

RELATIONSHIP BETWEEN SUPPORT SERVICES PROVIDED BY THE ONE STOP-CENTER AND PREVALENCE OF GBV CASES IN KITWE DISTRICT, ZAMBIA

By

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DECLARATION

I, Ireen C. Daka, hereby declare that this work is entirely my own and that all the work of other people has been duly acknowledged; and that it has never been previously presented at this institution or indeed any other institution for similar purposes.

Author's Signature

Computer number: 787118311

Date:/...../.....

DEDICATION

This work is dedicated to my husband, my late mother, my friends, my sisters, and all my nieces who look to me as their role models. I also wish to appreciate the support they rendered to me and for being the source of inspiration in my academic journey.

ACKNOWLEDGEMENTS

This research would not have been possible without the assistance of different people whose contribution made the production of this project possible and prompted me to undertake this research.

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ABSTRACT

The purpose of this study was to investigate the relationship between the support services offered at the One-Stop Centers (OSCs) and the prevalence of GBV cases in Kitwe District. The study adopted a quantitative approach, and data were collected using questionnaires with the victims and staff of Buchi, Boma, and Luangwa clinics OSCs. The findings of the study indicated that the relationship between psychosocial support and reporting of GBV is significant. The study also revealed that the relationship between legal support and access to justice is significant. In addition, the relationship between psychosocial support and the protection of the GBV victims is significant. The study also showed that the relationship between psychosocial support and the protection of GBV victims is significant. On the other hand, the study showed that the relationship between staff coordination and prevention of GBV cases is insignificant. The study concludes that while the relationship between social support at OSCs and GBV prevalence is significant, the staff coordination at OSCs and the prevalence of GBV are insignificant. The lack of coordination among the staff of the OSCs indicates that the services offered at the OSC centers are not comprehensive, contrary to the objectives of the OSCs. The study, therefore, recommends strengthening staff coordination at the OSCs to make the fight against GBV more effective.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter introduces the study on the impact of One-Stop Centers on the prevalence of Gender-based cases among women and children in Kitwe District. Organized in three sections, the first section presents the background to the study, while the second section presents the problem of the statement and questions to be addressed. The third section presents the organization of the study and summarises the chapter.

1.1 Background to the Study

Gender-based violence (GBV) is one of the serious social problems in the world today. According to the United Nations Declaration on the Elimination of Violence Against Women (1993, p. 31), gender-based violence is “any act of violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life,” Globally, it is estimated that over 30% of women reported having experienced physical and/or sexual violence at some point in their life (WHO, 2013).

In Africa, data on violence against women remain limited, but the situation is ever-worsening. According to a GBV survey conducted in 6 countries, the highest incidence of GBV was in Zambia with 89% of those women surveyed in Kasama, Kitwe, Mansa, and Mazabuka reported having experienced or being victims of Gender-Based Violence. In the same survey, “86 percent of women in Lesotho, 68 percent of women in Zimbabwe, 67 percent of women in Botswana, 50 percent of women in some provinces of South Africa studied and 24 percent of women in Mauritius have experienced GBV” (Chanda, 2014).

In Zambia gender-based violence is a widely acknowledged problem (UNFPA, 2015). Women constitute 51% of the total population, but statistics show that almost half of them (47%) have experienced either physical or sexual violence (ZDHS, 2013). It is further argued that 70% of ever-married women and 49% of ever-married men have experienced some form of gender-based violence (World Vision, 2014). In addition, child marriage in Zambia is so rampant that

almost one-fifth (17 percent) of girls aged between 15 and 19 are married, and 65 percent are married by age 20 (UNFPA, 2015). However, given the stigma and reporting issues surrounding GBV, it is more likely that these statistics underestimate the true prevalence and incidences of violence against women (Keesbury et al., 2013).

The Zambian government recognizes that gender-based violence is a problem and acknowledges its impact on victims and society at large. To this effect, it has ratified several international and regional gender-related conventions and treaties. In addition, the government has developed and enacted several Sexual and Gender-based Violence (SGBV)-related policies, laws, and plans, in particular the Anti-GBV Act No. 1 of 2011, the Gender Equality and Equity Act No. 22 of 2015, the National Gender Policy of 2014, and the National Strategy on Ending Child Marriage 2016-2021. This legal framework has been inspired by the gender-based violence provisions of Articles 20 – 25 of the SADC Protocol on Gender and Development which calls on States to enact and enforce legislation prohibiting all forms of GBV; discourage traditional norms including social, economic, cultural, and political practices; public awareness programmes; adopt integrated approaches; provision of specialised facilities including support mechanisms for survivors of GBV among other obligations (World Bank, 2013).

One of the strategies being implemented for the prevention and reduction of GBV in Zambia is the One-Stop Centres. The One-Stop Center model (OSC), also known as Coordinated Response Center (CRC), has become a popular strategy for combating GBV cases. It is a strategy where key agencies (the police, health, social workers, and other agencies) are brought together in one location to form a multi-sector team and provide coordinated social support to victims of gender-based violence (CARE, 2013). To ensure that GBV victims access comprehensive social services, the Zambian government with the help of World Vision Zambia, Care International, and other partners established the One-Stop center model in 2005 (CARE, 2013).

Thus, the National Action Plan on gender-based violence gives the police, nurses and doctors, social workers, and other actors in the One-Stop centers an obligatory responsibility to coordinate in preventing and responding to gender-based violence in Zambia. Each actor in the One-Stop center has a responsibility. At the reception, the Data entry clerk records the victim’s details on the incident report form and refers the victim to the counsellor or coordinator within the center. The police issue medical reports and institute preliminary investigations leading to the

apprehension of the perpetrator (Care, 2013). The health sector (nurses and doctors) respond to the immediate health and psychological needs of the victims. The doctor or nurse screens the victim through interviews in a responsive and supportive environment to offer the required medical attention (CARE, 2013). The social workers have the primary responsibility of providing critical psychosocial support to victims. Psychosocial support helps victims to regain self-esteem and become active members in the development process. Social workers also provide safe havens if needed to victims that chose to relocate from unsafe environments (USAID, 2015). The services offered at various OSCs are outlined in table 1. 1 below.

SECTOR	KEY COMPONENTS OF OSC RESPONSE
CLINICAL	Comprehensive medical examination and treatment Laboratory tests
	Pregnancy test and emergency contraception
	HIV diagnostic testing and counseling and post-exposure prophylaxis (PEP)
	High Vaginal Swab
	Urinalysis
	Prophylaxis for sexually transmitted infections
	Evaluation and treatment of injuries, forensic examination and documentation
	Trauma counseling
	Community awareness-raising
Police/Justice	Statement-taking and documentation; legal counsel
	Collection of forensic evidence and maintaining the chain of evidence
	Ensuring the safety of the survivor
	Training and capacity building of health care providers, police, prosecutors, magistrates, community based organizations and survivors
Psycho Social Support	Provision of safe housing, relocation services, if required
	Long-term psychosocial counseling and rehabilitation
	Community awareness-raising and stigma reduction
	Referral for services e.g. legal aid services, safe housing

Source: UNAIDS (2015)

These services are often provided within the context of a health care institution, due to the highly medicalized nature of the initial, emergency response services. Although several variations exist, at the core of this approach is a system of integrated medico-legal and counselling services. This system can be physically co-located and/or can consist of a referral network that ensures access to other essential services. All services are intended to meet the dual objectives of improving

care and support for the survivor and increasing prosecution of the perpetrator where this endeavour aligns with the wishes of the survivor. Therefore, OSCs offer the opportunity to assess services offered to survivors from initial contact at the Centres to the medium- and long-term health and legal outcomes (USAID, 2015).

The One-Stop center model is one of the promising approaches which have significantly reduced incidences of GBV in other countries where the model has been implemented (USAID, 2015). However, in Zambia, despite having scaled up to more centers, incidences of GBV have continued to increase, but this discrepancy between OSC strategy and the rise in GBV cases has been ignored by prior research. Therefore, this study investigates the impact of OSC in preventing and reducing GBV in Kitwe District.

