Project Name: A Safer Zambia (ASAZA) Country: Zambia	Donor: USAID	Contract No.: EDH-A-00-08-00001-00 Contract Type: Cooperative Agreement Contract Value: $6,325,403 Term: September 2007—December 2011	Contact Name: Karen Doll Manda Title: Contracting Officer Address: USAID Zambia, Subdivision 694/Stand 100, Ibex Hill Road, P.O. Box 32481, Lusaka, Zambia Tel: +260-211-357-000 Email: kdoll@zamnet.zm

Description and Results:

CARE led a consortium of local organizations, Zambian government institutions, and international partners in A Safer Zambia (ASAZA) program to provide a multi-pronged approach to the issue of gender-based violence (GBV) in Zambia. First, CARE sought to strengthen vulnerable populations' access to GBV services and their utilization of these services through the creation of eight Coordinated Response Centers (CRCs). Second, ASAZA increased the response capacity of local institutions through collaboration with local NGOs and various Zambian government agencies, culminating in the eventual handover of the CRCs to the Ministry of Health (MoH). Finally, ASAZA worked with traditional community leaders to conduct a coordinated outreach and behavioral change campaign to improve GBV prevention strategies. Taken together, these activities comprised a twofold approach to tackling the problem of GBV. While the CRCs represented a restorative approach, the array of informational, educational and behavior change communications represented a preventative approach.

ASAZA established six CRCs in MoH hospital settings in Lusaka, Kabwe, Mazabuka, Ndola, Kitwe and Livingstone, and an additional two stand alone CRCs in Lusaka and Chipata in order to achieve the first objective of increasing access to GBV services and the uptake of these services by survivors. CRCs have proven to be a successful model for an integrated response to GBV, and they are the first of their kind in Zambia. They were created to ensure direct service delivery to GBV survivors at one-stop sites at which survivors can find medical help (including the collection and preservation of criminal evidence), legal support (including reporting the crime to the police and legal advice where needed), and psychological support (including counseling and linking to survivor support groups and, if needed, safe houses or shelters). Over the life of the project, 18,287 GBV survivors received services at the CRCs.

On 17th November 2011, ASAZA formally handed over the CRCs to the Ministry of Health, as part of the second objective of achieving program sustainability and building local capacity. In addition to this handover, ASAZA also undertook efforts throughout the project to build the capacity of local government and civil society institutions. At the governmental level, ASAZA incorporated officials from the Zambia Police Victim Support Unit (VSU) into the CRC sites, and supported the VSU officers in their prosecution of cases received at the CRCs. To date 1,945 cases have been taken to court resulting in 204 convictions. ASAZA also supported the Ministry of Community Development and Social Services (MCDSS) in the creation of a national campaign against GBV which utilized various media platforms, such as television, community radio, billboards, brochures, and community drama sensitizations, in both English and local languages. ASAZA also supported MCDSS and other community based safe houses/ shelters at which 594 GBV survivors received further support. At a governmental policy level, the program supported the Gender in Development Division (GIDD) of the Ministry of Gender and Women to develop national guidelines and minimal standards for the multi-sectorial management of GBV, and sensitized 38 members of parliament to GBV issues.

In addition to building the capacity of Zambian government institutions as described above, ASAZA also worked extensively with traditional leaders and other community members to create awareness and behavior change regarding GBV. As key partners in the community outreach component of ASAZA, 4,236 tradtional and other local leaders were sensitized on GBV, with over 52 percent of them being female leaders. In addition to ensuring the participation of traditional leaders, the project also identified and trained other community members as agents of change. For example, the project trained 527 men to challenge their peers to fight GBV within their communities, thus reaching an additional 4,400 men and 6,305 boys. In addition, the project also trained 379 girls and 417 boys to be agents of change within their peer groups.

As part of the civil society and governmental capacity building aspects of the program, 1,111 service providers—including health workers, paralegals, police, judicial officers, social workers, social welfare officers, and community volunteer counselors received training in the management of GBV in the CRCs and other locations. Additionally, 1,510 household caregivers, over two-thirds of them women, were trained to respond to GBV cases throughout the community.

Through the integrated approach of increasing access to services, improving service delivery, and building local capacity of the Zambian government and civil society, ASAZA reached three groups of beneficiaries: 1) women, children, and men who are victims and survivors of GBV, 2) the local Zambian professionals and volunteers working in the provision of services to victims and survivors of GBV, and 3) the men and women who were indirect beneficiaries of the action. The project, along with its sustainable handover of the CRCs to the Zambian MoH, made progress towards achieving the overall objectives of 1) ensuring that women and children have the right to live in Zambia without fear and 2) ensuring that the issue of sexual and gender based violence is recognized and addressed by communities and local institutions in Zambia.

Project Name: Moyo wa Bana Capacity Building Initiative (CBI) **Country:** Zambia	**Donor**: Canadian International Developmen t Agency	**Contract No.:** A-033139-001 **Contract Type:** Contribution Agreement **Contract Value:** $10,320,000 **Term:** March 2007 – May 2011	**Contact Name:** Mr. Michel Leblanc **Title:** Program Manager, Zambia Program, Africa Branch **Address: C**IDA, 200 Promenade Du portage, Gatineau Quebec, Canada K 1A OG4 **Tel:** + 819 997 1472 **Email:** Michel_leblanc@acdi-cida.gc.ca

Description:
The Moyo wa Bana Capacity Building Initiative (CBI) built upon the successes of the first two phases of the Moyo wa Bana project which began in 1998. Whereas the original Moyo wa Bana project focused on decreasing child morbitity and mortality, the CBI, implemeneted from March 2007 to May 2011, invested in the long-term sustainability of Integrated Management of Childhood Illness (IMCI) in Zambia through capacity building of local institutions. The CBI worked directly with all three levels of health sector governance—National Ministry of Health (MoH), Provincial Health Office (PHO), and District Health Offices (DHOs)—to increase their capacity and strengthen their management and technical oversight of IMCI programs in health centers and communities throughout the country The project also worked with the various health sector agencies to leverage wider donor support and use health sector basket funds for child survival programs.

The Moyo Wa Bana CBI was a key stakeholder in the development of the various national policies and strategies, including: National Child Health Policy, IMCI protocols, IMCI training modules, and an IMCI Strategic Plan. CARE's experience in earlier project phases in integrating both clinic and community-based IMCI programming into rural and urban districts more than aptly positioned the CBI phase to build capacity for a sustainable IMCI integration, implementation and replication in new areas.

