

EXPLORING COORDINATION IN A MULTI-AGENCY PARTNERSHIP APPROACH TO PREVENTION OF GENDER-BASED VIOLENCE IN ZAMBIA: LESSONS FROM THE AGENCIES' PERCEPTION OF THE ONE- STOP CENTER MODEL OF PROVIDING COORDINATED PSYCHO-SOCIAL AND MEDICAL SUPPORT TO THE VICTIMS

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Dedications

This paper is dedicated to all the victims of gender-based violence worldwide.

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Abstract

This study identifies factors that fosters and hinders 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. This is a primary qualitative study in which 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. Thematic content analysis was used to generate categories of data with similar meaning 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 effective operation of One-Stop Centers in Zambia. The study further found that adequate allocation of resources, joint capacity building trainings and permanent attachment of staff to One-Stop Centers as panacea to the various challenges that encumber effective operation in One-Stop centers in Zambia. Implications and future research direction are discussed.

Key Concepts: Gender Based Violence; Inter-agency Coordination; One-Stop-Center.

Acronyms

GBV.....	Gender Based Violence
CSO.....	Central Statistics Office
NAP-GBV.....	National Action Plan on Gender Based violence
OXFAM.....	Oxford Committee for Famine Relief
UN.....	United Nations
UNICEF.....	United Nations International Children’s Emergency Fund
WHO.....	World Health Organization
ZDHS.....	Zambia Demographic Health Survey
USAID.....	United States Agency for International Development
UNFPA.....	United Nations Fund for Population Activities
CRC.....	Coordinated Response Center
HIV/AIDS...	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome.
YWCA.....	Young Women Christian Association
OSCs.....	One-Stop Centers
NGOs.....	Non-Governmental Organisations
UTH.....	University Teaching Hospital
WC DSD.....	Western Cape Department Social Development

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Introduction

Gender-based violence (GBV) is one of the serious social problems in the World today. It has well documented setbacks to the promotion of human rights, public health and a major barrier to socio-economic development (Heise 1998; UN 2010). Although men are also affected, a large proportion of the victims are women and children (UN 2010). The United Nations Declaration on the Elimination of Violence Against Women defines gender-based violence as “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; 31). Evidence has shown that the problem of gender-based violence is widespread. A survey based on estimates from 79 countries across the globe, indicate that over 30% of women reported having experienced physical and/or sexual violence at some point in their life (OXFAM 2012; UNICEF 2009; WHO 2013). Although data on violence against women remain limited in Africa, the situation is ever worsening. Physical and sexual abuse of women and children is rampant. Evidence also suggests that 14.1 million girls in Africa are child brides, married before the age of 18 (UN Women 2011). A survey conducted in 2007 across eight countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe) revealed that 18% of women aged between 16 and 60 years had experienced gender-based violence in the past 12 months; one in every five youths aged between 12 and 17 years attested to the fact that they had been forced to have sex, and one in 10 said they had forced sex on someone else (ZDHS 2007).

In Zambia gender-based violence is a widely acknowledged problem (UN 2010; YWCA 2009). Women constitute 51% of the total population (CSO and Macro International 2009), but statistics show that almost half of them (47%) have experienced either physical or sexual violence (UN Department of Social and Economic Affairs 2010; ZDHS 2007). 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; ZDHS 2013). 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).

Although women and children are the immediate victims, the negative implications of gender-based violence in Zambia go beyond the victim's perspective to include the society as a whole. Apart from the physical injury, psychosocial trauma and unwanted teenage pregnancies and HIV/AIDS infection (UN 2010), gender-based violence in Zambia has direct and indirect social and economic costs. The direct costs include services to treat and support abused women and children, and to bring perpetrators to justice. Indirect costs may include lost employment and productivity, and costs in human pain and suffering (ZDHS 2013).

Background

The Zambian government recognizes that gender-based violence is a problem and acknowledges its impact on victims and the society at large. It has, therefore, taken different measures to respond and prevent the scourge. Over the last decade, the One-Stop Center model (OSC), also known as Coordinated Response Center (CRC), has become a popular strategy of 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. According to Care International (Care 2013), before the establishment of the One-Stop center model, victims used to visit several government agencies located in different places to access police, medical, legal and social services. For instance, a victim would go to the police to have their case documented, then go to the hospital situated in a different location for medical examination, and then proceed to other institutions for social and legal services. It was latter realized that the movement of victims from one service provider to another further re-traumatizes the victims who are subjected to multiple interviews in unfriendly environment from members of staffs who have little knowledge about issues of GBV (CARE 2013). Thus, for fear of being re-traumatized, humiliated and further abused, victims were not able to visit these service providers (Keesbury 2013). This trend defeated the whole purpose of providing social services to mitigate the short and long-term effects of GBV. Therefore, 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; Malawi National GBV guideline 2008).

It is not a statutory obligation for the state agencies in Zambia to partner and deliver social services. However, the agencies in One-Stop centers are bound by the National Action Plan on Gender-Based Violence as it states; “All anti-violence interventions will be implemented under the general framework of the National Action Plan under the motto:-one leader, one team, and one program”, (GIDD 2008; 32). It further states under the phrase ‘one team’ that “a coalition of actors culminating in the building and promoting of a strong effective partnership between government and international NGOs, UN agencies, and other multi-sectorial stakeholders” (ibid 2008). 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. Furthermore, to strengthen the actors’ sense of obligatory responsibility, the United Nations, to which Zambia is a signatory, argues that “Bring together those with responsibility for planning and development, for family, health, employment and training, housing and social services, leisure activities, schools, the police, and the justice system in order to deal with the conditions that generate crime” UN (1991) cited in (Crawford 1997; 56).

Each actor in the One-Stop center has a responsibility. At the reception, the Data entry clerk records the victims’ details on the incident report form and refer the victim to the counselor or coordinator within the center. The police issue medical reports and institute preliminary investigations leading to the apprehension of the perpetrator (Care 2013; MNG-GBV 2008; NAP 2008). 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 interview in a responsive and supportive environment to offer the required medical attention (NAP 2008). The social workers have the primary responsibility of providing critical psychosocial support to victims. Psychosocial support helps

victims to regain self-esteem and become an active member in the development process. Social workers also provide safe havens if needed to victims that chose to relocate from unsafe environment. The Guideline on the staffing at One-Stop centers states that although officers are assigned on full-time basis to One-Stop centers, they will still have their normal police, hospital or social work responsibilities in their respective agencies. However, they will be made available to attend to all survivors at the One Stop Centre and to visit the OSC regularly to provide medical, police and other social services (NAP 2008).