1.2 Statement of the Problem

Zambia has one of the most comprehensive legislation on GBV, which caters to emotional, verbal, and psychological abuse. Besides, the Government has introduced several anti-GBV campaigns and efforts; particularly, OSC, which is meant to prevent and reduce incidences of GBV in the Country. However, despite the availability of comprehensive legislation and OSCs, the number of GBV cases has continued to rise. For instance, the Country recorded 4, 254 cases of Gender-Based Violence in the first quarter of 2021, with Copperbelt accounting for the highest number of 993 cases translating to 23.3% (Chabusha, 2021). In addition, the Kitwe High Court Judge Abha Patel expressed concern at the escalating number of domestic disputes and defilement cases before the courts of law during the opening of the Kitwe criminal court session for 2021 (Mulenga, 2021). Besides, data show that most survivors of gender-based violence (GBV) continue to lack post-trauma care. Available places of safety do not meet the service demands of survivors. According to the Demographic and Health Survey (2018), 11,908 cases of gender-based violence occurred, but only 2,170 cases reached the courts of law, implying most survivors were denied justice. This rise in the GBV cases raises some concerns regarding government initiatives to fight GBV, especially, the OSCs. Ever since the OSCs were established no study has been conducted to establish the relationship between the social support at the OSCs and GBV prevalence in the Kitwe district, hence the need for this study.

1.3 The Purpose of the Study

This study aims to investigate the impact of the One-Stop Center Model (OSC) on the prevention and reduction of Gender-Based Violence on women and children in the Kitwe district, as the model is perceived to provide social support to the victims.

1.4 General Objective

The general objective of the study was to investigate the relationship between the social support services offered at the One-Stop Centre and the prevalence of GBV cases in the Kitwe district.

1.4.1 Specific Objectives of the study

The study is guided by the following research objectives:

- i) To establish the relationship between psychosocial support and reporting of GBV.
- ii) To find out the relationship between legal support on the victims' access to justice.
- iii) To establish the relationship between psychosocial support and protection of GBV survivors.
- iv) To determine the relationship between staff coordination at the OSCs and GBV prevention.

1.5 Research Questions

The study is guided by the following research questions:

- i) What is the relationship between psychosocial support on the level of reporting of GBV?
- ii) What is the relationship between legal support on the victims' access to justice?
- iii) What is the relationship between psychosocial support on the protection of GBV survivors?
- iv) What is the relationship between staff coordination at OSCs and GBV prevention?

1.6. Delimitation of the Study

The scope of the study was limited to the Kitwe district; even within the district, the investigation was limited to the One-Stop Centres in Kitwe; namely, Buchi, Boma, and Ndeke clinics. In addition, the investigation did not address the question of rehabilitation but was limited to the operations of the center, access to justice, and reporting of GBV among the victims.

1.7 Limitation

The major limitation of the study was the method of data collection, the questionnaire, which involved only objective questions. A questionnaire with a mixture of objective and subjective questions would have been more comprehensive in addressing the issue of the relationship between social support at the OSCs and the prevalence of GBV. However, the study ensured that the sample size was large enough to be representative enough of the population.

1.8 Significance of the Study

The significance of this study is manifold because most of the GBV prevention and response programmes in Zambia are based on the One-Stop Center model. Thus, an investigation on the impact of OSCs on the prevention and reduction of GBV frequency in Zambia. This study, therefore, intends to highlight the effect that OSCs have had on the situation of GBV in Zambia. The research is not only expected to highlight the impacts, but also make recommendations that will be utilized by stakeholders to develop policy and legal frameworks that will promote the efficiency of the OSCs in preventing and reducing GBV cases in Zambia.

1.9 Assumptions/Hypotheses of the study

The hypotheses of the study include the following:

1.8.1 Null Hypotheses

- i. There is no relationship between psychosocial support and GBV report
- ii. There is no relationship between legal support and access to justice
- iii. There is no relationship between psychosocial support and the protection of GBV victims.
- iv. There is no association between coordination of agencies and prevention of GBV occurrence.

1.9. Theoretical Framework

The study was based on the theory-based evaluation theory, which normally attempts to assess change at each stage of the theory to test the linkages (assumptions) between different levels of change. This theory aims to understand why a program has, or has not, had an impact. Theory-

based evaluation, which means examining the assumptions underlying the causal chain from inputs to outcomes and impact, is a well-established approach (e.g., Weiss 1997)

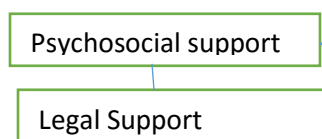
Theory-based approaches to evaluation use an explicit theory of change to conclude whether and how an intervention contributed to observed results. A theory of change explains how an intervention is expected to produce its results. The theory typically starts with a sequence of events and results (outputs, immediate outcomes, intermediate outcomes, and ultimate outcomes) that are expected to occur owing to the intervention (Funnell & Rogers, 2011). This is commonly referred to as the “program logic” or “logic model.” However, the theory of change goes further by outlining the mechanisms of change, as well as the assumptions, risks, and context that support or hinder the theory from being manifested as observed outcomes. This opens the black box of change and allows evaluators to better examine the causal link between the intervention outputs and the observed outcomes. The theory of change can be used to test, with evidence, the assumed causal chain of results with what is observed to have happened, checking each link and assumption in the process to verify the expected theory (Rogers, 2007).

This theory was used to examine the impact of GBV interventions through a One-Stop shop on the prevalence of GBV cases in Kitwe District. Rogers (2009) notes that a theory-based approach would be appropriate in every case. Therefore, this theory was suitable to the study as it was aimed at understanding what has worked in the One-Stop center strategy for the fight against GBV in Kitwe District of Zambia.

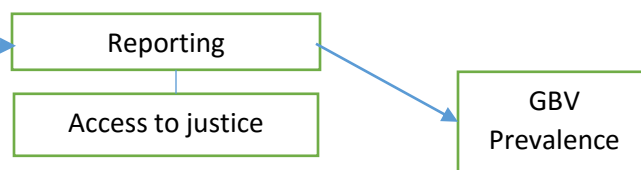
1.9.1 Conceptual Framework

The study was guided by the following conceptual framework:

Independent Variables



Dependent Variables



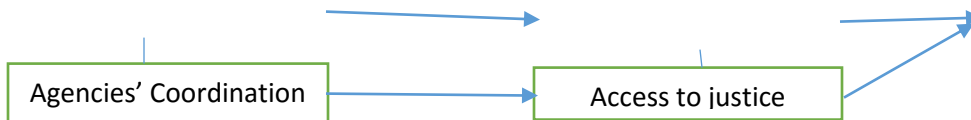


Figure 1.1: Conceptual Framework

Figure 1.1 shows the relationships of the variables that were measured in this study to examine the impact of OSC as a preventive mechanism of GBV in Zambia.

1.10 Definition of Terms

One-Stop Centre: The Centre where medical, legal and social welfare agencies meet regularly to coordinate the specialized evaluation, treatment, protection, case review, and ongoing advocacy for children and adult survivors of sexual and physical violence (National Guideline for Provision of Services for Sexual and Physical Violence, 2014).

Gender-based violence: Any act of violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life, (UN, 1993).

1.11 Ethical Considerations

Ethical considerations are norms for conduct that distinguish between acceptable and unacceptable behaviour in research (McMillan, 2012). Based on the nature of the research study, informed consent and confidentiality were the only major research ethics that were observed in undertaking the proposed study. Informed Consent is one of the research ethics which demands that respondents' right to decide whether or not to participate in the study is based on their understanding of the research and the implications of their participation (Creswell, 2012). This implies that respondents of the research project should never be forced to take part in the project. To uphold this research ethically, the researcher explained to respondents the nature and purpose of the proposed study and the implication for participation before seeking their consent. Respondents will thereafter, be allowed to exercise their right to decide whether to participate in this project or not.

On the other hand, Clandinin (2013) points out that knowing where confidentiality applies is an important prerequisite to the protection of confidentiality. In the study, the researcher was mindful of this research ethic and the fact that some responses could endanger the job security of respondents to merit confidentiality. The researcher did not, therefore, use names on the questionnaires or quote respondents in any way that might disclose their identity.

1.12. Structure of the Dissertation

Chapter One introduces the study; thus, it presents the background, the statement of the study, the objectives and research questions, significance and definition of terms, the structure of the study, and the summary of the chapter.

Chapter Two presents the literature review on Gender-Based Violence and related studies on the interventions regarding thereof; it also presents the literature summary and the limitations.

Chapter Three focuses on the methodology of the study; particularly, the design, population, procedure, and summary of the chapter.

Chapter Four presents the findings of the study concerning the objectives and research questions of the study.

Chapter Five discusses the findings of the study; interprets and gives meaning to the findings, thereby preparing the basis for the conclusion of the study.

Chapter Six, concludes the study and makes recommendations for future action and research.

