CARE Zambia

THE COST OF GENDER BASED VIOLENCE IN ZAMBIA

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Study by

Joseph M Zulu, Rabson Kanyinji, George Schone, Aaron Mvula and Thera Rasing

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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
CBOs	Community-based organizations
CSOs	Civil Society Organisations
GBV	Gender-based violence
GDP	Gross Domestic Product
GRZ	Government of the Republic of Zambia
HRC	Human Rights Commission
IPV	Intimate Partner Violence
MCDMCH	Ministry of Community Development, Mother and Child Health
MCDSW	Ministry of Community Development and Social Welfare
MoH	Ministry of Health
NGOs	Non-governmental organizations
PWAS	Public Welfare Assistance Scheme
WHO	World Health Organisation
WILDAF	Women in Law and Development in Africa
WLSA	Women and Law in Southern Africa
ToR	Terms of Reference
VSU	Victim Support Unit
YWCA	Young Women Christian Association
ZARD	Zambia Association of Research and Development
ZDHS	Zambia Demographic Health Survey

EXECUTIVE SUMMARY

1. Purpose of the Scale-up of the Pilot Study of the Cost of GBV

The main purpose of this study was to track the social-economic costs of domestic violence covering intangible mental and physical health costs, time cost, and direct monetary costs on four main levels of society: individual, family, community and the State within 23 districts.

2. Specific Objectives

1) To identify and quantify direct costs, non-monetary costs, and the economic and social multiplier effects of GBV.
2) To generate evidence on the social and economic costs of GBV at community and national level, including its effect on the Zambia's GDP.
3) To compare the direct costs and non-monetary costs of GBV in rural and urban areas.
4) To generate evidence for a national advocacy campaign promoting increased budgetary allocation to GBV activities that support the implementation of the National Gender Policy and Anti-Gender Based Violence Act 2011.
5) To identify and analyse gaps in the existing GBV support and suggest possible solutions.

3. Research design and Study Methodology

Research Design: A cross sectional study research design, using both qualitative and quantitative methods, was used to collect data. This scale-up of the GBV pilot study was conducted in the 23 districts.

Study Sample: A sample of 352 GBV survivors participated in the study. These were 38 males and 314 females. Other respondents in the study districts were 23 perpetrators, as well as 23 medical staff in the health facilities, 23 social workers and 23 police from the Victim Support (VSU).

Research Methodology: Data collection was conducted in April-May 2017. Primary data were collected using structured interviews, in-depth interviews and key informant interviews.

4. Study Findings on the Cost of Gender Based Violence

5.1. Types of Gender Based Violence

- Majority (n=208, 59%) of survivors experienced physical assault, followed by those that experienced denial of resources, services or opportunities (n=56, 16%), while 35 (10%) of the survivors experienced sexual assault.
- 32 (9%) of the survivors had experienced penetrative sexual violence, which include rape, defilement, and sodomy while 18 (5%) of the survivors had experienced psychological, verbal and emotional abuse.

5.2. Cost of Gender Based Violence to the Survivors and the Survivors' Families

- *Medical/health costs to survivors and their families*: The total medical or health costs (direct and indirect) was ZMW 169,986 for 208 survivors and their families, bringing the average cost per survivor and his/her family to ZMW 817.
- *Emotional stress due to Gender Based Violence:* The total indirect and direct emotional related costs was ZMW 636,553 for the 218 survivors, bringing the average per survivor and family to ZMW 2,920.

- *Legal costs to survivors and their families:* For accessing legal services, a total of ZMW 653,522 was spent for 283 survivors and their families, bringing the average to ZMW 2,309 per survivor.

5.3. Cost of GBV to the Perpetrators

- Costs to perpetrators incurred in 2016 amounted to ZMW 84,818 with an average of ZMW 3,855 per perpetrator.
- The largest proportion of cost was paid for handling cases in courts with ZMW 63,930 (both direct and indirect) spent in 2016. On average ZMW 2,905 was spent by a perpetrator.

5.5. Comparison of the Cost of GBV between the Rural and Urban Areas

- The average cost to the survivors and their family members in rural/per-urban was slightly higher (ZMW 5,445) compared to their counterpart in urban areas (ZMW 4,077).

5.6. National Cost of GBV in Zambia

- It cost the nation a total of ZMW 4,738,149,225 to address GBV cases in 2016, which represented 2.27% of the GDP.
- The national cost of GBV in 2016 (4,738,149,225) is almost equivalent to the Ministry of Health budget for 2016 which was 4.4 billion Kwacha.

5.7. Comparison of Cost of GBV as % of GBV, 2013 and 2016

- The table above shows that the cost of GBV to the nation in 2016 has significantly increased compared to 2013. In 2013 the total cost of GBV was 1.7 billion Kwacha (approx. 1.1% of GDP) whereas in 2016 it had risen to 4.7 billion Kwacha (2.27% of GDP). It should be noted here that the rise may be due to a larger sample size and an underestimation of costs in the smaller 2013 study. .

Table: Comparison of Cost of GBV as % of GBV, 2013 and 2016

Category of GBV costs at national level	Total cost per category 2013 (ZMW)	% of GDP 2013	Total cost per category 2016 (ZMW)	% of GDP 2016
National cost individual and family level	1,710,431,331	1.063%	4,674,856,538	2.237%
National cost at community level	33,082,128	0.020%	73,690,169	0.035%
National cost at government institution level	22,409,528	0.013%	55,232,039	0.026%
National costs at NGOs level	12,439,634	0.007%	8,060,648	0.004%
Total GBV cost at national level	**1,778,362,621**	**1.103%**	**4,738,149,225**	**2.27%**

5.10. The GBV Support System in Zambia

- The strengths of the GBV support system observed during the study included availability of One Stop Centres and access to certain free medical and police services.
- The weaknesses of the GBV support system included inadequate staffing, inadequate and non-availability of Government shelters, difficulties in accessing special treatment, limited legal support, lack of confidentiality at the Victim Support Unit, delayed response and lack of follow up, as well as limited awareness of One Stop Centres in the community.

6. Recommendations

1. The Government needs to strengthen gender responsive planning and budgeting in all sectors to ensure that adequate financial and human resources are allocated for the prevention of GBV.

2. Government should explore the possibility of having an accounting code or classification for GBV costs across different line Ministries to ensure accurate calculations of the cost of GBV to the country.

3. Most of the donor funded projects which are supporting both Government and NGOs are closing at the end of 2017. Government needs to budget for more funds to sustain the momentum gained. Particularly, human, financial, equipment and logistical support should be increased to the Zambia Police Victim Support Unit; Social Welfare Department Public Welfare Assistance Scheme (PWAS), Ministry of Gender and the Judiciary System.

4. Women's economic empowerment programs are important to curb GBV because most survivors revealed that they returned to abusive relationships due to the inability to support themselves and their families.

5. The study reviewed that there is limited awareness on available GBV services and the dangers of GBV in communities. Government, cooperating partners, the private sector and communities need to increase financial support to NGOs to increase community sensitization.

6. Delays in legal case disposals due to adjournments resulted in high costs for survivors and their families in rural areas. There is need to introduce fast track courts in rural areas as well as urban areas

7. Strengthen community response systems to GBV to reduce the cost of GBV for rural survivors and their facilities. The opportunity costs are higher for rural survivors partly due to long distances to the one stop centres and access to justice facilities. The involvement of community leaders at all levels such as Chiefs, councillors is cardinal to the prevention of GBV.

1. INTRODUCTION

1.1 Background

Worldwide, Gender Based Violence (GBV), although often still hidden, is a serious problem that effects many people, - women, children and men – in various ways such as physically, mentally, socially, and economically. The extent of the problem and the need to address the effects of GBV in Zambia is enormous, as increasing numbers of cases are being reported throughout the country. More so, GBV is not an isolated problem in Zambian society but a widespread, tragic, and daily issue that touches and impacts on the lives of the wider community in many ways. Globally, GBV estimates show that 35 % of women have experienced either physical and/or sexual violence, either by an intimate partner or by a non-partner[12].

The 2013/2014 Zambia Demographic Health Survey (ZDHS) indicates that 43% of the Zambian women aged 15-49 years have experienced physical violence at least once since the age of 15, while 37% experienced violence within the 12 months prior to the survey. 9% of the Zambian women who have experienced violence never sought help nor told anyone about the violence.[3] Further, evidence shows that GBV affects all sectors including agriculture and labour because of direct and indirect costs borne by survivors and perpetrators. Direct costs of GBV include treatment and support given to survivors and their children as well as costs to bring perpetrators to justice. Indirect costs include loss of employment and productivity, and the costs in human pain and suffering (UN report 2006). The United Nations states that GBV is a fundamental violation of human rights[4]; while Duvvury et al. (2013) observe that GBV has significant economic costs in terms of expenditure on service provision, lost income for survivors and their families, and negative impacts on future human capital formation.

1.2 Conceptual Understanding of Gender Based Violence

1.2.1 Definition of Gender Based Violence

Gender-Based Violence (GBV) generally has a normative connotation. The term is used to capture violence that occurs because of the role expectations associated with each gender and unequal power relationships between the two genders in a contextual space. However, GBV and violence against women is understood differently and the terms are used interchangeably as most GBV cases are inflicted by men on women and girls. On one hand, violence is often understood in relation to the knowingly use of force to injure or kill. According to the SIDA Gender Tool Box (2015), GBV is defined as any harm or suffering perpetrated against a woman or girl, man or boy that causes negative impact on the physical, sexual or psychological health, development or identity of the person[5].

The Zambian 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:

a. Physical (battery, aggravated battery, physical abuse, forced abortion)

[1] http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures#notes
[2] World Health Organization. (2013). Global and regional estimates of violence against women
[3] Zambia Demographic Health Survey (ZDHS), p.273
[4] Preliminary report submitted by the Special Rapporteur on violence against women, its causes and consequences,1994
[5] Sida (2007) Action Plan for Sida's Work against Gender-Based Violence 2008-2010.

b. Sexual (rape, sexual harassment, sexual abuse, incest, forced prostitution, engagement in pornography).
c. Social and economic (property grabbing)
d. Emotional (harassment, psychological) and
e. Human trafficking.

Some of the common forms of GBV in Zambia include spousal abuse and battery; sexual violence against women and children; property grabbing; psychological abuse; family and child neglect; sexual cleansing, early marriage; and other harmful traditional practices[6].The understanding of GBV is often perceived as something which is known to people who 'experience it' as well as those who 'see it'. Thus, the different conceptual clarity and interdisciplinary understanding of GBV, points to a common conceptual understanding of GBV as adopted in the 1993 *UN Declaration on the Elimination of Violence against Women (DEVAW)*.[7] The declaration encompasses all forms of GBV against women (physical, sexual and psychological), as identified in the following different context or setting they occur such as:

- **Family:** The family has been identified as a primary site where gender violence occurs. Families prepare its members for social life; forms gender stereotypes and perceptions of division of labour between the sexes. It is the arena where physical abuses (spousal battering, sexual assault, sexual abuse) and/or psychological abuses occur.

- **Community:** Communities share common social, cultural, religious or ethnic belonging, and perpetuate existing structures and power inequalities in families and societies. It is the community which models human behaviour and establishes power and control relations. Outside the community, in the working world, women and girls are still vulnerable to sexual aggression (harassment, intimidation) and commercialized violence. The education sector is no exception to GBV with girls being the main targets.

  State: The State has the obligation to promote and protect the human rights of all its citizens regardless of gender. However, in some instances the State legitimizes power inequalities in the family and society and perpetuates gender based violence through enactment of discriminatory laws; policies or through the discriminatory application of the law, and administrative practices. The tolerance of GBV by the State is usually unofficial and at times unconsciously perpetuated. Therefore, the State needs to continuously look at its laws and people's customs to sanction certain norms that protect individual life and protection against GBV.