From the time it was initiated, and following the successes scored, the One-Stop Center model has expanded and further developed (Care 2013). More One-Stop centers have been opened throughout the country. Today, there are more than twenty such centers dotted across the ten provinces of Zambia. 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 (Care 2013; Population Council 2012). However, in Zambia, despite having scaled-up more centers, incidences of GBV have continued to increase. In 2016 for instance, cases of gender-based violence were estimated at over 18,000 compared to over 16,000 in 2015 (Zambia Police report 2016). The rising spate of gender-based violence is partly attributed to the lack of coordination among agencies in the One-Stop Centers. There is seemingly a problem of co-ordination among agencies. One example of such problems highlighted in an evaluation report is that of paralegal officers at some sites being denied access to review incident forms by the OSC staff, who told them that the forms are “confidential,” inhibiting the paralegal’s ability to assist survivors legally (USAID 2015). This could just be a ‘tip of an iceberg’. More coordination problem could be out there. The ability of these agencies to co-ordinate is crucial to the fight against gender-based violence. As Hope and Murphy (1983) argued, if effective crime prevention requires the involvement of a wide range of agencies with separate policies and procedures, there is need to harmonizing these. Government agencies in Zambia have a tendency of working within their vertical structure and reporting lines even when dealing with cross-cutting matters where the pooling of resources would achieve a bigger impact (UNHABITAT 2015). The aspect of coordination has been ignored by previous research in Zambia despite an increase in number of programs based on One-Stop center model being implemented to prevent and respond to GBV. This study is therefore meant to cover this very crucial area which has not attracted the attention of researchers.

Aim of the Study

The aim of this study was to explore coordination in a multi-agency partnership approach to prevention of gender-based violence in Zambia, drawing lessons from agencies’ perception of the One-Stop center model of providing social support to the victims.

Research Questions

The study was guided by the following research questions:

- (i) What is the state of inter-agency coordination in One-Stop centers in Zambia?
- (ii) What is the agencies’ perception of the factors that facilitates and hinders inter-agency coordination in One-Stop center? And
- (iii) What factors are perceived to improve coordination among the players in One-Stop centers?

Relevance of the Study

This study is significant because with more programs based on One-Stop Center model being implemented to prevent and respond to the rising spate of GBV in

Zambia, research knowledge on the factors that facilitate and hinder inter-agency coordination is needed. Therefore, this study illuminate on the factors that facilitate and hinder coordination among key agencies in One-Stop Centers in Zambia. The research is not only expected to identify barriers and yield a set of promising practices that will help agencies improve coordination, but also generate recommendations that will be utilized by stakeholders to develop policy and legal frameworks that will promote inter-agency coordination in One-Stop centers in the country.

Definition of Concepts

Inter-agency Coordination; This study adopt the following definition of inter-agency coordination as provided by Mattessich & Monsey (as cited in Townsend & Shelly, 2008, p.102): “Coordination is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. This relationship includes a commitment to mutual relationships and goals, a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

One-Stop Centre. It also adopt the Malawi National Guideline for Provision of Services for Sexual and Physical violence's definition of 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. For Gender-based Violence, the study adopt the definition provided by the United Nations: Gender-based violence refers to 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).

Literature Review

As inter-agency partnership approach to crime prevention and gender-based violence gain ground, so is research on the subject (Rosenbaum 2002). As such, numerous studies that have contributed to the current body of knowledge on inter-agency coordination have been conducted. It has been observed that the current literature on effective inter-agency coordination is dominated by a host of factors thought to influence the success or failure of coordination (Glendinning et al. 2002; Hudson and Hardy 2002; Wildridge et al. 2004). Clearly defined goals and mutually agreed outcomes are some of such factors (Anning et al. 2006; Hartas 2004; Statham 2004). A study conducted in 2000 by Easen and his colleagues that investigated joint initiative projects for domestic violence concluded that common goals can help to build cohesiveness among agencies, which was found to be important for a successful partnership (Easen et al. 2000). The absence of clearly defined goals and mutually agreed outcome can have serious negative implications on partnership. Rummery once found that if objectives are unclear or not shared, participants may work towards different and incompatible goals resulting in failure to achieve desired outcomes (Rummery 2002). Therefore, all participants need to have a clear understanding of both the goals and agreed outcomes.

Another key factor that has dominated the current literature on effective inter-agency coordination is good communication, trust and willingness to share information (Cleaver and Walker 2004; Potito et al. 2009; Sloper 2004; Watson 2006; Winkworth and White 2011). Communication is integral to agency-client relationships. Similarly, professional to professional communication is also

significant in contributing to mutual respect and the maintenance of professional identities (Darlington et al. 2005). Inevitably, there will be both shared and different knowledge and concepts within the team, and communication can help to establish clear definitions and shared perspectives as well as enabling common development of individual's cognitive constructions of the collaboration (Cleaver and Walker 2004; Coulling 2000; Glenny 2005; Salmon 2004; Salmon and Faris 2006; Watson 2006). Communication is also important, because it helps the team build a positive attitude and fosters effective multi-agency collaboration including addressing problems surrounding professional differences (Hymans 2006; Watson 2006). It is generally agreed that the capacity and willingness of staff to build trust based on mutual respect, forms the bedrock of successful collaboration. Edwards (2009) found that trust and mutual respect as essential components of relational agency, a term used to refer to 'a capacity for working with others to strengthen purposeful responses to complex problems' (Edwards 2009; 39).

Continuity and commitment of personnel in collaborative work has also been a factor which has frequently appeared in the current literature on inter-agency coordination. Several empirical findings have commented on its importance. For example, Abbott *et al.* 2005; Easen *et al.* 2000; Sloper 2004, concluded that continuity of personnel in joint projects is important, because, it does not only cement and supports the development of relationships among members of staff, but also build trust among them. Milbourne (2005) also argued that frequent changes to membership in a joint initiative is costly, because, the team has to spend a lot of time building trust with newly introduced members. It is trust which facilitates meaningful communication and exchange of information among members. Similarly, the research literature emphasizes the importance of collective ownership and the need for all staff to share a commitment to bringing to life the philosophy, vision and ethos of the service (Robinson, 2008). No matter how skilled, strategic and inspirational the leadership of the team, successful collaborative practice ultimately depends largely on what the staff do on a day-to-day basis (Watson, 2006) that is aligned and consistent with the shared commitment. The literature also argues that commitment of members in a joint initiative is associated with the economic benefits they are likely to get from their participation (Hymans, 2006; Watson, 2006).