1.13 Chapter Summary

This introductory chapter has established the background of the study; it has elaborated the problem to be addressed by the study and presented specific questions and objectives to be addressed. It has also presented the significance of the study, the definitions of the study, and the structure of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews related the literature of the study, and is segmented into five (5) sections; namely; section one is on the concept of Gender-Based Violence (GBV), whereas section two is on the legal framework. Section three focuses on related studies, and section four summarises the

literature and identifies the gaps therein, while the last and final section focuses on the chapter summary.

2.1 Gender-Based Violence

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty; these acts can occur in public or in private (UNAIDS, 2015). The term 'GBV' is most commonly used to underscore how systemic inequality between males and females, which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. The United Nations Declaration on the Elimination of Violence against Women (DEVAW, 1993) defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women.” DEVAW emphasizes that the violence is “a manifestation of historically unequal power relations between men and women, which have led to the domination over and discrimination against women by men and to the prevention of the full advancement of women.”

GBV is often divided into two interlinked categories, interpersonal and structural/institutional violence. Interpersonal violence refers to an act of economic, sexual, psychological, or other violence perpetrated by an individual against another individual. Structural/institutional violence refers to ‘any form of structural inequality or institutional discrimination that maintains a person in a subordinate position, whether physical or ideological, to other people within her family, household or community’ (Manjoo 2011). Both types involve the prioritisation of hegemonic masculinities above the rights of other gendered identities, including women's (World Vision, 2015).

GBV is manifested through a multitude of actions, including the forced marriage of young girls, trafficking in persons, female genital mutilation/cutting (FGM/C), female infanticide, male rape, purdah, violence directed at lesbian, gay, bisexual, and transgender (LGBT) individuals, sexual violence, verbal abuse and laws and regulations that limit women's and girls' rights and access to

services concerning men's. These practices are not only violations of the human rights of the individuals affected but are also an instrumentalist approach to sustain the status quo and the hierarchy of gender identities. Women living in poverty are particularly vulnerable, as they face high levels of structural violence, including difficulty accessing health and legal services needed to address the effects of interpersonal GBV (USAID, 2015).

2.2. Related Studies

Several studies have been carried out on the interventions on the prevention and reduction of Gender-based Violence across the globe, and they are in unison in stating that GBV inventions are still marred with several challenges, thereby making the fight against GBV to be an ongoing issue. These studies are discussed thematically in line with the objectives of the study, which include, reporting, access to justice, protection of victims, and coordination of agents in the fight against GBV.

2.2.1 Psychosocial Support and reporting

Several studies have been conducted globally on the various GBV interventions that have been implemented in different localities, and have generally validated the effectiveness of the interventions in enhancing reporting of GBV cases but caution against the challenges that are likely to deter the progress of these interventions in reducing GBV. Thus, Gahongayire (2012) explored the Government and NGOs' efforts in combating gender-based violence in the city of Kigali in Rwanda. The study reveals that an effective response to the plight of GBV victims depends on the competence and expertise of various individuals and organizations involved in assisting victims. The establishment of a one-stop assistance center for GBV services in Kigali has successfully given much-needed aid to victims in reporting GBV cases; however, the study also discovered that many people are not as informed as they should and are not fully making use of the free services offered at the OSC. The victims are mostly afraid of revealing their abusive situation due to a cultural mentality that considers opening up about domestic or child abuse as shameful. The study recommends that to eradicate GBV all the stakeholders should utilize available resources. Logistical, economic, and socio-cultural constraints should be dealt with

accordingly. Above all, the judiciary has a crucial role to play. An effective judicial system is needed to curb the practice.

The study by Gahongayire (2012) was conducted in a different context but is useful to this study in the sense that it highlights the challenges affecting the comprehensive approaches to the fight against GBV. This study demonstrates that while OSCs in enhancing GBV reporting among the victims, especially when people are well informed about the existence of the OSC and the services available. Lack of or limited knowledge about the OSCs is likely to limit the effectiveness of the OSCs in promoting reporting of GBV cases.

USAID (2015) conducted a performance evaluation study of the implementation of the STOP GBV Zambia programme. This was based primarily on qualitative research methods combined with limited quantitative analysis. The study shows that reported cases of violence to OSCs have more than quadrupled from the first quarter of STOP GBV operations to the latest quarter for which there are data (2015), indicating the significant success of the programme. Gains have also been made in increased reporting of more stigmatized sexual and gender-based violence (SGBV) cases, such as rape and sexual assault. However, the OSCs implementation had some challenges; key among them included lack of transport, inconsistency in timely receipt of free medical reports, inconsistent availability of adequate physical infrastructure and supplies, varying quality of services and staff, and weak referral systems, including inadequacies of certain types of referred services.

The USAID (2015) study is critical to this study as it acts as a background to this study, particularly that it focused on the OSCs in Zambia. However, instead of focusing on the relationships between the social support at the OSCs and GBV prevalence, it was limited to the operations of the OSCs and related challenges. Therefore, this study goes further by adopting an evaluative approach to examine the relationship between the different social support services offered at the OSCs and the prevalence of GBV in Zambia.

On the other hand, Zupka (2013) studied the relationship between human security, gender, and the activities of the One-Stop Center for Women and Children in South Africa. This was a qualitative case study comprising in-depth interviews with both clients and staff. The study

concluded that given the existing statistics of gender-based violence is continually rising; current efforts are either not working or not having a large enough impact. Therefore, something different needs to be done for sustainable change to take place. The results of this study suggest that the One-Stop Centre did not seem to have positively impacted the incidence of Gender-Based Violence.

Study On the other hand, Zupka (2013) relates to the current study, especially in terms of questioning the effectiveness of the relationship between the OSCs and the rising cases of GBV. However, instead of advocating something different to be done as in the case of Zupka, this study intends to establish how much the different social support services at the OSCs correspond with GBV prevention.

The above studies show that numerous studies have been conducted on the impact of Gender-based violence interventions for the prevention and reduction of GBV, and they are contradictory on the effectiveness of the interventions. While some studies have validated that interventions have been effective in promoting reporting of GBV cases (Gahongayire, 2012; USAID, 2015), others (Zupka, 2013), have questioned the validity of the interventions regarding their impact on the reporting of the GBV cases.

2.2.2 Legal support and access to Justice

Numerous studies have been conducted on the impact of legal support, as GBV interventions, on the victim's access to justice. For example, Charillus (2017) assessed the implementation of the Sexual Gender-Based Violence policy in Winam Division, Kisumu County, Kenya. The study established that the (Sexual Offences Act of 2006) also referred to as the Njoki Ndung'u policy had to some extent protected women from Sexual Gender-Based Violence and the victims sought that justice from the police. The study findings indicate that public awareness as a strategy could improve the fight against Sexual Gender-Based Violence and that the public should be made aware of Sexual Gender-Based Violence policies. The study findings indicate that there was a lack of commitment to eliminating Sexual Gender-Based Violence by all stakeholders.

Charillus (2017) conducted a study on gender policy in Kenya, which is a different context from Zambia. Nonetheless, it is resourceful to this study in the sense that OSCs is part of gender policy, and the challenges highlighted in this study regarding lack of awareness is likely to be experienced in the Zambian context, and can thus be used to supplement explanations regarding the findings of the study on access to justice.

Thus, Cavas, (2013) reviewed voices against the violence of women and access to informal justice in rural India. This review investigated the viability of a group that drove reaction to domestic violence behaviour in tribal groups inside the Udaipur region, Rajasthan, India. The study revealed that the Women's Resource Centers(WRC) give intervention to stop aggressive domestic violence and possibly avoid future viciousness through challenging cultural norms that perpetuate violence. This suggests that informal justice systems can address violence against women. Cavas, (2013), in this study, recognizes the value of access to justice as a way of reinforcing the policy on the reduction of GBV cases. Therefore, this study is important in reinforcing the addition of access to justice as one of the variables to be studied in this study.

Keesbury, Onyango, Undie, Matenowska, Mugisha, and Kahega (2012) conducted a review and evaluation of multi-sectoral response services ('one-stop centers) for gender-based violence in Kenya and Zambia. The study showed that the health facility-based, hospital-owned OSC model is best suited for achieving the broadest range of health and legal outcomes; a multidisciplinary team of staff ensures the best health outcomes for survivors; however, psychosocial support services should include support groups for SGBV survivors; signing of the police medical report forms should take place within OSCs. Furthermore, the collection and storage of forensic evidence by OSCs are critical. Provision of legal services, including legal advice and court preparation, enhances legal outcomes; integration of medico-legal, psychosocial support, and police services in one physical (but not 'standalone') location should be promoted; the needs of child survivors of SGBV have to be better integrated into all levels of OSC services.

