level (i.e. the indirect cost of GBV for the survivors and their families plus the indirect cost of GBV for the perpetrators and their families). To extrapolate the total indirect cost at individual and family level for Zambia in 2013, the estimated number of GBV cases in 2013 (420,304) was taken to be the number of survivors as well as perpetrators since for every GBV case there is a perpetrator. This figure was multiplied by the average annual cost of the survivors and their families and the perpetrators and their families calculated from the sample respectively to get the total annual GBV cost to the survivor and family and the perpetrator and family for each category of cost. Then the percentages of those costs were calculated as the proportion of the 2013 GDP (ZMW 160,920,000,000), as shown in the table below:

Table 7-2 Section B – Loss of income due to GBV at individual and family level in Zambia

Loss of income (indirect cost) due to GBV at Individual and Family Level in Zambia	Average annual cost/family (ZMW)	Total annual cost at national level (ZMW)
Loss due to emotional shock treatment by survivor and family	174.7	17,256,621
Loss due to permanent injury by survivor and family	973.48	117,069,565
Loss due to displacement by survivor and family	409.3	37,915,956
Loss due to legal cases by survivor and family	34.34	8,263,734
Sub-total of annual income loss to survivor and family	**1,591.82**	**669,048,313.28**
Annual income loss to survivor and family as % of GDP		**0.415%**
Loss due to legal cases by perpetrator and family	15.76	4,293,901
Loss due to displacement by perpetrator and family	15.76	6,400,343
Sub-total of annual income loss to perpetrator and family	**31.52**	**13,247,982.08**
Annual income loss to perpetrator and family as % of GDP		**0.008%**
Total annual income loss at individual and family level	**1,623.34**	**682,296,295.36**
Total income loss (indirect cost) at individual and family level as a percentage of GDP		**0.423%**

The results show that the survivors and their families lost time worth **ZMW 669,048,313.28** at national level to address GBV cases in 2013, which represented **0.416%** of the GDP. On the other hand, the perpetrators and their families lost time worth **ZMW 13,247,982.08** at national level to address GBV cases in 2013, which represented **0.008%** of the GDP. This brought the total national level cost of loss of time when handling GBV cases at individual and family level in 2013 to **ZMW 682,296,295.36**, which represented **0.423%** of the GDP.

9.1.3 National GBV costs at individual and family level

Table 7-3 combines **Tables 7-1 and 7-2** (direct and indirect costs) to determine the national total cost of GBV at individual and family level.

Table 7-3: Section C – Total direct and indirect costs of GBV at individual and family level in Zambia

Cost of GBV at individual and family level in Zambia	Average annual cost/family (Sample)	Total annual cost at national level
Total direct (monetary) at individual and family level	2446.16	**1,028,130,832.64**
Total indirect (loss of time) cost at individual and family level	1,623.34	**682,296,295.36**
Total cost at individual and family level	**4,069.51**	**1,710,431,331.04**

Total cost at individual and family level as a % of GDP		**1.063%**

The results show that it cost individuals and their families a total of **ZMW 1,710,431,331** at national level to address GBV cases in 2013, which represented **1.063%** of the GDP.

9.2 National level GBV costs for all cost categories

Table 7-4 below provides a summary of estimates of the various categories of GBV costs at individual and family level, community level, NGO level and Government institutions level for 2013.

Table 7-4: Categories of GBV costs at national level as a % of GDP

Category of GBV costs at national level	Total cost per category (ZMW)	% of GDP
Total national GBV cost individual and family level	1,710,431,331.04	1.063%
Total national GBV cost at community level	33,082,127.8	0.02%
2013 national GBV cost at government institutions level	22,409,528	0.013%
2013 national GBV costs at NGOs level	12,439,634	0.007%
Grand total GBV cost at national level	**1,778,362,620.84**	**1.103%**

The results show that it cost Zambia a total of **ZMW 1,778,362,620.84** to address GBV cases in 2013, which represented **1.103%** of the GDP.

It is, however, hoped that those government institutions that did not provide their GBV costs during the pilot phase will do so at the latter stage, when the four additional districts are to be covered, so that a better picture can be obtained of institutional costs, especially on the government side. It is then that an assumption will be made on how to estimate the costs for institutions involved in GBV-related activities whose costs have not been incorporated in the present phase of the study.

Section: 5. Conclusions and Recommendations

10 Lessons learnt from Lusaka Pilot

10.1 Lessons learnt

10.1.1 Proportionate sampling

The experience of the Consultants in Lusaka Province where all the eight research assistants were involved in data collection for five days revealed that on average, a research assistant could handle three to four questionnaires per day because a lot of probing was needed. However, for some districts where huge samples are required, while there will only be one vehicle with two research assistants on disposal, those research assistants will only be able to administer a maximum of 32 questionnaires in four days. That means that the overall target of 250 survivors and 500 significant others might not be met.

One way to mitigate this limitation and increase the number of survivors to be covered by a research assistant when the study is conducted in the remaining four districts will be to use a voice recorder. In this way, the interviews will take a shorter time as the research assistants will be able to transcribe later. However, this will depend on the willingness of the respondents to have the recorders used and the availability of funds to procure the recorders for the remaining four districts. Another solution could be to interview more in some districts, as was the case in Lusaka, so that the 'surplus' from some districts can help reduce the shortfall in other districts.

10.1.2 Use of Survivor Support Groups

As a learning process for both the Client and the Consultants, the Lusaka experience revealed that the Client would need to provide much more support in the identification of survivors who have a working relationship with the existing GBV institutions. To ensure identification of such survivors, some of the survivor support groups will need to be located with the help of CARE and other stakeholders. CARE has already expressed a commitment to help out in this area. However, it will be necessary to communicate with the other stakeholders well in advance to allow sufficient time for them to mobilize the survivor support groups.

10.2 Conclusion

The study has revealed that there has been an increase in the GBV cases recorded and handled by each and every one of the institutions providing GBV related services annually. That has also meant an increase in the cost of GBV. Most of the GBV violence has been against women and the girl child due to various reasons mostly related to cultural values and norms. Most of the services provided by all institutions are reactive (curative) rather than proactive (preventative) in nature.

The total annual GBV direct (monetary) cost at individual and family level in Zambia in 2013 was **ZMW 1,028,130,832.64** representing **0.64%** of the GDP. The total annual income lost (indirect cost) by individuals and their families in handling GBV cases in Zambia in 2013 was **ZMW 682,296,295.36**, representing **0.423%** of the GDP. This implies a total national annual GBV cost to the individual and family of **ZMW 1,710,431,331.04**, representing **1.063%** of the GDP.

Most of the survivor related costs were financed from the survivor's own money, followed by borrowed funds from relatives and friends, and then from the survivors' own parent's money for the various costs that constituted the total cost. Even for the perpetrators' costs, it was the perpetrators of GBV who bore the highest cost at 42.1%, followed by money borrowed from relatives and friends at 8.4%, while the third source was the spouses' money at 6.3%. This illustrates how the immediate family and friends bear the indirect cost and ripple effects of GBV by virtue of them being a support system for the survivor.

In 2013, for which year each of the interviewed government institutions (VSU, Mtendere Clinic CRC, Chawama Clinic CRC, and MCDMCH) provided data, the total national GBV cost to government institutions was **ZMW 22,439,528**, representing **0.013%** of the GDP. Most of this cost category was contributed by the VSU at 84%, followed by the MCDMCH at 15%. The costs for the CRCs were negligible at less than 1% each. For the VSU, salaries made up the major proportion of their costs.

