

A SAFER ZAMBIA (ASAZA) PROGRAM

About ASAZA

ASAZA (A Safer Zambia) was a CARE-led Gender Based Violence (GBV) Coordinated Response Program funded by the US Agency for International Development (USAID) and a European Union (EU) grant. To implement ASAZA, CARE worked in partnership with various NGOs and key Zambian Government agencies in an effort to build durable GBV responses and services.

OBJECTIVES OF THE PROJECT

- Improvement in gender-equitable attitudes and behaviors among men and women.
- Provision of quality, comprehensive services at Coordinated Response Centers (CRCs) in selected locations.

STRATEGY

ASAZA had a twofold approach focused on GBV prevention and response:

Prevention: Working with communities to promote gender equality and prevent GBV

ASAZA used prevention strategies for information, education and behavior-change communications (IEC and BCC). These included an intensive three-year period of media awareness campaigns, community education and mobilization activities designed to increase knowledge and change attitudes and behavior regarding gender equality among men, women, service providers, leaders, and young people. Participants found the multi-faceted community mobilization platforms to have helped bring attention to GBV issues and reduce stigma for women who reported abuse.

Services: Providing high-quality comprehensive services for GBV survivors

As part of its GBV response strategy, ASAZA set up and operated eight CRCs or "One Stop Centers" in seven districts (see map on right) where GBV survivors could access a comprehensive package of integrated medical, legal, and psychosocial support services. CRCs were embedded into a network of government (health and police) and non-governmental (counseling, legal, shelter) services. CRCs provide direct services focused primarily on medical care, psychosocial and paralegal counseling, and also referred clients to social services, support groups and shelters.

Program Name: A SAFER ZAMBIA

(ASAZA)

Program Country: Zambia
Timeframe: Feb 2008 to Dec 2011
Budget: US\$ 6.325 million
Donors: USAID, EU

Partners: World Vision, Young Women's Christian Association (YWCA), Women and Law in Southern Africa, AFRICARE, Catholic Relief Services, International Justice Mission

47% of women in Zambia have experienced physical violence since age 15 -77% by a current/former husband/partner - and one in five have experienced sexual violence in their lives.

-Zambia Demographic and Health Survey 2007



Former US Secretary of State Hilary Clinton touring an ASAZA Coordinated Response Center in Lusaka in 2011

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Already Existing Centers
 Centers Established by ASAZA





A march marking the launch of a network of male change agents supported by ASAZA © 2009
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"We believe that there is no need to organize one big anti GBV event, but thousands of smaller actions. This will create a bigger network of nonviolent men and a change in behavioral attitude towards GBV."

- Raymond Hawvala, YWCA Coordinator



ASAZA staff disseminating IEC materials on GBV among local authorities
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"We want women to come here and know that they're safe and that they're going to be taken care of. They won't find prejudice here." - Grace Mwila, CRC Coordinator

Successes:

- The CRCs provided services to 18,246 GBV survivors. Spousal battery was the most common case of GBV reported across the CRCs, accounting for 54% of all GBV cases, followed by child sexual abuse (21%)
- ASAZA established six new CRCs, a free 24-hour national GBV hotline, supported a network of safe homes/shelters for abused women and children, and standardized information tracking and reporting.
- ASAZA also built the capacity of support personnel to provide quality comprehensive service at all centers including 1,610 training community caregivers, 1,093 service providers (police, health workers, and teachers), and 217 paralegals.
- In 2010, ASAZA partnered with the Ministry of Community Development and Social Services and UNICEF to successfully launch a national campaign against GBV whose theme was "Abuse, Just Stop It!" The campaign was designed to put a human face to GBV through stories, personal testimonies and experiences and to provide knowledge of GBV issues through the media and through community outreach programs.

EVALUATION FINDINGS AND LESSONS LEARNED

Key findings from an external evaluation of the project included:

- High levels of client satisfaction with quality and manner of services provided.
- Engaging (inclusive) and consultative service processes, contributing to clients' feeling of empowerment.
- Strong institutional link with government partners in providing services such as health and police response, which strengthened links to other social services and shelters.

A key lesson from ASAZA's implementation is that sustainability of GBV programming requires strong engagement and coordination among stakeholders, including government ministries, non-governmental organizations and community-based groups to integrate these activities into a national GBV response plan. The ASAZA CRCs were officially handed over to the Ministry of Health in November 2011, with the goal of integrating GBV support services into the existing health system.

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