The Keesbyry et al. (2012) study sets a background to this study. However, whereas it validates the effectiveness of the OSCs in providing social support to the victims of GBV, it is silent on the integration of the different social support services in the OSCs multi-sectoral approach to GBV, and the comprehensiveness of the services offered. Therefore, this study goes ahead by

investigating where the services constitute a comprehensive approach to GBV prevention (Zupka, 2015).

Further, Fiona, Ndubani, Walker, and Simbaya (2015) carried out a baseline study to measure programme results, impact, and long-lasting change at the end of the STOP GBV Programme led by World Vision (WV), Women and Law in Southern Africa (WLSA) and Zambia Centre for Communication Programme (ZCCP) in six districts of Zambia: Chingola, Kalomo, Monze, Mpika, Mumbwa, and Nyimba. Given the focus of the STOP-GBV Programme, the study focused on three main areas: GBV Survivor Services; Access to Justice; and Prevention and Advocacy. The baseline study used secondary data review and analysis as well as collecting and analyzing primary data using both quantitative and qualitative approaches: quantitative data were collected through a community survey and qualitative data through in-depth interviews with One-Stop Centre (OSC) personnel, other service providers, and GBV survivors and Focus Group Discussions (FGDs) with community members. Quantitative analysis was carried out using Epi-Data and exporting the data to SPSS. Both OSC staff and associated partners expressed optimism that the programmers' goals and objectives would be achieved, though they pointed to several challenges including lack of transport, the need for shelters for survivors, limited information dissemination, and issues of sustainability. This is consistent with Zupka (2013) who also the fact that the OSCs model is effective in preventing GBV, but its services are affected by some challenges, which questions the sustainability of the project.

In Juba, South Sudan, The UNFPA (2018) investigated support available for GBV survivors and confirmed that services to support survivors are often difficult to access in Juba, and where available, they are usually provided by an assortment of organizations and institutions. Thus, the study recommends a One-Stop Centre where women survivors get everything they need in one place. The study established that in areas where One Stop Centres existed, there was a lot of transformation; victims are empowered and become well-informed survivors. Social workers also perform outreach in the community, raising awareness about women's rights, the need to end gender-based violence, and the support services available. The center has even helped to secure a couple of speedy prosecutions.

The preceding establishes that the studies have been carried on the outcome of the responses to GBV and the impact on the victim's access to justice. These prior studies are in unison in stating that GBV interventions are effective in enhancing the victim's access to justice (Charillus, 2017; Keesbury, et al. 2012; Ndubani, Walker, and Simbaya, 2015). However, their studies have also highlighted some challenges relating to the interventions which include lack of infrastructure and weak referrals (Charillus, 2017) lack of coordination and attrition (Keesbury, et al. 2012), limited information dissemination, and sustainability (Fiona et al., 2015).

2.2.3 Psychosocial Support and Protection GBV Victims

In terms of psychosocial support and protection of victims, numerous studies have been conducted in this regard. For example, Ndowo (2015) reviewed the Gender-Based Violence prevention service Arusha District Council, Tanzania. The reason for the assessment was to survey the advance of execution of administrations to recognize how service is coordinated inside the Health Integrated Multi-sectoral (HIMS) programme to address gender violence. The assessment revealed that members knew the programme services and it has contributed to enhancing the social, financial, and wellbeing of GBV survivors. Although Ndowo (2015) did not approach the study from the perspective of OSCs, the Violence Prevention Centre operates under the same principle as the OSCs in GBV prevention. Therefore, the study contributes to validating the effectiveness of GBV interventions in protecting the victims (Gahongayire, 2012).

Further, the Western Cape Department of Social Development (WC DSD, 2015) undertook an evaluation study whose objective was to assess the services available at the thirteen funded shelters (One-Stop centers) for victims of domestic violence. The evaluation included the assessment of the relevance of these services concerning the needs of victims, the demand for the services offered, and the measures taken to provide a safe, secure and developmental environment for victims. The evaluation also assessed the gaps in the current service delivery. The study was qualitative and used a semi-structured interview guide to conduct a face-to-face interview with the respondents. The population from which the sample was drawn comprised shelter clients, shelter social workers and managers, and representatives from a local non-government organization in the community surrounding each of the shelters. Although it was revealed that the clients' basic needs were met to some extent, the study highlighted a few limitations and gaps in effective comprehensive service delivery. Services delivered at the

shelters were reported to be hindered by several programmatic barriers and limitations, which result in gaps ineffective service delivery to victims of violence. The limitations and gaps identified included funding constraints; the limited duration a beneficiary can stay at a shelter, lack of inter-departmental and inter-sectoral collaboration among many others (WC DSD, 2015).

The WC DSD (2015) study did not focus on studying the relationship between the different support services at the OSCs in the prevention of GBV, but it is important to this study, particularly in terms of highlighting what is obtaining at the OSCs. Although the South African context is different from the Zambian, the findings will be useful in discussing the findings of the study, especially on the relationship between staff collaboration and GBV prevention.

Whereas the above studies suggest GBV interventions are effective in reducing the vice, other studies have stated the contrary. For instance, Ellseberg, Arangon, Morton, Gennari, Kiplesund, & Contreras (2015) reviewed the evidence for interventions to reduce the prevalence and incidence of violence against women and girls. Evidence from high-income countries focuses on responses to violence and suggests that women-centered, advocacy, and home-visitation programmes can reduce a woman's risk of further victimisation, with less conclusive evidence for the preventive effect of programmes for perpetrators. In low-income and middle-income countries, there is a greater research focus on violence prevention, with promising evidence on the effect of group training for women and men, community mobilisation interventions, and combined livelihood and training interventions for women. Despite shortcomings in the evidence base, several studies show large effects in programmatic timeframes. Across different forms of violence, effective programmes are commonly participatory, engage multiple stakeholders, support critical discussion about gender relationships and the acceptability of violence, and support greater communication and shared decision making among family members, as well as non-violent behaviour (Keesbury et al., 2012). Further investment in intervention design and assessment is needed to address evidence gaps.

In addition, Dzinavane (2016) investigated the Gender-based Violence Responses and the role of civil society organisations. The primary research utilised guided interviews with the use of questionnaires with individuals and representatives of organisations. Findings indicate a need for greater awareness of the provisions of the Zimbabwe Domestic Violence Act, increased

economic empowerment of women, and more male inclusion in raising awareness as part of prevention. Key informant discussions with Non-Governmental Organisations (NGO) representatives highlighted the need for programme synergies so that gender-based violence initiatives are holistic. This study suggests that awareness and collaboration of different agencies is still a challenge in responding adequately to GBV.

This study (Dzinavane, 2016) is different from the current study in terms of context and approach, but similar in terms of the variables, especially on staff collaboration at the OSCs; hence, the study will be useful in discussing the findings on the fourth objective of the study on staff collaboration.

CARE (2015) conducted a client survey of the GBV survivors regarding the quality of services at various service points of OSCs (reception, counselors' office, VSU police officer, social worker/paralegal, and medical staff) in Chipata, Kabwe, Mazabuka, Mtendere, and Livingstone. The client satisfaction surveys provided valuable feedback on the quality of services at various service points and on what contributed to client satisfaction. Several areas for improvement were also reported: In certain centers, there were too few rooms for counselling and other services. This contributed to long queues outside the OSC instead of inside seating. Others felt that some counseling rooms were too small. Some survivors felt uncomfortable in the counseling sessions and felt that they lasted too long. Clients raised the importance of a clear case handover process among counselors so that clients are not left waiting when their counselor is not in the office.

The CARE (2015) study is important to the current study, particularly in terms of providing background information on the happenings at the OSCs in terms of social support services.

The preceding studies establish that studies have been conducted on the responses to prevent and reduce GBV through different interventions. However, the results of the studies on the effectiveness of these interventions are inconclusive. While some studies have validated their effectiveness in reducing Gender-Based Violence (Ndowo, 2015; WC DSD, 2015), other studies have found the contrary (Dzinavane, 2016 CARE, 2015), thereby calling for further studies in this regard. The studies have also identified some challenges affecting the effectiveness of the GBV interventions, which include infrastructure (CARE, 2015), lack of male inclusion (Dzinavane, 2016), the limited duration a beneficiary can stay at a shelter, lack of inter-departmental and inter-sectoral collaboration among many others (WC DSD, 2015).

