

DEEPEN OUR COMMITMENT TO THE MOST VULNERABLE GIRLS AND BOYS

# 4<sup>th</sup> GESI Global Forum

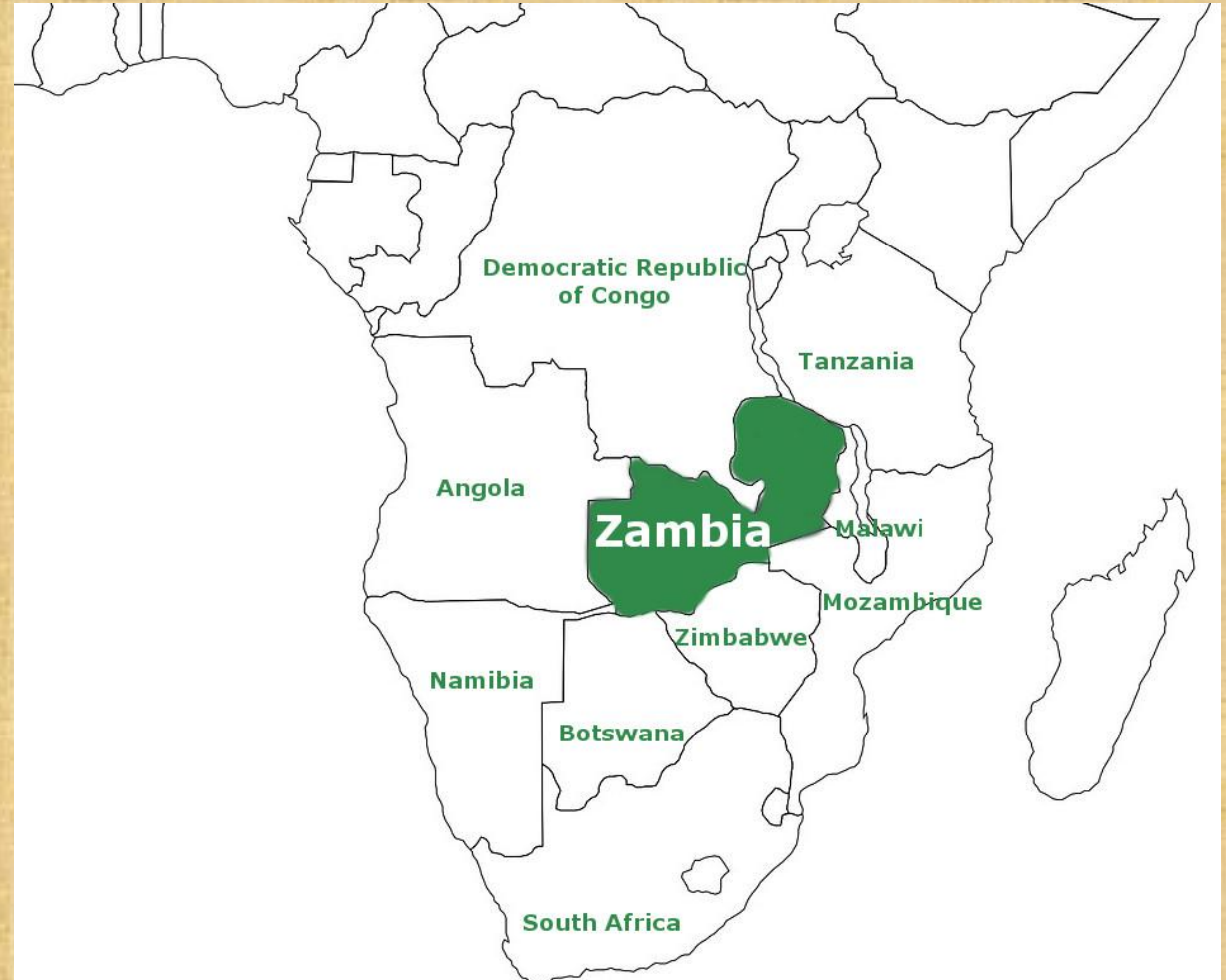
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# ZAMBIA