Macy, Giattina, Parish, & Crosby in 2010 conducted a study. The aim was to explore domestic violence and sexual assault agencies in North Carolina. The study addressed the situation of combined agencies, comprising both domestic violence and sexual assault service provision. Findings demonstrated that respondents working in sexual assault identified the lack of policy attention across all levels of government as a key challenge which negatively affects service provision. Respondents from sexual assault agencies raised concerns about the ability of combined agencies to provide effective sexual assault services. Respondents noted that in combined agencies, sexual assault services struggle due to limited resource allocations, as well as the different kind of work approaches between sexual assault and domestic violence, where the latter was described as intensive and ongoing (Macy et al., 2010).

In South Africa, the Western Cape Department of Social Development (WC DSD) provides funding to thirteen non-governmental organizations (NGOs) that specialize in the delivery of shelter (One-Stop centre) services to victims of crime and violence, especially domestic violence in vulnerable communities across all regions of the Western Cape. The programme is part of the provincial Victim Empowerment Programme (VEP) which aims to empower the victims by providing them with access to sheltered accommodation, counseling, support and

reintegration services. In 2015 the department 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 in relation to 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 in nature 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 of shelter clients, shelter social workers and managers and representatives from a local non-government organization in the community surrounding each of the shelters. Others included relevant regional Department of Social Development Western Cape and local South African Police Service coordinators. Although it was revealed that the clients' basic needs were met to some extent, the study highlighted 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 in effective 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).

Although multi-agency partnership approach has been a popular strategy of responding to gender-based violence, there is little evidence relating to coordination among stakeholders involved. In 2013, with the help of the donor community, the Zambian government implemented a GBV Stamping-Out programme. The programme comprised of three components (Advocacy and prevention, Access to Justice and GBV Survivor support services) working simultaneously toward a GBV Theory of Change with the expected impact to reduce gender-based violence and child marriage in Zambia. The programme was based on One-Stop center model where different government agencies worked together to achieve the objectives of the programme (USAID 2015). Three years after its implementation, a baseline study was conducted by Overseas Development Institute (ODI) Frontier Group Team to assess its effectiveness in terms of results, impact and long-lasting changes made by the 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 outcome 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 some of the OSCs are staffed by government employees, 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.

Study justification

A thorough scrutiny of previous research on the subject shows that no research has previously been conducted in Zambia exploring coordination in a multi-agency partnership approach to GBV prevention drawing lessons from One-Stop center. Though studies conducted in Zambia (USAID 2010; USAID 2015; Population Council 2012) as shown above remain relevant to this study, the context and objectives of such studies are different from this study. This makes this study the first one of its kind, and hence the need to fill the research gap by conducting this study.

Methodology

This chapter discusses the research methods used in the dissertation. It provides the rationale and the information on the research design, the study population, the study site and the sampling method respectively. It also discusses the research instrument, data collection procedure and analysis method used to unlock the phenomenon under investigation. It concludes with ethical consideration and limitations of the study.

Research Design

This study used a qualitative research paradigm to explore factors that facilitate, foster and hinder inter-agency coordination in One-Stop centers in Zambia. Mouton (1996) observed that the main aim of a qualitative research is to describe and understand rather than explain and predict human behavior. Therefore, having considered the research topic and the objectives of this study, a qualitative research approach was deemed the most appropriate.

Study Site and Population

The study was conducted at five One-Stop centers in Lusaka province of the Republic of Zambia. The centers are representative of both rural and urban. The study population consisted of officials from health, police and social workers dealing with victims of gender-based violence at the sampled One-Stop centers.

Sampling

This study utilized purposive sampling and respondent selection criterion. Purposive sampling was used to select Lusaka province from among the ten provinces of the country (UNHABITAT 2010). The province was purposively sampled for various reasons: Firstly, in 2016, it was reported to have the highest incidences of GBV compared to other provinces in the country (Zambia police Report 2016). The province has a pull factor of rural-urban migration. People migrate from rural parts of Zambia to the provincial capital in search for employment opportunities and other social amenities, making it the most densely populated province. The over population has triggered criminogenic factors such as high levels of unemployment and household poverty, a recipe for gender-based violence. Secondly, the province has the highest number of One-Stop centers compared to any other province. Out of 26 One-Stop centers dotted across the country, 05 are Lusaka based. These One-Stop centers are not only easy to reach but they also make a perfect representation of both rural and urban sites. Therefore, all the One-stop centers located in Lusaka province at the time of the study were involved. Neuman (2000) noted that purposive sampling selects cases with a specific purpose to obtain in-depth information. In this case Lusaka province was purposively sampled because of having both rural and urban One-stop Centers whose data is representative of all centers across the country.

Respondents Selection Criterion was used to sample respondents at the sampled One-Stop centers. The study adopted a criterion where the officer in-

charge of the respective agencies at the centers was interviewed. In the absence of the officer-in-charge, the next in the hierarchy was interviewed. Thus, using this criterion, 15 participants (9 females and 6 males) were interviewed from the five One-Stop Centers. A sample of 15 participants was convenient for this qualitative study. In justifying the sample size, Mark (2010) argued that samples for qualitative studies are generally much smaller than those used in quantitative studies. Ritchie et al. (2003) cited in Mark (2010) further provided a reason for this, when he argued that qualitative research is concerned with meaning rather than making generalized hypothetical statements common in quantitative studies. Also, according to Onwuegbuzie and Leech (2007), sample sizes in qualitative research should not be too large as it may be difficult for the researcher to extract thick and rich data; instead, according to Marshall (1996), the sample size should be appropriate to adequately answer the research questions.

Data collection tool and procedure

Face-to-face in-depth interviews was the major data collection tool used in this study. The interviews were aided by an interview guide developed by the researcher before conducting the interviews. In affirming the strategy, Babbie and Mouton (2001), observed that face-to-face interviews generally produce fewer incomplete answers; they guide the person through the questioning, maintain rapport with the respondent and have higher control over the interview process.

Before the commencement of the interviews, participants were informed that their participation was voluntary. They were furnished with participant information sheets that explained the reasons for undertaking the study. According to De Vos et al. (2010), participants should be supplied with all information pertaining to the processes involved in the study as well as the credibility of the researcher. Permission regarding participation and writing down of the responses was also sought, and the participants agreed by signing the consent forms. The interviews which lasted for about 30 minutes, covered several questions regarding coordination in One-Stop Centers including barriers and practices which can improve inter-agency coordination at One-stop centers. Subsequent calls and e-mail were made to the respondents for clarification and expansion.

