

Peace begins @ Home

Violence Against Women (VAW) Baseline Study

ZIMBABWE



The Ministry of Women Affairs, Gender and Community Development's (MWAGCD) mandate in Zimbabwe is to spearhead women's empowerment, gender equality and equity for community development. The MWAGCD's vision is a "prosperous and empowered women and communities who enjoy gender equality and equity."

Gender Links (GL) is a Southern African NGO that is committed to a region in which women and men are able to participate equally in all aspects of public and private life in accordance with the provisions of the Southern African Development Community (SADC) Protocol on Gender and Development. GL achieves its vision by coordinating the work of the Southern African Gender Protocol Alliance formed around the sub-regional instrument that brings together all key African and global commitments for achieving gender equality. Working with partners at local, national, regional and international level, GL aims to:

- Promote gender equality in and through the media and in all areas of governance.
- Develop policies and conduct effective campaigns for ending gender violence, HIV and AIDS.
- Build the capacity of women and men to engage critically in democratic processes that advance equality and justice.

Violence Against Women Baseline Study
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*Ministry of Women Affairs, Gender and Community Development
Kaguvu Building, 8th Floor
Central Avenue (Between 4th and 5th Street)
Harare, Zimbabwe
Telephone: +263-4-251599/707741-2
Website: www.women.gov.zw*

*Gender Links Zimbabwe
30 Samora Machel Avenue, Harare
Telephone: +263 4 798 600
Email: zimlocalgvt@genderlinks.org.za
Website: www.genderlinks.org.za*

Authors: Mercilene Machisa and Kevin Chiramba

Editors: Colleen Lowe Morna and Saeanna Chingamuka

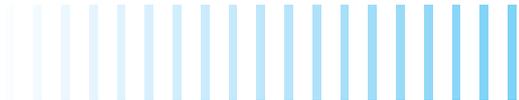
Cover photo: Hedwig Mukhuze, Mutare District Gender and Development officer, addressing at a 4Ps campaign event.

Photo : Courtesy MWAGCD

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The views expressed herein are reflective of feedback from the field and stakeholder consultations therefore in no way reflect the official opinion of sponsors.





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Acknowledgements

The Violence Against Women (VAW) Baseline Study is a Southern African research project aimed at measuring the extent, drivers, effect, cost, prevention, protection and programmes to end the scourge. The study, piloted in South Africa, Mauritius, Botswana, Zimbabwe and Zambia, takes place against the backdrop of the Southern African Development Community (SADC) Protocol on Gender and Development that aims to halve current levels of gender violence by 2015.

The Ministry of Women Affairs, Gender and Community Development (MWAGCD) partnered with Gender Links (GL) and Musasa to conduct the study in Zimbabwe in 2012. MWAGCD managed and supported logistic costs of the prevalence and attitudes survey. The ministry staff participated in data collection of the same survey. GL provided the study methodology; training of the research assistants, the Personal Digital Assistants (PDAs); data analysis; and quality assurance as well as the overall coordination of different aspects of the study. Musasa collected the first-hand accounts or “I” stories that give this study its power and agency.

MWAGCD Director of Gender Caroline Matizha, GL Chief Executive Officer (CEO) Colleen Lowe Morna, and Musasa Executive Director Netty Musanhu led the respective inputs into the project. GL GBV Indicators Manager Mercilene Machisa trained the researchers, analysed the data and is the principal author of the report. Kevin Chiramba gathered and analysed the administrative data for this study and contributed to sections of the report. Shaudzirai Mudekunya conducted the political discourse analysis. GL Zimbabwe Country Manager Priscilla Maposa coordinated the reference group and stakeholder relations.