For NGOs, in the two years for which each of the interviewed NGOs provided data, the total cost spent on GBV increased from ZMW **11,268,652** in 2012 to **ZMW 12,439,634** in 2013, the latter representing **0.007%** of the GDP.

To sum up, it cost Zambia a total of **ZMW 1,778,362,620.84** to address GBV cases in 2013, which represented **1.103%** of the GDP.

Although the above costs have been computed, there are many other hidden costs that arise from GBV cases, which are difficult to fully capture on the survivor's side, the perpetrator's side, as well as the community. Therefore, it is safe to say that the GBV cost to Lusaka (and the nation at large) is far beyond what the computations in this study provide.

10.3 Recommendations

Generally, budget allocations to GBV by the institutions are negligible even though gender-based violence is still very rampant and has been increasing over the years, a situation which calls for the attention of the government and of all well-meaning Zambians. In addition, since addressing GBV is at the centre of reducing and even mitigating the pain of survivors, the issue of more GBV-related budget funds being allocated to staff emoluments in the institutions should be resolved to improve service provision, which in turn will reduce the cost of GBV to the nation. The budgets, especially of Government ministries and agencies, should make possible the tracing of provisions that are meant for GBV, as this will facilitate monitoring progress in service provision.

It is hoped that once the cost of GBV to the nation is known, it will form a basis to review the adequacy of the existing policy, legal and institutional framework as well as of the budget allocation to GBV and to sensitize the general populace on the provisions of international and national laws and the GBV costs. If reduced, the amounts spent on handling GBV cases can be better utilized by making development investments.

Section: 6. Annexes

Appendix 1: YWCA reported cases between January and December 2011 by region

Source: *YWCA*

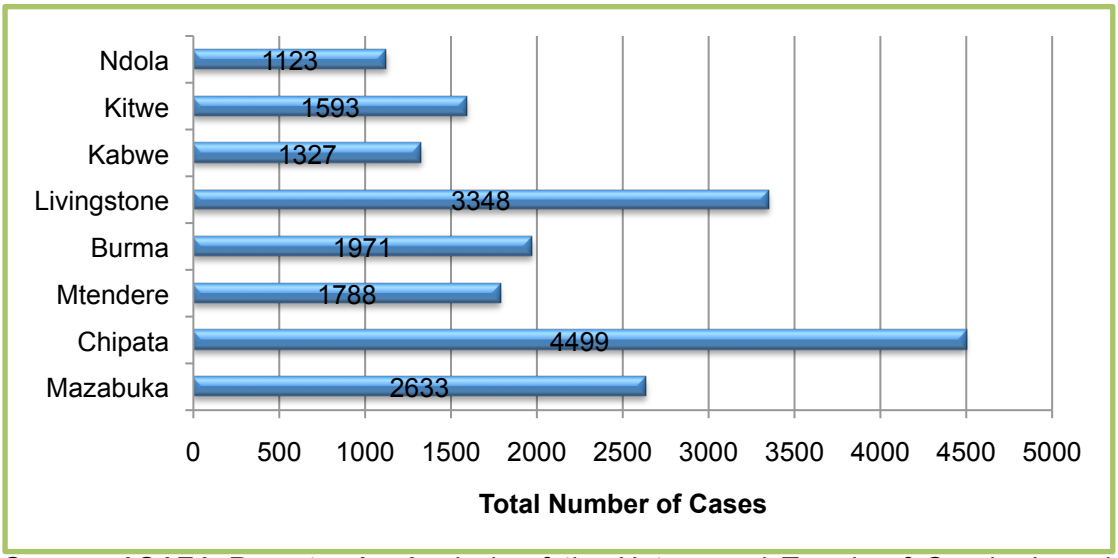
Type of Case	Lusaka	Central	Western	Northern	Southern	Eastern	Copperbelt	Total
Rape	6	2	3	1	4	1	5	22
Defilement	33	13	33	13	9	15	16	132
Incest	1	-	-	8	-	-	-	9
Other sexual offences	14	6	32	9	50	27	23	161
Early marriage	20	-	5	20	9	8	8	70
Child Physical abuse/labour	12	1	4	-	12	8	30	67
Spouse Battery	87	13	57	40	69	190	50	506
Emotional/ Psychological Abuse	20	6	36	1	20	609	43	735
Succession	109	28	41	8	75	67	97	425
Child maintenance/ neglect	245	51	138	55	153	299	263	1 204
Marital/relationship problems	392	142	117	17	235	90	284	1 277
Health issues	8	4	100	-	37	-	11	160
Employment	90	5	8	-	3	2	106	214
Education assistance	27	-	235	338	114	-	15	729
Family disputes/neglect	32	18	12	12	65	304	37	480
Financial/housing/delinquency/ information/others	184	160	215	64	100	164	234	1 121
legal advise	8	9	154	1	79	188	11	450
Land disputes	25	3	-	6	5	4	-	43
Assault/Threatening violence	58	12	3	-	81	-	22	176
Total	**1 371**	**473**	**1 193**	**593**	**1 120**	**1 976**	**1 255**	**7 981**

Appendix 2: YWCA reported cases between January and December 2012 by region

Case Category	Lusaka		Central		Western		Northern		Southern		Eastern		Copperbelt		North Western		Total cases		Total Jan - Dec 2012
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
ape	33	3	5	0	5	0	7	0	3	0	9	0	6	0	0	0	**68**	**3**	**71**
efilement	85	5	30	0	52	1	37	0	23	0	43	0	29	0	2	0	**301**	**6**	**307**
cest	2	0	1	0	0	0	7	0	4	0	0	0	3	0	0	0	**17**	**0**	**17**
ther sexual offences	39	3	4	3	24	3	0	0	13	2	0	1	19	4	0	0	**99**	**16**	**115**
arly marriage/Pregnancy	21	1	13	0	11	0	10	0	0	0	13	0	16	0	0	0	**84**	**1**	**85**
hild Physical abuse/labour	38	4	4	3	7	3	4	4	0	7	12	6	14	2	2	1	**81**	**30**	**111**
ouse Battery	51	2	12	1	85	3	37	0	83	17	170	1	48	2	9	0	**495**	**26**	**521**
notional/ ychological/insults	47	0	5	1	69	17	23	0	0	1	499	104	23	7	0	0	**666**	**130**	**796**
tate admin/Succession	105	13	10	2	2	5	3	0	1	10	1	1	60	13	0	0	**182**	**44**	**226**
operty grabbing	70	1	6	0	24	7	3	0	31	9	49	24	17	6	8	0	**208**	**47**	**255**
hild maintenance/ neglect	245	30	24	7	89	19	20	21	112	35	294	27	169	25	0	0	**953**	**164**	**1117**
arital/relationship oblems	379	20	101	14	121	17	49	7	204	72	88	7	242	27	0	0	**1184**	**164**	**1348**
ealth issues	1	2	3	2	29	5	1	1	6	2	0	0	0	0	69	12	**109**	**24**	**133**
nployment	74	46	5	5	19	2	6	3	1	5	61	40	28	33	0	0	**194**	**134**	**328**
ducation assistance	84	7	2	1	25	46	101	67	27	14	0	0	39	18	0	0	**278**	**153**	**431**
mily disputes/neglect	17	2	33	3	69	16	13	7	31	13	290	34	61	17	0	0	**514**	**92**	**606**
nancial/delinquency/others form	110	49	44	14	38	17	56	41	65	44	112	15	175	95	0	0	**600**	**275**	**875**
gal advise	32	29	1	0	68	20	10	3	20	18	0	0	0	0	0	0	**131**	**70**	**201**
nd disputes	0	0	5	4	25	2	10	7	4	2	16	3	8	1	0	0	**68**	**19**	**87**
uman afficking/suspected	26	15	0	0	0	0	3	0	0	0	8	0	2	0	0	0	**39**	**15**	**54**
ssault/Threatening olence	23	1	9	7	17	4	7	2	6	6	9	0	10	1	0	0	**81**	**21**	**102**
otal	**1482**	**233**	**317**	**67**	**779**	**187**	**407**	**163**	**634**	**257**	**1674**	**263**	**969**	**251**	**90**	**13**	**6352**	**1434**	**7786**
Grand Totals	**1715**		**384**		**966**		**570**		**891**		**1937**		**1220**		**103**		**7786**		