1.2.2 Forms of Gender Based Violence

While limited methodology exists to ascertain the forms and effects of GBV, its forms can be classified into direct and indirect violence.

Direct violence: Direct violence includes physical, sexual, psychological, and economic violence. According to the EU Council Conclusions of 5 and 6 June 2014, the following were concluded as the direct forms of gender-based violence:

[6] Zambia Police Victim Support Unit, 2016
[7] http://www.unwomen.org/en/what-we-do/ending-violence-against-women/global-norms-and-standards

a. Violence in close relationships such as among relatives, couples and neighbours;
b. Sexual violence (including rape, sexual assault and harassment in all public and private spheres of life);
c. Trafficking in human beings, slavery, and sexual exploitation;
d. Harmful practices such as early and forced marriages, female genital mutilation, and crimes committed in the name of so-called 'honour';
e. Emerging forms of violations, such as online harassment, various forms of sexual abuse instigated or facilitated using information and communication technologies, stalking, and bullying.

Indirect violence: According to the UN (2011)[8], institutional or structural violence is 'any form of structural inequality or institutional discrimination that maintains a group of people such as woman or children in a subordinate position, whether physical or ideological. This can take place within the family, household or community'. Thus, indirect forms of violence can be understood as:

a. Structural violence characterised by norms, attitudes and stereotypes around gender in general and violence against women.
b. Violence that operates within a larger societal context; institutions, and the individuals within and outside these institutions, are all engaged in the production and reproduction of attitudes which normalise violence against key populations[9].
c. Inequalities: These are forms of violence connected to the interplay between multiple power structures that produce and reproduce hierarchical distinctions, for example regarding race, (dis) ability, age, social class, and gender.

1.3 GBV Contextual analysis

1.3.1 Introduction

A civilian approach to protection against GBV is founded on government, engagement and the involvement of civil society, families and individuals in upholding basic human rights. This section presents the context within which GBV issues are analysed and addressed. Three contextual areas are discussed which include: the international and Zambian policy and programs in addressing GBV as well as Care Zambia/s responses to GBV.

1.3.2 International Policy and Programs

United Nations: In recent years, international concern over GBV has grown exponentially. From the mid-1990s with small programmes in a few countries, GBV interventions have escalated to include provision of basic survivor care and support as a key humanitarian response. GBV is overwhelmingly being recognised as a human rights violation, a public health challenge, and a barrier to civic, social, political, and economic participation[10]. In response, in 1993, GBV was presented as a structural and universal issue at the United Nations World Conference on Human Rights[11]. The Declaration also called for the appointment of a Special Rapporteur on violence against women and contributed to the 1993 Declaration on the Elimination of Violence Against Women. This Declaration was the first international instrument that solely defined violence against women and specified measures to end violence against women targeting structures, contexts, and social and cultural patterns.

[8] UN - Report of the Special Rapporteur on violence against women 2011.
[9] United Nations 1992
[10] Humanitarian Practice Network (HPN) – Network Paper Number 77, January 2014
[11] http://www.ohchr.org/EN/ProfessionalInterest/Pages/Vienna.aspx

European Union: Different continental bodies have also responded to issues of GBV. At the European Union level, addressing violence against women was declared a goal of the institution and all EU Member States[12]. As such, initiatives towards the eradication of gender-based violence have gathered momentum in an international and EU context over the years. In this regard, the European Council has been actively engaged in the development of policy and legislation targeting gender-based violence. The most relevant instruments to tackle violence against women which also provide a comprehensive framework to prevent violence, to protect survivors, and to end the impunity of perpetrators are:

a. The 2011 Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).
b. The 2005 Convention on Action against Trafficking in Human Beings.
c. The 2002 Recommendation on the protection of violence against women.

African Union: The AU's commitment to address GBV and gender equality is rooted in the African Charter on Human and Peoples Rights. This commitment is reinforced by the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, the Solemn Declaration on Gender Equality in Africa (SDGEA) and the Post Conflict Reconstruction and Development adopted by the Heads of State and Government in 2006, among others. Some of the landmark decisions which highlight AU's leadership in Gender Equality and Women's Empowerment include:

a. The AU Constitutive Act (Article 4L); the Protocol on the Rights of Women in Africa; the Solemn Declaration on Gender Equality in Africa (SDGEA); the New Partnership for Africa's Development (NEPAD) Framework. Collectively, these instruments form a normative framework that confers several commitments and corresponding responsibilities for the promotion of gender equality in Africa.

b. The AU- Article 4(L) of the Constitutive Act which provides that the African Union "shall function in accordance with the promotion of gender equality", thereby stressing promotion of gender equality one of the goals of the AU.

c. Location of the Gender Unit in the Office of the Chairperson of the Commission which ensures that the principle of promoting gender equality is adhered to and mainstreamed within the Commission itself, and the AU. Article 12(3) of the Statutes of the AU Commission.
d. The adoption of the Solemn Declaration on Gender Equality in Africa (SDGEA) by AU Heads of State and Government at their July 2004 Summit at which leaders reaffirmed their commitment to: the principle of gender equality as enshrined in Article 4 (L) of the Constitutive Act of the African Union.

1.4 Gender Based Violence in Zambia

Zambia recognises that Gender Based Violence (GBV) is a violation of human rights. As stated above, in the Zambian Anti-Gender Based Violence Act of 2011, GBV is defined as any physical, mental, social or economic abuse against a person because of his or her gender[13]. Key issues include:

[12] CETS 210 – Violence against women and domestic violence, 11.V.2011
[13] UN – GRZ - Joint Programme on Gender Based Violence (2012 -2015)

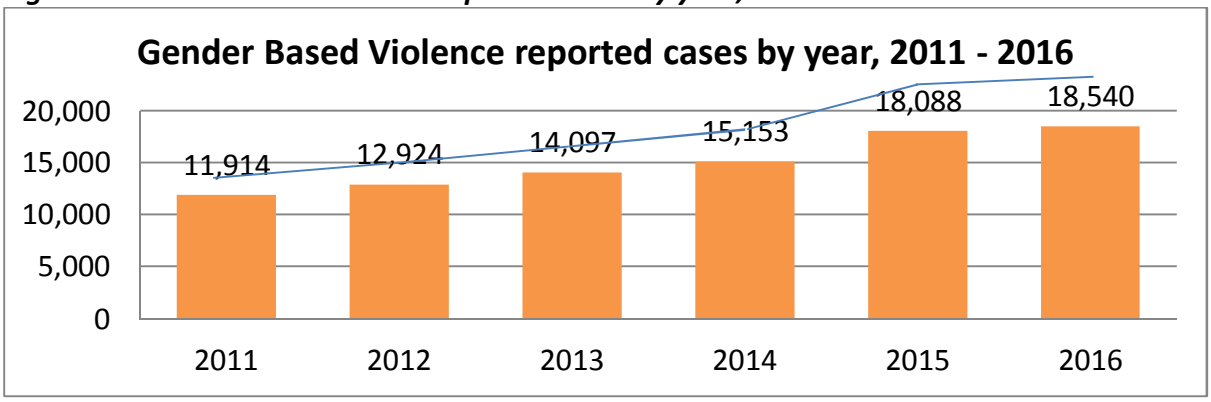
a. Violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to the person, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life; and
b. Actual or threatened physical, mental, social or economic abuse that occurs in a domestic relationship.

The Anti Gender Based Violence Act is comprehensive as it goes further to provide for a fund for GBV survivors to be created and other remedies such as the provision of safe house to empower survivors as well as prevention of the vice.

1.4.1 Statistics on Gender Based Violence

Gender Based Violence is one of the most widespread violations of human rights, with a significant impact of physical, psychological, sexual and reproductive health[14]. In Zambia, GBV has long been recognised as a problem that needed to be addressed due to the magnitude of the vice (Figure 1). It is a hindrance to the attainment of gender equality as well as the realisation of social and economic goals of its survivors[15].

Figure 1: Gender Based Violence reported cases by year, 2011 - 2016



Source: Zambia Police Victim Support Unit, Central Statistical Office

Figure 1 above shows the annual GBV reported cases. The results show that there has been an increase in the number of GBV cases reported from 11,914 in 2011 to 14,097 in 2013 to 18,540 in 2016. These are GBV cases that have been reported and formally recorded by the Zambia Police Victim Support Unit. However, there are still several GBV and GBV-related cases that go unreported as stated in the ZDHS report.

1.4.2 Gender Based Violence Policies and Programs in Zambia

Enactment of the Anti GBV Act: As a first step towards the regulatory management of GBV, Zambia enacted the Anti-GBV Act in 2011 to enhance the legal framework to curb GBV in all its manifestations. The Ministry of Gender is coordinating the operationalisation of the provisions of the Act with other relevant line Ministries and Government agencies and non-state actors through the joint Government of the Republic of Zambia (GRZ) – United Nations (UN) Programme on Gender Based Violence (2012-2016) among others.

[14] UNFPA/WAVE (2014): Strengthening Health System Responses to Gender Based Violence in Eastern Europe and Central Asia: A Resource Package

[15] MoGCD (2014): Gender Status Report – Zambia, 2012-2014, Ministry of Gender and Child Development, Central Statistical Office, Lusaka.

Launch of the fast track courts: One of the main challenges to curbing GBV in Zambia is delays in concluding cases. To effectively respond to issues of GBV, the Zambian Government with support from cooperating partners launched the pilot user friendly fast track courts in Lusaka Province and Central Province (Kabwe) to specifically expedite the resolutions of Gender Based Violence (GBV) cases[16]. The establishment of the child and survivor-friendly courts for survivors of GBV has branded Zambia as a pioneering nation in the fight against the scourge in the Southern African region. The GRZ-UN Joint Programme on Gender Based Violence was developed to support the Government of the Republic of Zambia (GRZ) to implement the provisions of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the implementation of the Anti-GBV Act to contribute to the reduction of GBV in Zambia.

One Stop Centre (OSC) Approach: The idea of Coordinated Response Centres was introduced by the Civil Society Organisations (CSOs) and supported by the Zambian Government. Coordinated response models represented a promising model for providing comprehensive care to survivors of GBV, offering medical, legal and psychosocial services either within one location—a hospital or a stand-alone centre—or through a referral system that links services[17]. In 2006, the One Stop Centres were established. The Centres included a physical examination room and several interview rooms. The main aim is to increase survivor safety and perpetrator accountability by coordinating and linking core services, including providing immediate to longer term health care, access to police and legal services, and culturally and age appropriate counselling services.

The above stated interventions are forms of campaigns and strategies to combat and eliminate GBV. It is envisaged that these approaches will eliminate or reduce GBV at national, community and family level.

1.4.3. Mass Campaigns

Government, CSOs and Cooperating Partners in Zambia have been carrying out mass campaigns on behaviour change in schools, communities, work places and churches to sensitise people and reduce GBV incidents in the country. Traditional leaders have also played a major role in eliminating harmful traditional practices that contribute to GBV. Several Zambian Chiefs no longer tolerate GBV and early marriages in their chiefdoms. These campaigns have increased demand for GBV services as more people become aware of the need to report and the consequences of GBV.[18]

[16] http://www.zm.undp.org/content/zambia/en/home/presscenter/articles/2016/03/11/zambia-launches-second-fast-track-court-to-expedite-gender-based-violence-cases-.html

[17] Journal of Tropical Medicine: Volume 2010 (2010), Article ID 864760, 7 -

[18] The Model Law to eradicate Child Marriages was adapted in the SADC, including Zambia, in 2016, PLAN International Zambia 's programme 18+ on eradicating child marriages and No I don't project was part of this programme to create awareness on early marriages (Evaluation Report 'No I don't ' by Thera Rasing, 2016)

2. THE COST OF GENDER BASED VIOLENCE

2.1 Introduction

Care's multi-pronged approach to fighting GBV indicates that ending GBV involves social change at all levels[19]. Care takes a firm understanding that societies cannot claim a cultural 'right' to violence. One of the key lessons from CARE's experience is that local ownership of social change is critical.