The following reviewed and commented on the first draft of the report: Caroline Matizha (MWAGCD); Tinashe Mwadiwa (ZimSTATS); Magdalene Chavunduka (MWAGCD); Obert Chigodora (Padare); Cleopatra Phiri (MWAGCD); Josie Gumbo (Ministry of Justice and Legal Affairs - MJLA); Lorraine Mbodza (MWAGCD); Agnes Nhengo (MWAGCD); Nyasha Mazango (Musasa); Netty Musanhu (Musasa); Edinah Masiyiwa (Women's Action Group - WAG); Sylvia Chirawu (Women in Law Southern Africa - WLSA: Zimbabwe Chapter); and Opper Musunhi (Anti Domestic Violence Council). Saeanna Chingamuka and GL CEO Colleen Lowe Morna edited the final report.

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Eighty-four research assistants visited households and administered survey questionnaires in the ten provinces of Zimbabwe. These included: Joyce Selome; Pamhidzai Thaka; Nomzano Mpofo, Ntando Mhlanga, Rusere Rusere, Tapiwa Sikwila, Samantha Dube, Cuthbert

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The Management and Research Team



Caroline Matizha is the MWAGCD Director of Gender. She is a gender expert with over 15 years of extensive experience in designing gender sensitive programmes and policies. Among other things she has coordinated the development of the National Gender Based Violence Strategy, the Family Laws handbook, handbook on VAW prevention and protection. She coordinated the production of the CEDAW country report and she led various advocacy efforts including advocating for the ratification of the SADC protocol on Gender and Development in 2009. She played a key role in the overall coordination and administration of the VAW baseline study including facilitation during the training of research assistants. Matizha holds a Masters in Women's Law and a Bachelor of Science Honours in Politics and Administration, both from the University of Zimbabwe. She is also a qualified Gender Trainer, and has a certificate in monitoring and evaluation for gender mainstreaming. Matizha is a board member of the Anti-Domestic Violence Council and sits on the advisory council of the Zimbabwe Women's Resource Centre and Network.



Colleen Lowe Morna is the GL CEO. She began her career as a journalist specialising in gender and development, coordinating the Africa office of Inter Press Service in Harare. She later served as a correspondent for South Magazine, and as Africa Editor of the New Delhi-based Women's Feature Service. In

1990, Lowe Morna served as a senior researcher on the Commonwealth Secretariat Africa desk and later as Chief Programme Officer of the Commonwealth Observer Mission to South Africa. As an advisor on gender and institutional development for the Commonwealth Fund for Technical Assistance (CFTC) special programme of assistance to South Africa, Lowe Morna advised on gender structures for the new South Africa and served as founding CEO of the South African Commission on Gender Equality. She founded Gender Links (GL) in 2001. Lowe Morna holds an MSc in Communications from Columbia University; BA in International Affairs from the Woodrow Wilson School of International Relations, Princeton University; and a certificate in executive management from the London Business School.



Netty Musanhu is the Executive Director of Musasa, an organisation which has been implementing VAW programs in Zimbabwe since 1988. She has 12 years experience in project implementation and management. She worked for the Zimbabwe Women Lawyers Association as a Programmes Manager before moving to the Child Protection Society as an Advocacy Coordinator. From 2003 to date, Musanhu has managed programmes and projects both within local non-governmental organisations and in international agencies. Musanhu joined Musasa in 2009. She is also a board member of various private and voluntary organisations as well as the Anti-Domestic Violence Council. Musanhu coordinated and facilitated the "I" Stories

collection for this report. She holds a Bachelor of Laws Degree and a Masters in Women's Law from the University of Zimbabwe.



Mercilene Tanyaradzwa Machisa

is the GBV Indicators Research Manager. Machisa joined GL in 2010 and has managed and analysed the data from the household prevalence and attitudes surveys in South Africa, Botswana, Mauritius, Zambia,

Lesotho and Zimbabwe. She also co-ordinated the implementation of the other research components, subsequent data analysis and drafted the research reports including the Zimbabwe report. Prior to joining GL, Machisa worked for the National Institute of Health Research in Zimbabwe as a Medical Research Officer. Machisa provides voluntary statistical consultations and co-supervision of postgraduate students in the Faculty of Health Sciences at the University of Witwatersrand. She holds a Master of Science in Medicine degree specialising in Epidemiology and Biostatistics from the University of Witwatersrand and a first class Bachelor of Science Honours degree in Biological Sciences from the Midlands State University in Zimbabwe.