Source: YWCA

Appendix 3: GBV Cases attended to by the CRCs during the ASAZA Implementation period 2008 – 2011



Source: ASAZA Report - An Analysis of the Nature and Trends of Gender-based violence Cases at Coordinated Response Centres in Zambia, November 2011

Appendix 4: VSU Gender-based violence Crime Statistics for the Year 2011

OFFENCE	TAKEN TO COURT						NOT TAKEN TO COURT		
	Report	Convicted	Acquitted	Withdrawn	Pending	Total	Carried Forward	Withdrawn	Total
Defilement	1339	511	23	63	239	936	962	41	1003
Attempted Defilement	3	0	0	0	2	3	0	0	0
Indecent Assault	114	18	2	3	25	48	60	6	66
Indecent Assault on boys									
Sexual Harassment	5	0	0	0	0	0	4	1	5
Abduction	16	2	0	1	0	6	9	1	10
Incest	28	5	0	0	1	20	8	0	8
Rape	211	41	2	2	623	99	107	5	12
Attempted Rape	46	7	1	1	54	14	26	6	32
Defilement of idiots/ imbeciles	15	0	1	0	11	1	13	1	14
Human Trafficking	14	0	1	0	36	3	11	0	11
Child Trafficking									
Infanticide	5	2	1	0	0	5	0	0	0
Abortion	18	4	0	0	2	8	9	1	10
Threatening Violence	100	3	0	0	15	27	38	35	73
Assault OABH	3699	186	8	107		924	1610	1165	2775
Assault GBH									
False Pretence of Marriage	43	0	0	0	2	0	43	0	43
Unlawful Wounding	88	10	0	0	0	46	36	6	42
Murder	32	3	2	0	25	30	2	0	2
Neglecting to provide necessities	1719	13	0	12	5	128	747	844	1591
Depriving Beneficiaries	154	10	1	9	9	29	62	63	125

Source: Zambia Police Service Victim Support Unit

Appendix 5: The Terms of Reference

CARE International/ GRZ/UN Joint Program on GBV
Terms of Reference for Cost of Gender-based violence Pilot Study

1. Introduction: Pilot Study of the Cost of Gender-based violence which seeks to work with communities to determine the social and economic cost of GBV to individuals, families, communities, institutions and the state. The Anti-Gender-Based Violence Act no.1 of 2011 defines "Gender-based violence" as any physical, sexual, mental, social, or economic abuse against a person because of that person's gender regardless of whether it is perpetuated by people of the same sex. These include the following:

- Physical (battery, aggravated battery, physical abuse, forced abortion)
- Social and Economic (property grabbing)
- Sexual (rape, sexual harassment, sexual abuse, incest, forced prostitution, engagement in pornography)
- Emotional: (harassment, psychological)
- Human Trafficking

2. Background:
Few economic analysis on domestic violence have been conducted in developing countries, particularly in Africa, despite their strong persuasiveness for influencing national plans & policies,. A pioneering study in Bangladesh conducted by Fahmida Khatun et al through the Centre for Policy Dialogue in 2010 found that victims of domestic violence spent on healthcare, shelter, criminal justice, legal services and social services, a total amount equivalent of 2.86% of the GDP of Bangladesh. A more recent study carried out by Dr. Kaniz Siddique for CARE-Bangladesh in 2011 obtained similar figures. This study used a framework that identified the social costs, intangible mental and physical health costs (meaning the costs besides going to the doctor, such as pain), time cost, and direct monetary costs domestic violence has on four main levels of society: individual, family, community and to the state. It collected primary data (surveys of 483 domestic violence survivors in three rural districts in Bangladesh) and secondary information (from Government and NGOs). The primary survey also revealed information about the demographics of the survey participants and the impact domestic violence has had on their lives.

The summary of the cost of VAW developed by the study are outlined below:

Societal Level	Taka (crore)	% of total government expenditure	% of GDP
Individual and family	14,084.56	12.37%	2.08%
State	137.24	0.12%	0.02%
Non-state	150.00	0.16%	0.03%
Total	**14,411.80**	**12.65%**	**2.13%**

As part of the efforts to provide greater evidence and visibility for the fight against gender-based violence in Zambia, where 47% of women aged 15-49 have at some point in their lifetime experienced physical violence from an intimate partner, CARE in partnership with ZARD and other stakeholders will adapt the initiative which was undertaken by CARE Bangladesh to the Zambian context, and develop a pioneering study on the cost of violence to Zambia. The study will use the framework developed by CARE Bangladesh to identify the social costs, intangible mental and physical health costs (meaning the costs besides going to the doctor, such as pain), time cost,

and direct monetary costs domestic violence has on five main levels of society: individual, family, community, NGOs and to the state.

3. Purpose and Objective:
The cost of GBV study will highlight the social and economic costs of GBV and the negative impact of these costs on development.

a.The specific objectives are:

- To identify direct costs, non-monetary costs, and the economic and social multiplier effects of violence.
- To outline cost categories that includes costs to individual survivors, families, communities and local structures.

b.The purpose of the study is:

- To use the cost analysis which includes economic and social costs of GBV to provide evidence for a national advocacy campaign, promoting the increased budget allocation to GBV activities and the implementation of the Anti Gender-based violence Act 2011;
- To increase understanding about the links between gender norms, behaviors and practices around GBV. This will include understanding the allocation of resources, power relations, prevailing gender norms, practices and behaviors and the following key gender issues i.e. access to and control over income and material assets; decision-making processes; mobility and participation in the public sphere, including access to services and markets; GBV; access to justice and the local government structures involvement of women.
- To construct a picture of GBV prevalence rates with information assessed at the individual, family, community, NGO and government levels. This will include the number of survivors of GBV, the kind of violence perpetuated, the perpetuators of violence, what kind of services exist and what kind of access is available to and needed by survivors and sources of support often sought.