From 2005 to 2015, CARE led the development of a "One Stop" model of comprehensive support services for survivors of GBV in Zambia. This was funded by USAID and the EU. For almost 20 years, CARE has addressed the underlying causes of GBV and its effect on survivors in conflict, humanitarian crises and stable development settings[20]. In all its work, CARE reaches its target population through strategies such as advocating for public policies to end GBV, influencing and changing the social norms that condone violence and supporting survivors through quality care.

2.2 CARE International's Pilot study on the Cost of GBV

Until recently, there has been little systematic attention to the socioeconomic costs of Gender Based Violence. Costing studies have largely been limited to developed economies, where the availability of data across different cost categories is generally more robust. In developing countries, Zambia inclusive, estimating the socioeconomic costs of GBV is a new research area gaining rapid attention. Following the World Bank efforts in 2014 to develop a more comprehensive measure of GBV costs, there has been an increased effort to study the costs of the effects of GBV. To increase understanding about the links between gender norms, behaviours and practices around GBV and construct a picture of GBV prevalence rates with information assessed at the individual, family community, NGO and government levels, Care commissioned a pilot study in 2014 to determine the social and economic cost of GBV to individuals, families, communities, institutions and the state. The information from study was supposed to be used for a national advocacy campaign, promoting increased budget allocation to GBV activities and the implementation of the Anti-Gender-Based Violence Act 2011. The specific objectives of the pilot study were to:

1. To identify direct costs, non-monetary costs, and the economic and social multiplier effects of violence.
2. 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.
3. To use the costs outlined above to calculate the cost to the nation.

2.3 Scale-up of the Pilot Study of the Cost of GBV

2.3.1 Purpose of the Study

CARE Zambia is currently implementing its GBV Country Office Strategy with an aim to support advocacy for the formulation and effective implementation of legislation and public policy related to GBV and other related women's rights. To enhance its work on the Zambian GBV strategy, CARE Zambia commissioned a study to scale up the social and economic cost of GBV to 23 districts, taking into account the stakeholders' feedback from the pilot GBV study

[19] Challenging Gender Based Violence Worldwide – CARE's program Evidence – Strategic, Results and Impacts of evaluation – 2011 - 2013

[20] Journal of Tropical Medicine: Volume 2010 (2010), Article ID 864760, 7: http://dx.doi.org/10.1155/2010/864760

conducted in Lusaka in 2014. The study tracked the social costs, intangible mental and physical health costs, time cost, and direct monetary costs that domestic violence has on four main levels of society: individual, family, community and the State.

2.3.2 Main Objective

The main purpose of this study was to track the social-economic costs of domestic violence covering intangible mental and physical health costs, time cost, and direct monetary costs on four main levels of society: individual, family, community and the State within 23 districts.

2.3.3 Specific Objectives

1) To identify and quantify direct costs, non-monetary costs, and the economic and social multiplier effects of GBV.
2) To generate evidence on the social and economic costs of GBV at community and national level, including its effect on the Zambia's GDP.
3) To compare the direct costs and non-monetary costs of GBV in rural and urban areas.
4) To generate evidence for a national advocacy campaign promoting increased budgetary allocation to GBV activities that support the implementation of the National Gender Policy and Anti-Gender Based Violence Act 2011.
5) To identify and analyse gaps in the existing GBV support and suggest possible solutions.

2.3.4 Focus Areas for Scale-up of the Cost of GBV Study

The focus for the scale up of the pilot cost of GBV study focusses at different levels:

Health facility level: At health facility level, costing considered the comprehensive GBV medical services package as stipulated in the National Guidelines for Multi-Disciplinary management of survivors of gender based violence in Zambia and for which service delivery data are collected and reported. These service delivery components include; screening and examinations, medical examination, medical treatment for injuries, issuing of police medical forms used in court, counselling, administration of Post Exposure Prophylaxis (PEP), treatment and other services as well as laboratory tests and referrals to services outside the health facility.

Police/Legal (justice) facility level: At police/legal facility level, the costing involved the following services: Conducting initial interviews, counselling, forensic investigation and forensic evidence collection. Others considered were the cost for referrals to services outside of the facility and Court costs.

Household and individual level: At household level, the social and economic costing of GBV focused on documenting the survivor's expenditure on direct out-of-pocket costs such as transportation, childcare, alternative therapies, replacing destroyed belongings, relocation, and medications resulting from the violence. Also examined were levels at which household income are reduced because of time off work and lowered productivity when dealing with GBV as well as opportunity costs.

Ministry of Community Development and Social Welfare – At the social welfare costs included provision of counselling, handling of juvenile cases, referral of survivors to shelters were available, provision of food and transport for survivors as well as management of shelters in some districts, assessment of household welfare and bursaries for child survivors.

The Ministry of Community Development and Social Welfare is the custodian of the Public Welfare Assistance Scheme (PWAS) which is used for the services stated above. In addition, the GBV fund stipulated in the Zambian Anti-GBV Act is based at this Ministry.

CSOs working in the GBV sector- Direct costs to GBV programming and services such as legal aid, counselling, provision of shelters, community outreach activities and advocacy were considered. Costs related to referrals were also taken into consideration.

3. RESEARCH DESIGN AND STUDY METHODOLOGY

3.1 Research Design

This scale-up of costing GBV generated evidence through a combined approach of qualitative and quantitative data collection techniques. The study adopted a cross sectional study design. Some techniques were used to attach a monetary value to the effects of GBV while others concentrated on estimating its impacts on health, education, labour force participation and other opportunity costs without attaching a monetary value. This research design was suitable for the objectives and scope of the study and allowed to track and assess the social-economic costs of domestic violence covering intangible mental and physical health costs, time cost, and direct monetary costs on four main levels of society: individual, family, community and the State within 23 districts.

3.2 Study Sites and Sampling

This scale-up of the GBV pilot study was conducted in the 23 districts mentioned below (Table 1).

Table 1:Sampled districts

Province	District
Central	Chibombo, Mumbwa, Kabwe and Kapiri Mposhi
Copperbelt	Ndola, Luanshya, Chingola and Kitwe
Eastern	Katete, Chipata, Sinda and Nyimba
Luapula	Mansa
Lusaka	Kafue and Chongwe
Muchinga	Chinsali
Northern	Kasama
Southern	Livingstone, Mazabuka, Monze and Kalomo
Western	Mongu

3.3. Study Sample

A sample of 352 GBV survivors participated in the study. These were 38 males and 314 females. Other respondents in the study districts were 23 perpetrators, as well as 23 medical staff in the health facilities, 23 social workers and 23 police from the Victim Support (VSU). One staff from the Ministries of Gender, Community Development and Social Welfare and Health and Home Affairs (VSU) at the headquarter level also participated in the study. Further, NGOs were interviewed, including Women and Law in Southern Africa (WLSA), Young Women Christian Association (YWCA), and Women In Law and Development in Africa (WILDAF).

3.4. Research Methodology

Data collection was conducted in April-May 2017. Primary data were collected using structured interviews, in-depth interviews and key informant interviews. Below is a detailed explanation of the data collection methods.

Structured Interviews: 2 forms of questionnaires (1 for the survivors and 1 for the perpetrators) were used with closed ended questions to collect data. Some of the quantitative

data that were collected included the type of GBV, where services were accessed and the cost of the service. 16 survivors and 1 perpetrator were interviewed per district.

In-depth Interviews: 23 IDIs with survivors of GBV were conducted mainly focussing on the costs of GBV for survivors. The interviewers were probing in nature to elicit their experience of how much they paid for their cases.

Key Informant Interviews (KII): Key informant interviews were used to discuss in detail the socioeconomic impact of domestic violence by stakeholders involved in the delivery of GBV services in the 23 districts. Key informant interviews were conducted with project staff in the above stated NGOs: key implementing staff; Medical staff (In-charge at the One-Stop-Centre): 1 medical staff member was selected in each targeted district; Police Victim Support Unit (VSU): 1 staff member responsible for GBV was targeted per district; and Social Worker: interviews were conducted with 1 Social Worker at each One Stop Centre or at the Department of Social Welfare with one staff responsible for GBV issues in the department.

3.4.1 Data Analysis

The data were analysed through both quantitative and qualitative techniques.

- Quantitative analysis: quantitative data were entered in excel, cleaned and analysed. In this way, frequency tables and cross tabulations were produced to compare statistics from different informants. Graphs were also created using Microsoft excel.
- Qualitative analysis: qualitative data from primary sources were manually analysed through thematic analysis.

3.5 Limitations of the Study

The major limitation to this study was to obtain adequate and aggregated data from key institutions. The Government departments key to the study do not disaggregate their expenditure nor breakdown their budgets for GBV specific activities. For instance, a health centre with a Government funded One Stop Centre includes the operational costs for the One Stop Centre in the overall budget. This implies that expenditures are also reported as a block, hence it was difficult to assess the costs related to GBV in institutions. The study team had to probe the key staff to approximate how much resources are used for GBV. This was the same with the Police and the Department of Social Welfare. It was, however, easier for donor funded One Stop Centres because they had stand-alone operational budgets even if they were based in government facilities and also supported by Government staff such as health workers, police and social workers.

It was very difficult to find perpetrators willing to talk to the research team. Therefore, the Care Community groups were used hence most perpetrators interviewed were those who have reformed and are part of men's networks.

As anticipated, key informants were available at different times. Hence prior appointments with CARE International Zambia and participating informants were relevant. Further, desk research was a challenging endeavour in relation to finding data relevant to the tasks. We further used a mix of field officers to address issues of language barrier in some cases by recruiting enumerators in the district where they live.

3.6 Ethical Considerations

The Scale-up of Pilot GBV study was submitted to the ERES ethics committee for approval before commencing the study. In addition, permission was sought from the Ministry of Health in Zambia to conduct the study in health facilities. Prior to and during interviews with GBV survivors, we explicitly made clear that the interviews may be stopped at any time, especially when it got too emotional. In addition, there was provision for counselling for the GBV survivors as arranged and discussed beforehand with the One Stop Centres or counsellors. Furthermore, we engaged data collectors who were very experienced and mature interviewers, who were trained to respect the interviewees, especially the GBV survivors. Informed consent from respondents were sought before they participated in the study. An information sheet was developed explaining the objectives of the study and benefits of participating in the study. Throughout the study, confidentiality was observed and interviews were conducted in privacy and strict confidentiality was kept.

4. STUDY FINDING ON THE COST OF GENDER BASED VIOLENCE

4.1. Introduction

This chapter presents the key findings of the study on the Costs of Gender Based Violence. The section is organised around the following major themes: Demographic background of the GBV survivors; Types of gender based violence; Cost of GBV to the survivors and the survivors' families; Medical/health costs to survivors and their families; Emotional stress due to GBV; Legal costs to survivors and their families; Cost of GBV to the perpetrators, Comparison of the cost of GBV between the rural and urban areas; Institutional cost in management of GBV cases; National Cost of GBV in Zambia, and the GBV support system in Zambia. First we will examine the demographic background of the GBV survivors.

4.2. Demographic Background of the GBV Survivors

Table 2 below shows demographic characteristics of the cost of gender based violence sample of survivors of GBV.