Priscilla Maposa

is the GL Country Manager for Zimbabwe. She holds a Master's Degree in Social Policy and Development Studies from the University of Fort Hare in South Africa. Maposa managed partnerships and stakeholder relations for the project. Her work experience includes working in the areas of HIV and AIDS, gender and developmental work. Current experience with GL includes gender and governance, gender justice and work on the SADC Protocol on Gender and Development.



Kevin Chiramba

served as the VAW Baseline Study Project Researcher. He coordinated the household prevalence and attitudes survey; collected and analysed administrative data from various government ministries and civil society

organisations. Prior to joining GL, Chiramba worked for the University of Zimbabwe as a Graduate Research Assistant in the Psychology Department and at ZimSTATS as a Researcher. He holds a Master of Science degree in Population Studies and a Bachelor of Science Honours in Psychology from the University of Zimbabwe.



Shaudzirai Mudékunye

conducted the political discourse analysis component of this research. Her main interests are the economic, physical and psychosocial empowerment of women in Africa. Before this research, she conducted GL's

Beneficiary Analysis (2010); research on HIV and AIDS, as well as labour migration and its effects on women. She holds an Honours degree in Gender Studies and a Bachelor of Political Science in International Studies, both from the University of Pretoria.



Nyasha Mazango

is a Gender and Peace building Specialist working with vulnerable women to reduce VAW in Zimbabwe. Her work at Musasa focuses on reduction of VAW and strengthening women's response strategies to all forms of

violence. She coordinated the collection of 'I' stories for this study. With more than 15 years of experience in project management, she is passionate about supporting women to participate in decision-making and policy development.



Acronyms

ADVC	- Anti Domestic Violence Council
AIDS	- Acquired Immune Deficiency Syndrome
ARC	- Adult Rape Clinic
ARDC	- Association of Rural District Councils
ARV	- Anti-Retro Viral
CBO	- Community Based Organisation
CEDAW	- Convention for the Elimination of Discrimination Against Women
CEO	- Chief Executive Officer
CSC	- Citizen Score Card
CSW	- Commission on the Status of Women
DV	- Domestic Violence
EA	- Enumeration Area
GBH	- Grievous Bodily Harm
GBV	- Gender Based Violence
GBVIS	- Gender Based Violence Information Systems
GL	- Gender Links
GMBS	- Gender and Media Baseline Study
GMPS	- Gender and Media Progress Study
HIV	- Human Immuno-Deficiency Virus
IPV	- Intimate Partner Violence
LAD	- Legal Aid Directorate
MDGs	- Millennium Development Goals
MJLA	- Ministry of Justice and Legal Affairs
MOHCW	- Ministry of Health and Child Welfare
MLGURD	- Ministry of Local Government, Urban and Rural Development
MWAGCD	- Ministry of Women Affairs, Gender and Community Development
NBSLEA	- National Baseline Survey on the Life Experiences of Adolescents
NAP	- National Action Plan
NGO	- Non-Governmental Organisation
PDA	- Personal Digital Assistant
DVA	- Domestic Violence Act
PEP	- Post Exposure Prophylaxis
PLHIV	- People Living with HIV and AIDS
PSU	- Primary Sampling Unit
SADC	- Southern African Development Community

SGDI	- SADC Gender Development Index
SIDA	- Swedish International Development Agency
SRH	- Sexual and Reproductive Health
STI	- Sexually Transmitted Infections
UCAZ	- Urban Councils Association of Zimbabwe
UN	- United Nations
UNFPA	- United Nations Population Fund
UNECA	- United Nations Economic Commission for Africa
UNIFEM	- United Nations Development Fund for Women
UNWOMEN	- United Nations Entity for Gender Equity and the Empowerment of Women
VAM	- Violence against Men
VAW	- Violence against Women
VCT	- Voluntary Counselling and Testing
VFU	- Victim Friendly Unit
WHO	- World Health Organization
WIPSU	- Women in Politics Support Unit
WLSA	- Women and Law in Southern Africa
ZDHS	- Zimbabwe Demographic and Health Survey
ZiLGA	- Zimbabwe Local Government Association
ZimSTATS	- Zimbabwe National Statistics Agency
ZNASP	- Zimbabwe National HIV and AIDS Strategic Plan
ZRP	- Zimbabwe Republic Police
ZWLA	- Zimbabwe Women Lawyers Association

Foreword



Hon Oppah Muchinguri,
Minister of Women Affairs
Gender and Community
Development.