Data analysis

Thematic content analysis was used to analyze the data. This was achieved after realising the responses had some striking similarities. This analysis method is widely used in qualitative research. Neuman (2000) observed that thematic content analysis helps to prepare the researcher to arrange the findings into emerging themes from the interviews with participants. This method of analysis was arrived at after noticing that respondents were giving responses that were having striking similarities. Responses that were similar in nature were then categorized together, and thus, relevant identifying themes were generated. Following this trend, thematic content analysis was then chosen as the best analysis method applicable in this study (Attride-Stirling 2001; Braun and Clark 2006; Kvale 1996)

Ethical considerations

According to Babbie and Mouton (2001), social research often represents an intrusion into people's lives. Although the topic at hand is not sensitive, all ethical considerations were taken into account. The researcher contacted the Zambian Ministry of Health and requested permission to undertake the study within the organization which was approved in writing as shown in the appendix 1. Ethical clearance was also obtained from the Bio-medical Ethics Committee in Zambia. Permission regarding participation and recording of the interviews was also

requested from the participants who agreed by means of signing the consent forms. In this case, respondents were informed that their participation in the study was voluntary. They were also informed that they were at liberty to withdraw participation at any stage without giving reasons for doing so. To avoid injuries to the respondents on account of movements or transportation, the researcher interviewed the respondents from their respective places of work. This kind of conduct in research was confirmed by Babbie (2004) and De Vos et al (2010). Additionally, the confidentiality of the participants was guaranteed by the use of pseudonyms and by ensuring that information obtained during interviews was used for research purposes only.

Limitations

The study had the following limitation; some participants seemed reluctant to share information which they regarded as sensitive. However, the researcher reassured the participants of confidentiality and that pseudonyms will be used in the final research report. The researcher created a friendly atmosphere with the participants by talking to them in a friendly manner prior to the interview which helped gain their trust.

The sample size comprised of 15 participants from five One-Stop centers in Lusaka province which number appears to be too small and localised, however, this is a qualitative in which small sample sizes are recommended, a number is not a factor.

The study was conducted in one province which is Lusaka. Due to limited time resources could not go to far flanged areas.

Findings

Considering that this study was guided by three research questions, the findings chapter is divided into four parts. The first part presents the demographic information of the respondents as indicated in figure 1 below. The second part present the findings of the first research question, which is, what is the state of inter-agency coordination in One-Stop centers in Zambia? The third and the fourth parts of the chapter respectively presents the result of the second and third research questions, that is, what factors facilitates and hinders coordination among agencies in One-Stop centers? And, how can inter-agency coordination in One-Stop centers in Zambia be improved?

Table.1

Respondent (R)	Sex	Age	Center	Duration	Agency
R1	Female	Not disclosed	Mtendere	2 months	Health
R2	Male	Not disclosed	Mtendere	4 years	Social Worker
R3	Female	31	Mtendere	2 years	Police
R4	Male	39	Ngombe	6 years	Social Worker
R5	Female	33	Ngombe	2 years	Police
R6	Female	Not disclosed	Ngombe	1 years	Health
R7	Female	Not disclosed	UTH	1 years	Police
R8	Female	Not disclosed	UTH	4 years	Social Worker

R9	Male	Notdisclosed	UTH	5 years	Health
R10	Female	34	Chongwe	2 years	Health
R11	Male	41	Chongwe	4 years	Police
R12	Female	35	Chongwe	2 years	Social Worker
R13	Male	42	Kafue	1 years	Police
R14	Female	27	Kafue	5 years	Social Worker
R15	Female	Not disclosed	Kafue	3 years	Health

What is the state of inter-agency coordination in One-Stop centers in Zambia?

The first research question in the study was aimed at soliciting the views of the respondents regarding the state of inter-agency coordination in One-Stop Centers in Zambia. The interviews produced divergent views, but the most consistent was the positive description of inter-agency coordination. Out of 15 respondents, 10 described inter-agency coordination in a positive manner. Some of their responses are highlighted below. A health officer from Mtendere One-Stop center said, *“Although One-Stop centers are comprised of different government and Non-governmental agencies with different working culture and responsibilities, coordination in this One-Stop center has been functional...”*. Another respondent, a police officer from N'gombe One-Stop center said, *“Coordination among the different agencies at this One-Stop center has been very effective, and, to a larger extent, benefitted both the agency and the victims. Every agency has put in one or two resources which, if it was only one agency responding to incidences of gender-based violence in this community, they could not have managed, and that has really helped the victims greatly”*. A social worker (R14) at Kafue One-Stop center also uttered. *“Gender-based violence is a full-blown problem in this community, with multiple and cross-cutting causal factors. Thus, people have come to realize that it requires partnership to find an ever-lasting solution to this problem. As such coordination among the different agencies at this One-Stop center has been fabulous”*.

“I have been in this One-Stop center for quite some time now, and to be honest with you, I have not observed coordination problem among agencies”. A police officer (R11) from Kafue One-Stop center claimed.

Other respondents also validated these sentiments, and their arguments are highlighted below; *“Coordination problem was my first impression, considering the different working culture of these agencies but I want to state here that, I have been here for over three years now, but I have not observed any coordination problem in this One-Stop center”*. A Social worker (R14) from University Teaching Hospital.

Negative inter-agency coordination was also another theme which emerged from the interviews with the respondents. Out of fifteen (15), five (05) respondents observed that inter-agency coordination in One-Stop centers is not all that good. A respondent (R2) from Mtendere One-Stop center under Social welfare said, *“coordination in this One-Stop center is not smooth at the moment...”* *There was good coordination when the initiators (World Vision) of the project were still managing, but the moment government took over, coordination is not good”*. The respondent is not the only one with such a statement.

Another respondent (R4), in a separate interview, agreed with this assertion and said, *"I can describe inter-agency coordination in One-Stop center as not so much, its average"*.

What facilitates effective inter-agency coordination in One-Stop centers?

The second research question was aimed at obtaining respondents' views on what factors facilitates effective inter-agency coordination in One-Stop centers. Numerous themes emerged, and were grouped in categories associated with effective inter-agency coordination. They include, clearly defined and agreed outcomes, knowledge of inter-disciplinary roles and agency philosophy, and information sharing and communication.

Clearly defined goals and mutually agreed outcome

Most of the respondents stressed the importance of working towards a clearly-defined and mutually-agreed joint outcome of significantly reducing violence against women and children. Out of 15 participants interviewed, 11 identified clearly defined goals and mutually agreed outcome as one of the factors behind effective inter-agency coordination in One-Stop centers. Some of their responses are highlighted below. A police officer from Chongwe One-Stop center said: *"what brought us together in this One-Stop center is the need to respond and prevent the escalating incidences of gender-based violence in this community"*. Another respondent, a social worker from University Teaching Hospital One-Stop center also said, *"We are all interested parties in the fight against gender-based violence. Our collective and ultimate goal is to significantly reduce the scourge"*. A police officer from Kafue One-Stop center also said: *"These victims are already stressed by the trauma they are experiencing at the hands of the perpetrator. This is further exacerbated by their movement from one agency to another, situated in different places to seek social services. Our coming together is meant to reduce the further traumatization and victims to acquire services in one location"*. This statement was further collaborated by a police officer from Ng'ombe One-Stop center who said, *"Our coming together has been necessitated by the realization that winning the fight against gender-based violence does not take one agency single-handedly. We definitely need to coordinate our efforts, and I think this has helped coordination among agencies"*.