The scale up of this model continues to develop the capacity of the MoH. and its PHOs and DHOs. to take Moyo wa Bana's intensive IMCI implementation approach and lessons to other areas of Zambia, and a final with cost extension was awarded up to May 2013 to support such efforts.

Results:
The Moyo wa Bana CBI built the capacity of the Zambian health sector through several actions and outcomes. First, in collaboration with partners including WHO and UNICEF, the project supported the MoH in the development and printing of the IMCI Orientation and Planning Guidelines for Districts and Provinces, a key national document whose purpose is to assist all levels of the health system to plan, budget for, implement and monitor IMCI activities. In 2009, the project supported the printing and distribution of the updated edition, which continues to provide standard guidelines for IMCI which are technically sound and also feasible in the current environment of health care services in Zambia.

Second, The project provided logistical support and assessment tools to managers at national, provincial and district levels to enable them monitor and provide technical support to PHOs and DHOs to ensure IMCI implementation was sufficiently accounted for in the annual MoH action plans. This led to an increase in the number of IMCI activities that the MoH was able to fund from its own resources, thus promoting ownership and sustainability of project initiatives.

Third, CBI project staff routinely participated in National, PHO and DHO planning meetings and also ensured that key MoH staff at all levels were actively involved in the development of the project's annual workplans. This collaboration promoted experiential learning and encouraged the MoH to develop innovative and affordable approaches to IMCI programming such as integrating supportive supervision for IMCI trained staff into the routine MoH Performance Assessment visits.

The CBI project also conducted capacity building activities with key local implementing NGOs to harmonize child health activities and reduce duplication. At the policy level, Project staff actively participated in national advocacy efforts for the introduction of pre-service IMCI training in nursing schools to increase saturation levels and cut down on the cost of IMCI training. By the end of the project the MoH had taken ownership of this process and was offering IMCI training in several institutions countrywide. Finally, the project ensured the sustainability of its achievements in increasing the capacity of local institutions through the training and establishment of cohorts of IMCI supervisors in all PHOs, DHOs and health centers.

Project Name: Enabling Mobilization and Policy Implementation for Women's Rights (EMPOWER) **Country:** Benin	**Donor**: USAID	**Contract No.:** EDH-A-00-07-00008-00 **Contract Type:** Cooperative Agreement **Contract Value:** $5,546,000 USD **Term:** November 2007 – October 2010	**Contact Name:** Kitty Andang **Title:** Program Officer **Address:** USAID/Benin Ambassade Américaine 01 B.P. 2012 Cotonou, République du Bénin **Tel:** (229) 21- 30-05-00 **Email:** kandang@usaid.gov

Description:

CARE International in Benin undertook a three-year project with support from USAID to reduce gender-based violence (GBV) against women and girls in throughout of Benin. In order to achieve this overarching goal, CARE created the EMPOWER project to increase the recognition and acceptance of women's rights throughout the country, as well as to increase the capacity of local and national institutions to provide support services to survivors of GBV. EMPOWER utilized a proposed gradual, experience-based, and networking approach, to break through historical barriers—including cultural, economic, and political obstacles—to increase public awareness and actions against GBV. The project also established the local skills and referral system required to ensure appropriate quality and adequate support to women and girls who are victims or survivors of GBV.

In order to achieve a behavioural change in attitudes towards GBV and improve access and availability of support services, the EMPOWER project engaged various sectors of Beninese society. First, CARE committed to building the capacity of several local NGOs to raise awareness and respond to GBV. Second, the project worked with local and national Beninese government agencies to improve the quality of GBV services at various levels. Finally, CARE partnered with local leaders and the media to mobilize the community in order to improve awareness and knowledge of anti-GBV laws, and to improve attitudes and behaviours towards women and girls in the target Communes of Benin.

CARE's capacity building efforts with local NGOs entities was central to the EMPOWER project. CARE committed to building the capacity of 6 local NGOs with the intent of mobilizing over 325,000 Beninese, raising their awareness of GBV, engaging them in a successful behaviour change process, and initiating dialog among communities and anti-Gender Based Violence (GBV) stakeholders.

On the governmental side, CARE sought to enhance the capacity of the Benin Government's Social Promotion Centers (CSPs) to transform the centers into access points for GBV victim/survivor services. The support to the CSPs would assist in providing for the legal, medical, psychosocial and shelter needs of GBV survivors. In addition, CARE also worked with the legal system to advocate for the prosecution of offenders. Finally, the project also engaged the Departmental Directions of the Ministry of Family Affairs (DDFSN) to build their capacity to manage an electronic database system to oversee a referral system of GBV services.

At the community level, CARE mobilized traditional leaders, women's groups and Commune trainers to reflect on GBV in their communities, make action plans to raise awareness, and increase the understanding of the implications of GBV in their communities. Community leaders were also utilized to enhance the reach of the referral system into local communities.

Overall, as described in the activities above, the EMPOWER approach is multidimensional in that it seeks to bring together individual leaders and institutions from various social and professional groups: the traditional, cultural, religious, and governmental authorities; non-governmental organizations; lawyers, education officials from schools and vocational centers; health and shelter providers; and, microfinance institutions to increase livelihood options.

Results:

EMPOWER has greatly exceeded its anticipated results in several indicators. For example, one of the goals of the project was to sensitize 325,700 individuals to GBV and related laws. At the close of the project, over 2 million people had been reached. Similarly, the project trained 352 service providers, exceeding its goal of 228. Finally, the project assisted in 2,845 cases of GBV compared to a goal of 1,440. Indicators also point to an increased tendency to denounce and prosecute perpetrators. For example, the court system had received 3,173 prosecution requests and of these, 1,453 (45.8%) had been prosecuted.

The project rehabilitated 36 CSPs to serve as GBV victims/survivors' support mini-centers, providing direct services and referrals. Twelve Departmental Directions of the Ministry of Family Affairs (DDFSN) also took ownership of an electronic database referral system and acquired the capacity to manage it. The electronic database methodology was adopted by civil society networks, bilateral and multilateral agencies, the Information Technology Office of the Benin Ministry of Family Affairs, and the CSP locations. Finally, 85 local service provider institutions, along with 4,774 Commune trainers and Community Mobilizers, were trained to counsel and help victims/survivors access appropriate services.