Photo courtesy Google Images

The VAW Baseline Study conducted by the MWAGCD, GL, Musasa and other partners is a strong reminder of Zimbabwe's need to accelerate current efforts to halve gender violence by 2015 in line with the SADC Protocol on Gender and Development.

Our country, like others in the SADC region, has high levels of VAW that cannot be ignored. Two in every three (68%) women reported experiencing some form of gender violence during their lifetime: over a quarter (26%) within the last 12 months before the survey. Striking from these findings is the fact that women are most vulnerable in their homes and private life hence the need for driving home the point that "Peace should begin at home."

The study acknowledges the country's strong frameworks for addressing VAW including the Domestic Violence Act (DVA), related laws and policy. The MWAGCD, the Anti-Domestic Violence Council (ADVC), Zimbabwe Republic Police (ZRP) Victim Friendly Units and various civil society stakeholders have built a strong collaborative network to enhance the effectiveness of current interventions.

As a country, we have made achievements in the work around prevention and the roll-out of the 4Ps programme premised on the four pillars of Protection, Programmes, Participation and Prevention. The 4Ps program has succeeded in mobilising communities towards zero tolerance to VAW.

A success recorded in the study is the decentralisation of our response from national to district and local level. The work of local government in gender mainstreaming and developing action plans to end VAW

is critical. The study highlights good practices of local councils and communities tackling VAW head on. Winning the fight against VAW, community by community will lead to the success we seek at national level.

However, much remains to be done in mobilising communities and changing behaviour through tackling societal norms around gender relations. We cannot afford to accommodate societal norms that condone violence. Every community structure and each one of us has a role to play in fighting VAW.

Lack of human and financial resources emanating from low budgetary allocation have also been highlighted as an impediment to the fight against VAW in the country. We will continue to advocate for a dedicated budget for VAW response in particular enabling the ADVC to operate and deliver on its mandate as provided in the DVA.

This research provides vital baseline data for strengthening our National Gender Based Violence (GBV) Strategy and Action Plan. By repeating the study every three to five years, we can benchmark progress towards the ultimate target we seek: ridding our society of this scourge.

I take this opportunity to thank all those who contributed to this ground-breaking study, and to UN Women, SIDA and DFID who co-sponsored this research. Yes we can, and yes we must end GBV!

A handwritten signature in black ink, appearing to read 'Oppah Muchinguri'. The signature is stylized and written over a faint grid pattern.

Hon Oppah Muchinguri
*Minister of Women Affairs, Gender and Community
Development*

Preface



Dr Perpetual Gumbo, Permanent Secretary Ministry of Women Affairs, Gender and Community Development.

Photo: Courtesy MWAGCD

This VAW Baseline Study Report provides powerful insights into violence against women in Zimbabwe through a stand-alone, dedicated study. The study presents a call to action against common social ills limiting the agency of women in our communities.

In addition to the findings on the high levels of violence, the study shows that women are failing to speak out and seek help or justice. This research has shown high underreporting of cases to police, with one in every 14 of physically abused women in the survey reporting violence to police. Four in every 1000 women survivors obtained a protection order against a physically abusive partner. On the other hand, only one in 13 of the interviewed women who were physically abused by intimate partners in their lifetime sought medical attention after injuries.

Only one in every ten women who were raped by non-partners in their lifetime reported to police. Only one in every 18 women who were raped in their lifetime sought medical attention. These findings show an even higher extent of underreporting of non-partner rape compared to physical intimate partner violence (IPV).