4. Methodology and approach:
The study will be participatory and will be conducted at two levels

a. **Individual family, community and other local structures**

Information and data will be collected from primary sources to capture the grassroots realities of GBV. A household survey will be designed to obtain the greatest amount of reliable data from GBV survivors, their families and communities. The consideration to be taken into account when designing the household survey are that GBV is often kept in the private sphere, resulting in many victims being reluctant to delineate their experiences to strangers. Another consideration is that the sample size will need to be sufficiently large to allow the national cost of GBV to be extrapolated from the survey findings. To avoid problems of finding participants for the study due to the sensitive nature of GBV, the survey will be conducted with communities who have already developed relationships of trust with CARE-Zambia in the coordinated response centers (CRCs) established by CARE in health facilities to address GBV. The UTH one stop centre, Women's legal Aid Clinic and the YWCA drop in centres and shelters will also be included.

- The **sample size target** will be set at 100 GBV survivors to whom questionnaires will be administered and 200 key informants who will include family, community and other local structures. An interview guide and focus groups will be used to collect information.
- **Study sites -** The study will be conducted in Lusaka and Kabwe and the focus will be the established Coordinated Response Centres (CRCs) and their catchment areas. These should include both rural and urban areas.

b. **Government and Non Governmental Organizations**

Data on expenditures of the government and non-government organizations on addressing and combating GBV will be collected as follows:

- **Government** - To identify the expenditures on GBV by the state it will be necessary to go beyond the expenditure items published by the government in order to account for all of the actors, including multiple ministries, directorates, departments, divisions and agencies. First, the institutional structures in place for addressing GBV will be identified, then the services provided by each institution will be reviewed and only then will the budget for each specific actor be obtained. Interviews and consultations will also be conducted with various actors, including the police, health facilities and judiciary. On the basis of the existing activities of each institution, estimates will be made of the government's expenditure on combating and addressing GBV. ***The estimates will based on services and activities that will have already transpired.***
- **Non-Governmental Organizations** - To begin the study, NGOs and CBOs that are involved in addressing GBV in Lusaka will be identified. These should be known to be working on issues pertaining to GBV, either through direct services or advocacy. Donor agencies will also be contacted to identify the NGOs or CBOs they may be supporting. Once this list is compiled, the identified NGOs and CBOs will be asked to provide their actual expenditures on all projects pertaining to addressing GBV.

Framework of analysis

The framework developed by CARE Bangladesh will be adapted and used to calculate the direct tangible costs of GBV. This framework will then be used to conduct the financial analysis of the cost of GBV. The framework is broken down into four categories of costs pertaining to GBV: social costs, intangible mental and physical health costs (meaning the costs besides medical attention, such as pain), time costs, and direct monetary costs. These costs are incurred at five levels: individual, family, community and macro (government and non-government). Several of the identified costs are applicable to multiple levels of society.

4. Time Frame (Duration):

The pilot study should be conducted within 60 days within May and July 2014. Total days will be divided for desk study, field visit, consultation, workshop facilitation and finalization and sharing of report.

5. Roles and responsibilities:

The roles and responsibilities will be at three levels.

CARE/UNDP/GRZ

- Financial and other support and technical oversight
- Identification of key stakeholders

ZARD

- Responsible for anchoring the project and providing oversight and logistical support in consultation with CARE
- Facilitate the validation workshop

Consultant:

The consultant in collaboration with ZARD, CARE and UNDP/MGCD will be in charge of the following steps:

- Prepare a comprehensive research plan.

- Conduct literature review of existing documents. The sources of information should be varied, drawing on multilateral and bilateral agencies analysis, NGOs/research institutes/think tank and media reports and papers, Zambian government official documents etc.
- Develop research and orient research assistants in the use of the tools.
- Conduct data collection and analysis.
- Prepare preliminary report to be presented to ZARD, UNDP/MGCD and CARE
- Prepare draft report of findings to be presented to a stakeholders validation workshop
- Prepare final report incorporating comments from the validation workshop.

Deliverables:
- Inception report
- Preliminary report
- Draft report
- Final report

6. Qualification and Competency:
The consultants should have **sound** experience in social economic analysis, especially in the social sectors and as well as financial analysis. They should have extensive understanding of GBV and institutions involved in addressing GBV. They should understand the political **systems and governance structures** and contexts. They should have a strong understanding of the politics and governance agreements underpinning gender. They should have prior experience in the area of gender, especially gender analysis, and governance and gender.

7. CARE Contact Person:

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Annex 1: Key Documents available:

1. CARE Bangladesh COVAW Report
2. CARE Bangladesh COVAW Project Final Evaluation Report
3. Understanding the Monetary Cost of Domestic Violence - CARE Tool to analyze the cost of domestic violence
4. The Socio Economic Cost of Violence against Women – Pakistan

Appendix 6: Documents reviewed so far

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5) CARE Bangladesh COVAW Report.
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7) Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. Zambia Demographic and Health Survey 2007. Calverton, Maryland, USA: CSO and Macro International Inc.
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18) Morel-Seytoux, S. Et al. (2010) USAID/Zambia Gender-Based Violence Programming Evaluation.
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21) Safe Love Zambia, Accessed on 28 May 2014.
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23) The Socio Economic Cost of Violence against Women – Pakistan.

24) UN Women, Community mobilization, outreach and mass media, Men & Boys Knowledge Module, End VAW Now, Accessed 28 May 2014.
25) United Nations Economic Commission for Africa, Country Specific Information, Zambia, Accessed on 28 May 2014.
26) United Nations Treaty Collection, Chapter IV: Human Rights, Accessed on 8 May 2014.
27) United Nations Economic Commission for Africa, Country Specific Information, Zambia, Accessed on 28 May 2014.
28) Understanding the Monetary Cost of Domestic Violence - CARE Tool to analyze the cost of domestic violence.
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Appendix 7: Questionnaire to determine the cost for individual, family, perpetrator and community resulting from GBV

Questionnaire to determine the cost for individual, family, perpetrator and community resulting from GBV

Time Frame: 2009 to Now

Date of interview:

D	D	M	M	Y	Y

Name of Interviewer .....

STARTING TIME: ..... ENDING TIME: .....

Identification:

3. District: ……

4 (a) Area where the survivor is coming from

Low density	High Density
1	2

4 (a) Area where the survivor is coming from

Rural	Urban
1	2

Consent statement:

Respondent's Name: ……..

5. Sex

Male	Female
1	2

6. What is your age?

1-7	8-16	17-35	36-55	>55
1	2	3	4	5

7. What is your marital status?

Married	widowed	Separated	Divorced	Single
1	2	3	4	5

8. Years in marriage

1 year	1-10	11-20	21-30	>30
1	2	3	4	5

9. Size of the household?

3	3-5	6-10	11-15	>15

1	2	3	4	5

10. What is the highest level of education the survivor has attained?

Primary	Secondary	Tertiary
1	2	3

11. Occupation: ……..

Spouse's name ……..