Table 2:Demographics

Background characteristics	Respondents	Percent (%)	Background characteristics	Respondents	Percent (%)
Province			***Age group***		
Central	64	18	15-19	19	5
Copperbelt	64	18	20-24	31	9
Eastern	64	18	25-29	58	16
Luapula	16	5	30-34	71	20
Lusaka	16	5	35-39	61	17
Muchinga	16	5	40-44	46	13
Northern	16	5	45-49	28	8
Southern	80	23	50+	38	10
Western	16	5			
Residence			***Sex***		
Rural	91	26	Male	38	11
Urban	217	62	Female	314	90
Peri-urban	44	13			
Marital Status			***Household size***		
Single	46	13	Less than 3	62	18
Married	164	47	3-5	164	47
Widowed	28	8	6-10	95	27
Separated	39	11	11-15	22	6
Divorced	75	21	More than 15	9	3
Educational attainment			***Employment***		
No education	4	1	Formal Employment	94	27
Primary	140	40	Informal Employment	170	48
Secondary	179	51	Unemployed	59	17
Tertiary	29	8			
Total	**352**	**-**	**Total**	**352**	**-**

Among the 352 GBV survivors, 314 (89.2%) were female and 38 (10.8%) were males. The majority (n=71, 20.17%) of the GBV survivors were in the age group 30-34; 61 (17.33%) of the survivors were in the age group 35-39; 58 (16.48%) were aged between 25-29; 38 (10.8%) of

the survivors were aged 50 or above; 31(8.81%) were aged between 20-24; 28 (7.95%) of the survivors were aged between 45-49, while the least (n=19, 5.4%) were aged between 15-19.
Married survivors constituted the largest proportion (n=164, 46.59%) of the sample, followed by those who were divorced (n= 75, 21.31%). The least proportion of the sample (n=28, 7.95%) were widowed. 46 (13.07%) were single while 39 (11.08%) were on separation.
Majority of the survivors were part of households with 3-5 people (n=164, 46.59%) followed by those whose household constituted 6-10 people (n=95, 26.99%). 62 (17.61%) of the survivors were part of a household of less than 3 people, while 22 (6.25 %) came from households with 11-15 people. Only 9 (2.56%) came from households with more than 15 people.
The highest level of education most survivors had reached was secondary education (n=179, 50.85%), followed by those who had reached primary education (n=140, 39.77%), while 29 (8.24%) of the survivors had reached tertiary education. Only 4 (1.14 %) of the survivors had never been to school. Most survivors (n=170, 48.3%) were self-employed followed by those who were in formal employment (n=94, 26.7%), while 59 (16.76%) were unemployed. It should be noted that 29 (8.24 %) of the survivors declined to state their employment status.

4.3. Types of Gender Based Violence

Survivors of GBV suffer a wide range of abuses, including physical abuse, sexual abuse, emotional, verbal or psychological abuse, and economic abuse. This study considered seven core types of GBV[21], namely: penetrative sexual violence; sexual assault; physical assault; psychological/emotional violence; denial of resources, services or opportunities; forced/early marriage and human trafficking as shown in figure 2 below.

Figure 2: Gender Based Violence reported cases by year, 2011 - 2016

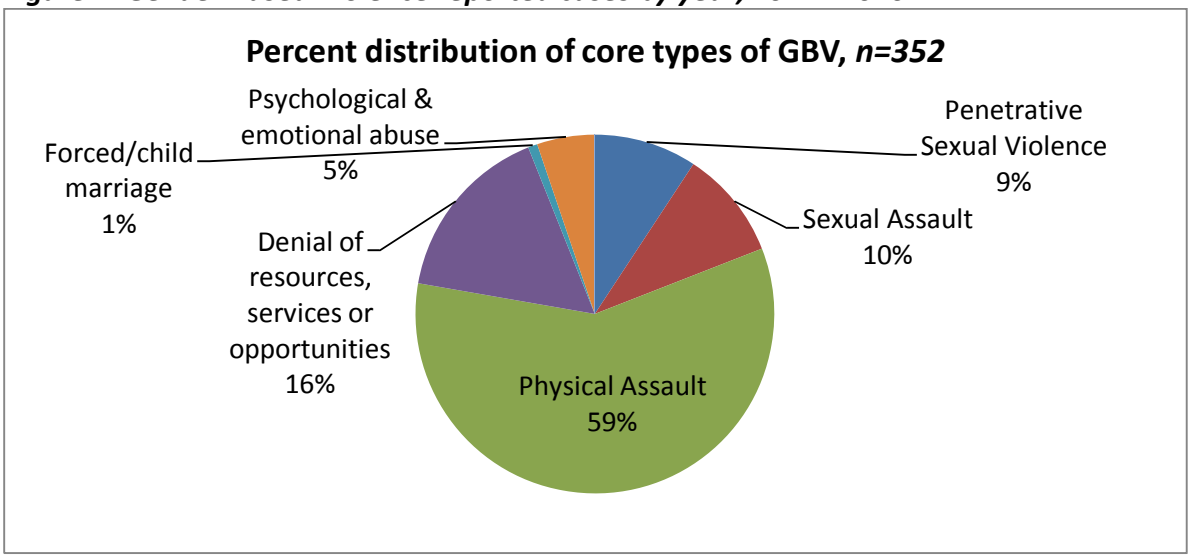


Figure 2 above shows the percentage distribution of the core types of gender based violence (GBV) experienced based on the data collected from the 22 districts. Majority (n=208, 59%) of survivors experienced physical assault, followed by those that experienced denial of resources, services or opportunities (n=56, 16%), while 35 (10%) of the survivors experienced sexual assault. 32 (9%) of the survivors had experienced penetrative sexual violence, which include rape, defilement, and sodomy while 18 (5%) of the survivors had experienced

[21] Case definitions used in the context of GBV programming are not necessarily the legal definitions used in the Zambian laws and policies, e.g. the Anti-GBV Act, National Gender Policy, etc.. However, the seven (7) core GBV types were created for data collection and statistical analysis of GBV in line with the international humanitarian communities, e.g. the United Nations High Commission for Refugees (UNHCR).

psychological, verbal and emotional abuse. None of the survivors sampled experienced human trafficking *(See Appendix 1: Table 1)*.

4.4. Cost of Gender Based Violence to the Survivors and the Survivors' Families

4.4.1. Medical/Health Costs to Survivors and their Families

Survivors of GBV incur a wide range of costs. Costs can be divided into direct and indirect costs. Direct costs are the use of goods and services for which a monetary exchange is made while indirect costs stem from effects of GBV that have an imputed monetary value even though they do not involve an actual monetary exchange, such as lost income or reduced profits and emotional distress. Table 3 shows the number of survivors' experiencing physical and/or sexual injuries and their access to medical examination and treatment.

Table 3: Survivors' experiencing physical and/or sexual injuries and accessing medical examination and treatment

		Medical examinations		Medical treatment (Self-treatment)		Total
		Yes	No	Yes	No	
Survivors who were physically and/or sexually injured	Yes	208 (62%)	22 (7%)	220 (65%)	10 (3%)	230 (68%)
	No	15 (4%)	91 (27%)	18 (5%)	87 (26%)	106 (32%)
Total		223 (66%)	113 (34%)	238 (71%)	97 (29%)	336 (100%)

Data on survivors show that 230 (68%) of the 352 included in the study experienced physical and/or sexual injuries due to GBV compared to 106 (32%) survivors who did not. Of those survivors who experienced physical and/or sexual injuries, 208 (62%) sought medical examinations while 22 (7%) did not. Further, 220 (65%) survivors took on medical treatment, including self-treatment, compared to only 10 (or 3%) who did not.

The survivors who sought medical examination and medical treatment were asked to indicate how much they spent on medical examination and treatment for each time GBV happened, which included doctors' fees (including consultation), family nursing costs, cost of medicines, hospitalization, surgery, laboratory tests, x-ray The survivors' total direct cost on medical examination and medical treatment, excluding transport related costs was found to be ZMW 69,493 per year, bringing the average to ZMW 334 per survivor and his/her family for the 208 survivors who reported on this. A total of ZMW 32,808 direct cost for transportation to the health facility was incurred by 208 survivors and their families in accessing medical examination and medical treatment, bringing the average to ZMW 157 per survivor and his/her family. Therefore, an overall total of ZMW 102,301 was incurred by the survivors and their families as direct cost for medical examination and treatment and transportation to accessing medical/health care to a health facility due to GBV *(see Table 6)*.

Apart from direct costs, survivors who experienced physical and/or sexual injuries and sought medical examination and medical treatment at a health facility incurred indirect costs. These indirect costs are in the form of forgone benefits or opportunity costs of the effects of gender based violence. For instance, their time spend to access medical services at a health facility because of gender based violence instead of participating in active economic activities, like reporting for work, or undertaking a business venture. Therefore, survivors of gender based violence and their families potentially incur indirect cost, in the form of productive hours lost and family destabilisation. This study estimated a total of ZMW 67,685.60 indirect cost for time spend and income lost due to medical examination and treatment as a result of GBV

experienced by 208 survivors and their families. This brings the average indirect cost on medical examination and medical treatment to ZMW 325.41 per survivor and his/her family *(see Table 6)*.

Therefore, the total cost (direct and indirect) of medical examination and medical treatment, transport costs due to medical services, and indirect cost for medical examination and treatment (that is, opportunity cost associated with medical examination and treatment) was ZMW 169,986.60 for 208 survivors and their families, bringing the average cost per survivor and his/her family to ZMW 817.24 *(see Table 6)*.

4.5. Emotional Stress due to Gender Based Violence

Survivors and their family members also suffered emotionally. Emotional stress also reduces a person's productivity as well as ability to take care of children. Some of the survivors and key informants reported that their children missed school when parents went on separation while other children dropped out of school because of GBV between their parents. This has a negative implication on future human capital for Zambia. Table 4 shows the number of survivors and their families' experience emotional stress due to gender based violence and the number of them who sought help.

Table 4:Survivors and other members of the family experience on emotional stress and help sought

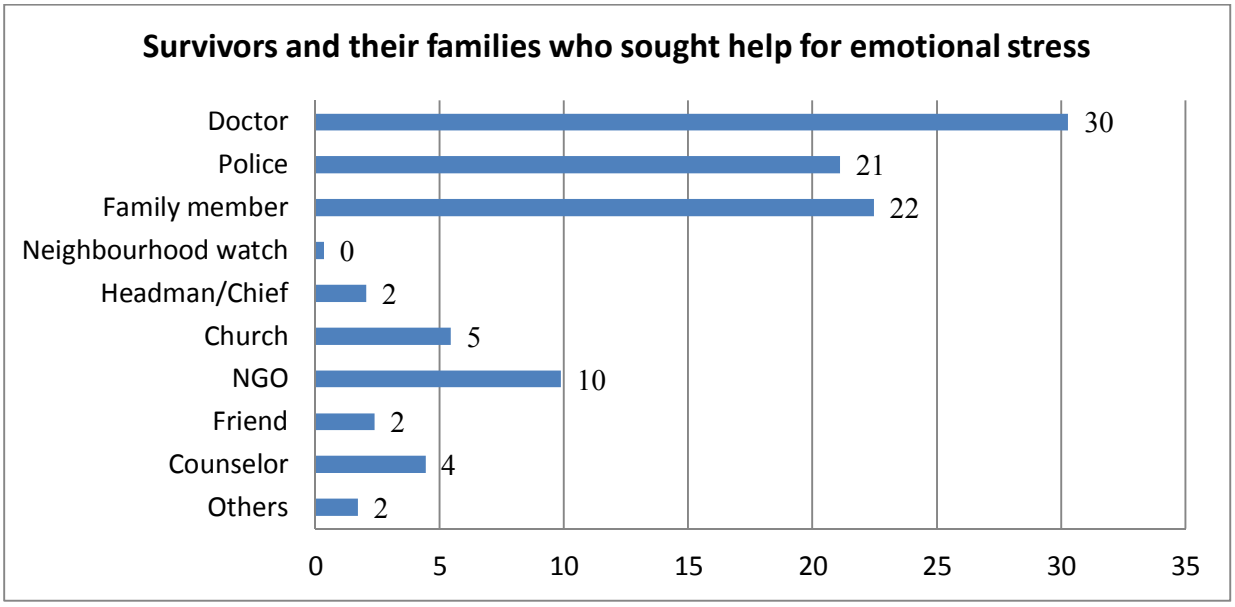
Survivors and other members of the family experience on emotional stress and help sought

		Survivors or other members of the family who suffered emotional stress and sought help		Total
		Yes	No	
Survivors or other members of the family who suffered emotional stress	Yes	268 (85%)	7 (2%)	275 (88%)
	No	9 (3%)	30 (10%)	39 (12%)
Total		**277 (88%)**	**37 (12%)**	**314 (100%)**

A total of 275 (88%) of the survivors reported that they and their families had suffered emotional stress s because of gender based violence compared to only 39 (12%) who did not. Of those who reported having suffered emotional stress, 268 (85%) sought for help compared to only 7 (2%) who did not.