Laws, policies and facilities are only as good as women access and use them. The findings demand a reduction of barriers to the use of services by survivors. Key to the reduction of these barriers are broader training interventions for police officers and health practitioners to increase the effectiveness of the specialised units that we have put in place. We cannot

ignore the need for capacity building of service providers to reduce secondary victimisation of survivors when they seek help. Training service providers including traditional authorities that also mediate in family disputes will go a long way in eliminating the barriers to survivors' disclosure of their circumstances.

The research also highlights challenges in the implementation of our well-documented policies on sexual assault care, shelter provision, counselling and legal services. This is evident through the low uptake of Post Exposure Prophylaxis (PEP), few shelter services - in fact none in rural areas, poor coverage of counselling services and the LAD which at the time of the research was only available in Harare and Bulawayo. The media still need to improve on how it reports on violence against women and strive to become part of the solution in addressing VAW. Fundamentally, we need to ensure that prevention is at the centre of all our strategies, otherwise we will be winning the battles and losing the war. This is why as a ministry, we are engaging in door-to-door campaigns that involve men, traditional authorities, and religious leaders.

This report is fully in line with the pillar of Reporting, Monitoring and Evaluation and Documentation outlined within the Zimbabwe National GBV Strategy, 2012-2015. It is a further call to action and tool to help us achieve our objective of a society free of violence.

Dr Perpetua Gumbo
MWAGCD Permanent Secretary

Executive Summary

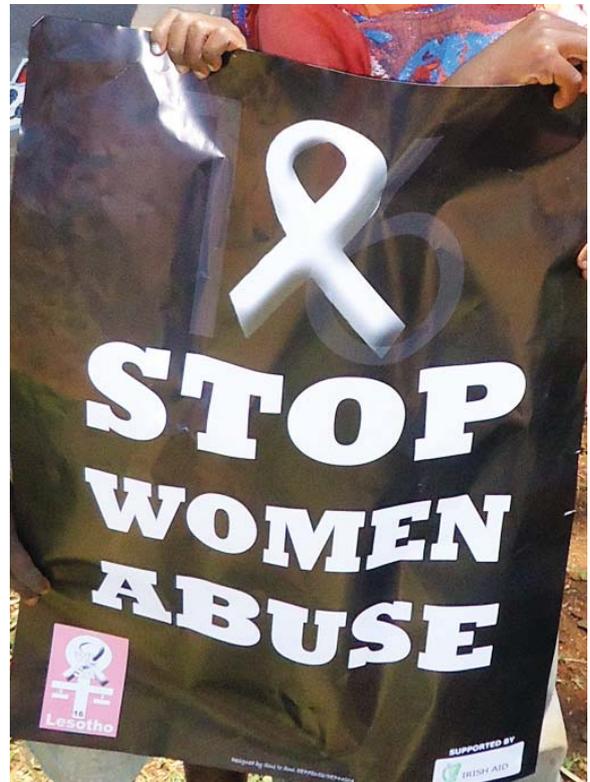
About a quarter (26%) of women in Zimbabwe experienced some form of violence (psychological, emotional, economic, physical or sexual) perpetrated by an intimate partner in the period 2011-2012. Thirteen percent of men in the country admit to perpetrating some form of violence against their intimate partners during the same period. Sixty-nine percent of women experienced while 41% of men admitted to perpetrating intimate partner violence (IPV) in their lifetime.

In the majority of cases, women and men reported multiple intermittent incidents of physical or sexual IPV. This is evidence of the cycle of VAW that is also recurrent. Unique to this study is that of all the forms of IPV, a greater proportion of women report experience compared to the proportion of men that report perpetrating IPV against their female partners.

Seven percent of women reported experiencing non-partner rape while 14% of men admitted perpetrating non-partner rape. In the 12 months before the survey less than two percent (1.6%) of women were raped while 1.8% of men raped non-partners.