Information sharing and communication:

This is another theme that emerged from the interviews with the respondents. Information sharing and communication was identified by thirteen (13) out of fifteen (15) respondents as an integral component which promote effective coordination in One-Stop centers. In particular, regular contact with the other worker from other agencies, regular communication about the client, and timely communication were important. Some of their responses are highlighted below. A Health professional from Chongwe One-Stop center said: *"We openly communicate and share vital information regarding GBV. I have all the mobile phone numbers for members of staff from all the agencies working at this One-Stop center. I can contact them at any time on matters regarding cases of GBV"*. Another respondent from Kafue One-Stop center said, *"for me to make a good decision regarding GBV, I need accurate information. Thank God that this information is readily available from the agencies operating at this center, and I can access it at any time. The agencies are also ready to share the information"*. This statement was further validated by all agencies involved from the One-Stop centers.

Knowledge of interdisciplinary roles and agency philosophy

More than 60 percent of the respondents identified knowledge of interdisciplinary roles and agency philosophy as one of the factors behind effective inter-agency

coordination in One-Stop centers. Some of their responses are highlighted below. A social worker from Ng'ombe One-Stop center argued, *"I know what each one of us is expected to do. The roles and responsibilities are well known....I know what the police do, what health professionals are expected to do, and I think that this has helped to define the boundaries in terms of our duties and responsibilities at this One-Stop center"*. Another respondent, a police officer from Kafue One-Stop center said, *"our healthy coordination at this One-Stop center, to some extent, has been facilitated by our knowledge of other agencies' duties and responsibilities"*. This statement was validated by all the agency representatives from Chongwe One-Stop center, Mtendere, UTH and Kafue One-Stop centers. Similar statements were uttered by police officers and social workers from all the centers.

What factors hinders inter-agency coordination in One-Stop centers in Zambia?

The second research question was designed to solicit views from the respondents regarding factors that impede on effective inter-agency coordination. A considerable number of themes emerged that were grouped in categories associated with hindrances to effective inter-agency coordination in One-Stop centers including lack of resources, high attrition, loss of interest and commitment and lack of motivation and heavy reliance on volunteers.

Lack of sufficient resources.

The lack of sufficient resources emerged as one of the major hindrances to effective coordination among agencies. More 90% of the respondents identified this factor. A health officer from Mtendere One-Stop center said, *"The major barrier to coordination that I have observed at this One-Stop centers is the lack of resources for smooth running of the projects, especially when the project is handed over to government. When the donors (World Vision) were managing this One-Stop center everything was perfect. Officers were given some allowances and more opportunities to mingle and create trust among each other, but as soon as government took over, such opportunities became limited"*. Another respondent, a police officer from Chongwe One-Stop center said, *"lack of resources is the major challenge that has negatively affected coordination among agencies in One-Stop centers . Responding to cases of gender-based violence in this community requires a vehicle. Quite alright, the vehicle was given to us, but fuel has been a big challenge. As a station we receive 260 litres of petrol per month, that is to be used by both the mother station and us at the One-Stop center. Each time a request of a vehicle is made, am always there to say, we don't have fuel. It shows to other agencies that we the police are not putting in the necessary effort in the operation of the One-Stop center"*. Am foreseeing the One-Stop centers in Zambia dying a natural death, and that is very unfortunate considering the increasing level of gender-based violence in the country".. Similar statements were made by different agencies regarding the lack of resources .

Lack of motivation and heavy reliance on volunteers Lack of motivation among members of staff was also a common theme that emerged from the interview. More than 70% identified this factor. Almost all the respondents hinted on lack of motivation, especially volunteers who do not get anything from the services that they are providing at the One-Stop center. As one volunteer claimed, *" I have a family also to look after, and they know that I wake up every day to go for work but there is nothing that I bring home at the end of the day , week, or month. This put me at risk of being a victim of violence from my spouse"*

High attrition, loss of commitment and interest

This is another theme that emerged from the interviews with the respondents. Sixty (60%) of the respondents observed that high attrition, loss of commitment is

a challenge which has affected coordination among players in the One-Stop centers. One respondent, a health officer from UTH One-Stop center claimed, *“the One-Stop centers in Zambia are characterised by frequent change of staffs within a short period of time. This problem is made worse by the loss of interest and commitment, which is reflected in the working culture of some worker. Some times, members are available at the center but mostly, they have to be called to come for work”*. A nurse at Mtendere One-Stop center observed, *“Yes, that’s the problem, as I said earlier, officers used to get allowances when the project was run by the donors. When the donor pulled out and handed over the project to government, the allowances stopped coming. This brings down officers’ morale. As a result, their interest and commitment has also been affected negatively”*.

How can inter-agency coordination in One-Stop center can be improved in Zambia?

The final research question sought to solicit respondents’ views on how inter-agency coordination can be improved in One-Stop centers in Zambia. To this end, numerous themes associated with practices that can foster inter-agency coordination were revealed. They include allocating adequate sufficient resources to the One-Stop centers, promotion of the liaison model among agencies in planning and decision making process and conducting regular multidisciplinary training or workshops. Other promising practices that were identified included attachment of members of staff to the One-Stop center on permanent basis.

Adequate resource allocation

Allocating adequate resources to the One-Stop centers as one of the practice that can foster inter-agency coordination in One-Stop centers was common themes that emerged from the interviews with the respondents. More than 80% of the respondents identified this factor. A nurse from M’tendere One-Stop center said: *“The most important thing that can enhance coordination among us is sufficient resources for the smooth running of the One-Stop centers”*. Many other respondents from different One-Stop centers validated this statement. As one health practioner observed, *“its just that resources are scarce. With more resources, coordination among the different agencies can be further enhanced, and that is important for the victims”*. A police officer from Chongwe One-Stop center said, *“more resources channeled towards the One-Stop centers in Zambia is the only solution to make this approach viable in reducing gender-based violence”*

Promotion of multi-disciplinary workshops and training

This is another theme that emerged. Respondents stressed the need for joint training exercises and works as critical in fostering inter-agency coordination in One-Stop centers. 90% of the respondents identified this factor, and some of their actual words are highlighted below. A health officer from M’tendere One-Stop centers said *“I think that creating opportunities where members of staff can meet on a regular basis not only to talk about what brought them together or training but also to have fun is important for building relationship among them “*. Another respondent, a police officer from N’gombe said, *“We have a mechanism in place where all the stakeholder meet at district, provincial and National level to discuss matter related to gender-based violence. But the problem is that it is rarely held. If we can have more of such event, the better for coordination purposes among the players”*. Statements of that nature were common among the agencies interviewed.