Figure 3 below shows the percentage of survivors and their families who sought help for emotional stress and from where or whom the service was sought.

Figure 3: Survivors and their families who sought help for emotional stress



The majority (n=89, 30%) sought help from doctors followed by family members (relatives) and the police at 22.45% and 21%, respectively. Another bigger source of help was NGOs with 10% (n=29) of the survivors and their families seeking help. Others sought for help from the church (5%), counsellor (4%) and other sources (including the neighbourhood watch, traditional leadership – headmen/chiefs, and friend) 6%.

Survivors who sought emotional stress treatment were asked to indicate the indirect cost (opportunity cost) and direct transportation costs incurred during the whole period they received the treatment. The total indirect and direct transportation cost related to treatment of emotional stress of the survivors and their families was found to be ZMW 636,553 for the 218 survivors, bringing the average per survivor and family to ZMW 2,920 *(see Table 7 and Figure 4)*.

4.6. Legal Costs to Survivors and their Families

Table 5 shows the percentage of survivors and their families who sought legal redress and where the service was sought.

Table 5:Survivors who sought legal redress

Where legal redress was sought	Survivors	Percent of those who sought legal redress
Fast track court	11	4%
Civil court	87	31%
Report to Police	176	62%
Criminal court	9	3.%
Total	283	100%

Most of the survivors (n=176, 62%) sought legal redress from the police. Another significant legal source to where survivors reached out was the civil courts (n=87, 31%). Very few (n=9, 3%) survivors took their case to other courts (n=11, 4%).

4.6.1. Costs for court and Solution of Gender Based Violence cases

The study examined how GVB cases were solved. The results show that 124 (or 44%) of the survivors resolved their cases through reconciliation followed by divorce (n=63, 22%), while 41 (14%) and 37 (13%) of the survivors resorted to withdraw the case and to be separated from their spouse/perpetrator respectively. The minority of GBV cases were resolved by

perpetrators being convicted for their vices in the courts of law (n=18, 6%), as can be seen in Table 6 below. Table 6 below shows the conclusion of GBV cases.

Table 6:Survivors who had their cases finalized

Status of case	Survivors	Percent
Reconciliation	124	44%
Separation	37	13%
Divorced	63	22%
Conviction	18	6%
Withdrawal	41	14%
Total	283	100%

For accessing legal services, a total of ZMW 66,169 was incurred on direct costs, which included legal fees to lawyers, and court filing fees for the 283 survivors and their families, bringing the average to ZMW 234 per survivor. Survivors and their families also incurred indirect legal costs, that is, opportunity costs associated with legal redress, which were estimated at ZMW 562,035 for the 283 survivors and their families, bringing the average cost per survivor and their families to ZMW 1,986 Other direct costs associated with legal redress included bribes paid by the survivors and their families to handle GBV cases, which were reported to be ZMW 25,318 by 34 survivors and their families. This comes to a total average cost of ZMW 745 per survivor and his/her family *(see Table 6)*. One major indirect cost for legal services was transport which was high due to delays by the Courts to conclude cases. This also contributed to the withdrawal of cases.

The total cost of GBV incurred by survivors and their family members in 2016 amounted to ZMW 1,619,815 with an average of ZMW 4,602 per survivor and their family members. The large proportion of costs (i.e. ZMW 1,097,932) was indirect costs with an average of ZMW 3,119 per survivor and family members. Only ZMW 521,882 was spent as direct cost by survivors and family members, with an average of ZMW 1,483 incurred by each survivor and family members *(see Table 7)*.

The least cost incurred by survivors and their family members were direct costs of community meetings due to GBV and displacement cost. The total direct cost related to community meeting for survivors and their families was ZMW 8,799 with an average of ZMW 133 per survivor and family member. The total cost of displacement was ZMW 150,954, with an average of ZMW 955 for the 158 survivors and their families who were displaced *(see Table 7)*.

Table 7:Summary of Costs of GBV to the survivors and survivors' family

	Total cost, ZMW (Sample)	Number of responses, n	Average per survivor, ZMW
Direct cost for medical examinations and treatment (including doctors' fees, nursing costs, medicine, surgery, lab tests, police report, etc.)	69,493	208	334
Direct cost for transportation to the health facility incurred by the survivor and survivors' family	32,808	208	158
Indirect cost for medical examinations and treatment (Opportunity costs associated with medical examinations and medical treatment)	67,686	208	325
A. Sub-total (Medical costs)	**169,987**	**208**	**817**
Cost of Psychological/Emotional Violence for Survivors and other members of family			
Opportunity cost associated with emotional shocks treatment by the survivors and other members of the family	468,211	218	2,148
Direct transport cost associated with emotional shocks treatment by the survivors and other members of the family	168,342	218	772
B. Sub-total (Emotional costs)	**636,553**	**218**	**2,920**
C. Cost of Displacement	**150,954**	**158**	**955**
Cost of legal costs			
Direct costs for legal costs	66,169	283	234
Indirect cost for legal redress (Opportunity costs associated with legal redress for survivors and/or other members of the family, transport costs)	562,035	283	1,986
Other direct costs associated with legal redress (Bribe paid by the survivors and other members of the families to handle GBV case)	25,318	34	745
D. Sub-total (Legal costs)	**653,522**	**283**	**2,309**
E. Direct cost of community meeting for survivors and their families	**8,799**	**66**	**133**
Total direct (monetary) costs to survivor and other family members	**521,883**	**352**	**1,483**
Total indirect costs to survivor and other family members	**1,097,932**	**352**	**3,119**
Total Cost to survivors and their families *(Addition of sub-total A-E)*	**1,619,815**	**352**	**4,602**

Figure 4:Average Costs of GBV to the survivors and survivors' family per survivor

Table 8 below shows the sources of financing of the different direct and indirect cost incurred by survivors of gender based violence on health care, legal, displacement and other cost items.

Table 8: Sources of financing costs of GBV

	Source of finances	Medical / health costs	Displacement costs	Legal costs	Other related costs
1	Survivor's own money	33%	65%	40%	23%
2	Own parents' money	17%	35%	21%	12%
	Spouse's parent's money	3%	3%	1%	1%
4	Spouse's money	6%	7%	3%	0.4%
5	In-laws' money (both sides)	1%	2%	0.4%	0.4%
6	Borrowed from relatives/friend	13%	23%	8%	5%
7	Borrowed from a Micro Finance Institution (MFI)	0%	0%	0%	0%
8	Supported by NGOs	3%	7%	2%	0%
9	Supported by Church	4%	6%	1%	0%
10	By selling tangible (ornaments, etc.) property	1%	11%	1%	1%
11	By selling land/house	0%	1%	0.4%	0.4%
12	Other	2%	8%	4%	1%

Table 8 shows that 33% of medical cost, 65% of displacement cost, 40% of legal cost and 23% of other related legal cost were paid with the survivor's own money. The survivors were mainly supported financially by their parents with 17% of the medical cost, 35% of the displacement cost, 21% of the legal cost and 12% of other related cost. No survivor sought financial assistance from Micro-Finance Institution (MFI) to meet the cost incurred. Some survivors borrowed money from friends and relatives to meet those costs, which came to 13% for medical costs, 23% for displacement costs, 8% for legal cost and 5% other related cost, such a cost of food and transport.

4.7. Cost of GBV to the Perpetrators

The study also looked at the cost that perpetrators incurred resulting from the GBV case committed. Table 9 shows the costs incurred by the perpetrators of GBV and their families.

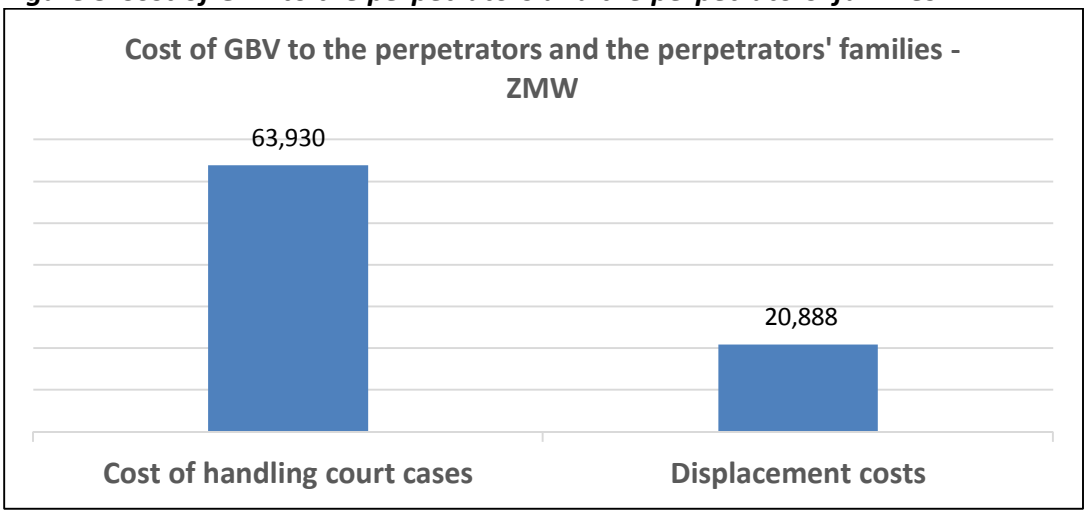
Table 9:Cost of GBV to the perpetrators and the perpetrators' families

	Total cost, ZMW (Sample)	Number of responses, n	Average per survivor, ZMW
Cost of Handling Court Cases by Perpetrators and their families			
Direct costs (Fines paid to the police)	10,950	22	498
Direct costs (Transport cost, food costs)	6,010	12	501
Indirect costs (Lost income to the perpetrator while in detention/imprisonment)	37,910	10	3,791
Indirect costs (Opportunity costs to the perpetrators' family members in supporting the perpetrator)	9,060	22	412
Sub-total (Cost of handling court cases)	**63,930**	**22**	**2,906**
Displacement Costs			
Direct costs of displacement (transport, food, etc.)	2,910	8	364
Indirect costs of displacement (Opportunity costs of perpetrator and family due to displacement)	17,978	16	1,124
Sub-total (Displacement costs)	**20,888**	**22**	**949**
Total direct (monetary) costs to perpetrator and family	**19,870**	**22**	**903**
Total indirect costs to perpetrator and family	**64,948**	**22**	**2,952**
Total cost to the perpetrators and their families	**84,818**	**22**	**3,855**

The analysis of results revealed that cost incurred in 2016 amounted to ZMW 84,818 with an average of ZMW 3,855 per perpetrator and family members. Out of the total of ZMW 84,818, ZMW 19,870 were direct costs to the perpetrator and family while ZMW 64,948 were indirect costs.

The largest proportion of cost was paid for handling cases in courts with ZMW 63,930 (both direct and indirect) spent in 2016. Another significant cost incurred went to displacement (relocation) after committing an offense. Overall, ZMW 20,888 was spent on food, transport and relocation (Figure 5).

Figure 5:Cost of GBV to the perpetrators and the perpetrators' families



The average cost of handling court cases and displacement per perpetrator and family members was ZMK 2,906 and 949 ZMK respectively (Figure 6).