The prevalence of the different forms of VAW by province shows that VAW dynamics are not homogenous throughout the country. The study identified some hotspots for the different forms of VAW. Women in Mashonaland Central for example reported the highest overall IPV prevalence and prevalence of all forms of IPV. The difference in prevalence and patterns of VAW across the provinces points to the need for provincial, district and localised approaches to addressing VAW in addition to the well-structured ones at national level.

Key findings of the research include:



Extent of VAW

- Over two thirds (68%) of all women interviewed in the study experienced some form of VAW at least once in their lifetime, while 46% of all men said they perpetrated some form of violence.
- IPV is the most common form of VAW with 69% women reporting lifetime experience and 41% of men disclosing perpetration.
- The most common form of IPV is emotional followed by physical, economic, and sexual violence.

- A third (33%) of women experienced while 21% of men perpetrated physical IPV in their lifetime. Twenty two percent of women experienced and 12% of men perpetrated physical IPV more than once in their lifetime.
- Over a fifth (22%) of women experienced and 9% of men perpetrated sexual IPV in their lifetime. Seventeen percent of women experienced and 5% of men perpetrated sexual IPV more than once in their lifetime
- In all forms of IPV measured by this study, women report higher extent of experience compared to the extent of perpetration reported by men.
- However, men report higher extent of lifetime non-partner rape perpetration (14%) than the extent reported by women (7%).
- One in every six ever-pregnant women was abused during pregnancy.
- Eight percent of women that have ever worked had been sexually harassed in the workplace.

Under-reporting

- Only one in fourteen women who were physically abused reported to the police.
- Only one in seven women rape survivors reported it to the police.

Patterns and drivers of VAW

The levels of VAW in the country are exacerbated by such factors as patriarchal societal norms, male dominance and control, wife ownership, sexual entitlement in marriage, experience of child sexual abuse by boys, and intake of alcohol. The following are some of the factors that came up during the research.

Socio-demographic factors

- Women in the ages of 18-29 were most vulnerable to IPV in the 12 months before the survey.
- Men in the 18-29 and 30-44 years age groups were more likely to perpetrate IPV in the 12 months before the survey.
- Women who were employed or trading in this period were more likely to report lifetime experience of IPV compared to those that were not working or earning.

- Men who were employed or earning in the 12 months before the survey were more likely to report lifetime or past 12 months IPV perpetration compared to those that did not work.
- A significantly higher proportion of women who reported rape in their lifetime were aged 30-44.
- The proportion of men reporting perpetration of rape in their lifetime increased with age.
- The proportion of men reporting perpetration of rape in the 12 months before the survey decreased with age.
- Women who completed 'O' level were more likely to disclose a lifetime experience of rape compared to the women that did not complete 'O' level.

Alcohol or drug abuse

- Having a partner who drinks alcohol or used drugs was associated with experience of IPV among women in the 12 months before the survey.
- The frequency of drinking alcohol was associated with IPV perpetration among men in the 12 months before the survey.

Child abuse

- Experience of child abuse by boys is associated with IPV perpetration in lifetime.
- Experience of child sexual violence is associated with rape perpetration in lifetime.
- VAW prevention campaigns need to take into consideration the identified risk groups and target these.

Community factors

Both men and women express acceptance of gender equality in public but do not conform to this equality in the home. Gender attitudes of men and women are predominantly conservative and what is glaring is that not only are men confirming these, women are also strongly reinstating attitudes that are repressive to their rights and freedom.

- Almost similar proportions of women (82%) and men (81%) agree that women and men should be treated equally.
- However, over 90% of women and 96% of men agreed that a woman should obey her husband.



4Ps Campaign banner.

Photo courtesy of MWAGCD

- Over three quarters (77%) of women and 83% of men agreed that a woman needs permission from her husband to pursue paid work.
- Overall a higher proportion of men subscribe to conservative notions compared to women showing that there is a disparity in terms of acceptance of social norms between women and men. The disparity in perceptions in itself may fuel conflict and further research is necessary to support this.