Promotion of the liaison model.

Similar to the promotion of the multi-disciplinary workshops and training, promotion of liaison among agencies was another theme that emerged from the

discussions with the respondents. Research participants pointed out the need for creating structures in the One-Stop centers which encourage and promote liaison among agencies. A social worker from Kafue One-Stop center said, *“If we have deliberate structures that promote liaison among agencies, coordination can be further enhanced in the One-Stop centers.* Such sentiments were common, and about 60% of the respondent hinted on this factor.

Discussion

This chapter present the discussion of the results in relation to the previous research findings and other theoretical framework. It is divided into four parts. The first part discusses the factors that have been identified to facilitate effective inter-agency coordination in One-Stop Centers in Zambia. The second part focuses on factors that hampers coordination, while the third part attempt to look at the factors that fosters coordination among players. The chapter concludes with the aspect of validity and the reliability of the results based on the study limitations.

It's important to remember that the main objective of the study was to explore factors that facilitates, hinders and fosters inter-agency coordination among key agencies (police, health and social workers) brought together in One-Stop centers to provide coordinated social support to victims of gender-based violence in Zambia. It was predicted that state agencies in Zambia are more likely to experience coordination challenges. They have a tendency of working within their vertical and reporting lines, even when dealing with cross-cutting social problems where pooling of resources together would achieve a great impact. Findings shows that while there is positive coordination, there are also coordination challenges among agencies in the centers. A number of facilitating factors including information sharing and communication, clearly defined goals and agreed outcome, increased knowledge of inter-disciplinary roles and agency philosophy were found to be crucial for effective coordination among the players.

Information sharing and communication plays a very important role in creating an effective inter-agency coordination among agencies in One-Stop centers in Zambia. Agencies come to the centers with different knowledge and concepts regarding gender-based violence, and how the scourge should be best handled. This knowledge sometimes contradicts with what other agencies have. However, as they interact, share information and communicate, they begin to establish a common understanding so that all action-planning, advocacies, training, fieldwork and any other activities undertaken by coordinating partners are according to the plan. These findings are not strange to the literature on inter-agency coordination. A considerable number of empirical studies have come up with similar results. Studies conducted by Cleaver and Walker 2004; Potito et al. 2009; Sloper 2004; Watson 2006, which investigated inter-organizational coordination in the fight against domestic violence, found similar results. They concluded that good communication, trust and willingness to share information among stakeholders in a joint initiative is paramount for effective collaboration. These findings also collaborate with those revealed by Friedman et al. 2007, Spath et al. 2008, Earles et al. (2005), Han et al. (2007), Head (2008) and Spath et al. (2008) who observed that sharing ideas, reviewing joint goals, plans or approaches is important for effective coordination, because, it ‘levels the playing fields’ for the players. When players in a joint initiative communicate effectively, client-worker relationship is also enhanced (Friedman et al. 2007; Spath et al. 2008).

Increased knowledge of interdisciplinary roles and agency philosophy is another important factor that facilitates coordination among agencies in One-Stop

centers in Zambia as shown in the current study. Its importance is in several ways. Firstly, it enhances trust among agencies. It's imperative to note that agencies easily share information when they have established trust among themselves. Secondly, knowledge of interdisciplinary roles and agency philosophy helps agencies to define their positions in One-Stop centers in terms of their responsibilities and roles, that is, knowing and understanding what their limits are in terms of providing social support to victims. Similar findings are also reported by different scholars. For example, Darlington & Feeney (2008), Darlington, Feeney & Rixon (2005a), and Ervin (2004) also made a conclusion in a similar manner, and argued that building trust among agencies is the most important ingredient to a successful partnership. One way in which this is made is by encouraging agencies to make information about agency roles and responsibilities available to other partners. Darlington, Feeney & Rixon (2005) further argued that victims or clients should also be aware of the differences in roles and responsibilities of agencies working with them. This is particularly important because it helps to provide a meaningful rationale for decisions made.

Another factor revealed by the study which supports inter-agency coordination in One-Stop centers is clearly defined goals and mutually agreed outcome. All agencies have resolved and agreed to significantly reduce violence against women and children. To this end, they have not only set and shared the objectives but have also committed to working towards achieving the desired goals. Agencies have come to realize that violence against women and children in Zambia is a full blown problem with multiple, diverse and cross-cutting causal factors. No agency single-handedly can solve it, but partnership is the most appropriate tool. They need to work closely together to provide clear, joined-up responses to the problem, and coordinate their efforts using their expertise. They need a shared understanding and good judgement about who needs to be involved to deliver well for the victims. A wide range of studies on coordinated initiatives have revealed similar outcomes. For example, Anning *et al.* (2006), Hartas (2004), Statham (2004), Auditor General Report (2001) and Easen. *et al* (2000) came up with similar results and made a conclusion that if objectives are unclear or not shared, participants may work towards different, incompatible goals and fail to achieve desired outcomes.

Barriers to effective inter-agency coordination in One-Stop centers in Zambia are other important findings that were revealed by the current study. Numerous factors that hampers the process of inter-agency coordination were identified, and they include lack of adequate resources, high attrition of staff, loss of membership interest and commitment, and heavy reliance on unmotivated volunteers.

Lack of resources is one of the serious setbacks to effective inter-agency coordination in One-Stop centers in Zambia. Most centers are shortfall of technical, logistic and financial capacity to adequately manage and maintain effective coordination among the players. This scenario limit opportunities in which members meet and share understanding, develop professionally or unpack and discuss entrenched differences and build trust among themselves. The lack of resources paralyses the operation of the One-Stop centers, and this ultimately affect the victims adversely. Numerous studies have come up with similar results. A study conducted in Zambia by Overseas Development Institute (ODI) Frontier Group Team to assess the effectiveness of the STOP GBV program found similar results. The study pointed to several challenges including lack of transport and other resource-related challenges. Lack of adequate infrastructure, equipment and relevant staff to offer clinical management of rape and other forms of violence to

survivors were other challenges that were revealed. 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 some of the OSCs are staffed by government employees, 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. (USAID 2015). These findings also collaborate with those found by Macy *et al* 2010. The study found that in combined agencies, sexual assault services struggle due to limited resource allocations.