Figure 6:Average Costs of GBV to the survivors and survivors' family per survivor

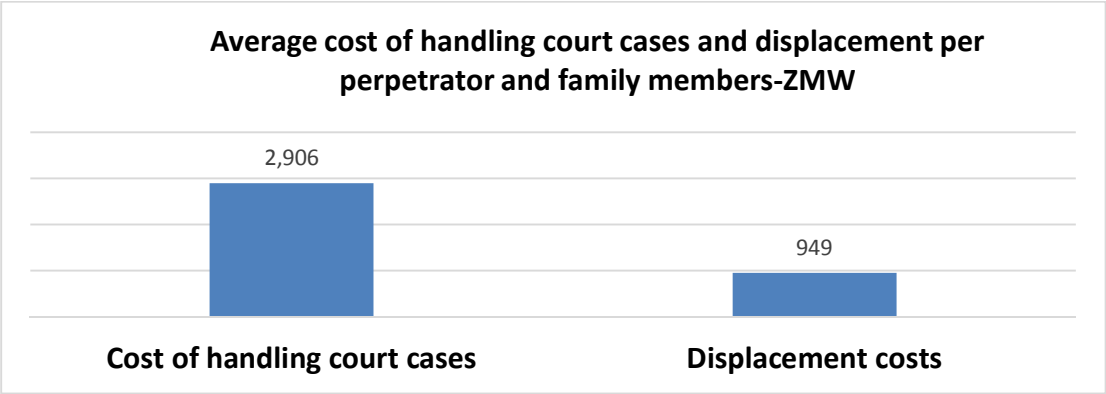


Table 10 shows the sources of financing of the cost of gender based violence for perpetrators. In meeting all legal related costs, most perpetrators (44%) received financial assistance from their parents. Also, costs were paid by themselves (22%) and borrowed from relatives/friends (22%). However, most displacement cost was met using perpetrators' own money (56%). Table 10 indicates that personal money either through savings or selling land/house, financial assistance from parents and borrowing from friends/relatives were the major sources of funding to meet all cost incurred. However, the selling of land/house was the least source of funding for the perpetrator.

Table 10: Perpetrator's Source of finance

Source of finance	Legal costs/fines	Displacement costs
Own money	22%	56%
Own parents' money	44%	13%
Spouse's money	0%	0%
In-laws' money (both sides)	0%	6%
Borrowed from relatives/friends	22%	25%
By selling land/house	11%	0%

4.8. Comparison of the Cost of GBV between the Rural and Urban Areas

Table 11 below shows there are different average costs between rural/peri-urban and urban areas to the survivors and perpetrators. Analysis of data shows that the average cost to the survivors and their family members in rural/per-urban was slightly higher (ZMW 5,445) compared to their counterpart in urban areas (ZMW 4,077). This could be attributed to several factors such availability and proximity to services. Survivors in rural areas cover long distances to access health, police and justice services, whereas, those in urban areas have a lot of these services close to their homes. The presence of CSOs offering shelter and other forms of support to survivors is also minimal in all the areas. Chinsali for instance has no shelter so survivors would have to keep going back to their home during investigations and this increased the costs. For perpetrators in urban areas, the average cost is a vice versa to that of survivors. On overage perpetrators in urban areas spend ZMW 4,099 per annum compared to ZMW 3,334 for the rural/peri-urban perpetrators. The lower cost in rural areas could be attributed to lower transportation costs to courts and some people not taking cases to the courts.

Table 11:Comparison of cost of GBV, urban vs. rural/peri-urban

Cost categories (Survivors)	Full sample (n=352)		Urban (n=217)		Rural/Peri-urban (n=135)	
	Total	Average	Total	Average	Total	Average
Total medical cost to survivor and family	169,987	817	93,337	724	76,650	871
Opportunity Cost & Emotional shock treatment cost to survivor and family	636,553	2,920	321,955	1,484	314,598	2,330
Displacement cost to survivor and family	150,954	955	65,847	303	85,107	630
Legal costs to survivor and family	653,522	2,309	401,000	1,848	252,522	1,871
Costs of community meetings to survivor and family	8,799	133	2,643	64	6,156	110
Total cost of GBV to survivor and family per annum	**1,619,814**	**4,602**	**884,782**	**4,077**	**735,032**	**5,445**
Cost categories (Perpetrator)	Full sample (n=22)		Urban (n=15)		Rural/Peri-urban (n=07)	
	Total	Average	Total	Average	Total	Average
Legal costs to perpetrator and family	63,930	2,906	46,935	3129	16,995	2,428
Displacement cost to perpetrator and family	20,888	949	14,545	970	6,343	906
Total cost of GBV to perpetrator and family	**84,818**	**3855**	**61,480**	**4099**	**23,338**	**3,334**
Total monetary costs of GBV to individual and family (ALL)	**1,704,632**	**8457**	**946,262**	**8176**	**758,370**	**8779**

4.9. Institutional Cost in Management of GBV Cases

4.9.1. Non-Governmental Organizations (NGOs)

Data on institutional cost in management of GBV cases were collected from the non-governmental organizations handling GBV cases. Data were collected from Women and Law in Southern Africa, Young Women Christian Association, and Women In Law and Development in Africa for the period 2014 to 2016 (Table 12).

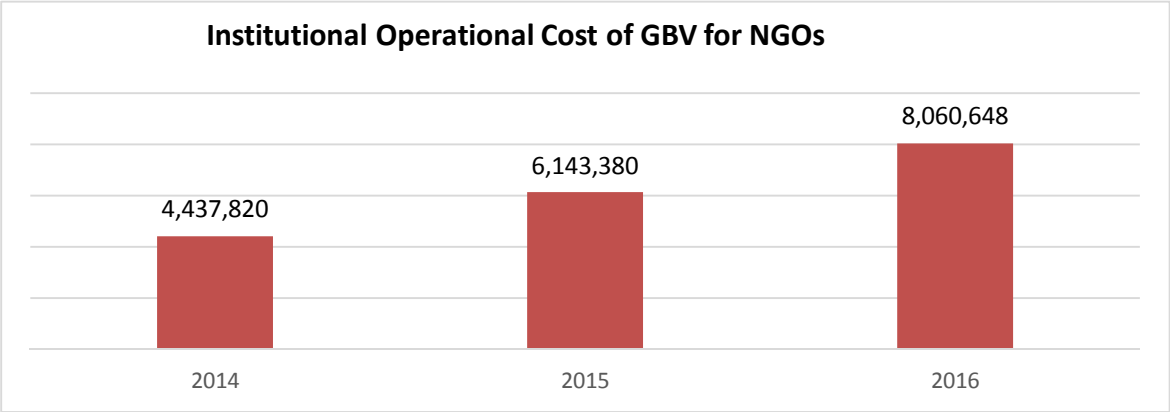
Table 12:Summary of Institutional Operational Cost of GBV for NGOs interviewed

	2014	2015	2016
WLSA	1,432,220	2,041,580	3,108,848
YWCA	1,305,600	1,651,800	1,651,800
WILDAF	1,700,000	2,450,000	3,300,000
Total	**ZMW 4,437,820**	**ZMW 6,143,380**	**ZMW 8,060,648**

Source: WLSA, YWCA & WILDAF

Figure 11 above shows that there has been a steady increase in operational cost for institutions managing cases of GBV. Data from the three institutions above indicate that ZMW 8,060,648 was spent in 2016 compared to ZMW 4,437,820 in 2014 (Figure 7).

Figure 7: Increase in Institutional Operational Cost of GBV for NGOs interviewed



The major types of costs incurred by these organisations in the management of GBV include staff salaries, stationary and printing, transport and coordination, community outreach programs and linking with other service providers (Salaries are discussed box 1 below). It should be remarked here that while the major increase is in salaries and stationary, this does not say anything about the handling and occurrence of GVB cases. The largest proportion of cost was incurred by NGOs providing legal related services (i.e. WLSA and WILDAF) compared to those providing psychosocial and shelter (YWCA).

4.9.2. Government Institutions

The study looked at institutional operational costs of GBV, such as from the Ministries of Gender, Health, Community Development and Social Welfare, and the police. The summary of institutional operational cost of GBV from the government institutions included in the study is presented in Table 13 below. Data from the table indicate that there has been increased expenditure by institutions managing cases of GBV. In the year 2014, a total amount of ZMW 1,100,110 was spent as operational costs while in 2016 an amount of ZMW 1,234,135 was spent. This cost included the cost of stationary and printing, transport and cost of coordination (including DSA) and linking to other service providers.

Table 13:Summary of Institutional Operational Cost of GBV for Government Institutions interviewed

Name of Institution	No. of district	Type	2014		2015		2016	
			Total	Average	Total	Average	Total	Average
Zambia Police - Victim Support Unit	12	Gov	502,354	41,863	502,354	41,863	596,685	49,724
GBV One Stop Centre	21	Gov Health facility	658,831	31,373	658,831	31,372	656,354	31,255
Department of Social Welfare	5	Gov	95,402	19,080	68,037	13,607	40,765	8,153
Total			**1,256,587**		**1,229,222**		**1,293,804**	

[1]*Operational cost do not include cost of emoluments (cost of emoluments are calculated separately and presented in Box 1)*

The cost of emoluments or salaries to government staff handling and managing gender based violence at an institution are estimated and presented in Box 1. For the Zambia Police Victim Support Officers, the average monthly salary was found to be ZMW 6,500. There were 382 staff attached to VSU in Zambia in 2016. The cost of emoluments for the Zambia Police VSU in providing of counselling services, investigation and prosecution of GBV cases was estimated to be ZMW 29,796,000 in 2016. The cost of operation and maintenance for the Victim Support Unit was estimated as the average cost of operational and maintenance from the sample of how many 12 multiplied by 107 districts in Zambia which brings the total to ZMW 5,320,468 in 2016. Therefore, the total cost of handling and managing GBV cases for the Zambia Police VSU was estimated to be ZMW 35,116,468.

For the health facilities, the average monthly salary was found to be ZMW 6,500 for a nurse and ZMW 18,000 for medical doctors handling gender based violence in 2016. There was at least 1 nurse in the One Stop Centre charged with the responsibility of handling and managing gender based violence cases in all 23 districts sampled and most medical doctors reported spending at least 10% of their working time handling and managing GBV cases. The cost of emoluments for nurse and medical doctors for providing health care services to GBV survivors was estimated to be ZMW 8,346,000 and ZMW 2,311,200, respectively. The operational and maintenance cost of health facilities, including One Stop Centres, was estimated to be ZMW 185,000. In addition, health facilities, including One Stop Centres, spent ZMW 55,000 on providing counseling services in 2016 (see Box 1). Therefore, the total cost of handling and managing GBV cases for the health facilities, including the One Stop Centre, was ZMW 10,897,200.

Box 1: Institutional cost of managing GBV in Zambia, 2016

- ✓ Annual Staff costs:
  - VSU officer (ZMW 6,500 /month x 12 months x 382 staff = **ZMW 29,796,000**).
  - Nurse (1 Nurse x ZMW 6,500/month) x 12 months x 107 districts = **ZMW 8,346,000**).
  - Social workers (1 Social worker x ZMW6,500.00/month) x 12months x 107 districts = **ZMW 8,346,000**).
  - Medical Doctors (1 Doctor x ZMK18,000.00/month) x 12 months x 10% of time x 107 districts = **ZMW 2,311,200**).
- ✓ Operational and maintenance costs for One Stop Centre **ZMW 185,000** *(estimated)*
- ✓ Operational and maintenance costs for Zambia Police Victim Support Unit **ZMK 5,320,468.00** *(estimated)*
- ✓ Operational and maintenance cost for the Department of Social Welfare **ZMK 872,371** *(estimated)*
- ✓ Purchase and distribute medical supplies, including PEP kits = **ZMW 280,000** *(estimated)*
- ✓ Provide counseling services to GBV survivors = **ZMW 55,000** *(estimated)*

Source: Author's calculation

For the Department of Social Welfare (DSW), the average monthly salary for a social worker was estimated to average ZMW 6,500. An assumption was made that there is at least one social worker handling and managing GBV cases per district and this brings the cost of emoluments for social workers to be ZMW 8,346,000. Further, the cost of operational and maintenance for the handling and managing GBV cases was estimated to be ZMW 872,371 (see Box 1). Therefore, the total cost of handling and managing GBV cases for the Department of Social Welfare was ZMW 9,218,371.