2.2.4 Coordination of OSCs agents and prevention of GBV occurrence

Numerous studies have been carried out regarding the impact of agent coordination and the at the OSCs and prevention of GBV occurrence, and they are unanimous in stating that coordination among different agents in the fight against corruption remains a challenge. For example, Yangon (2018) investigated the service provision for Gender-Based Violence survivors in Myanmar and the challenges for GBV Survivors for access. The study showed that the majority of survivors in this study reported that they did not report their abuse to the authorities or the police. In particular, due to many women living in marginalized situations, many survivors in this study reported that they did not know where to ask for help. In addition, most female survivors had inadequate access to safe shelters even when their lives were at risk. Nine shelters were found in this study for GBV survivors, but all of the shelters were concentrated in only 4 states/regions and other than those four states/regions, there was no shelter at all. On the other hand, the provision of services was marred by knowledge gaps and capacity amongst duty bearers because local authorities such as ward/village administrators had very restricted skills and understanding relating to GBV dynamics which are essential to provide safe and survivor-centered interventions. Cultural and traditional perceptions that discriminate against women also negatively influence duty-bearers attitudes in handling GBV cases. Counselling skills among that personnel were poor to serve as a first entry point for GBV survivors.

This study (Yangon, 2018) supplements this study by highlighting that coordination of skills among staff at the OSCs is critical in the prevention of GBV cases. Thus, the study validates the choice of staff coordination at the OSC as a variable worth studying to have a comprehensive picture of what is obtaining in the OSCs regarding GBV prevention.

In addition, Guruge et al (2016) conducted a study on the barriers preventing victims of Intimate Partner Violence (IPV) from seeking legal redress. The study showed that victims who sought help were more likely to approach family, neighbours, friends, and community leaders rather than formal services such as hospitals, police, or agencies providing services. Personal barriers included lack of knowledge and skills, and institutional barriers included lack of support from colleagues and other healthcare professionals, lack of communication and collaboration between professional groups, managers, and administrators, and lack of opportunities for developing relevant knowledge and skills. Overall, there appears to be a positive change in the perception of

IPV in Sri Lanka. However, in moving forward, there is a need to address many of the barriers that prevent women from seeking legal redress and recourse from IPV.

Similar to the study by Yangon (2018), Guruge et al. (2016) validate that staff collaboration in OSCs is critical and remains a challenge to the prevention of GBV, thereby justifying the inclusion of staff coordination among the variables to be investigated in this study.

Further, Gupta (2017) evaluated the One-stop Crisis Management Center (OCMC) established by the Nepal government. The results showed that the one door service is very effective in preventing and providing service to GBV survivors. However, the providers experienced challenges, which included inadequate staffing, insufficient capacity building, and training of OCMC staff. It is also found that the coordination with NGOs and OCMC was minimal. Further, stakeholders' analysis revealed that OCMC's provision of services to GBV survivors is very effective but it needs more to be improved in terms of people's awareness about laws and OCMC services found at the OCMC. This suggests that the concept of OCMC in providing service to GBV Survivors is effective in Nepal. This study is consistent with other scholars (e.g. Yangon, 2018) regarding the staff collaboration at OSCs in the prevention of GBV. This validates the importance of exploring staff coordination at OSCs to understand the comprehensiveness of the social support services at the OSCs.

Similarly, Moreno and Colombini (2020) systematically reviewed the one-stop center model for intimate partner and sexual violence in low- and middle-income countries. Using a thematic synthesis approach, this systematic review was aimed at identifying enablers and barriers to implementation of the one-stop center (OSC) model and to achieving its intended results for women survivors of violence in low- and middle-income countries. The study showed 15 barriers with high confidence evidence and identified seven enablers with moderate-confidence evidence. These include barriers to implementation such as lack of multisectoral staff and private consultation space as well as barriers to achieving the intended result of multisectoral coordination due to fragmented services and unclear responsibilities of implementing partners. There were also differences between enablers and barriers of various OSC models such as the hospital-based OSC, the stand-alone OSC, and the NGO-run OSC. The study concluded that several barriers have often prevented the OSC model from being implemented as designed and

achieving the intended result of providing high quality, and accessible services to the survivors of GBV.

In Malawi, USAID (2015) investigated government actions to address gender-based violence (GBV). This was a literature review to identify and synthesize existing studies and key government documents on GBV in Malawi. The review of government documents suggests that some information has been used to shape policies and plans, but it also reveals that a more comprehensive look at the data could contribute to improved priority setting and more strategic approaches to ending GBV and supporting survivors. The literature reviews also revealed some information gaps. These include research on boys and men's experience of GBV, the prevalence of and factors associated with perpetration of GBV, and an understanding of how risk and protective factors play out in different settings and among different populations. The most critical gap, however, is in studies to evaluate GBV policy and programme interventions. The study recommends the prioritization of research to evaluate the impact and costs of GBV programmes and services, and capacity strengthening of organizations and individuals within Malawi to conduct high-quality GBV research and evaluations, and to report on and translate the findings for policymaking and programming.

Chingumbe (2018) explored the factors that foster and hinder coordination among key agencies operating in One-Stop Centers in Zambia such as the police, health, and social welfare that provide coordinated medical, social, and legal services to the victims of gender-based violence. Data was collected using interviews from participants selected from the key agencies operating from five One-Stop Centers in Lusaka province of the Republic of Zambia in this primarily qualitative study. Thematic content analysis was used to generate categories of data with similar meanings based on frequently recurring themes. Findings showed that although there is positive coordination among One-Stop Center agency players, there are a host of coordination challenges among them. The study gathered that information sharing, communication, clearly defined goals, and agreed outcome increased knowledge of inter-disciplinary roles and inter-agency philosophy foster effective inter-agency coordination among key players in One-Stop centers. On the other hand, hindering factors such as lack of adequate resources, high attrition of staff, loss of membership interest and commitment, and lack of motivation, and heavy reliance on unmotivated volunteers were identified as major setbacks to the effective operation of One-Stop

Centers in Zambia. The study further found that adequate allocation of resources, joint capacity building pieces of training, and permanent attachment of staff to One-Stop Centers as a panacea to the various challenges that encumber effective operation in One-Stop centers in Zambia.

The Overseas Development Institute (ODI, 2015) conducted a baseline study to assess its effectiveness in terms of results, impact, and long-lasting changes made by the OSC programme. The study used both quantitative and qualitative approaches and was conducted in six districts of Zambia. Thematic content analysis was used to analyze the data. Although positive outcomes were found, the study pointed to several challenges including lack of transport, the need for shelters for survivors, limited information dissemination, and sustainability challenges. It was further found that existing protocols and guidelines were not available or easily accessible at the OSCs in all districts. While the health facility-based OSCs offered healthcare services to survivors, the NGO-owned OSC models did not offer healthcare services to GBV survivors at their facilities (apart from psychosocial support) but relied on their referral systems. The NGO-owned OSCs did not have the adequate infrastructure, equipment, and relevant staff to offer clinical management of rape and other forms of violence to survivors. However, the hospital-owned OSCs were found to offer essential clinical services to survivors. It was further highlighted that there were mixed reactions regarding whether the staffing was sufficient. Some thought it was adequate others felt that as the workload increased, staffing became insufficient. In addition, since government employees staff some of the OSCs, they may not be available as and when needed at the OSCs due to other government-related demands. While they were confident in their abilities, some felt they needed specialized training.

The preceding literature has established that staff coordination at the OSCs constitutes a principal challenge in the operations and effectiveness of the OSCs. Therefore, this literature informs this study by reinforcing the fact that addressing staff coordination as one of the variables for this study will enable the study to establish how comprehensive are the social support services at the OSCs in the Kitwe district.

2.3 Chapter Summary

This chapter has presented literature-related literature regarding the relationship between support services (e.g. psychosocial, legal support) and the prevalence of GBV cases. Prior studies have validated that a lot of effort by governments and NGOs has been put in place to prevent and

reduce GBV globally. Particularly, prior studies have shown that GBV interventions have been effective in promoting victims' access to justice (Cavas, 2013; Guruge et al., 2016). Similarly, previous studies have established that GBV responses contribute to increased reporting of GBV cases (USAID, 2015) coordination among agents (Chingumbe, 2018), challenge cultural norms (Cavas, 2013), and offering shelter (Gupta, 2017; Moreno & Colombini, 2020).

Other related on the GBV interventions and their effectiveness in preventing and reducing GBV have stated that the results are inconclusive. While some studies have validated their effectiveness in reducing Gender-Based Violence (Ndowo, 2015; Charillus, 2017), other studies have found the contrary (Zupka, 2013; Dzinavane, 2016), thereby calling for further studies in this regard. Therefore, this study intends to contribute to the debate on the effectiveness of government interventions to reduce Gender-Based Violence.