Organisations working with women and the women's movement in Zimbabwe ought to be more deliberate in empowering women and reversing the negative patriarchal attitudes. Similarly efforts to engage men need to be designed to address negative gender attitudes and effect behavioural change. Another key recommendation is the inclusion of education curriculum from primary level to include the teaching of positive gender attitudes that can promote a culture that does not tolerate violence against women.

Effects of VAW

The effects of VAW to women survivors are broad including physical injury, poor mental health symptoms, unplanned pregnancies, stigmatisation, absence from work for days, STI symptoms, increased

risk to HIV, and out-of-pocket expenses.

- Nineteen percent of women who were physically abused sustained injuries on about an average of three counts.
- Eleven percent of the injured women had to stay in bed for an average number of 11 days. Seven percent of the women lost about 10 days on average from work because of sustained injuries.
- About 14% of survivors and 6% of non-survivors had a vaginal ulceration while 15% of survivors and 6% of

non-survivors had an abnormal discharge.

- Thirteen percent of survivors and 3% of non-survivors were diagnosed with STIs. The vulnerability of women in intimate relationships is compounded by lesser power to negotiate safe sex.
- Seventeen percent of IPV survivors and 12% non-survivors reported that they were HIV positive.
- Twenty seven percent of rape survivors and 15% of non-survivors reported that they were HIV positive.
- Over a fifth (23%) of women, who experienced rape in their lifetime had depressive symptoms, 19% attempted suicide in their lifetime and 10% had recently thought of committing suicide.
- Four percent of survivors reported that they incurred some out of pocket expenses after experiencing physical IPV. Three percent of survivors paid for transport, two percent paid for medical or counselling services and one percent paid fees at the courts.

Response and support

Public services available to survivors include the police, health, courts and shelters. Policies and structures have been put in place, which guide implementation. Efforts have been made to provide victim friendly services.

Table one: Response and support indicators

Criteria	
Zimbabwe Republic Police	
<i>Number of reported cases</i>	
Number of women rape cases recorded by the ZRP in 2011	1219
Number of women rape cases recorded by the ZRP in 2012	1016
Number of children rape cases recorded by the ZRP in 2011	3003
Number of children rape cases recorded by the ZRP in 2012	2405
Courts	
Number of new DVA cases at court between Jan-Oct 2012	6564
Number of DVA cases disposed by courts between Jan-Oct 2012	6733
Shelters and counselling services	
Number of women in shelter at Mambo safe shelter 2011	19
Number of women in shelter at Mambo safe shelter 2012	2
Number of women sheltered for physical violence at Musasa safe shelter 2011	728
Number of women sheltered for emotional violence at Musasa safe shelter 2011	902
Number of women sheltered for economic violence at Musasa safe shelter 2011	654
Number of women counselled for HIV at Musasa safe shelter 2011	48
Number of women who had property inheritance problems at Musasa safe shelter 2011	61
Number of returning clients at Musasa Safe shelter 2011	74
Number of women who received telephone counselling at Musasa safe shelter 2011	113

Table one shows that:

Zimbabwe Republic Police (ZRP)

- ZRP recorded 1016 women rape cases and 2405 child rape cases in 2012.
- However a high level of under-reporting was recorded through the survey.
- The majority of women survivors do not report to the police or seek help.
- There is huge underreporting of physical IPV both to police and to health care facilities despite the establishment of the specialised Victim Friendly Units within the ZRP.
- There is a low uptake of PEP by survivors of rape.

Courts

- A total of 6564 new DVA cases were lodged with the courts between January and October 2012.
- The courts disposed 6733 cases between January and October 2012.

Shelters and counselling services

- Nineteen women stayed at Mambo shelter in 2011 compared to two women in 2012.
- In 2011, Musasa provided shelter to 728 women (physical violence); 902 women (emotional violence); and 654 women (economic violence).
- Forty-eight women received HIV counselling at Musasa while 113 received telephonic counselling through Musasa in 2011.
- A total of 74 clients returned to Musasa in 2011.