Currently, it is a challenge to collect data on Government expenditure related to GBV because the funds are spread across different sectors and line Ministries. For instance, the Ministry of Development and Social Welfare uses the Public Welfare Assistance Scheme (PWAS) to provide support to GBV survivors; the Ministry of Health uses both human and material resources to provide care and support to GBV survivors and so does the Police. However, these costs are drawn from the same budget lines with other issues and the expenditure tabulation is not disaggregated. The GRZ Costed Plan of GBV can be used as a starting point to turbulent costs related to GBV by the Government. This will help the Government to plan appropriately for GBV responses. Most of the Government units visited were not adequately funded and depended on NGOs for logistical support.

4.10. National Cost of GBV in Zambia

This sub-section provides estimates of the national cost of GBV in Zambia based on the findings from the sample and institutional data collected during this study.

Table 14 below provides the total cost of GBV 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 2016, an assumption was made to calculate the estimated total number of GBV cases that occurred annually as deduced from the findings of 2013/2014 Zambia Demographic and Health Survey[22]. 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 2016 at national level was 18,540 (Figure1), the total number of GBV cases in 2016 was calculated as 18,540 divided by 7.8% and then by 43% which comes to 552,773.

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 2016 Gross Domestic Product (GDP) for Zambia which stood at ZMW 209,000,000,000[23], as shown in the Table 14 below:

[22] Zambia Demographic Health Survey (ZDHS)

[23] Zambia's GDP in 2016 is estimated to be US$ 20.9 billion by IMF World Economic Outlook 2016 accessed on https://www.gfmag.com/global-data/country-data/zambia-gdp-country-reporton 17 May 2017 and the exchange rate used in this study is ZMW10/1US$

Table 14:Costs of GBV at individual and family level in Zambia (Survivors)

	Average annual cost/family (ZMW)	Total annual cost at national level (ZMW)
A. Cost of medical/health care for survivors and their families		
Direct cost for medical examinations and treatment (including doctors' fees, family nursing costs, medicine, hospitalization, surgery, laboratory tests, x-ray, police report, etc.)	334	184,681
Direct cost for transportation to the health facility incurred by the survivor and survivors' family	158	87,188,885
Indirect cost for medical examinations and treatment (Opportunity costs associated with medical examinations and medical treatment)	325	179,877,862
Sub-total (Medical costs)	**817**	**451,748,207**
B. Cost of Psychological/Emotional Violence for Survivors and their families		
Opportunity cost associated with emotional shocks treatment by the survivors and other members of the family	2,148	1,187,223,738
Direct transport cost associated with emotional shocks treatment by the survivors and other members of the family	772	426,856,838
Sub-total (Emotional costs)	**2,920**	**1,614,080,577**
C. Cost of Displacement	**955**	**528,124,852**
D. Cost of legal costs		
Direct costs for legal costs	234	129,243,855
Indirect cost for legal redress (Opportunity costs associated with legal redress for survivors and/or other members of the family)	1,986	1,097,807,178
Other direct costs associated with legal redress (Bride paid by the survivors and other members of the families to handle GBV case)	745	428,205,605
Sub-total (Legal costs)	**2,309**	**1,276,502,106**
E. Direct cost of community meeting for survivors and their families	**133**	**73,690,169**
Total direct (monetary) costs to survivor and other family members	**1,483**	**819,552,305**
Total indirect costs to survivor and other family members	**3,119**	**1,724,165,320**
Total Cost to survivors and their families	**4,602**	**2,543,717,625**
% of GDP of cost of GBV to survivors and their families		**1.217%**

The results show that at national level, survivors and their families had a total direct cost of ZMW 2,543,717,625 to address GBV cases in 2016, which represented 1.22% of the GDP (Table 14).

Table 15:Costs of GBV at individual and family level in Zambia (Perpetrators)

	Average annual cost/family (ZMW)	Total annual cost at national level (ZMW)
Direct costs (Fines paid to the police)	498	275,131,705
Direct costs (Transport cost, food costs)	501	276,845,301
Indirect costs (Lost income to the perpetrator while in detention/imprisonment)	3,791	2,095,562,443
Indirect costs (Opportunity costs to the perpetrators' family members in supporting the perpetrator)	412	227,642,977
A. Sub-total (Cost of handling court cases)	**2,906**	**1,158,562,458**
Displacement Costs		
Direct costs of displacement (transport, food, etc.)	364	201,071,179
Indirect costs of displacement (Opportunity costs of perpetrator and family due to displacement)	1,124	621,112,326
B. Sub-total (Displacement costs)	**949**	**524,830,325**
Total direct (monetary) costs to perpetrator and family	**903**	**499,253,518**
Total indirect costs to perpetrator and family	**2,952**	**1,631,885,395**
Total cost to the perpetrators and their families *(Addition of sub-total A & B)*	**3,855**	**2,131,138,913**
% of GDP of cost of handling court cases for the perpetrators and their families		**1.02%**

The perpetrators spent a total direct cost of ZMW 2,131,138,913 at national level to address GBV cases in 2016, which represented 1.02% of the GDP. This brought the total national level direct cost of handling GBV cases at individual and family level in 2016 to ZMW 4,674,856,538, which represented 2.27% of the 2016 GDP.

Table 14 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 2016.

Table 16:Summary of cost of GBV at national level as a % of GDP, 2016

	Total annual cost at national level (ZMW)	% of GDP
National GBV cost individual and family level (Survivors)	2,543,717,625	1.22%
National GBV cost individual and family level (Perpetrators)	2,131,138,913	1.02%
National institutional operational cost of GBV (gov institutions)	55,232,039	0.0264%
National institutional operational cost of GBV (NGOs)	8,060,648	0.0039%
Total GBV cost at national level	**4,738,149,225**	**2.27%**

The results show that it cost Zambia nation a total of ZMW 4,738,149,225 to address GBV cases in 2016, which represented 2.27% of the GDP (Table 15). It is important to note that this national cost of GBV per category for 2016 (4,738,149,225) is almost equivalent to the Ministry of Health budget for 2016 which was 4.4 billion Kwacha.

Table 17:Comparison of Cost of GBV as % of GBV, 2013 and 2016

Category of GBV costs at national level	Total cost per category 2013 (ZMW)	% of GDP 2013	Total cost per category 2016 (ZMW)	% of GDP 2016
Total national GBV cost individual and family level	1,710,431,331	1.063%	4,674,856,538	2.237%
Total national GBV cost at community level	33,082,128	0.020%	73,690,169	0.035%
National GBV cost at government institutions level	22,409,528	0.013%	55,232,039	0.026%
National GBV costs at NGOs level	12,439,634	0.007%	8,060,648	0.004%
Grand total GBV cost at national level	**1,778,362,621**	**1.103%**	**4,738,149,225**	**2.27%**

The table above shows that the cost of GBV to the nation in 2016 has almost doubled compared to 2013. In 2013 the total cost of GBV was equivalent to 1.103% of GDP compared to 2.27% in 2016.

4.11. The GBV Support System in Zambia

Over the years, Zambia has developed a multi-faceted GBV support system guided by the Anti-GBV Act of 2011. The implementation and continuous development of the system involves multiple stakeholders, among them are line ministries and government agencies involved in the prevention and provision of GBV related services, NGOs, various churches, Cooperating Partners and the private sector. A committee of Permanent Secretaries chaired by the Secretary to the Cabinet oversees and receives reports on the activities undertaken by several government actors. The Ministry of Gender coordinates the ministries and quarterly technical working groups consisting of both government and non-state actors. The aim of these support system meetings is to coordinate GBV work, learn from each other and reduce duplication of initiatives among actors. The following paragraphs show some of the strengths and weaknesses of the GVB support system documented during the study.

4.11.1. Availability of One Stop Centres

The availability of One Stop Centres in 21 out of the 23 districts where the study was conducted was highly appreciated by all the GBV survivors. Survivors access medical, counselling, legal aid, police and referral services at the one stop centre. This reduces their costs in terms of transport and time because all services can be accessed in one place. Chinsali and Sinda were the only districts that did not have a One Stop Centre.

Before meeting the counsellor from the One Stop Centre, I was completely helpless. Through counselling from the Centre, I regained hope for life and managed to seek medical services (IDI with a 35-year-old female survivor).

4.11.2. Access to Certain Free Medical Services and Police Services

Provision of certain free medical services in Government health facilities and access to free police reports for those affected by GBV were highly appreciated by the survivors. Survivors reported that the availability of certain free health services enabled them to seek medical assistance in a timely manner and reduced their medical costs. However, services and medications that were not available at Government health centres would require to be procured from private service providers.

My husband beat me up, took all the money that I had in my handbag and used it to drink beer. I do not know what could have happened if I needed to pay to access medical services (IDI with a 20-year-old female survivor).

4.11.3. Gaps in the GBV Support System

Inadequate staffing

Discussion with staff in the One Stop Centres showed that ideally a Centre should have a nurse, a social worker and an officer from the Zambia Victim Support Unit. However, some of the centres did not have all these categories of staff especially social workers. Non-availability of such staff hindered access to services such as counselling.

Inadequate and non-availability of Government Shelters

In all the districts, one of the main complaints put forward by all participants was inadequate and unavailability of shelters where survivors can stay for safety. The few shelters that are available are managed mainly by NGOs and churches and can only accommodate few individuals. The lack of services hindered reporting of cases by survivors as they feared victimisation or further abuse during investigation of cases.

Many of us [survivors] fear to report those who abuse us especially if the offender is the breadwinner because once you report the matter, you are likely to be evicted from the house and since there are few shelters, you end up with nowhere to sleep (IDI with a 20-year-old female survivor).

A Police Officer reported that occasionally they take the survivors in their homes while investigating cases or when the survivors' home is too hostile:

I took a girl in my house for two days while we were trying to apprehend the perpetrator. She was too scared to go back and we have no shelter in the district. So I had no choice but just to help, she was in a bad shape (KII with Police Officer).

Difficulties in accessing special treatment

While medical services for GBV cases are free, it was reported that there are still some medical costs as some medicines prescribed after GBV are not available in the hospitals. This

lack of medicines in hospitals is challenging as some survivors do not have enough finances to procure medicines from the pharmacy.

My husband broke my leg. I suffered great pain. At the hospital, I was told to go and buy some medicines at the pharmacy. I was depressed as I had no money (IDI with a 30-year-old female survivor).

Limited legal support

Some survivors reported that they had challenges accessing legal support due to lack of financial resources. Failure to access legal support hindered their ability to take their case to court.

He used to beat me every now and then. One day, he beat me too much that I fainted. Then he decided to apply for divorce at the court. He engaged a lawyer and I lost all the property, all the five houses that we built together. I was even directed to share the kitchen utensils with him. (IDI with a 28-year-old female survivor).

Lack of confidentiality at the Victim Support Unit

In some police stations, the VSU offices are next to the other offices that deal with all offences. It was reported that such a situation hindered the counselling process as confidentiality / privacy was compromised. In addition, some VSU officers reported that the lack of separation of offices prevented the survivors from freely accessing the offices as they feel intimidated. Most VSUs are pool offices with 2 to 4 officers sharing the same office.

You find that you are in the middle of the counselling session and another police just walks in and starts rebuking your client and labelling him or her a deviant (KII with police officer).