High attrition among staffs is another challenge that was revealed by the study. Attrition, according to Michael (2001), is a number of employees that vacate or move out of a larger, collective group over a specified time frame. The One-Stop centers are characterised by staffs whose membership does not last long. Officers are attached to the centers, and withdrawn or move out on their own within a short period of time. This is a challenge because, each time a new member joins, the team start afresh building relationship and trust with the individual. This is exacerbated by the loss of interest and commitment for those who remain, due to lack of incentives. This phenomenon forms the basis on which Mancur Olsson's Collective Action Theory is founded. It asserts that a variety of incentives fosters group participation and cooperation, especially, when the incentive brings economic benefits to the participants. Olsson (1971). When incentives are not forthcoming, attrition, loss of interest and commitment is likely. Staff attrition hamper team's ability to meet deadlines and negatively affect overall operations of the One-Stop centers. A wide range of studies have also made similar conclusion. For instance Abbott *et al*. 2005; Easen *et al* 2000; Sloper 2004 after carrying out an investigation on joint initiative projects concluded that continuity of staff in a joint initiative supports the development of relationships that Milbourne (2005) identified as important.

The high attrition, loss of interest and commitment creates another problem which somehow hinders coordination among agencies in the One-Stop centers. The heavy reliance on unmotivated volunteers. To overcome the high attrition challenge, affected agencies, especially social workers and the likes, engages volunteers. They play a very important role in the One-Stop centers, and fill the man power gap which is created when government officials leave the One-Stop centers, lose interest and commitment. However, the fact that the volunteers are also not remunerated becomes a source of concern which has the potential to negatively affect coordination among the players.

During the course of the study, a number of promising strategies and mechanisms for improving inter-agency coordination in One-Stop centers in Zambia were identified. These strategies or mechanisms were grouped into conceptual categories. They include promoting liaison among agencies, adequate resource allocation and attachment of staff members to One-Stop centers on permanent basis, as well as conducting joint training exercises and workshops. Promotion of liaison among agencies was one of the most reported strategy for improving information sharing and inter-agency coordination. Making apt decisions regarding GBV based on credible and accurate information from agencies, gaining legitimacy in the partnership, and increased access and information sharing were among the benefits of this model listed by stakeholders. A study conducted by Metcalfe *et al*. 2007 and Shardlow (2006) on joint projects

found that liason programs helps agencies build relationships with members and provide personal communication.

Resource allocation is another important practice which was identified to foster inter-agency coordination. It is the process of assigning and managing assets in a manner that supports the One-Stop centers' strategic goals. It involves balancing competing needs and priorities and determining the most effective course of action in order to maximize the effective use of limited resources and gain the best return. The main financial and logistical resource requirements are a dedicated budget, a working pace and environment that sustains progress without overwhelming the group and, most importantly, sufficient time to establish working relationships, achieve outcomes and nurture the required behaviors. These findings are not strange to the literature on inter-agency coordination. Krsevan et al. (2004) came up with similar results. They made a conclusion that financial and/or resource allocation should consider costs associated with promoting effective collaboration such as use of venues to allow for a range of opportunities for partners to come together. Darlington, Feeney & Rixon, (2005) also argued that what is funded, in terms of expected service delivery, must be congruent with identified needs of client group such that complex client needs receive a "range of resources and skilled professionals that can provide flexible, innovative and complete packages of care tailored to meet their needs.

Attachment of staffs to the One-Stop centers on permanent basis was one of the most reported strategy to enhance inter-agency coordination. This trend is meant to minimize the possibility of spending most of the time creating friendship and building trust with new members before meaningful exchange of information commences.

Although the study has identified important factors that facilitates, hinders and fosters coordination among the player in the One-Stop centers, its imperative to bear in mind that this study faced a number of limitations including sample size, time, and the study area. These factors have the potential to affect the validity and the reliability of the results. Reliability, according to Joppe (2000:1) is "the extent to which results are consistent over time, and accurately represent the total population". If the results of a study can be reproduced under a similar methodology, then the research instrument is considered reliable. On the other hand, validity determines whether the research truly measured that which it intended to measure or how truthful the research results are. Of all the limitations, the most vicious ones that threatens the validity and reliability of the study results is the sample size. The number of participants interviewed to come up with these findings is small. Therefore, very little can be said of the nature of inter-agency coordination of the larger population of One-Stop centers in Zambia. However, as already mentioned, this is a qualitative study in which sample size is not a factor. Study area was also a limiting factor. The study was conducted in one province which is Lusaka due to limited time and resources. A study encompassing a larger geographic area, involving a greater number of organizations, over a longer period of time, might possibly yield some differences in results. While the evidence gathered during the current study was sufficiently consistent and compelling to indicate that it is probably valid, a larger scaled study would be likely to provide amplifying information, with additional conclusions and indications that would enhance the value of the pursuit.

Conclusion

Gender-based violence is a widespread problem that affect thousands of women and children in Zambia. Due to the alarming rate of the scourge and the negative implications it has, on both the victims and the society, the government and the

donor community are implementing different strategies to respond and prevent the vice. The One-Stop center model of providing coordinated social support to the victims has been a popular strategy. It involves bringing together the police, health professionals, social workers and the likes, in one location to provide coordinated social support to victims. Considering that these institutions have different working culture, responsibilities and skills, coordination is important for them to put up a meaningful fight against the vice. However, this important piece of information (coordination) has been missing from the literature on inter-agency coordination in One-Stop centers in Zambia. A thorough scrutiny of previous research on the subject shows that no research has been conducted in Zambia. The One-Stop centers model has attracted a considerable number of studies. However, most of the studies focussed on whether the model (evaluation studies) has achieved its main objectives. This makes this study the first one of its kind, and hence the need to fill the research gap. The overarching aim of the study was to explore coordination in a multi-agency partnership approach to prevention of gender-based violence in Zambia, drawing lessons from agencies' perception of the One-Stop center model of providing coordinated social support to the victims. Findings showed that although there is positive coordination among the 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 heavy reliance on unmotivated volunteers were identified as major setbacks to effective operation of the One-Stop Centers in Zambia. The study further found that adequate allocation of resources, joint capacity building trainings and permanent attachment of staff to One-Stop Centers as panacea to the various challenges that encumber effective operation in One-Stop centers in Zambia. The findings revealed by the study suggest that there is little that has been done to enhance coordination among agencies. Despite, the efforts to improve coordination among players, which has culminated into a few identified facilitating factors, there are several coordination problems that need to be addressed.