Project Name: Scaling Up: From Local Capacity Building to National Advocacy Against Gender-Based Violence in Bolivia Country: Bolivia	Donor: United States Department of State, Bureau of Democracy, Human Rights, and Labor	Contract No.: S-LMAQM-09-GR-587 Contract Type: Cooperative Agreement Contract Value: $425,000 USD0. Term: November 2009—October 2011	Contact Name: Donald S. Hunter, Sr. Title: Grants Officer Address: P.O. Box 9115, Rosslyn Station SA-6, 5th Floor, Suite 500 Arlington, VA 22219 Tel: (703)875-4655 Email: hunterds@state.gov AQMGrants@state.gov

Description:

CARE undertook a 2 year capacity-building project to address the issue of gender-based violence (GBV) in Bolivia through a local-level approach and partnerships with existing civil society and service delivery structures. Specifically, the project worked to enhance the capacity of a broad range of Bolivian stakeholders, including the local NGO Center for Research, Education and Sexual & Reproductive Health Services (CIES for its Spanish acronym), student and youth groups, parents, teachers, and health centers with the goal of achieving behavior change towards GBV and having the local institutions function as observes and defenders of gender equity rights.

Scaling Up took a three-pronged approach to address GBV, concentrating on the educational environment, the health sector, and the policy realm. In the educational setting, CARE convened workshops of students and teachers utilizing an educational guide designed by the project. In addition, the project also created Committees for the Defense of Rights and Violence Prevention in each target school. In the health sector, Scaling Up created protocols for GBV services, along with trainings for medical personnel and health center staff in collaboration with Departmental Health Services (SEDES). The project also created mutual support groups for survivors of GBV and linked the health centers to the above-mentioned educational initiatives. Finally, the project addressed policy issues at the national, departmental and municipal levels. These policy activities included strengthening the capacity of youth organizations and participation in working groups that were designing national anti-GBV legislation.

Through these interventions in the educational, health, and policy sectors, Scaling Up aimed to achieve three key objectives. First, the project sought to generate critical, reflective, and active capacities within school communities, in order to address gender-based violence. Second, the project was designed to improve the coverage and quality of attention from health centers in Bolivia in relation to the promotion, detection, and attention to people that are affected by GBV. Finally, at a broader level, Scaling Up engaged in building an evidence base for advocating against GBV and for promoting policy change.

Results:

Within the school setting, Scaling Up successfully established its target of 10 Committees for the Defense of Rights and Violence Prevention. In addition, the Committees identified 250 cases of GBV and referred them to appropriate services. The trainings conducted by the project for both students and teachers surpassed their target of improving attitudes and behaviors towards GBV. The final evaluation demonstrated that over 90%--compared to target objective of 80%--of teachers and students retained material pertaining to the identification of GBV, its causes and consequences, and appropriate responses. This represented an 11.89% increase for students and a 13.62% increase for teachers in their knowledge, attitudes, and favorable practices in response to GBV. The project also strengthened two school youth groups, conducted 10 community mobilization activities, engaged 1,245 parents in these activities and trained 1,500 students. Four school boards have also incorporated the issue of GBV in the work plans, thus doubling the initial target goal.

In the health sector, Scaling Up trained 214 health workers at 9 different health centers in recognizing and responding to GBV. In addition, 5 mutual support groups were established to provide follow-up services to GBV survivors, and they were linked to the health centers to receive referrals. The project also established and implemented protocols for victims of GBV to receive comprehensive services at health clinics within 72 hours.

At the policy level, Scaling Up took part in 5 local and national political advocacy events in order to influence the modification of anti-GBV legislation. These advocacy activities also incorporated the student youth groups as a mechanism for achieving the sustainability of the project. As an additional capacity building and sustainability measure, the project trained and sensitized 728 representatives from local social organizations to GBV. This figure surpassed the target indicator of reaching 500 representatives from local organizations.

The partnership and capacity building measures that CARE undertook with the local NGO CIES as part of Scaling Up were successful in bringing in new local partners and state actors such as the System for Protection of Children and Adolescents and the Municipal Government.

Project Name: Mama Amka ("Mothers, Let's Stand Up!" in Swahili) Support to Conflict-Affected Women in North Kivu **Country:** Democratic Republic of Congo	**Donor**: The Norwegian Ministry of Foreign Affairs	**Contract No.:** COD 09/008; COD-10/0012 **Contract Type:** Grant **Contract Value:** Phase I: 2,560,960 nkr ($476,830.17 USD) Phase II: 3,000,000 nkr ($560,960.72 USD) **Term:** Phase I: Sept 2009 - Oct 2010 Phase II**:** Nov 2010 - Oct 2011	**Contact Name:** Ms. Hilde Salvesen **Title:** Senior Advisor **Address:** Det Kongelige Utenriksdepartement Postboks 8114 Dep, 0032 Oslo, Norway **Tel:** +47 23951523 **Email:** Hilde.Salvesen@mfa.no

Description:

The *Mama Amka* program was designed to reduce communities' vulnerability to GBV and to strengthen community capacity to assist in the socio-economic reintegration for the most at-risk groups, including survivors of sexual violence. The program was implemented in 10 conflict-affected health areas in the Birambizo Health Zone in North Kivu. CARE used a three-pronged approach that combined prevention, psychosocial reintegration, and economic empowerment to support the holistic recovery of survivors and to build communities' capacity to prevent violence. Integral to the project's success was the strengthening of the community managed referral and counter-referral system. Community-based psychosocial counselors serve as a point of reference for survivors, working to ensure that orientation to medical facilities takes place within 72 hours of the incident. In addition, community relays (liaisons between counselor and socio-economic groups) and sensitization groups worked in the project's 10 health areas to increase awareness of services available for survivors. This system provided an innovative and holistic approach to providing targeted assistance to survivors, their families, and the larger communities. Through its focus on relational and structural change, the project sought to produce a more gender equitable environment that supported women's empowerment. Recently, CARE won funding from STAREC to expand the project into five new health areas.

Results:

Community awareness raising and a networked, multi-stakeholder referral system have helped GBV survivors access timely medical assistance. In the first year, 786 GBV survivors were registered in the project; 70% (550 cases) were referred by project stakeholders to medical services; 49.2% (271) of these referrals were made within the 72 hour timeframe, significantly contributing in the prevention of HIV infection via the use of a PEP kit. In addition, 846 individuals received immediate and long-term psychosocial support by one of 20 community counselors trained to provide referrals, individual counseling, and family mediation services. In response to the high number of child survivors, the project provided specialized training to counselors to build their capacity to support youth and child survivors, including offering counseling services to mothers and families of abused children.