Delayed response and lack of follow up

Many survivors complained that the response from the police towards GBV matters when reported is often poor. For instance, the police often delayed in pursuing the perpetrators. In addition, it was reported that neither the police nor other GBV service providers made follow ups to see how the survivors of GBV were coping.

I used to report to the police that my husband was very violent, but the police could not arrest him. It was only after he beat me and in self-defence I also hit him with a pot that the police decided to act (IDI with a 40-year-old female survivor).

However, discussions with the police and other providers at the One Stop Centres clarified that lack of transport was one of the factors that hindered follow up processes. In addition, it was also reported that the staff were not enough at the centres to undertake such activities.

Limited awareness of One Stop Centres in the community

Inadequate awareness of the availability and tasks of the One Stop Centres by the community is one of the barriers to accessing GBV services. Most of the GBV survivors reported that they knew of the One Stop Centres only after the GBV incident had happened, some even after experiencing multiple violence acts. They knew about the One Stop Centres from the fiends and counsellors at the health facilities after informing them about the violent experiences.

I have suffered both sexual and physical violence to the point of being infected with STI. However, I did not know where to report the matter because I was not aware of the One Stop Centre (IDI with a 21-year-old female survivor).

Psychological aspects and Christian beliefs

Certain psychological aspects hindered survivors to report GVB to the police, such as fear for being reprimanded by the police or the husband, feeling guilty to report the husband and blaming themselves for the violence they might have provoked and experienced, especially by women.

Also, Christian beliefs concerning marriage hinder reporting GVB cases to the police. Many believe that once one is married, one should accept everything from the spouse, including beating, and stay together. Discussions with the GBV survivors showed that most of them did not report or access GBV services in good time for fear of being divorced. They reported that the thought of being divorced and stigmatised made them suffer from violence quietly.

I lived in a violent relationship for more than 10 years. But I was afraid that if I report the matter to the police or traditional leaders, husband would divorce me, and I was not ready to be laughed at by the community (IDI with a 31-year-old female survivor).

This quotation above shows that the fear of being laughed at is even worse than being in a violent relationship. This is a clear example of victimising oneself. The fear to get out of a bad situation makes one stay in it.

The influence of the relatives

The role of the family in accessing health services is emphasized in all the interviews with survivors. In some cases, GBV survivors were advised by family members to persevere as beating was normal in marriage. Five (5) women that reported the cases ended up being disowned by the family members. Other family members discouraged the partners from divorcing and they noted that doing so would bring shame to the family. It was reported that some parents discouraged their daughters from divorcing as they could not financially support the daughter and her children. To meet hospital bills, some survivors depended on financial help from friends and relatives. One respondent reported being discouraged by the father from leaving a violent relationship while mother did not provide any advice.

My father told me not to report the abuse from my husband. He told me that it was part of love and that my mother had also experienced such, and that she was a strong woman hence being still married (IDI with a 22-year-old female survivor).

5. CONCLUSION

Majority of GVB survivors are between 30-40 years, and married. Majority are part of a household of 3-5 people. If these are children, this means that GBV is partly due to a lack of social control. The cost of GBV to the nation in 2016 almost doubled compared to 2013. Survivors pay high costs for court, particularly for transport to go to court, as these cases are often delayed. Delaying of cases is a major reason for withdrawal of cases. There is less GBV in rural areas, but survivors in rural areas have higher costs due to travelling to facilities/providers. Police/VSU do not follow up cases, as such survivors complain about police. There is limited awareness about One Stop Centres in communities. Overall, the national cost of GBV per category for 2016 was almost equivalent to the Ministry of Health budget for 2016, thus the need to further strengthen strategies aimed at preventing GBV in order to reduce GBV related costs.

6. RECOMMENDATIONS

1. The Government needs to strengthen gender responsive planning and budgeting in all sectors to ensure that adequate financial and human resources are allocated for the prevention of GBV.
2. Government should explore the possibility of having an accounting code or classification for GBV costs across line Ministries to ensure accurate calculations of the cost of GBV to the country.
3. Most of the donor funded projects which are supporting both Government and NGOs are coming to an end at the end of 2017; therefore, Government needs to budget for more funds to sustain the momentum gained. Particularly, human, financial, equipment and logistical support should be increased to the Zambia Police Victim Support Unit; Social Welfare Department (PWAS); building of shelters; Ministry of Gender and the Judiciary System.
4. Women's economic empowerment programs are important to curb GBV because most survivors revealed that they returned to abusive relationships due to the inability to support themselves and their families.
5. The study reviewed that there is limited awareness on available GBV services as well as the dangers of GBV in communities. Therefore, Cooperating partners, the private sector and communities need to increase financial support to NGOs to increase community sensitization.
6. Delays in case disposal due to adjournments resulted in high costs for survivors and their families in rural areas hence there is need to introduce fast track courts in rural areas as well.
7. Strengthen community response systems to GBV to reduce the cost of GBV for rural survivors and their facilities. The opportunity costs are higher for rural survivors partly due to long distances to the one stop centers and access to justice facilities. The involvement of community leaders at all levels such as Chiefs, councilors is cardinal to the prevention of GBV.

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8. APPENDICES

Appendix 1; Table 1: Core Types of GBV

Core Type of GBV	Responses	Percent (%)
Penetrative Sexual Violence *(Rape, Sodomy, Defilement, Incest, Sexual cleansing)*	32	9
Sexual Assault *(Attempted defilement, Attempted rape, Sexual exploitation, Sexual harassment)*	35	10
Physical Assault *(Spouse battery, Intimate partner violence, physical abuse)*	208	59
Denial of resources, services or opportunities *(Family neglect, Spouse neglect, Economic abuse, Property grabbing)*	56	16
Forced/child marriage *(Child marriage, Forced marriage)*	3	1
Psychological & emotional abuse *(Psychological abuse, Emotional abuse)*	18	5
Human trafficking *(Human/child trafficking)*	0	0
Total	**346**	**100**

Appendix 2; Table 2: Costs to the survivors and survivors' family - Health care cost

	Responses	Percent (%)
I. Survivors who were physically and/or sexually injured		
Yes	233	69
No	107	31
Total	***340***	***100***
II. Survivors who sought medical examinations		
Yes	224	66
No	113	34
Total	***337***	***100***
III. Survivors who sought medical treatment (including self-medication)		
Yes	239	71
No	97	29
Total	***336***	***100***

Appendix 3; Table 3: Survivors or other members of the family who sought help for emotional shock

	Number of survivors who sought help	Percent of survivors who sought help
Doctor	89	30
Police	62	21
Family member	66	22
Neighbourhood watch	1	0.3
Headman/Chief	6	2
Church	16	5
NGO	29	10
Friend	7	2
Counsellor	13	4
Others	5	2
Total	**294**	**100**

Appendix 4; Table 4: Number of GBV cases reported to sampled institutions

Name of Institution	Number of districts	Type	Year	Number of people provided with a service							Total
				Case investigations	Counselling	Rehabilitation	Medical services	Shelter	Legal	Others	
Zambia Police - Victim Support Unit	12	Gov	2014	1863	1630	4	0	45	378	0	3,920
			2015	2479	3175	8	0	25	447	0	6,134
			2016	2237	3964	6	0	15	286	0	6,508
GBV One Stop Centre	21	Health facility	2014	2904	6289	368	3712	0	256	16	13,545
			2015	5533	8898	672	5395	0	3360	8	23,866
			2016	5084	8927	182	4639	1	5402	626	24,861
Dept of Social Welfare	5	Gov	2014	181	324	167	0	163	0	0	835
			2015	290	379	240	0	232	0	7	1,148
			2016	62	156	39	0	24	0	0	281

Appendix 5; Table 5: Number of staff involved in handling GBV cases among s(Sampled Institutions)

Name of Institution	Number of districts	Type of Institution	Year	Number of Staff							Total
				Case investigations	Counselling	Rehabilitation	Medical services	Shelter	Legal	Others	
Police - Victim Support Unit	12	Gov	2014	50	40	10	0	0	10	2	112
			2015	55	40	10	0	0	10	3	118
			2016	53	43	10	0	0	10	3	119
GBV One Stop Centre	21	Health facility	2014	21	37	7	24	6	14	4	113
			2015	28	44	14	31	13	21	11	162
			2016	28	44	14	32	14	21	11	164
Department of Social Welfare	5	Gov	2014	11	17	7	0	12	0	4	51
			2015	11	17	7	0	12	0	4	51
			2016	11	17	7	0	12	0	4	51

Appendix 6; Table 6: Institution's average monthly expenditure on stationary and printing for GVB related issues (Sampled Institutions)

Name of Institution	Number of districts	Type of Institution	Year	Number of Staff							Total
				Case investigations	Counselling	Rehabilitation	Medical services	Shelter	Legal	Other	
Police - Victim Support Unit	12	Gov	2014	258,000	240	80	0	0	1000	80	259,400
			2015	360,570	300	100	0	0	1200	100	362,270
			2016	169,170	4460	1480	1300	2600	2700	330	182,040
GBV One Stop Centre	21	Health facility	2014	258,000	240	80	0	0	1000	80	259,400
			2015	360,570	300	100	0	0	1200	100	362,270
			2016	169,170	4,460	1480	1300	2600	2700	330	182,040
Dept of Social Welfare	5	Gov	2014	100	18,100	0	0	12665	0	300	31,165
			2015	100	18,100	0	0	12892	0	100	31,192
			2016	400	18,500	0	0	4760	0	400	24,060

Appendix 7; Table 7: Institution's average monthly expenditure on transport costs for GVB related issues (Sampled Institutions)

Name of Institution	Number of districts	Type of Institution	Year	Number of Staff							Total
				Case investigations	Counselling	Rehabilitation	Medical services	Shelter	Legal	Others	
Police - Victim Support Unit	12	Gov	2014	50,480	9,890	1,474	0	1,474	5896	38,740	107,954
			2015	59,433	10,377	1,507	0	1,507	6089	37,273	116,186
			2016	99,773	25,785	1,624	0	1,624	6497	16,242	151,545
GBV One Stop Centre	21	Health facility	2014	50,480	9,890	1,474	0	1,474	5896	38,740	107,954
			2015	59,433	10,377	1,507	0	1,507	6089	3,7273	116,186
			2016	99,773	25,785	1,624	0	1,624	6497	16,242	15,1545
Dept of Social Welfare	5	Govt	2014	2,100	1,800	0	0	4,300	0	0	8,200
			2015	2,400	1,800	0	0	4,500	0	0	8,700
			2016	2598	1800	0	0	3000	0	0	7,398

Appendix 8; Table 8: Institution's average monthly expenditure on other GVB related costs (Sampled Institutions)

Name of Institution	Number of districts	Type of Institution	Year	Number of Staff							Total
				Case investigations	Counselling	Rehabilitation	Medical services	Shelter	Legal	Others	
Police - Victim Support Unit	12	Govt.	2014	75,000	0	0	0	0	0	60,000	135,000
			2015	120,150	125	0	0	0	0	60,100	180,375
			2016	200,400	300	0	0	2,000	0	60,400	263,100
GBV One Stop Centre	21	Health facility	2014	75,000	0	0	0	0	0	60,000	135,000
			2015	120,150	125	0	0	0	0	60,100	180,375
			2016	200,400	300	0	0	2,000	0	60,400	263,100
Dept of Social Welfare	5	Govt.	2014	0	36,000	0	0	0	0	20,037	56,037
			2015	0	5,000	0	0	0	0	23,145	28,145
			2016	0	0	0	0	0	0	9,307	9,307

www.care-international.org

CARE International in Zambia
PO Box 36238,
Lusaka, Zambia

Plot 9, Chitemwiko Rd, Lusaka, Zambia

Founded in 1945 with the creation of the CARE Package®, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. CARE is in 94 countries and have reached 80 million persons directly and 256 million persons indirectly in 2016.

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