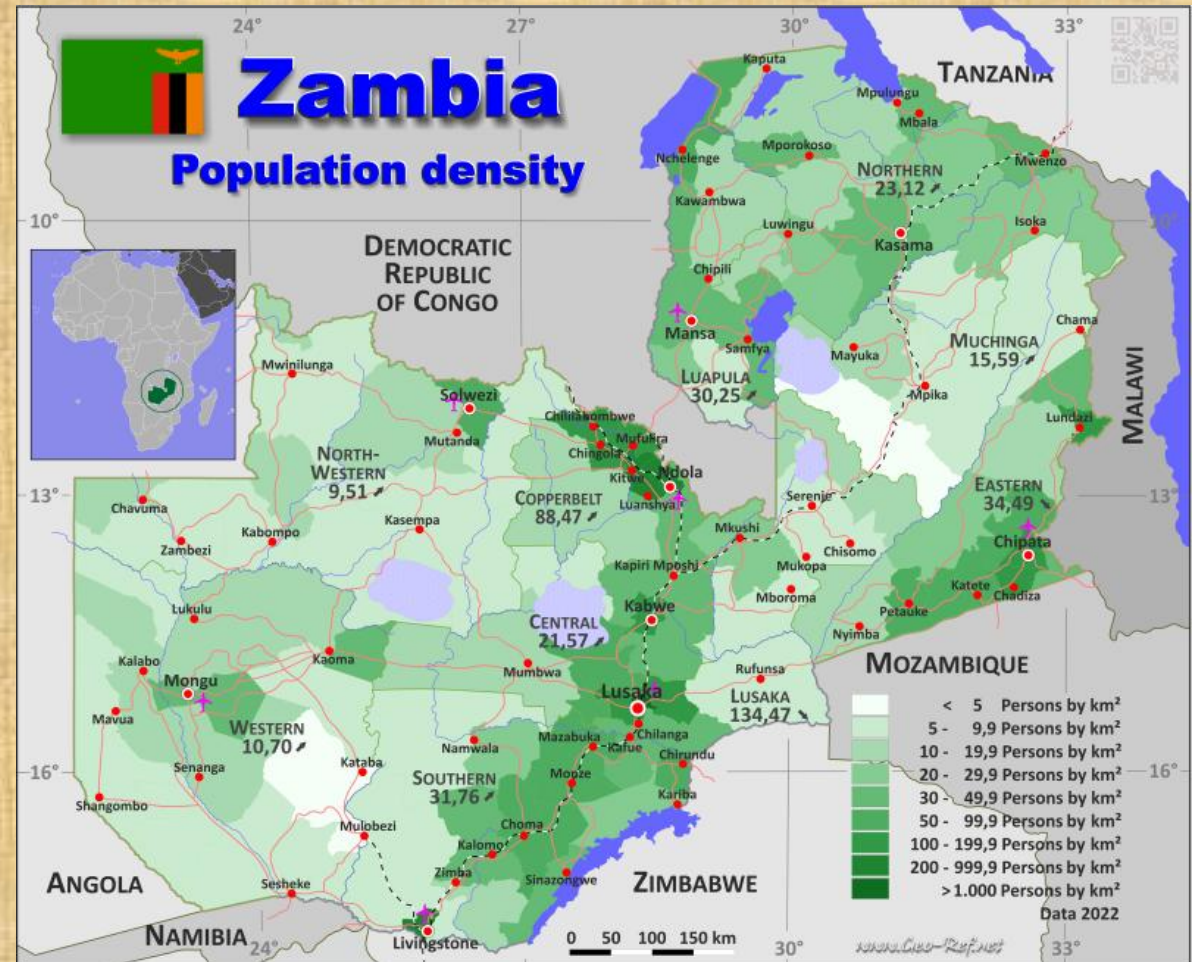
- Context
- Zambia GBV Overview
- One Stop Centre (OSC) Approach
- WVZ Experience
- What Worked Well
- Challenges
- Lessons Learnt

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## Social/Demographic Profile

- Zambia Population is about 19,610,769 (9,603,056 Male Vs 10,007,713 Female)
- A country with deep-rooted cultural traditional practices of an unequal gender relationship in which men are considered to be superior to women.
- Based on Solid, traditional cultural and social norms and dual structure of statutory law and customary law.