To foster a more supportive environment for survivors and gender equity, ten trained sensitization groups (one per health area), comprised of a total of 70 members (40% male, 60% female), worked on awareness raising and mobilization campaigns to combat GBV in the community. In a total of 565 sessions in year one, approximately 20,245 people (8,721 men and boys and 11,524 women and girls) were informed on issues including gender equality for GBV prevention, forms of GBV, children's rights, women's participation in household decision making, importance of girls' education, family planning, and the referral and counter-referral system.

The project helped strengthen household resilience and coping mechanisms by supporting income generation activities for impoverished households. The project provided small business training and start-up goods or loans to 40 socioeconomic groups, comprised of 1,272 female heads of household, GBV survivors, and vulnerable men and youth (e.g., IDPs). As illiteracy was a significant hindrance to business management, 458 socio-economic group members completed a basic reading, writing and mathematics course, which included themes on GBV and rights, led by a local NGO. These income-generation groups created a safe space for members to share challenges and successes during the reintegration process, and as noted by a group leader, built solidarity among ethnically diverse community members in historically conflict-affected communities. In year two, the project trained 40 Village Savings and Loans Associations (VSLA) comprised of 994 members (658 women, 336 men). These groups provided a further opportunity to strengthen the economic resilience and social well-being of survivors, as well as other vulnerable community members.

Gender was mainstreamed throughout the project to address the underlying causes of violence and leverage social change. Men were actively engaged as partners in addressing GBV and developing safer communities. The project worked with those in positions of power to champion gender equality and promote women's rights, including organizing discussions, meetings and trainings as forums to promote women's participations in community and household management.

Project Name: Sustainability Through Economic Strengthening, Prevention, and Support for Orphans and Vulnerable Children, Youth, and Other Vulnerable Populations Program (STEPS OVC) **Country:** Zambia	**Donor**: USAID (through sub award with World Vision)	**Contract No.:** 611-2010-06 **Contract Type:** Cooperative Agreement **Contract Value:** $9,185,398 **Term:** May 2010-May 2013	**Contact Name:** Charles E. Mosby **Title:** Agreement Officer **Address:** USAID Zambia, Subdivision 694/Stand 100, Ibex Hill Road, P. O. Box 32481, Lusaka, Zambia **Tel:** Tel +260-211-357-000 **Email:** azegeye @usaid.gov

Description:

The Sustainability Through Economic Strengthening, Prevention, and Support for Orphans and Vulnerable Children, Youth, and other vulnerable populations program (STEPS OVC), aims to enhance and sustain the delivery of prevention, support, and care services to individuals and households affected by HIV/AIDS in Zambia. Building on previous projects implemented by the Consortium partners (RAPIDS and SUCCESS), the program is collaborating with government, nongovernmental and private organizations to guarantee high quality service delivery to beneficiaries on a sustainable basis. CARE is working in Central, Copperbelt, Eastern, and Southern provinces of Zambia, through three local NGOs (Catholic Diocese of Chipata, CHEP, and HODI).

The goal of the STEPS OVC program is to strengthen the capacity of Zambian communities to provide sustainable HIV/AIDS prevention, care, and support services in a coordinated manner to priority geographic areas, target populations, and stakeholder communities. To achieve this, the program has developed three strategic objectives:

1. Ensure that individuals and households affected by and vulnerable to HIV/AIDS access holistic, gender-sensitive, high-quality HIV prevention, care, and support;
2. Strengthen the continuum of effective, efficient, and sustainable HIV prevention, care, and support;
3. Improve the efficiency, sustainability, and Zambian leadership of HIV/AIDS related services, including engagement with the private sector.

To achieve these objectives of providing high quality services and strengthening local capacity, CARE and the other consortium partners are implementing several major activities. First, the project is strengthening comprehensive support services for over 60,000 orphans and vulnerable children, as well as improving quality of life for 14,850 adults and children living with HIV (PLWHIV). On the preventative side, STAMPP will deliver HIV prevention information and behavior change skills to 19,123 HIV- and HIV+ persons, and provide HIV counseling and testing services to 22,220 individuals. Additional support services will reach up to 8,020 individuals with food and/or nutrition support by increasing community capacity to detect and/or prevent malnutrition in households with OVC and PLHIV. STEPS-OVC has adopted the nutrition assessment, counseling and support approach and integrated this into all OVC and basic care and support activities for PLHIV. Trained caregivers focus on assessment and counseling of their clients during regular home visits and where necessary linkages or referrals are completed to livelihood, economic strengthening and/or nutrition programs. Caregivers have been trained in the use of MUAC tapes and under five cards to assess nutritional status of their clients. The additional programs accessed through referrals will increase the livelihoods of more than 19,123 beneficiaries through economic strengthening activities

Results to Date:

To date, CARE has achieved several results with the aim of improving local caregiver and stakeholder capacity to coordinate and deliver services. CARE has organized stakeholder orientation meetings in all 9 districts where CARE is responsible for implementing STEPS OVC. Stakeholders include: the District Health Management Team (DHMT), the Ministry of Community Development and Social Services (MCDSS), the District Education Board Secretary (DEBS), the office of the District Commissioner, and STEPS OVC consortium partners. Training has been provided to local partners and caregivers on different technical subjects in order to increase their capacity in: OVC Support, Counseling, and Testing; Household Dialogue; Anti-Alcohol Abuse; Selection, Planning, and Management of IGAs; savings led microfinance (SILC) interventions; Value Chain Analysis; and Anti-Stigma Interventions. Trainings have also been provided to 140 consortium staff in SILC interventions and 81 were trained in value chains. Twelve SILC groups in Masaiti (with 217 total members) and two groups in Kabwe (with 36 total members) were formed, and there are currently plans to facilitate the election and constitution making processes of 620 groups across the 9 districts.