On the other hand, other prior studies have discovered that several challenges affect the implementation and effectiveness of GBV responses at national and global levels. These challenges include lack of infrastructure, and weak referrals (USAID, 2015), lack of coordination and attrition (Chingumbe, 2018; Guruge et al., 2017), insufficient staff (UDI, 2015), poor infrastructure and staff attitude (CARE, 2018), limited awareness about GBV laws (Gupta, 2017), lack of multi-sectoral staff (Moreno and Colombini, 2020), limited counselling skills for duty capacity (Yangon, 2018), lack of knowledge and communication (Guruge et al., 2017), and limited knowledge of where to seek help (Yangon, 2018).

Besides, the numerous studies that have been reviewed regarding response to GBV, there still exists a gap, which this study intends to address. While previous evaluating government interventions on GBV among women and children are plentiful, none of them is yet to focus on the relationship between social support services offered at the OSCs in Kitwe district, which is one of the districts in the Copperbelt, which has recently been reported to have recorded the highest number of cases of GBV in the first quarter of 2021. This creates a gap regarding what is obtaining on the district regarding the impact of OSCs on the prevalence of GBV among women and children in the District. Therefore, this study intends to fill this gap by focusing on the levels of reporting among the victims, access to justice, and the challenges affecting OSCs operations in the District. It is assumed that knowledge from these variables will provide a clear picture concerning what is obtaining on the ground regarding GBV interventions and the outcome.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The research problem being addressed in this study is the discrepancy between the rising cases of GBV and government GBV interventions through One-Stop Centers in Zambia. Therefore, this chapter describes the methodology that was used in the study; thus, it discusses the design, population, sampling, data collection, and analysis methods that were employed in the study.

3.1 Research Design

The research design refers to the overall strategy that you choose to integrate the different components of the study coherently and logically, thereby, ensuring you will effectively address the research problem; it constitutes the blueprint for the collection, measurement, and analysis of data (Creswell, 2013). The study adopted a correlational research design. According to Clandinin (2013), correlational research design measures the association between two or more variables or sets of scores. The design was suitable for the study as it was aimed at measuring the relationship between the social support services at the OSCs and GBV prevalence.

3.2 Study Site

The study site for this study was Kitwe district, which is the third-largest city in terms of infrastructure development and the second-largest city in terms of size and population in Zambia. With a population of 517,543 Kitwe is one of the most developed commercial and industrial areas in the nation. In particular, the studies were conducted at three (3) One-Stop Centres; which were open by the Ministry of Health to provide survivors of GBV with care such as psychosocial support, referrals to shelters, legal services, HIV testing, HIV post-exposure prophylaxis, and linkage to HIV treatment with the aid of the United States Government. These centers are aimed at complementing Government's work in creating an enabling environment for gender-based violence prevention, better service delivery through quality post-gender-based violence care for survivors, and better accessibility to justice by the citizens particularly survivors of gender-based violence (Mulenga, 2020).

3.3 Population

Neuman (2011) defines a population as a precise group of people or objects that possess the characteristic that is questioned in a study. Thus, the population for this study involved management (65), and the GBV victims (2100) of Buchi, Lwangwa, and Ndeke One-Stop GBV Centres in Kitwe District (OSC Records, 2021). This population was chosen for this study as they constitute the key stakeholders in the implementation of the OSC model of GBV prevention; therefore, they were considered to be the custodians of the information needed for this study.

3.4 Sample Size

Since the proposed study employed multiple regression analysis to determine the effect of One Stop Centre on the prevalence of GBV violence, the following sample size formula was applied (Green, 1991):

$$N \geq 50 + 8p$$

Where N is the sample size, and p is the number of predictors. Based on the conceptual model displayed in Figure 1.1, it follows that the total number of predictors is 3. Therefore, a minimum sample size required for the proposed study is given by

$$N = 50 + 8(3) = 74$$

Therefore, the sample size of the study was 74 and was distributed as follows in tables 1, 2, and 3 below.

Table 3.1 Age

AGE	FREQUENCY	PERCENTAGE (%)
10-15	0	0
15-20	2	3
20-30	20	27
30-45	32	43
45-50	16	22
50 and above	4	5
Total	74	100%

Table 4.1 shows 2 (3%) 15-20, 20 (27%) respondents were in the age group of 20-30, 32 (43%) 30-45, 16 (22%) 45-50, 4 (5%) 50 and above. This shows that majority of respondents were in the age group of 30-45.

Table 3.2 Sex

SEX	FREQUENCY	PERCENTAGE (%)
MALE	30	41
FEMALE	44	59
TOTAL	74	100

Table 4.2 shows 30 (41%) of respondents were males, and 44 (59%). This shows that most of the respondents were females.

Table 3.3 Agencies

AGENCY	FREQUENCY	PERCENTAGE (%)
Police	8	11
Nurse	18	24
Counsellor	14	19
Social worker	8	11
Doctor	4	5
Victim	11	15
Members of the Community	11	15
TOTAL		100

Table 4.3 shows the agencies found at the OSCs, which included, police, 8 (11%), 18 nurses (24%), 14 counsellors (19%), social workers, 8 (11%), doctors 4 (5%), 11 victims (15%), and 11 members of the community (15%).

3.5 Sampling procedure

The sample was selected using two sampling techniques; namely, stratified and simple random sampling. Whereas stratified sampling was used to select elements from each of the strata, of the agencies and victims, while simple random sampling was used to select elements from each stratum (agencies and victims). This was based on the fact that the study population was stratified into different categories (Staff and victims). Stratified sampling is a method of sampling from a population in statistical surveys when subpopulations within an overall population vary (Gustavsson (2007). For the sample size to be representative, it is advantageous to sample each subpopulation (stratum) independently. On the other hand, a simple random sample is a subset of individuals (a sample) chosen from a larger set (a population). Each individual is chosen randomly and entirely by chance, such that each individual has the same probability of being chosen at any stage during the sampling process, and each subset of individuals has the same probability of being chosen for the sample as any other subset of individuals (Pryor, 2011). A simple random sample is unbiased surveying. Simple random sampling suited well for this study to make sure that the sample size was representative of the targeted population.

3.6 Data collection

Data collection is the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes (Jason and Glewick, 2012). The study employed two types of data: primary and secondary data. Secondary data is information that already exists, collected by other people or organizations for a different purpose (Jason and Glewick, 2012). These data were considered useful for the literature review as well as for the interpretation of the findings and to corroborate primary data. Secondary data were therefore collected using record review data sheets of the victims and reports.

On the other hand, primary data were collected using a modified questionnaire adopted from Keesbury et al. (2012) titled: “A review and evaluation of multi-sectoral response services (‘one-stop centers’) for gender-based violence in Kenya and Zambia.” This tool was informed by the theory of impact evaluation (Weiss 1997).

The questionnaire contained items that measured dimensions of OSC, which fell into four broad categories; namely, GBV reporting, access to justice, protection, and prevention. To ensure the content validity of the questionnaire, the researcher gave it to the expert (supervisor) to check the questionnaire to enhance the reliability of the tool. The tool was first exposed to face validity. That means the researcher had to give the tool to the supervisor as the expert who understood the topic to read it through. The supervisor had to evaluate whether the questions effectively captured the objectives of the study. The supervisor confirmed that the questionnaire did not have common errors like double-barreled, confusing, and leading questions.

After approval from the supervisor, this tool was first piloted on some employees of Buchi Clinic One-Stop center, to the members who were not part of the study but had similar characteristics of the study population. The pilot was conducted on three (3) members of staff at the center to validate the tool. The pilot study confirmed that the tool measured exactly what the study intended to measure because the respondents did not have challenges answering the questions as the questions were clear enough to them.

3.6.2 Data Collection Procedure

Firstly, the researcher obtained the introductory letter from the University of Zambia (UNZA). Thereafter, the researcher proceeded to collect data at the School. The introductory letter was presented to the Buchi OSC management, seeking permission to conduct this study at the site.

Once permission was granted, the researcher presented the introductory letter to the heads of departments and also to the person in charge of different sections at the center. The researcher then distributed the questionnaires and agreed with the respondents when to go back and collect them back. However, before distributing questionnaires, the researcher sought consent from the respondents to make sure they understood the purpose of the study and that they were free to take part or not.