Parent's/Guardian's Name: ……

Tell us your experience on Gender-based violence

12. Did any member of the family experience any of the following abuse/crime/violence/injustice and if so, we would like to know about them in details

	A buse/crime/violence/ injustice	**If experienced 1=yes, 2=no**	**Frequency**	**Reasons causing the incident of violence**
A	**Physical violence**			
A1	slapping, kicking, punching, beating/hitting with hands/feet			
A2	beating/hitting with an object			
A3	Chocking			
A4	Burning			
A5	Pouring something on you (specify)			
A6	Use of weapon against victim			
A7	Forced abortion			
A8	Maiming (disfigured/deformed)			
B	**Psychological violence**			
B1	Threats to use force/physical violence			
B2	Intimidation/inferiority complex			
B3	Harassment			
B4	Damage to property			
B5	Verbal abuse (Insulting, demeaning)			
B6	Isolation/ Restricting mobility			

B7	Abandonment			
B8	Financial Deprivation			
B9	Not talking to each other			
C	**Sexual violence**			
C1	Rape			
C2	Attempted Rape			
C3	Defilement			
C4	Attempted defilement			
C5	Indecent assault			
C6	Sexual harassment			
C7	Sexual exploitation/coercion			
C8	Incest			
C9	Sexual abuse			
C10	Abduction			
D	**Economic violence**			
D1	Denial of food			
D2	Denial of access income			
D3	Denial of access to education			
D4	Denial of access to water and sanitation			
D5	Deprivation of maintenance of spouse			
D6	Deprivation of maintenance of children			
D7	Property grabbing			
D8	Not allowing to earn income			
D9	Forced to earn/took away all the earnings			
D10	Other (specify)……			
E	**Human Violence**			
E1	Women children trafficking			
E2	child trafficking			
F	**Social/cultural Violence**			
F1	Early/forced marriage			
F2	Eloping			

Reasons:

Petty dispute between husband and wife	1
Instigation by HH members	2
Spouse is an ill-tempered person	3

personality conflict between survivor and in-laws (parents in law, sister/brother -in-law and daughter/son-in-law	4
Drug/Alcohol addiction of the husband	5
Infidelity of the spouse	6
Infertility of spouse	7
Another woman/co-wife	8
Another man/co-husband	9
Myths for HIV/AIDS cure	10
Myths for prosperity	11
Other myths (specify)	12
Insecurity of spouse	13
Sexual favors	14
Lack of sexual satisfaction	15
Other (specify) ……	16

Costs to the victims and victims' family

Health Care Cost

13. During the violence was the victim injured physically?

Yes	No
1	2

14. Was there any medical treatment?

Yes	No
1	2

15. If yes to 14, what was the total expenditure in Kwacha for medical treatment for each incidence (include doctors' fees, family nursing costs, medicine, hospitalization, surgery, laboratory tests, X-ray, Police report, etc)?

Incidence 1	Incidence 2	Incidence 3	Incidence 4	Incidence 5
1	2	3	4	5

16. What was the total expenditure in Kwacha for transportation to the hospital for each incidence?

Incidence 1	Incidence 2	Incidence 3	Incidence 4	Incidence 5
1	2	3	4	5

17. How did the family finance this expense? (Can be more than one)

Survivor's own money	1
Own Parents' money	2
Spouse's parent's money	3
Spouse's money	4

in laws' money (both sides)	5
borrowed from relatives/friends	6
borrowed from a Micro finance institution	7
Supported by NGOs	8
Supported by Church	9
by selling tangible (ornaments etc) property	10
by selling land/house	11
Others (specify)…….	12

18. Did the victim of violence or other members of the family suffer emotional shocks which have made them change behavior and the way they perceive things, people and/or situations?

Yes	No
1	2

19. If yes to 18, as a result of the above emotional shock did you, the family or the community seek any help on your behalf?

Doctor	1
Police	2
Family member	3
Neighborhood watch	4
Headman/Chief	5
Church	6
Others	

20. How much time was used for medical and emotional treatment?

By the victim (in hours)	
By members of the family (in hours)	

21. What was the total expenditure in Kwacha for treatment for the emotional shock by the victim? (include opportunity co

22. What was the total expenditure in Kwacha for treatment for the emotional shock by the Counselor? (include opportunity cost)

23. What was the total expenditure in Kwacha for transportation to address emotiona

24. How did the family finance this expense? (Can be more than one)

Survivor's own money	1
Own Parents' money	2
Spouse's parent's money	3
Spouse's money	4
in laws' money (both sides)	5
borrowed from relatives/friends	6
borrowed from a MFI	7
Supported by NGOs	8

Supported by Church	
by selling tangible (ornaments etc) property	9
by selling land/house	10
Others (specify)…….	11

25. Did the victim of violence or other members of the family suffer permanent physical or mental injury?

Yes	No
1	2

26. If yes how many people were injured?

1	2	3

27. Because of the injury was there any permanent loss of ability to work?

Yes	No
1	2

28. Because of the injury was there loss of ability to work by

	20%	40%	60%	80%	100%
Person 1					
Person 2					
Person 3					

29. What was the occupation of the persons injured?

	Occupation of persons injured
Person 1	
Person 2	
Person 3	

30. What was the average daily income of the persons injured in Kwacha?

	Daily income of persons injured
Person 1	
Person 2	
Person 3	

31. For how long has each person been disabled?

	Length of time disabled
Person 1	
Person 2	
Person 3	

Displacement of the victim

32. Did the victim have to leave house because of the incident/incidences?

Yes	No
1	2

33. How much time was used because of displacement?

By the victim (in hours)	
By members of the family (in hours)	

34. What was the total expenditure in Kwacha for displacement?

Incidence 1	Incidence 2	Incidence 3	Incidence 4	Incidence 5
1	2	3	4	5

35. How did you finance this expense? (Can be more than one)

Survivor own money	1
Own Parents' money	2
Spouse's parent's money	3
Spouse's money	4
in laws' money (both sides)	5
borrowed from relatives/friends	6
borrowed from a MFI	7
Supported by NGOs	8
Supported by Church	9
by selling tangible (ornaments etc) property	10
by selling land/house	11
Others (specify)…….	12

36. What was the total medical treatment related transportation, food and other costs in Kwacha?

Criminal, Civil or legal service

37. Did the victim's family report the case to the police and/or sue perpetrator in a fast track court, civil court or criminal justice court?

Fast track court	Civil court	Report to Police	Criminal court	N/A
1	2	3	4	6

38. If yes, what happened in there?

reconciliation	separation	Divorce	Conviction	Withdrawal
1	2	3	4	5

39. If answer is 2 or 3 in the previous question, was the victim paid any monetary compensation/maintenance by the perpetrator?

Yes	No	NA

1	2	99

40. What was the approximate expense in Kwacha that the survivor and his family spent as transport, food and other expenses when they went to the Police, fast track court, civil and/or criminal court?

41. How did the family finance the expenses?

Survivor's own money	1
Own Parents' money	2
Spouse's parent's money	3
Spouse's money	4
in laws' money (both sides)	5
borrowed from relatives/friends	6
borrowed from a MFI	7
Supported by NGOs	8
Supported by Church	9
by selling tangible (ornaments etc) property	10
by selling land/house	11
Others (specify)……	12

42. Did any member of the family have to take any days off from paid work for going to fast track court, civil court , police and/or lawyer/criminal court?

Yes	No
1	2

43. If yes to 42, how many days did each one take off from work?

	Days from work
Person 1	
Person 2	
Person 3	
	Occupation of family members
Person 1	
Person 2	
Person 3	

44. What was the occupation of each of those family members in 42?

45. What was the daily income of each of those family members in 42?

	Daily income of family members
Person 1	
Person 2	
Person 3	

46. Did the victim's family have to pay any money (including bribe) to the police and/or the legal personnel to deal with this matter?