A total of 149 community caregivers were trained in basic care and support (BCS) in all nine districts. A total of 3,526 community caregivers have been transitioned from RAPIDS, or newly recruited into the STEPS OVC project. 1,500 adult and 1,500 children's mid-upper arm circumference (MUAC) tapes were procured from the National Food and Nutrition Commission of Zambia (NFNC), and distributed to the community caregivers through the DHMT. Each community caregiver received one adult and one child's MUAC tape, respectively. The MUAC tapes will be used at every household visitation to assess the nutritional status of project beneficiaries and refer where necessary. To date, 26,460 OVCs have been registered, 8,033 BCS clients have been enrolled, 2,867 clients have received BCS, 6,609 individuals have received food and/or other nutrition services and a total of 40,993 caregivers' visitations have been captured in the project database. School fees were paid for 126 OVC pupils in secondary school in Livingstone, Lundazi, Katete, and Ndola districts.

Project Name: Strengthening TB, AIDS, and Malaria Prevention Programmes (STAMPP) **Country:** Zambia	**Donor**: European Union	**Contract No.:** SANTE/2006/105-009 **Contract Type:** Advance Agreement **Contract Value:** $ 5,705,257 **Term:** November 2006 – October 2011	**Contact Name:** Ms Sabrina Bazzanella **Title:** Project Manager, Social Sectors and Governance Section **Address:** Delegation of the European Commission to Zambia, Plots 4899 + 4897 Los Angeles Boulevard, PO Box 34871, Lusaka, Zambia **Tel:** +260 221 250711 ext 3001 **Email:** Sabrina.BAZZANELLA@eeas.europa.eu

Description:
Strengthening TB, AIDS and Malaria Prevention Programmes (STAMPP) was a five year collaborative effort, implemented by CARE and two local NGOs in Zambia: Zambia AIDS Related Tuberculosis (ZAMBART) and Kara Counseling. Within this partnership which implemented the project in six of Zambia's provinces, CARE led the community mobilization component with a focus on creating demand for services and products through a network of community based volunteers (CBVs). Working in close collaboration with the Zambian Ministry of Health (MoH), the overall objective was to strengthen existingTB, AIDS, and Malaria prevention programs, which would be achieved within the framework of comprehensive prevention, treatment and care strategies directed at the poorest and most vulnerable populations. The specific objective was to improve the health seeking behaviors for 900,000 beneficiaries in 150,000 high risk and vulnerable households groups for prevention, care and treatment of HIV, TB and Malaria.

STAMPP had three expected results designed to support vulnerable beneficiaries and increase the capacity of local institutions:

- Increased capacity to deliver integrated HIV/AIDS and TB control programs;
- Increased access to and demand for essential health products and services;
- Reduced barriers to health care caused by stigma and discrimination surrounding HIV/AIDS and TB

Results:
At the capacity building level, STAMPP revamped and strengthened 37 health facilities' TB/HIV coordinating committees through reorientation, training and logistical support. Similarly, STAMPP trained and, in some cases, refreshed 452 health workers in TB/HIV collaborative activities such as anti-stigma approaches and drug adherence. In order to complement the efforts of the health care workers and broaden access to services and their uptake in remote locations, the project trained 1,305 Community Based Volunteers in the area of TB, HIV and malaria prevention, care and treatment. STAMPP also increased the capacity of communities at large through assistance in the creation and strengthening of 150 client and CBV support groups across six targeted districts.

To ensure effective coordination within the continuum of care, STAMPP participated in and supported six District AIDS Task Forces (DATF). In each district, the DAFT coordinated key players in the area of HIV/AIDS intervention. Thus, STAMPP ensured that the district-level TB/HIV coordinating bodies functioned effectively in all the focus districts. This improved the efficiency and effectiveness of planning and coordination for district-wide TB/HIV activities.

At the direct service level, STAMPP exceeded its target indicators by reaching over 214,314 direct and 1,003,773 indirect beneficiaries through the provision of VCT services. STAMPP notified 34,558 TB clients of their status and, in collaboration with other local partners, the project distributed 308,177 Insecticide Treated Nets (ITN) and Long Lasting Treated Nets (LLTN), as well as 396,568 condoms.

Project Name: Integrated Tuberculosis and AIDS Program (ITAP) Country: Zambia	Donor: Centers for Disease Control and Prevention	Contract No.: U10/CCU424885-04 Contract Type: Advance Agreement Contract Value: $4,117,500 USD Term: September 2005—August 2010	Contact Name: Dr. Alwyn Mwinga Title: CDC – GAP Zambia Address: Centers for Disease Control Global Aids Program American Embassy P.O. Box 31617 Lusaka, Zambia Tel: + 260 211 257515/18 ext 2002 Email: mwingaa@zm.cdc.gov

Description:

CARE implemented the CDC funded Integrated Tuberculosis and AIDS Program (ITAP) in 6 districts in the Eastern Region of Zambia. The goal of the project is to reduce the transmission of HIV/AIDS and STI, along with increased TB screening and treatment, among the most marginalized populations of Zambia. The project has utilized several major interventions to achieve these overall objectives, including increased TB and HIV counseling and treatment (CT), prevention of mother to child transmission of HIV (PMTCT), and capacity building to local health institutions.

The project operated in the districts of Chipata, Petauke, Lundazi, Katete, Chadiza, and Chama, and it supported a total of 117 health facilities in scaling up their TB/HIV CT and PMTCT service delivery. The majority of these facilities were based in remote areas where general health services are poor and staffing levels are low. Therefore, the project improve the capacity and skills of community volunteers, alongside health workers, to expand access toTB/HIV palliative care, PMTCT counseling and testing services. The effort to increase access to services also included the rehabilitation of health facilities and equipment to create more and higher quality spaces for counseling and PMTCT services. ITAP also facilitated mobile voluntary counseling and testing services (VCT) services in the districts in order to increase uptake of CT services.

ITAP also supported the establishment and maintenance of health information management systems at community, health facility, district, and provincial levels in an effort to integrate services and increase the capacity of the local health sector to monitor the continuum of care.

Finally, at the national level, the project advocated for policy changes in health care delivery and allocation of resources towards TB/HIV/CT/PMTCT and other essential services for the socio-economically disadvantaged population in the Eastern Province of Zambia.

Results:

As a result of ITAP, all 117 health facilities targeted through the project have incorporated TB/HIV/CT and PMTCT services in their regular activities. This increase in the capacity of the health facilities has allowed for the counseling and testing of 3,000 pregnant mothers, 2,000 of which also received ART prophylactic treatment.

To expand the access to and uptake of services in remote areas, 256 community volunteers and 110 health workers were trained in the provision of CT services. As a result, 26,746 people were reach for CT services and an additional 7,376 individuals sought out VCT services.

As a result of national advocacy and communication efforts, stigma discrimination have been reduced as seen through the increased open disclosure of status among targeted communities.