Due to the busy schedule of the employees at the Centre, they were given one week to collect back the questionnaires. To motivate respondents, the researcher ended the questionnaire with a “thank you” and restated the due date and when to return the questionnaire. They were supposed to deposit answered questionnaires in a box in one of the offices at the Centre.

3.7 Data analysis and procedures

Data analysis is the process of evaluating data using analytical and logical reasoning to examine each component of the data provided (Jason and Glewick, 2012). In this study, data were analyzed using a Chi-square analysis statistics with the aid of SPSS version 20. This analysis was used to describe the relationships between the independent variables and the dependent variable highlighted in the conceptual framework and the objectives of the study.

3.8 Chapter Summary

This chapter has presented the methodology that was applied in the study. It has particularly, looked at the design, the site of the study, the study population, the data collection and analysis, ethical considerations, as well as reliability and validity of the study. This was done to enable the reader to appreciate the different steps that were taken to address the research problem of this study. The next chapter focuses on the findings of the study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study based on the research questions of the study, which included the following:

- i) What is the relationship between psychosocial support on the level of reporting of GBV?
- ii) What is the relationship between legal support on the victims' access to justice?
- iii) What is the relationship between psychosocial support on the protection of GBV survivors?
- iv) What are the relationship between staff coordination at OSCs and GBV prevention?

The findings to the foregoing questions are presented according to topics; namely, psychosocial support and reporting of GBV, legal support and access to justice, psychosocial support and protection, psychosocial support and prevention, and legal support and prevention.

4.1 Psychosocial Support and Reporting Of Gbv

The study on the relationship between psychosocial support and GBV reporting is presented in table 4.1 below.

Table 4.1 Psychosocial Support and Reporting of GBV

Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.746	.520			
	Reporting	.081	.131	.077	3.357	.001

According to table 4.4, the study showed that the significance level (sig. value 0.01) is less than the 0.05 confidence level at 95%. This implies that the relationship between psychosocial support and reporting of GBV cases is significant. Therefore, the null hypothesis that there is no

relationship between psychosocial support and reporting of GBV cases is rejected, indicating that there is a relationship between the variables.

4.2 Legal Support and Access to Justice

The study on the relationship between legal support and access to justice is presented in table 4.2 below.

Table 4.5 Legal Support and access to Justice

Model		B	Std. Error	Beta	T	Sig.
1	(constant)	5.987	.422			
	Access to Justice	-.819	.131	-.615	14.193	.000

According to table 4.5, the study showed that the significance level (sig. value 0.00) is less than the 0.05 confidence level at 95%. This implies that the relationship between legal support and the GBV victims and access to justice is significant. Therefore, the null hypothesis that there is no relationship between legal support to GBV victims and access to justice is rejected, suggesting that there is a relationship between the variables.

4.3 Psychosocial Support and Protection of Gbv Victims

The study on the relationship between psychosocial support and protection of GBV victims is presented in table 4.3 below.

Table 4.3 Psychosocial support and protection of GBV victims

Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.541	.317			
	Protection	-.468	.096	-.520	11.173	.000

According to table 4.6, the study showed that the significance level (sig. value 0.00) is less than the 0.05 confidence level at 95%. This implies that the relationship between psychosocial support to the GBV and the protection of GBV victims is significant. Therefore, the null hypothesis that there is no relationship between psychosocial support and the protection of GBV victims is rejected, suggesting that there is a relationship between the two variables.

4.4 STAFF COORDINATION OSCS AND PREVENTION OF GBV OCCURRENCES

The study on the relationship between staff coordination at OSCs and GBV prevention is presented in table 4.4 below.

Table 4.4 Staff coordination at OSCs and prevention of GBV occurrences

Model		B	Std. Error	Beta	t	Sig.
1	Constant	1.702	.711		2.393	.020
	Coordination of agencies	.492	.194	.303	2.540	.014

According to table 4.7, the study showed that the significance level (sig. value 0.20) is greater than the 0.05 confidence level at 95%. This implies that the relationship between coordination of agencies and prevention of occurrence of GBV cases is insignificant. Therefore, the null hypothesis that there is no relationship between staff coordination at OSCs and prevention of occurrence of the GBV cases is accepted, indicating that there is no relationship.

4.3 Chapter Summary

This chapter has presented the findings on the impact of the OSC on the prevalence of GBV in Kitwe District. In particular, it has presented the relationship between psychosocial support and reporting of GBV, the relationship between legal support and access to justice, the relationship between psychosocial support and protection of victims of GBV, and the relationship between coordination of agencies at OSC on the prevention of the occurrence of GBV.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the findings of the study in line with the existing literature. In particular, it interprets the meaning of the findings to prepare the conclusions of the study. The first section of the chapter is focused on psychosocial support, the second on legal support and access to justice, the third on psychosocial support, and the final section on the coordination and prevention of victims

5.1 Psychosocial support and reporting

The first objective of the study was the impact of psychosocial support on the reporting of GBV cases. The study revealed that there is a relationship between psychosocial support and reporting of GBV. The findings are consistent with UNAIDS (2015), which indicated that reporting cases of GBV to OSCs have improved citing increased reporting of more stigmatized sexual and gender-based violence (SGBV) cases, such as rape and sexual assault.

These results are surprising as most people in our society still feel uncomfortable reporting cases of GBV to the relevant authorities, especially when close allies or family members commit it. They would rather report incidences of GBV to their relatives or any other person they trust rather than the police or to the agencies at the OSC. Thus, Guruge et al (2016) reported that victims of Intimate Partner Violence (IPV) from seeking legal redress. The study showed that victims who sought help were more likely to approach family, neighbours, friends, and community leaders rather than formal services such as hospitals, police, or agencies providing services.

The possible explanations for these results could be that they were based on the increased number of people accessing the services of the OSCs. However, there are still unreported cases of GBV in our community, which still need adequate attention from the agencies. It would be also interesting to find out about the GBV cases, which are commonly reported. It is rare to find victims reporting GBV cases, especially if they do not involve physical injuries. For instance, cases involving female infanticide are rarely reported. Generally, victims are obliged to report

GBV cases to the relevant authorities when they are physically injured because they have to get the police report before being treated at health centers.

It is also possible that the findings are because the victims and families have become aware of the laws and rights regarding GBV and can report cases to the relevant authorities. As such, the numbers reported of GBV cases could rightly have increased, thereby validating the effectiveness of the OSCs in the fight against GBV in the country.

5.2 Legal Support and access to Justice

Regarding the second objective on the impact of legal support on access to justice, the study revealed that the significance level (sig. value 0.01) is less than the 0.05 confidence level at 95%, indicating there was an impact between legal support and access to justice. The results are contrary to Gahongayire (2012) who reported that the victims are mostly afraid of revealing their abusive situation due to a cultural mentality that considers opening up about domestic or child abuse as shameful.

The results maybe because of the preconditions government has put in place to treat GBV victims; for example, it is the requirement for the victims to first obtain the police report before accessing treatment, especially for those who are physically injured. This encourages people to report cases of GBV because they want to be treated. However, it is doubtful whether the same applies to the victims who are not physically injured. For example, cases involving male rape and verbal abuse are unlikely to reach the courts. Mostly, cases not involving physical injuries would rather keep quiet or share with their closest allies about the case and would try to weigh whether to take legal justice or not.

In addition, the results are possibly mainly related to cases reported to the police rather than those reaching the courts of law. This is evident from the discrepancy between the reported cases and those before the courts of law as reported by Mulenga (2020). However, access to justice is not defined by only reporting GBV cases to the police, but exhausting the whole process of justice and punishing the offenders, but reports show that most of the cases of GBV are only to the police and the matter gets resolved through forgiveness and withdraw of the case. Therefore, there is still a need for people to understand the law regarding GBV cases and the

meaning of access to justice so that they do not only end at the police but also be able to take their cases further so that the culprits could learn from others.

5.3 Psychosocial Support and protection of GBV Victims

The third objective of the study concerned the impact of psychosocial support and protection of GBV victims. The study revealed that the relationship between psychosocial support to the GBV and the protection of GBV victims is significant, suggesting that there is an impact. The findings validate the assessment by Charillus (2017) who claimed that GBV interventions had to some extent protected women from Sexual Gender-Based Violence and the victims sought that justice from the police.

There are possible explanations for these results. First, the outcome could be attributed to the care victims receive at the OSCs, especially counselling and healthcare services. These services tend to help the victims overcome the trauma and be able to live positively after experiencing violence. In addition, the OSC has rehabilitation programmes, which are used to help the victims to be reintegrated into society. In addition, the OSCs support the GBV victims by engaging the Victims Support Unit of the police, who engage the culprits, warn and caution them, and prosecute them when necessary. This helps to protect the victims.