Yes	No
1	2

47. If yes, how much did the victim's family pay as bribe to the police?

48. Was there any other expense?

Yes	No
1	2

49. If yes to 48, how much? [ ]

50. How did the family finance the expenses?

Survivor's own money	1
Own Parents' money	2
Spouse's parent's money	3
Spouse's money	4
in laws' money (both sides)	5
borrowed from relatives/friends	6
borrowed from a MFI	7
Supported by NGOs	8
Supported by Church	9
by selling tangible (ornaments etc) property	10
by selling land/house	11
Others (specify)……	12

Costs to the perpetrator and perpetrator's family

51. Was the perpetrator fined?

Yes	No
1	2

52. If yes how much Kwacha did the perpetrator pay as penalty? If payment was in kind please translate into monetary value [ ]

53. Was the perpetrator reported to the police?

Yes	No
1	2

54. If yes how much Kwacha did the perpetrator spend in transportation, food, etc to the Police and court? [ ]

55. Was the perpetrator jailed/detained?

Yes	No
1	2

56. If yes to 55, for how many years was s/he in detention and/or jail? [ ]

57. What was the occupation of the perpetrator? [ ]

58. What was the average daily income of the perpetrator? [ ]

Perpetrator and family displacement costs

59. Did the perpetrator have to leave house and go into hiding because of the incident?

Yes	No
1	2

60. What was the total cost related to transportation, food and other costs because of displacement or hiding? [ ]

61. How did the perpetrator finance this expense? (Can be more than one)

Perpetrator own money	1
Own Parents' money	2
Spouse's parent's money	3
Spouse's money	4
In laws' money (both sides)	5
Borrowed from relatives/friends	6
Borrowed from a MFI	7
Supported by NGOs	8
Supported by Church	9
by selling tangible (ornaments etc) property	10
By selling land/house	11
Others (specify)…….	12

62. Did any member of the perpetrator's family have to take any days off from paid work for going to fast track court, civil court, police and/or lawyer/criminal court?

Yes	No
1	2

63. If yes to 62, how many days did each one take off from work?

	Days from work
Person 1	
Person 2	
Person 3	

64. What was the occupation of each of those family members in 63?

	Occupation of family members
Person 1	
Person 2	
Person 3	

65. What was the daily income of each of those family members in 63?

	Daily income of family members
Person 1	
Person 2	
Person 3	

Cost at the community level (Informal legal/social services/neighborhood watch)

66. Have you contacted any of the following institutions?

NGO/Social organization	1
Traditional court	2
Neighborhood watch	3
Church	4
Traditional counselor	5
Others	6

67. Did any community committee sit to hear the survivor's case?

Yes	No
1	2

68. How many people were in the community hearing Committee? ☐

69. How many times did the community committee sit to hear the survivor's case?

1	2	3	4

70. How many hours did each community committee sitting take to hear the case?

1	2	3	4

71. How many total hours were spent for community case hearing (Number of people x number of hours each time of sitting x number of sittings?) ☐

72. What was the total cost related to organizing the community committee meeting by the victim's family? ☐

73. How did you finance this expense?

Survivor's own money	1
Own Parents' money	2
Spouse's parent's money	3
Spouse's money	4
In laws' money (both sides)	5
Borrowed from relatives/friends	6
Borrowed from a Micro finance institution	7
Supported by NGOs	8
Supported by Church	9
by selling tangible (ornaments etc) property	10
by selling land/house	11
Others (specify)……	12

74. What was the total cost related to organizing case hearing at community committee hearing by the perpetrator's family?

☐

Appendix 8: Questionnaire to determine cost of GBV for NGOs and Government

Questionnaire to determine cost of GBV for NGOs and Government

(June 2014)

Date of interview:

D	D	M	M	Y	Y

Name of Interviewer.....

Identification:

1. Type of Institution:

NGO	Government

Institution's Name: …….

2. District: ……..

3. Services Provided: ……

Consent statement:

Respondent's Name: ……...

Sex ……..

Position ……..

4. Length of period in the position ……..

5. Length of GBV service provision by the institution ……

6. Did your organization handle any of the following abuse/crime/violence/injustice in the last five (5) years and if so, we would like to know about them in details?

	A buse/crime/violence/ injustice	**If experienced 1=yes, 2=no**	**Frequency**	**Reasons causing the incident of violence**
A	**Physical violence**			
A1	slapping, kicking, punching, beating/hitting with hands/feet			

A2	beating/hitting with an object			
A3	Chocking			
A4	Burning			
A5	Pouring something on you (specify)			
A6	Use of weapon against victim			
A7	Forced abortion			
A8	Maiming (disfigured/deformed)			
B	**Psychological violence**			
B1	Threats to use force/physical violence			
B2	Intimidation/inferiority complex			
B3	Harassment			
B4	Damage to property			
B5	Verbal abuse (Insulting, demeaning)			
B6	Isolation/ Restricting mobility			
B7	Abandonment			
B8	Financial Deprivation			
B9	Not talking to each other			
C	**Sexual violence**			
C1	Rape			
C2	Attempted Rape			
C3	Defilement			
C4	Attempted defilement			
C5	Indecent assault			
C6	Sexual harassment			
C7	Sexual exploitation/coercion			
C8	Incest			
C9	Sexual abuse			
C10	Abduction			
D	**Economic violence**			
D1	Denial of food			
D2	Denial of access income			
D3	Denial of access to education			
D4	Denial of access to water and sanitation			
D5	Deprivation of maintenance of spouse			

D6	Deprivation of maintenance of children			
D7	Property grabbing			
D8	Not allowing to earn income			
D9	Forced to earn/took away all the earnings			
D10	Other (specify)……			
E	**Human Violence**			
E1	Women children trafficking			
E2	child trafficking			
F	**Social/cultural Violence**			
F1	Early/forced marriage			
F2	Eloping			

Reasons:

Petty dispute between husband and wife	1
Instigation by HH members	2
Spouse is an ill-tempered person	3
personality conflict between survivor and in-laws (parents in law, sister/brother -in-law and daughter/son-in-law	4
Drug/Alcohol addiction of the spouse	5
Infidelity of the spouse	6
Infertility of spouse	7
Another woman/co-wife	8
Another man/co-husband	9
Myths for HIV/AIDS cure	10
Myths for prosperity	11
Other myths (specify)	12
Insecurity of spouse	13
Sexual favors	14
Lack of sexual satisfaction	15
Other (specify) ……	16

Costs to the NGO and/or Government

7. What GBV services does your organization provide?

Case investigations	1
Counseling	2
Rehabilitation	3
Medical services	4
Shelter including food	5
Legal	7
Other (specify)	8

8. How many people did you provide these services to in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

9. How many staff have been involved in the provision of each type of service in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

10. On average, how many person hours did each member of staff spend on service provision for each type of service **per day** in each of the following years in your organization?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

11. How many days on average did each member of staff work in providing the following services in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

12. What type of costs does your organization incur in service provision in Kwacha in each of the following years?

Staff salaries	1

Stationery and printing	2
DSA	3
Transport costs	4
Victim's Housing/Shelter	5
Medical for the victim	6
Referral costs for the victim	7
Coordination & Linking with other service providers	8
Other (specify)	9

13. What was your institution's average monthly/annual salary expenditure on each member of staff involved in service provision in Kwacha in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

14. What was your institution's average monthly expenditure on stationery and printing for service provision in Kwacha in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

15. What was your institution's average monthly expenditure on DSA for each type of service provision in Kwacha in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

16. What was your institution's average monthly expenditure on transport costs for each type of service provision in Kwacha in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					

Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

17. What was your institution's average monthly expenditure on other costs other than those mentioned above for each type of service provision in Kwacha in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

18. What was your institution's average total expenditure on the provision of each type of service in Kwacha in each of the following years?