Organization Name: LifeLine Zambia Project Name: Establishing a Child Help Line in Zambia Country: Zambia	Donor: Save the Children - Sweden	Contract No.: ChildLine 8940106 Contract Type: Partnership Agreement Contract Value: $ZMK 376,000,000 Term: October 2011—March 2012	Contact: Mr Marc Nosbachf Title: Country Director Sweden & USA Address: Zambia Country Office Post Net 487, P/Bag E891 Tel: +260 11250144 Email: march@saf.savethechildren.se

Program Description:

LifeLine Zambia—in partnership with UNICEF, Save the Children-Sweden, and Plan International—established and operated a Child Help Line in Zambia. The help line aimed to improve the promotion and protection of children's rights, support child justice, and improve coordination with and referral to child protection services. In addition, the project also sought to increase the knowledge of children's rights among children, their parents and communities, and improve the capacity of civil society organizations in responding and reporting child abuse issues.

As a local implementing agency, LifeLine Zambia was responsible for the overall coordination, planning, monitoring and implementation of the Child Help Line service, including staffing, operational planning, record maintenance and training. In addition, LifeLine Zambia worked to integrate other support services into the Childline, such as the establishment of drop-in centers and supplementary call centers in other locations in Zambia as well as developing alternative outreach and communication opportunities for children without telephone access.

LifeLine Zambia recruited and trained volunteer counselors and call center teams in consultation with other regional Childline services. In order to improve the quality of service provision, LifeLine liaised with Child Helpline International (CHI) for technical support to bring the helpline services up to an international standard. Additionally, LifeLine Zambia also established and monitored appropriate service levels to be provided to children using the service.

In both an effort to monitor the quality of services as well as advocate at a national level, LifeLine Zambia maintained a national database of the calls received and the content that children discussed on the calls. LifeLine Zambia utilized this data to produce and disseminate periodic reports on child abuse with the objectives of mobilizing stakeholders for action, influencing policy decisions, and helping plan for other necessary children's services. The project also developed and maintained another comprehensive database of relevant community services for use as a referral tool for children contacting the service.

At the operational level, LifeLine Zambia was responsible for ensuring compliance with contractual obligations, including production of reports and audits, and ensuring that the helpline management structure adhered to personnel regulations and policies. Likewise, LifeLine Zambia also built the capacity of partner organizations involved in service provision.

One of LifeLine Zambia's goals was to seek long-term sustainable funding for the Childline. Nevertheless, the organization procured the necessary technical equipment and support needed to make the Childline operational, despite initial funding limitations. Within these initial financial constraints, LifeLine worked towards the establishment of 24 hour helpline service in all major Zambian language groups.

Results:

In addition to the successful establishment of the child helpline with limited resources, LifeLine Zambia also achieved significant government recognition for the Childline, thus taking another step towards sustainability. In November 2011, in the Zambian Government, through The Information and Communication Technology Authority (ZICTA), awarded the Child Helpline toll free emergency call status. This placed the line under a globally used number for Child Helpline service providers. The number has also been classified with other emergency numbers in Zambia such as those for fire, police, and ambulance services.

Organization Name: Population Council **Project Name:** Review and Evaluation of Multi-Sectoral Response Services (One-Stop Centers) for Gender-Based Violence **Country:** Rwanda and Zambia	**Donor**: UNICEF	**Contract No.:** SSA/KENB/2010/00000538-2 **Contract Type:** Fixed Price Contract **Contract Value:** $238,956 **Term:** August 2010-December 2011	**Donor Contact Name:** Cornelius Williams **Title:** Regional Advisor, Child Protection **Tel:** 254-20-762-2081 **Email:** cowilliams@unicef.org

Program Description:

Population Council conducted an evaluation of the feasibility, effectiveness, acceptability and user-friendliness of existing one-stop center (OSCs) facilities in two countries (Rwanda and Zambia), as compared to traditional service delivery approaches. The comparison was designed to provide an evidence-informed basis on which to determine whether the OSC is a viable alternative model for quality and cost effective GBV service delivery in the region. The study accounted for a range of socio-economic variables, including rural vs. urban settings and differences in reported rates of GBV and HIV infection.

The evaluation had two principle objectives. First, it attempted to assess the effectiveness of different OSC models on health and legal outcomes of adult and child survivors, and the cost-effectiveness of these models. Second, the study also sought to identify best practices in OSC implementation and make recommendations for service introduction and scale-up. Specifically, the study examined the effectiveness of OSC models in addressing the short and long-term health needs of adult and child survivors as well as their impact on legal outcomes of adult and child survivors. The study also assessed the cost per client of delivering services in each OSC model, and attempted to identify the most effective and replicable components of each model for national and regional scale-up.

Results:

This evaluation is the only study in the region that compares different models of OSCs using data from medical and legal sources beginning with the survivors' first contact with the centers to court outcomes. Findings from this study offer the first systematic evidence on the effectiveness of OSCs, using a novel methodology that can guide national-level policymakers and program managers in introducing or adapting the OSC model in their countries.

The study consisted of four components: facility inventories, including cost data; OSC client record reviews; court transcript reviews; and key informant interviews (KIIs) with survivors and local stakeholders. The facility inventories and KIIs were the main primary data sources, while the rest were secondary data sources in the form of existing records. The facility inventories and KIIs helped to answer questions of OSC acceptability, effectiveness, and cost and how this varied between adult and youth (under age 18) survivors. Analysis of court transcripts and stakeholder interviews helped to answer whether OSC services helped to improve legal outcomes (i.e. convictions). Finally, Population Council analyzed the results from the study sites to provide a cross-country comparison of relative effectiveness of the OSC models. The data shows the relative effectiveness of the OSC models and the comparative strengths of the different models as implemented across the countries.

It has been argued that the stand-alone model is less traumatic to survivors as it is in a private setting and more flexible in terms of use of space by accommodating emergency transit for GBV survivors who do not require referral to a safe house. On the other hand, medical staff are not available on a 24 hour basis, and, in most cases, clients need to be driven to a health facility. As a result, evidence may be lost in the process of evacuating a survivor to a health facility. Among the assumed advantages of the hospital model are: guaranteed medical personnel 24 hours a day; efficient examination and treatment of GBV cases, since the examination room is within the building; and easy access to PEP, EC and ARVs. However, there have been concerns about GBV survivors shunning the hospital due to stigma-related fears. In addition, concerns have been raised about the often limited space and its restricted use.