Recommendations

Based on the findings of the study, the following are the recommendations:

- (i) For the One-Stop center model to be a viable tool of reducing incidences of gender-based violence in Zambia, it require resouces. Therefore, there should be more funding to centers.
- (ii) Government should consider placing a statutory obligation on state agencies in Zambia to partner to deliver social services and find a solution to various cross-cutting social problems affecting the country.
- (iii) Evaluation of the One-Stop centers in Zambia should go beyond client-focused irrespective of whether or not the model achieved its objective. Stakeholder should devise mechanisms to measure the health of relationship among the agencies, that is, how well agencies are working together.

Implications for future research direction

This study, being of an exploratory in nature, raises a number of opportunities for future research. More research will be necessary to refine and further elaborate on this novel findings. First, while the study has generated a number of factors that facilitates, hinders and fosters inter-agency coordination in

One-Stop centers, given that the study used qualitative research method only, and that it relied on 15 respondents to achieve the research objectives, as already mentioned, very little can be said of the nature of inter-agency coordination of the larger population of One-Stop centers in Zambia. Future research in this area should consider a wide range of methodological approaches and where possible prioritise a mixed-methods approach that will facilitate the capacity to quantitatively identify factors that facilitates and hinders inter-agency coordination. Second, this study offers the opportunity to refine and validate the concepts and constructs that emerged from thematic analysis. The findings also be used to generate a number of hypotheses for further empirical testing using a broader sample and quantitative research methods.

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ONE-STOP CENTRE INTERVIEW GUIDE

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Estimated Time; 30 minutes

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P/BAG 125, LUSAKA.

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REPUBLIC OF ZAMBIA

**MINISTRY OF HEALTH
LUSAKA DISTRICT HEALTH OFFICE**

In reply please quote:

No:

08th May 2018

Kasupa Chingumbe (Mr)
Malmo University
Faculty of Health and Society
205 06 Malmo
SWEDEN

Dear Mr. Chingumbe,

RE: AUTHORITY TO CONDUCT RESEARCH IN LUSAKA DISTRICT

We are in receipt of your letter over the above subject.

Please be informed that Lusaka District Health Office has no objection for you to conduct research on **"Experiences of multi-agency partnership approach to crime prevention in Zambia: Lessons from a multi-agency stop GBV program"**.

Kindly ensure that your findings are shared with the health facility and District Health Office and that the normal operations of the facility are not disrupted.

By copy of this letter, the Medical Superintendents for Chilenje, Kanyama, Chawama, Chipata and Matero 1st Level Hospitals are kindly requested to facilitate accordingly.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'C. Mbwili-Muleya'.

Dr. C. Mbwili-Muleya
Principal Clinical Care Officer
For/DISTRICT HEALTH DIRECTOR

C.C: The Medical Superintendents: Chilenje, Kanyama, Chawama, Chipata and Matero 1st Level Hospitals

C.C: Department of Criminology: Marie Vafors FritzPh.D – Malmo University, Sweden.



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I.R.B. No. 00005948
F.W.A. No. 00011697

27th April, 2018

Ref. No. 2018-Mar-025

The Principal Investigator
Mr. Chingumbe Kasupa
Malmo University
Dept. of Criminology
Faculty of Health and Society, Malmo
SWEDEN.

Dear Mr. Kasupa,

**RE: COORDINATION IN MULTI-AGENCY PARTNERSHIP APPROACH TO
CRIME PREVENTION IN ZAMBIA: LESSONS FROM ONE-STOP CENTER
MODEL.**

Reference is made to the above subject matter. The IRB resolved to approve this study and your participation as Principal Investigator for a period of one year.

Review Type	Ordinary	Approval No. 2018-Mar-025
Approval and Expiry Date	Approval Date: 27 th April, 2018	Expiry Date: 26 th April, 2019
Protocol Version and Date	Version - Nil	26 th April, 2019
Information Sheet, Consent Forms and Dates	• English.	26 th April, 2019
Consent form ID and Date	Version - Nil	26 th April, 2019
Recruitment Materials	Nil	26 th April, 2019
Other Study Documents Questionnaires,	Interview Guides.	26 th April, 2019
Number of participants approved for study	-	26 th April, 2019

Specific conditions will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered to, the approval may be suspended. Should the study be suspended, study sponsors and other regulatory authorities will be informed.

Conditions of Approval

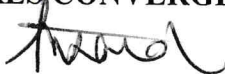
- No participant may be involved in any study procedure prior to the study approval or after the expiration date.
- All unanticipated or Serious Adverse Events (SAEs) must be reported to the IRB within 5 days.
- All protocol modifications must be IRB approved prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address.
- All protocol deviations must be reported to the IRB within 5 working days.
- All recruitment materials must be approved by the IRB prior to being used.
- Principal investigators are responsible for initiating Continuing Review proceedings. Documents must be received by the IRB at least 30 days before the expiry date. This is for the purpose of facilitating the review process. Any documents received less than 30 days before expiry will be labelled "late submissions" and will incur a penalty.
- Every 6 (six) months a progress report form supplied by ERES IRB must be filled in and submitted to us.
- ERES Converge IRB does not "stamp" approval letters, consent forms or study documents unless requested for in writing. This is because the approval letter clearly indicates the documents approved by the IRB as well as other elements and conditions of approval.
- Every 6 (six) months a progress report form supplied by ERES IRB must be filled in and submitted to us. Late submission of these will attract a penalty.

Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

On behalf of ERES Converge IRB, we would like to wish you all the success as you carry out your study.

Yours faithfully,

ERES CONVERGE IRB



Prof. E. Munalula-Nkandu

BSc (Hons), MSc, MA Bioethics, PgD R/Ethics, PhD

CHAIRPERSON



THE NATIONAL HEALTH RESEARCH AUTHORITY

Paediatric Centre of Excellence

University Teaching Hospital

P.O. Box 30075

LUSAKA

Telephone: +260 211 250309 | **Mobile:** +260 95 5632726

Email: znhrasec@gmail.com | **Website:** www.nhra.org.zm

09th May, 2018

The Principal Investigator
Mr. Chingumbe Kasupa
Malmo University
Faculty of Health and Society
Dept. of Criminology
Malmo, Sweden

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for authority to conduct research titled **“Coordination in Multi-Agency Partnership Approach to Crime Prevention in Zambia: Lessons from One-Stop Centre”**.

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been approved to carry out the above mentioned exercise on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
2. Progress updates are provided to NHRA quarterly from the date of commencement of the study;
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, and all key respondents.

Yours sincerely,

Dr. Godfrey Biemba
CEO/Director
National Health Research Authority

All correspondences should be addressed to the Director and Chief Executive Officer

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