Service provided	**2009**	**2010**	**2011**	**2012**	**2013**
Case investigations					
Counseling					
Rehabilitation					
Medical services					
Shelter including food					
Legal					
Other (specify)					

19. What was your institution's average total expenditure on GBV in Kwacha in each of the following years?

	2009	2010	2011	2012	2013
Total expenditure					

Appendix 9: Questionnaire to determine cost of GBV to Cooperating Partners

Questionnaire to determine cost of GBV to Cooperating Partners

(June 2014)

Date of interview:

D	D	M	M	Y	Y

Name of Interviewer .....

Identification:

Institution's Name: ……

District : ……...

Province: ……..

GBV Services Provided: ……

Consent statement:

Respondent's Name: ……...

Sex ……..

Position ……..

Length of period in the position ……..

Q1. Has your institution been able to fund any GBV related projects or activities since 2009?

Yes	No
1	2

Q2. If yes to Q1 which GBV activities have you been able to fund since 2009?

Physical violence	Psychological/emotional violence	Sexual violence	Economic violence	Human violence	Social/cultural violence
1	2	3	4	5	6

Q3. Which institutions have been the implementers of the GBV activities you have funded in the last five years from 2009 to date?

1. Government institutions
   ……
2. NGOs ……

Q4. How much funds have you been able to provide to each implementing partner for implementation of GBV activities in each of the years from 2009?

1. Government institutions:

	Institution 1	Institution 2	Institution 3	Institution 4	Institution 5
2009					
2010					
2011					
2012					
2013					

2. NGOs:

	Institution 1	Institution 2	Institution 3	Institution 4	Institution 5
2009					
2010					
2011					
2012					
2013					

Appendix 10: Examples of community programming

Summary of types of effective community based programming in Zambia

Programme description	Impact
Women for Change (WfC) [55] Women for Change (WfC) is a Zambian women's organisation that uses popular education methodologies and human rights education to promote critical reflection on traditional norms and practices in rural communities. Recognising the influential role of traditional leaders, WfC established a Traditional Leaders Programme that works with Chiefs and Village Headpersons to re-examine and abolish customs that discriminate against women including sexual cleansing, wife inheritance, early marriage, and trafficking.	In Zambia, WfC has had the following impact: Chiefs have banned sexual cleansing in their chiefdoms and introduced financial penalties for people found continuing these customs. Chiefs have annulled early marriages, charging parents for their involvement and sending girls back to school. Chiefs have appointed female Village Headpersons, a marked break with tradition. Note that this information is based on an internal evaluation of the Traditional Leaders Programme by One World Action, 2009-11. No further information on how the impact was assessed was available.
African Transformation (Tanzania, Uganda, Zambia)[56] African Transformation is a tool designed to promote gender equity, participatory development and community action by helping women and men critically examine gender roles. The African Transformation tool kit features nine profiles – in audio, video and written form – of women, men, and couples from Tanzania, Uganda, and Zambia who overcame gender barriers and challenges in their lives and by so doing became role models in their communities. Their stories feature the challenges they faced and overcame when dealing with issues ranging from traditional and cultural values to violence between partners. Topics covered include: Social Roles; Traditional and Cultural Norms; Women's and Men's Reproductive Health; STIs and HIV and AIDS; Violence between Partners; Life Skills; Managing Resources Together; and Benefits of Networking. African Transformation was produced by the Health Communication Partnership in collaboration with the Center for Development Foundation Uganda (CDFU).	African Transformation was evaluated through a post-test only control group design in 2006 among a randomly selected sample of 116 women and 109 men in each arm (intervention and control). Results of this evaluation indicate that: participants expressed significantly higher levels of confidence in their ability to take part in community activities to eliminate or reduce harmful traditional practices; both male and female participants expressed a significantly more equitable view of men's and women's roles than non-participants; and participating in African Transformation led to a significant and positive effect on men's perceptions of men who assumed non-traditional roles. [57]

[55] *Department for International Development (2012) A Practical Guide on Community Programming on Violence against Women and Girls, Violence against Women and Girls CHASE Guidance Note Series.*
[56] *UN Women, Community mobilization, outreach and mass media, Men & Boys Knowledge Module, EndVawNow, Accessed 28 May 2014*
[57] *Underwood et al. 2007 in ibid.*

Stepping Stones[58] Stepping Stones is a gender transformative approach designed to improve sexual health through building stronger and more gender-equitable relationships among partners, including better communication. It is a small group intervention using participatory learning to help improve sexual health. It began in Uganda but was adapted for different countries across sub Saharan Africa including Gambia, Ghana, Kenya, the Philippines, South Africa, Tanzania and Zambia. Through community training, Stepping Stones works with communities to question and challenge the gender inequalities that contribute to gender-based violence, as well as HIV/AIDS.	A cluster randomised controlled trial of the Stepping Stones programme for young people in the Eastern Cape Province of South Africa found that the programme significantly improved a number of reported risk behaviours in men, with a lower proportion of men reporting perpetration of intimate partner violence across two years of follow-up and less transactional sex and problem drinking at 12 months. In women desired behaviour changes were not reported and those in the Stepping Stones programme reported more transactional sex at 12 months.[59] No information was found on the impact of the Zambia programme.
ASAZA[60] 'A Safer Zambia' (ASAZA), a CARE-led project funded by USAID and the European Union (EU) grant for the Expansion of the Coordinated Response to Sexual and Gender-based violence in Zambia project, which ran from September 2007 to December 2011. The project sought to reduce the incidence of GBV in Zambia through a combination of greater knowledge of and changed attitudes towards gender inequalities, as well as access to comprehensive services for GBV survivors to meet their medical, psychological and legal needs. Incorporating vital community outreach and preventive work into CRC service provision represents an innovative aspect of the ASAZA model. The prevention element consisted of an intensive three-year period of media awareness campaigns, community education and mobilization activities designed to increase knowledge and change attitudes and behaviour regarding gender among men, women, service providers, leaders, youth, and children. Participants found the multi-faceted community mobilization platforms helped bring attention to GBV issues and reduce stigma for women who reported abuse.	A USAID programme evaluation found that providing direct services at the same time as conducting public outreach and sensitization campaigns and activities, from community to national levels, increased within three years awareness of gender-based violence from 67% to 82%. The number of individuals able to identify spouse battery as a form of gender-based violence increased from 37% to 67%.[61]
YMCA[62] Under a transformative program called "From Subject to Citizen," the YMCA is conducting a gender sensitization program for Zambian youth that brings a new look at tradition, culture and gender place within Zambian society. The program is working closely with street children to help by "providing meals, medical support, educational support for children, recreation activities and also skills development for the children, guardians and relatives of the children found on the streets." One of the programmes' goals is to reverse patriarchal roles so often adopted by youth.	No evaluation was found for this programme. However, a newspaper article reported that: The program is also encouraging youth to respond when a peer is involved in alcohol and substance abuse. It is also encourages participants to sharpen their skills with conflict resolution.