## Social/Demographic Profile

- 47 percent of ever-married women 15-49 have experienced physical, emotional, or sexual violence by a husband/partner.
- Society were women and girls are 3times vulnerable to SGBV
- 20.3 percent experience child sexual abuse prior to age 18,
- 39% married b4 their 18<sup>th</sup> birthday



## Zambia Progress in GBV Programming

- National drive in the domestication of CEDAW
- National Gender Policy
- National Strategies on ending GBV & Child Marriage
- Legal Framework



# Zambia's GBV Legal Framework

- The Constitution of the Republic of Zambia Chapter 1 of the Laws of Zambia.
- The Constitution of Zambia Amendment Act No. 2 of 2016
- The Anti GBV Act No. 1 of 2011
- The Gender Equity and Equality Act No. 22 of 2016
- Court Rules 2016
- The Criminal Procedure Code Act Cap 88 of the Laws of Zambia
- The Penal Code Act Cap 87 of the Laws of Zambia
- The Marriage Act Cap 50 of the Laws of Zambia
- The Education Act No. 23 of the Laws of Zambia
- The Children's Code Act No. 12 of 2022
- Cyber Crimes Act, 2025,

## Zambia & GBV Programming

- National efforts, both in Response and Prevention of SGBV in Zambia
- Response Included:
  - Coordinated Response Centres-Asafer Zambia Project- 2008 Care Int
  - One Stop Centres (OSC) approach- WVZ- 2012-2018
  - Village Led OSC- under Chiefdom secretariat- UN Joint Prog/ZCCP 2018 to 2022
  - Community based referral mechanism- WVZ- ongoing.
  - Stop GBV Prevent/FFTR- Natwampane – WVZ : 2020-2024



## One Stop Centre (OSC)

- Definition:
- **One-Stop-Centers** are facilities designed to provide comprehensive & coordinated services to survivors of Gender Based Violence (GBV).
- The essence is to offer a range of support services in one location, minimising the need for survivors to navigate multiple service providers.
- **One-Stop Centres** provide survivors of GBV with care such as health care, psychosocial support, referrals to shelters, legal services, HIV testing, HIV post-exposure prophylaxis, and linkage to HIV treatment
- OSC are currently being operated within Health facility building or premises.

# World Vision Zambia Experience

- \$27.1m USAID Stop GBV Project
- WVZL implementing \$18.1m GBVSS:
  - Established 22 OSCs across 21 districts
  - Strengthened & equipped 2 centres of excellence in Lusaka and Livingstone districts with special focus on post SGBV services for Children.
  - Facilitated the review and development of GBV multisectoral Management Training Manual
- 24.5 Euro EU funded Natwampane Project
  - Established & furnished 24 OSC – Northern & Luapula Provinces covering 24 districts.
  - Strengthened GBV data collection and reporting mechanism through integration under Ministry of Health DHIMS
  - Raised the daily operations of the OSC to meet the Global minimum standards- Centre of Excellence for Children.

# What worked well

- OSC location- Health facility building or premises.
- Integration of Data into the National reporting system- resulting into improved programming, planning and budgeting
- Increased access and uptake of services due to efficient implementation of survivor centered approach.
- Capacity building of actors which saw the increase in SGBV case management skills among service providers
- 24/7 availability of transport to respond to the call for support.
- Parallel implementation of men and boys engagement as champions of positive masculinity and promoters of post GBV care.-Awareness on health related effects of SGBV e.g defilement
- Effective implementation and usage of referral pathways
- Development of the referral directory.
- Inclusion of Adolescent friendly spaces

## Challenges

- Late reporting of cases- compromising timely need to access post GBV care e.g. Prophylaxis & EC
- National level coordination gaps which included weak and non vibrant GBV technical working group
- Low awareness of OSC services
- Budget Constraints



## Lessons for further programming

- Transforming OSCs as centres of excellence for SGBV services for children
- Development of OSC GBV services information online App.
- VAC programming needs to start from HH/Family level- Protect Model is now touching on this.
- Working within Government structures has some level of assurance when it comes to sustainability.



THANK YOU