The fact that psychosocial support influences the protection of GBV victims implies that OSCs have been able to receive counselling, legal support, medical, and social services for easy reintegration of the GBV victims. However, it will be interesting to understand the extent to which psychosocial support is affecting the general protection of the GBV victims in the country so that there is a comprehensive picture regarding the response to Gender-based Violence in the country at large.

5.4 Coordination and prevention of GBV Occurrence

The fourth and last objective of the study concerned the impact of the coordination of the agencies of OSCs on the occurrence of GBV in the Kitwe district. The study discovered that the relationship between coordination of agencies and prevention of occurrence of GBV cases is insignificant, indicating that there is no relationship between coordination of agencies in OSCs

and prevention of occurrence of the GBV. The results are inconsistent with Gupta (2017) who evaluated the OSCs and stated that the OSCs are not effective in preventing the occurrence of GBV cases.

There are some possible explanations for this apparent contradiction of the result. For instance, the level of coordination could be explained in terms of staffing; having enough staffing at the OSCs is critical for the effectiveness of the centers in terms of helping to prevent GBV occurrence. However, prior studies (e.g. CARE, 2015) have reported staffing as one of the challenges regarding the functioning of the OSCs. Therefore, it is difficult for the OSCs to operate effectively if there is limited staffing among the agencies of the OSCS.

In addition, the results could be explained by the insufficient capacity of the agencies at the center. There may be situations in which some agents at the center would be asked to conduct some services for which they are not qualified due to limited staffing. This could also be attributed to situations where some agencies are not represented by the OSC, relying on uncommitted volunteers, thereby jeopardizing the multi-sectoral approach to the fight against GBV.

Lack of coordination among the agencies could also be explained by the possibility of limited resources to enable the agencies to carry out their activities effectively. Thus, Chingumbe (2018) reported it after exploring the factors that foster and hinder coordination among key agencies operating in One-Stop Centers in Zambia that coordination of agencies is hindered by the lack of adequate resources and high attrition of staff.

5.5 Chapter Summary

This chapter has discussed the findings of the study following the objectives of the study. Thus, the discussion focused on the impact of psychosocial support and GBV reporting, legal support and access to justice, psychosocial support and protection of GBV victims, and coordination and prevention of GBV occurrence.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

The chapter concludes the study on the impact of One Stop Centres on the prevalence of GBV cases in Zambia. In particular, the study draws on the discussions of the findings to interpret the meanings and significance of the findings. The first section of the chapter focuses on the conclusions while the second focuses on the recommendations of the study.

6.1 Conclusion of the Findings

The purpose of the study was to establish the impact of the One-Stop Centers on the prevalence of GBV. Thus, the first objective was on the impact of psychosocial support on the reporting of GBV cases. The study revealed that there is a relationship between psychosocial support and reporting of GBV. The findings suggest that psychosocial support offered at the OSCs contributes to the reporting of gender-based Violence cases among the victims. This implies that that the OSCs have helped victims to become aware of the laws regarding GBV and awareness regarding their rights. Therefore, OSCs in the Kitwe district is an effective mechanism to enhance victims' ability to be able to report GBV cases to the relevant authorities.

The second objective of the study was on the impact of legal support and access to justice. The results suggest that OSCs are helping GBV victims to be able to access justice through legal guidance and sensitization regarding people's rights on violence. This also supports the fact that reporting of cases of GBV has improved because of OSCs. This means that the OSC model is effective in terms of helping victims to get access to justice. Therefore, these centers should be sustained to continue offering legal support to the victims of GBV.

The third objective concerns the impact of psychosocial support on the protection of GBV victims. The study showed that the relationship between psychosocial support and the protection of GBV victims is significant, suggesting that there is an impact. This suggests that the victims are receiving counseling, medical support, and other social services relating to the rehabilitation

of the victims of GBV at the OSCs in Kitwe District. This implies that OSCs are effective in offering protection and support to the victims of GBV.

The fourth and final objective relates to the impact of coordination of agencies on the prevention of GVB cases. The study discovered that the relationship between coordination of agencies and prevention of occurrence of GBV cases is insignificant, indicating that there is no relationship between coordination of agencies in OSCs and prevention of occurrence of the GBV. This implies that the coordinated approach to the fight against GBV is not effective in terms of preventing GBV cases. Therefore, there is a need to relook at the issue of staff coordination of agencies in the OSCs to make them more effective in preventing the occurrence of GBV cases in the country.

6.2 Recommendations

Based on the findings and conclusions, the study recommends the following:

1. The OSCs should enhance their awareness campaign on GBV to promote reporting of cases.
2. There is a need for stakeholders to find an effective way of enhancing collaboration among the agencies
3. The Government should work on improving the infrastructure of the OSCs.
4. Government should upgrade the skills of staff at the OSCs through continued training.

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APPENDICES

APPENDIX 1: QUESTIONNAIRE FOR RESPONDENTS

Dear Respondent,

I am Ireen Chipowe, a Student of Master of Science in Counselling (MSC) at the University of Zambia. As partial fulfillment for the award of the qualification, I am required to conduct research. My study topic is “THE IMPACT OF ONE-STOP CENTRES OF GENDER-BASED VIOLENCE ON THE PREVALENCE OF GBV IN KITWE DISTRICT.”

I would like to request your voluntary participation by answering this questionnaire. Please do not write your name anywhere on the questionnaire. If there is anything at any stage that you are unsure about or it is not clear please do not hesitate to contact me. My contact is 0977574272

INSTRUCTIONS: Please mark your answer with an X next to the correct answer or write your answer in the space provided.

SECTIONS A: DEMOGRAPHIC DATA

Age

S/N	AGE (years)	ANSWER
1	10-15	
2	15-20	
3	20-30	
4	30-40	
5	40-45	
6	Above 45	

Sex

S/N	SEX	ANSWER
7	Male	
8	Female	

Agent role at this OSC?

ROLE	ANSWER
Nurse	
Police	
Counsellor	
Doctor	
Social worker	
Others (Specify)	

SECTION B: The impact of OSCs

To what extent do you agree with the following statements regarding the work of the One-Stop Centre SCs. Respond by ticking the number that suits your response. The description of the responses is as follows: 1= strongly agree, 2= agree, 3= neutral, 4= disagree, 5= strongly disagree.

Psychosocial support and reporting	1	2	3	4	5
OSCs provides long-term psychosocial counselling					
OSC offers community awareness-raising					
OSCs offers trauma counselling to the victims					
Legal Support and Access to justice					
OSCs facilitate statements taking from victims					
OSCs offer legal counsel					
OSCS facilitate collection of forensic evidence of the crime and maintain the chain of evidence					
Provides training to the agencies					

Psychosocial Support and protection of Victims					
OSCs provides the safety of the survivors					
OSCs helps to reduce stigma					
OSCs provides referral services to the victims					
Coordination and prevention of GBV occurrence					
Clinical, police officers, social workers, and counsellors at OSC work in coordination					
The coordination among OSC agencies helps the community to prevent the prevention of GBV occurrence.					
The referral system among OSC agencies is effective in preventing GBV occurrence.					

Thanks for your time

APPENDIX 2: RESPONDENTS CONSENT

Introduction

I am Ireen Chipowe, a Student of Master of Science in Counselling (MSC) at the University of Zambia. As partial fulfillment for the award of the qualification, I am required to conduct research. My study topic is “THE IMPACT OF ONE-STOP CENTRES OF GENDER-BASED VIOLENCE ON THE PREVALENCE OF GBV IN KITWE DISTRICT.”

You have been selected to participate in the study by you being staff at the One-Stop Centre where the Researcher is carrying out the investigation.

Procedure

A questionnaire will be used to record responses.

Confidentiality

Your responses in this study will be treated with strict confidentiality. Neither your name nor identifiers will be collected that will link you to the responses you will provide in this research.

Risks/Benefits

You will not be offered any monetary compensation for participating in the study. However, your participation will greatly contribute to the progression of this study upon which further studies into data documentation at other institutions may be built on.

Voluntary participation

Your participation in this study is entirely and purely voluntary. You may equally choose not to answer questions you find personal or otherwise are uncomfortable with. Further, your participation in the study will not affect your work in any way. Lastly, you choose to opt-out of the study at any given time without suffering consequences.

Contact details

For any further clarifications:

The Research Principal Investigator

0977574272 – IREEN CHIPOWE

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LUSAKA.