Protection

Normative frameworks for addressing VAW include laws, policies and administrative machinery. Laws include the DVA, The Criminal Code, and the Labour Relations Act. Policies include the Protocol on the Multi Sectorial-Management of Sexual Abuse and Violence in Zimbabwe, which aims to increase access

to health, psychosocial and legal services for both adult and child survivors of VAW. The Zimbabwe National HIV and AIDS Strategic Plan (ZNASP II) 2011-2015 provides guidelines for administration of PEP and prioritises the need for PEP services for survivors of violence.

While Zimbabwe enacted the DVA in 2007, more needs to be done to ensure that the public is aware of its provisions and that it is effectively implemented. Only 50% women and 57% of men are aware of the Act. An even lower proportion of women (44%) and men (52%) are aware of protection orders.

Prevention and participation

GBV prevention campaigns implemented in the Zimbabwean context include the 4Ps campaign, the Sixteen Days of Activism, the 365 Days Campaign and other locally based initiatives.

Knowledge and participation in VAW campaigns

Only 10% of women and men have heard about the Sixteen Days of Activism campaign. Similar proportions have heard about the 4Ps campaign, showing the impact of this relatively new campaign. A lower proportion of women (8%) and men (8%) have heard about the 365 Days Campaign. One in twenty-five (4%) women and men have participated in a march or event to protest against GBV. These findings indicate the need for greater outreach efforts in VAW campaigns.

The majority of women (42%) and men (34%) heard about the campaigns through community meetings. Twenty nine percent of women and 33% of men heard of the campaigns through the radio. Seventeen percent of women and 15% of men heard about campaigns through television. Co-ordinators of campaigns need to develop strategies that are centred on community mobilisation and use the electronic media. The print media needs to improve coverage of campaigns.

Women and men are relatively unaware of VAW campaigns. Those that are aware about campaigns have mostly heard about them from community meetings. There is need to prioritise and expedite the development of community mobilisation resources and capacity building. Further, there is need for greater outreach efforts in VAW campaigns which promote equal access to campaign information between women and men. VAW campaigns need to have messages that empower women and encourage them to speak out and seek help.

The government of Zimbabwe needs to heavily invest in and scale up prevention efforts to end VAW. Prevention efforts at national and provincial level need to be accelerated and particularly provide interventions to curb abuse within intimate relationships. More financial resources and collaborative efforts are urgently needed to seriously engage men if any significant reduction in VAW is to be achieved.

Programmes - integrated approaches

The level of political commitment to ending VAW is evident through strong normative framework of laws, policies and administrative machinery that are aimed at promoting gender justice and equality in the country. These include a fully-fledged MWAGCD as well as the ADVG. MWAGCD in collaboration with different stakeholders developed Zimbabwe National Gender Based Violence Strategy 2012 - 2015 and are co-ordinating its implementation.

Whilst this is the case political leaders are not championing public discourse to end VAW. Reference to VAW is most often in passing and is not through a holistic approach. Only 4% of the 151 speeches analysed made by political leaders mentioned VAW. A grey area in politician discourse is funding and the challenges of addressing VAW in the countries. Based on these findings politicians are encouraged to lead in public discourse and speak about VAW in a manner

that not only raise the public's awareness but that offers practical and structural solution for this societal problem.

Although the multi-sectoral ADVG was inaugurated in 2008 to oversee the operationalisation of the DVA, the council continues to face challenges of implementation because it does not receive direct funding from the Government to execute its mandate. Another funding gap is in the provision of shelter services. The Zimbabwe government has also not invested in shelters and only two shelters are operating across the country. While plans for one-stop centres have been highlighted, few of these are fully operational with the Makoni Centre being the

most popular. Government should allocate more resources to existing shelters and for the establishment of new shelters.

The research also shows critical programming gaps such as poor monitoring and evaluation of systems and data collection. There is need for capacity building and the development of indicators for monitoring the different initiatives. MWAGCD is developing the GBVIS to curtail this gap. In addition to the electronic administrative data monitoring there is need to adopt the VAW Indicators and commit to allocating resources for periodic VAW studies and dedicated surveys which give a bigger picture of the status quo regarding VAW.