Organization Name: Population Council Project Name: Developing a Multi-sectoral and Comprehensive Response to Sexual and Gender-based Violence (SGBV) in East and Southern Africa Country: East and Southern Africa	Donor: Swedish International Development Cooperation Agency (SIDA)	Contract No.: 21500083-01 Contract Type: Cost-Reimbursable Contract Contract Value: $1,752,124 Term: August 2006-December 2012	Donor Contact Name: Dr. Paul Dover Title: Senior Regional Advisor Tel: +260-(0)211-251711 Email: paul.dover@sida.se

Program Description:

Following a successful, SIDA-supported initiative (2006-2009) to improve the medical management of sexual violence, enable effective criminal justice responses to SGBV, and reduce levels of violence at the community level in seven African countries, the Population Council received follow-on funding to expand the evidence base on comprehensive care for survivors of sexual violence in sub-Saharan Africa. The approach is intended to serve the larger development objectives of preventing HIV transmission and promoting sexual, reproductive, and human rights.

This project supports an active network of more than 20 institutional partners representing nine countries and regional bodies that provide technical support to implementing partners. The Council provides technical assistance and conducts research through this network, which is implementing and evaluating core elements of a multisectoral response model, with a focus on strengthening the capacity of the medical, legal, and judicial sectors to care for survivors of SGBV.

Results:

Recent efforts have focused on documenting and testing best practices in SGBV service provision, providing South-to-South technical assistance and information sharing, and influencing policy change and program improvement through dissemination of emerging lessons to key audiences. The Council has convened annual meetings to facilitate technical exchanges, and to expose partners to emerging global debates, resources, and research on SGBV. An example of this local capacity building and technical assistance occurred in 2009 when a team from Copperbelt Model of Comprehensive Care in Zambia traveled to Uganda to provide technical assistance to the Ugandan PEPFAR partners.

Throughout program implementation, the Council has widely disseminated lessons learned, and collaborated with partners to contribute to national, regional and international policy dialogues. For example, information generated from the program has influenced national policy development in Ethiopia, Zambia, and Kenya. On the regional level, the network partnered with the South African Development Community and the East, Central and Southern African Health Community in increasing Health Ministers' and AIDS authorities' awareness of SGBV, reviewing an SGBV implementation framework, and guiding preparation of a literature review on child sexual abuse in the region. Project staff have extensively presented project findings to conferences and workshops at the national, regional and international levels. To increase the visibility and utility of findings, the project established a website to archive partner tools and share findings with the wider SGBV community. The website (svri.org/popcouncil.htm) is hosted by the Sexual Violence Research Initiative, a leading international resource on SGBV.

The project has significantly increased the evidence base on program responses to SGBV in sub-Saharan Africa. It has demonstrated a range of successful approaches for improving comprehensive services in the health, police, legal and social service sectors, but has also underscored identified areas for further improvement to ensure that these services are effectively scaled up and adequately and equitably provided across the region.

Organization Name: Population Council **Project Name:** Access for Survivors of Sexual Violence to Comprehensive Treatment Services, Including HIV Post-Exposure Prophylaxis (PEP) in Rwanda, Uganda and South Africa - TASC3 Global Health - Task Order #1 **Country:** Rwanda, South Africa and Uganda	**Donor**: USAID/PEPFAR	**Contract No.:** GHS-I-00-07-00011-00 Order 1 **Contract Type:** Task Order – Cost CPFF **Contract Value:** $891,575 **Term:** August 2007-December 2010	**Donor Contact Name:** Lisa Bilder **Title:** Contracts Officer **Tel:** 202-712-5882 **Email:** lbilder@usaid.gov

Program Description:

Sexual violence (SV) is increasingly recognized as an important driver of Africa's HIV epidemic. To mitigate the HIV risks associated with SV, the US President's Emergency Plan for AIDS Relief (PEPFAR) launched a special initiative to test the feasibility of integrating comprehensive SV services into existing HIV programs. The goal of this program is to increase access for survivors of sexual violence to comprehensive treatment services, including HIV post-exposure prophylaxis (PEP) in Rwanda, South Africa and Uganda. This is being accomplished through three major activities:

1) Implementing and evaluating sexual violence service delivery models building upon existing services in the three selected countries;
2) Fostering South-to-South exchange of programmatic experience, protocols and tools through linkages with the Population Council's network of implementing partners engaged in similar service delivery strengthening projects, and;
3) Measuring the costs and cost-effectiveness of implementing the service delivery models in the three selected countries and a selection of others within the network to inform model transfer and scale-up.

Results:

The Population Council led a pre-intervention assessment to evaluate health provider readiness to provide clinical services for survivors of SV in health facilities across Rwanda and Uganda. It consisted of a quantitative facility inventory in 17 sites and focus group discussions with service providers in 14 public health facilities operated by the Ministries of Health.
The baseline study documented that providers were ill-equipped to deliver care despite their willingness and knowledge of the impact of SV on HIV/AIDS. Overall, services in both countries were generally weak, with limited availability of essential equipment, drugs, test kits, standardized care and referral guidelines, recordkeeping capacity, and staffing, as well as lack of centralized services within facilities. In addition, high levels of stigma toward SV clients were found among providers. The primary challenge identified in providing PEP was the delayed reporting by victims, the majority of whom are young women and girls, because of fear of stigma and bureaucratic procedures.

Based on recommendations arising from these findings and site-specific needs, an intervention was conducted, with the goal of implementing a comprehensive model of care in the participating facilities. The intervention included in-country and regional multidisciplinary trainings and technical assistance workshops, support visits to facilities, and community-level interventions to raise awareness of SV and available services. In addition, the project improved infrastructure, provided supplies and equipment, and reorganized services to provide dedicated, integrated care, referrals, and linkages to other services.

Post-intervention findings showed facility- and community-level improvements, such as dedicated rooms for SV services, greater availability of 24-hour services, and an increase in availability of guidelines for clinical management and referrals. The initiative also documented the basic elements needed to introduce SV services in health facilities and complied this information in a comprehensive guide published by the Population Council.

Under the PEPFAR SGBV Initiative, activities continue at the intervention sites and implementing partners work closely with providers at these facilities to ensure that they have the support and tools to provide effective SV services. In addition, partners now serve as resources for governments, technical working groups have been established, and program experiences are informing reviews of national guidelines.