[58] *Gender-based violence interventions and programmes, Interactions, Accessed on 28 May 2014,*
[59] *Jewkes, R. et al. (2008)Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial.*
[60] *Care (2013) One-Stop Model of Support for Survivors of Gender-Based Violence: Lessons from Care Zambia*
[61] *Morel-Seytoux, S. Et al. (2010) USAID/Zambia Gender-Based Violence Programming Evaluation*
[62] *Women News Network (2012) Zambia YMCA Advocacy helps reduce gender violence through youth programs*

Love Games [63] Love Games is an edutainment soap opera centred on the theme of HIV/AIDS. The soap opera is part of the Safe Love Campaign, run by the Ministry of Health and National AIDS Council with support from the United States Agency for International Development and its Communications Support for Health Project through the US President's Emergency Plan for AIDS Relief.	**No information was found.**

Summary of effective and promising immediate care responses

Programme description	Impact
CARE One Stop Model - ASAZA[64] From 2005-2011, CARE led the development of a "one-stop" model of comprehensive support services for survivors of gender-based violence (GBV) in Zambia. For the first time in Zambia, survivors could access medical, psychological and legal support under one roof at Coordinated Response Centres (CRCs). This work was funded by USAID and the EU. The model was expanded and further developed through 'A Safer Zambia' (ASAZA), a CARE-led project funded by USAID and the European Union (EU) grant for the Expansion of the Coordinated Response to Sexual and Gender-based violence in Zambia project, which ran from September 2007 to December 2011. The ASAZA project sought to reduce the incidence of GBV in Zambia through a combination of greater knowledge of and changed attitudes towards gender inequalities, as well as access to comprehensive services for GBV survivors to meet their medical, psychological and legal needs. Eight one-stop Coordinated Response Centres (CRCs) were set up in seven districts to help survivors of GBV access a comprehensive package of integrated medical, legal, and psychosocial support. CRCs are embedded into a network of government (health and police) and nongovernmental (counselling, legal, shelter) services. CRCs provide direct services which focus primarily on medical services, psychosocial and paralegal counselling, and also refer clients to social services, support groups, and shelters. Between January 2008 and September 2011, 18,246 GBV survivors received services at these eight CRCs. Spousal battery was the most common case of GBV reported across the CRCs, accounting for 54% of all GBV cases, followed by child sexual abuse (21%).	The USAID external evaluation of ASAZA conducted by a team of international gender, education and evaluation experts found the current coordinated response approach, which aimed to provide survivors with an integrated service provider (one-stop) support system, to be an effective model, providing direct services to individuals. Evaluators found the system to "provide the survivor with a more comprehensive, victim-centred service experience than if the services were provided piece meal from each service provider individually." A comparative assessment of different OSC models was conducted in three sites in Zambia and two in Kenya. Among the sites evaluated was the Mazabuka OSC. Mazabuka is a health facility-based OSC, owned by an NGO. Established in 2008, it was managed by World Vision under the ASAZA project. The OSC is situated within the premises of Monze District Hospital and is a stand-alone site situated approximately 150 meters from the main hospital building. It is staffed with a paralegal officer, counsellors, and a police officer within the Victim Support Unit (VSU). Survivors are referred for clinical care to a different department in the facility. The hours of operation are 8 am to 5 pm on weekdays, with staff counsellors being on call outside these hours. All members of staff in the OSC are funded by the ASAZA project. Three types of OSC models are outlined in the assessment: health facility-based OSC, owned by a hospital; the health facility-based OSC, owned by a non-governmental organization (NGO), in which NGOs establish separate centres within existing health facilities; and the stand-alone, NGO owned.

[63] *Safe Love Zambia,* Accessed on 28 May 2014.
[64] *Care (2013) One-Stop Model of Support for Survivors of Gender-Based Violence: Lessons from Care Zambia*

The eight CRCs include two in hospital settings in Mazabuka and Livingstone (Southern District). The main focus of the CRCs was counselling and follow-ups by other service providers, especially the police.	The health facility-based, hospital-"owned" OSC is best-suited for achieving the broadest range of health and legal outcomes for survivors, SGBV survivors perceived medical services provided by OSCs as effectively meeting their health needs. Integration of medico-legal services and police services enhances legal outcomes for survivors. Despite the establishment of OSCs, the prosecution and conviction of perpetrators remain a major challenge. Key stakeholders in Kenya and Zambia consider the existing OSCs as inadequate in addressing the needs of SGBV survivors holistically.[65]
Population Council - SGBV-HIV Comprehensive Programmes[66] The Population Council developed a model for a comprehensive response that serves as the conceptual framework for the entire initiative. This model identifies the key components of a comprehensive SGBV response, and highlights the overlapping and complementary responsibilities of the three core sectors (health, justice and social support). In Zambia, the Council implemented the Copperbelt Model of Comprehensive Care (CMIC) (Implementing Partners: Zambia Ministry of Health, Zambia Police Service, Population Council). The programme equipped police officers to provide emergency contraception and referrals for further health care. The VSU officers were available 24 hour, served urban and peri-urban Ndola communities and conducted community awareness activities.	According to a review of comprehensive responses to gender-based violence in low-resource settings, this intervention was grounded in the recognition that police provision of EC could help survivors prevent pregnancy by reducing the time-to-dose for EC, thereby increasing its effectiveness, and ensuring that those who do not reach the health facility had access to the drug. It also worked to create a functional framework for collaboration between the health and justice sectors as a means of strengthening the entire SGBV response system. The intervention demonstrated that police can effectively and safely provide EC, and that by doing so, the collaboration between the health and police sectors improved. Information generated from this program has influenced national policy development activities in Ethiopia and Zambia and Kenya.
YWCA [67] YWCA has several programs that aim to empower women with legal and human rights information in order to enable them to confront violence and abuse directed toward them. Psychosocial counselling, social and legal advice are available. YWCA also runs 11 Drop-in-Centres (DIC) throughout the country, a shelter for battered women located in Lusaka (Laweni House), and the Child in Crisis Centre continues to expand as demand for its services grows. The YWCA has a general communication and advocacy program focusing on human rights issues as they relate to women and children. Appropriate referrals are made to organizations with specific expertise, for example, Kara Counselling, Victim Support Unit, Legal Aid Clinic for Women, and Legal Resources Foundation, amongst others.	No information was found.
REFENTSE [68]	

[65] Keesbury, J. et al. (2012) *A Review and Evaluation of Multi-Sectoral Response Services ('One-stop Centres') for Gender-Based Violence in Kenya and Zambia*, Population Council: Nairobi, Kenya.
[66] Keesbury J. and Askew I. 2010. *Comprehensive responses to gender-based violence in low-resource settings: Lessons learned from implementation*. Population Council. Lusaka, Zambia.
[67] Republic of Zambia, Gender in Development Division, Cabinet Office (2008) National Action Plan on Gender-Based Violence (NAP-GBV) 2008-2013.
68 *Addressing Violence against Women in What Works for Women and Girls*, Accessed 28 May 2014.

Following on the Refentse model from **South Africa**, programs in Malawi and Zambia conducted similar programs and built on existing infrastructure which resulted in services in those two countries being self-sustaining for at least two years after project funding ended.	No information was found.