Organization Name: Women and Law in Southern Africa Research and Educational Trust. (WLSA) Project Name: WLSA Zambia – Women's Legal, Sexual and Reproductive rights Country: Zambia	Donor: Hivos	Contract No.: ZM042G02 Contract Type: Grant Contract Value: $ 39,769.00 Term: July 2009-December 2011	Donor Contact Name: Magreet Van Doodewaard Title: Director Regional Office Address: 20 Philips Avenue Belgravia P O Box 2227, Harare Tel:+263(0)4 706704 /706125/250463 Email: chuma@hivos.co.zw/www.hivos.nl

Program Description:

The Women's Legal, Sexual and Reproductive Rights project for women and children is a project of Women and Law in Southern Africa (WLSA) that fulfills the need for instant action and response to the pressing needs of women in distress. The Project conducts legal education and trainings, renders legal aid services, provides follow up to cases on behalf of clients, and litigates cases on behalf of women and children.

The project also conducted advocacy activities at the national level and provided community educational programming on gender-base violence (GBV) and related legislation. At the national level, the project help meeting with members of Parliament on Sexual and Reproductive Health Rights (SRHR). The meetings created awareness on abortion in Zambia, the international and regional instruments that Zambia has ratified on SRHR, and the Termination of Pregnancy (TOP) Act, WLSA also lobbied for the amendment of some of the provisions of the TOP Act and adoption of some of the Regional and International instruments that provide for SRHR. At the community level, WSLA conducting community sensitization meetings on the TOP Act and women's SRHR. Women and girls in attendance were sensitized on their Sexual and Reproductive Health Rights, and the importance of realizing that sexual and reproductive health rights do not only apply to women and girls but to men as well. These meetings also increased community knowledge and awareness in the five project sites on the legal framework on abortion and the challenges that the adolescents face in relation to their sexual and reproductive health rights.

WLSA also conducted orientation workshops for law students on gender and human rights in order to create awareness on the differences between gender and sex, to explore the meaning and forms of gender based violence and human rights, and to identify the strategies for protecting the rights of the women and children. The students were exposed to cases of gender based violence and human rights during WLSA's Mobile Legal Clinics in WLSA's sites.

At the direct service level, WLSA provided legal aid and services to women and children on issues of GBV, divorce, inheritance, child maintenance and affiliation through the provision of pro bono legal advice, follow up of cases, mobile legal clinics, drafting and filing of court and legal documents on behalf of clients and provision of litigation and referral services.

WLSA held sensitization meetings for the media practitioners on sexual and reproductive health rights in Lusaka. The objectives of the meetings were to sensitize the journalists both from the electronic and print media on the sexual and reproductive health rights for women and girls and the importance of promoting women and girls' reproductive health issues through their media articles and programs. The journalists exhibited little or no knowledge on the issues and asked WLSA to conduct trainings on SRHR to enable them enhance their knowledge and understanding on SRHR.

Results:

As a result of the meetings with members of Parliament and their increased knowledge on Sexual and Reproductive Health Rights, legislators committed to ensuring that pieces of legislation on SRHR and abortion will be amended and passed in line with the international instruments that Zambia has ratified. Similarly, the media demonstrated increased knowledge and awareness in addressing women's SRHR and issues and committed to increase coverage in print and electronic forms of SRHR issues.

A increased number of women and children accessed obtained positive judgments in their legal proceedings as a result of the legal aid and services rendered by WLSA, and law students on were exposed to handling cases of GBV and human rights during WLSA's mobile legal clinics. Similarly, the project enhanced the capacity of Community Paralegals in handling cases of GBV during the mobile legal clinics.

Organization: ZCCP Project Name: OneLove Kwasila Campaign Country: Zambia	Donor: Department for International Development through Soul City Institute	Contract Type: Service Agreement Contract Value: $4,800,000 USD Term: 2008-2011	Donor Contact Name: Lebo Ramafoko Title: Chief Executive Officer Address: 281 Jan-Smuts Avenue Corner Bompas Road Dunkeld West, 2196, Johannesburg, Gauteng Province, Republic of South Africa Tel: +27117717900 Email: lebo@soulcity.org.za

Description:

The OneLove Kwasila Campaign addressed multiple and concurrent sexual partnerships in the context of stable relationships that are influenced by gender and cultural norms. Research indicated that practicing healthy behaviors, such as requesting for protection during sex and seeking HIV testing/treatment was an obstacle for women due to the fear of violence from their partners. Studies also revealed that women found it difficult to leave such relationships because they were economically dependent on their partners for survival.

The OneLove Kwasila intervention encouraged both men and women to address these issues with the goal of improvign their relationships and reducing their risk of contracting HIV. A key part of messaging was for men and women to respect and protect each other's rights and to each take the responsibility to ensure that their rights were not violated. Women were also encouraged to increase their involvement in livelihood activities to move along the path of economic independence. The campaign established partnerships with the National AIDS Council (NAC), the Society for Family Health (SFH), Health Communication Partnership (HCP), institutional stakeholders and the target audience across 10 countries. The local partnerships with SFH and HCP under the guidance of NAC involved signing an MOU that brought the partners together to agree on the messaging and production of materials that would be used by all partners in order to implement behavior and social change communication activities on multiple and concurrent partnerships.

Results:

The key outputs of this campaign were: 2 x 26 series radio drama, 1 short TV drama film and 1 TV drama miniseries, 2 booklets, a peer educator's manual and social mobilization in selected areas. The multimedia interventions reached approximately 4 million people through the distribution of 1.4 million booklets and airing of the radio and TV products on stations that have a combined reach of over 3 million people. The social mobilization enhanced ZCCP's physical presence and helped target populations address issues such as gender, multiple concurrent sexual partnerships, sexual reproductive health and rights, and HIV/AIDS within a local context. Through the social mobilization activities, 113 community dialogues, over 120 drama performances, and 2 peer educators' training were conducted with a combined reach of over 5,000 people.

A qualitative evaluation of the OneLove Kwasila campaign indicated that the campaign had succeeded in encouraging people to assess the quality of their relationships and improved their knowledge of how certain behaviors in their relationships could put them at risk of HIV infection. The evaluation also revealed various persisting challenges that stem from cultural beliefs and practices and those that are a consequence of gender inequalities and stereotypes. posed a barrier to behavior and social change and also underscored the need to extend the design and implementation of other multimedia communication interventions that would continue to challenge such barriers.