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Breaking the silence on Gender-Based Violence in Zimbabwe

A Case Documentation on the UN Women supported Violence Against Women and Girls (VAWG) and Gender-Based Violence (GBV) project



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Contents

Acknowledgements	3
List of Abbreviations	5
Executive Summary	6
Introduction and Background	6
Key Findings	8
Lessons learnt, and recommendations	8
Access to Justice for GBV survivors	Error! Bookmark not defined.
Enhance quality of care for GBV survivors	Error! Bookmark not defined.
Part I: Background	10
1.0 Context of GBV in Zimbabwe	10
1.1 Documentation Objectives	Error! Bookmark not defined.
1.2 The Legal and Policy Framework for Gender-Based Violence	11
Part II: Documentation Methodology	15
2.0 Introduction	19
2.1 Data Collection Methods	Error! Bookmark not defined.
2.2 Sample Description	Error! Bookmark not defined.
Part III: Project Achievements, Results	21
3.0 Provision of Legal Aid	21
3.1 Making Legal Aid Accessible through Community Focal Persons	22
3.2 The Rusape One Stop Centre	24
3.3 Legal Education	25
3.4 Transforming Communities Through Empowerment Circles	25
3.5 Advocacy	27
3.5.1 Community dialogues as a weapon to reduce GBV	27
3.5.2 Traditional Leaders Step Up War Against Gender-Based Violence	27
3.5.3 Child Marriage Advocacy	28
3.5.4 Mothers' brave fight against perpetrator	29
3.6 Coordination and Networking	31
3.7 Coordination Enhancing Project Activities	31
Part IV: Challenges and Opportunities	33
Part V: Lessons learnt, the future	34
4.1 Lessons	34
4.2 The Future	35

List of Abbreviations

BPfA	Beijing Platform for Action
CCW	Community Child Care Worker
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CFP	Community Focal Person
CRC	Convention on the Rights of the Child,
DCWPS	Department of Child Welfare and Protection Services
DVA	Domestic Violence Act
GBV	Gender-based violence
HIV	Human immunodeficiency virus
JCT	Justice for Children
KII	Key informant interview
MDGs	Millennium Development Goals
MWAGCD	Ministry of Women Affairs, Gender and Community Development
MOHCC	Ministry of Health and Child Care
NGO	Non-governmental organisation
PFGD	Participatory focus group discussion
SOA	Sexual Offences Act
UNICEF	United Nations Children's Fund
VAWG	Violence Against Women and Girls
WardCOs	Ward Community Development Coordinator
WLSA	Women and Law in Southern Africa
ZDHS	Zimbabwe Demographic and Health Survey
ZWLA	Zimbabwe Women Lawyers Association

Executive Summary

Introduction

Justice for Children (JCT) in conjunction with Women and Law in Southern Africa (WLSA) and Zimbabwe Women Lawyers Association (ZWLA) signed an agreement with UN Women to implement the joint gender-based violence (GBV) project in three districts: Bindura in Mashonaland Central Province, Makoni in Manicaland Province and Beitbridge in Matabeleland South Province.

The project is drawn against one of the Government of Zimbabwe's key interventions in improving utilisation of comprehensive quality services for protection, care and support for GBV survivors in accordance with the National Gender-Based Violence Strategy. The project sought to respond and strengthen community gender-based violence service delivery and holistic support targeting adolescent girls and young women in line with the Multi-Sectoral Protocol on the Management of Sexual Abuse in Zimbabwe and the Constitution.

JCT, WLSA and ZWLA are jointly implementing the project as legal aid service providers. The three institutions have so far handled GBV cases for the benefit of over 5,000 women and girls (as direct target beneficiaries) and men and children (as secondary beneficiaries)) on a variety of GBV cases, including sexual abuse, child marriage, neglect and domestic violence.

Project Background

In recent years, gender-based violence has grabbed international attention as a serious social and human rights violation. In Zimbabwe, the percentage of women who experienced GBV decreased from 18.4 percent in 2010 to 14.5 percent in 2015, which seems an improvement, according to the 2015 Zimbabwe Demographic and Health Survey key findings.¹ However, there has been an increase in the percentage of women who report having experienced violence in their lifetime (from 29.9 percent in 2010 to 38.4 percent in 2015), according to the ZDHS 2015 key findings. In these instances, the most commonly reported perpetrator is the current or former husband or partner, the survey adds.

About 1 in 3 women aged 15 to 49 have experienced physical violence and about 1 in 4 women have experienced sexual violence since the age of 15, says the United Nations Population Fund (UNFPA) Zimbabwe Country Team.

¹ ZDHS 2015 Key Findings/UNFPA Zimbabwe

The Project

In response to the high-prevalence of violence and lack of services for survivors of GBV, in 2014, the consortium of JCT, ZWLA and WLSA started implementing a Danish Development Cooperation (DANIDA) funded project – through UN Women, in the three districts. The project has four objectives:-

- Strengthened community structures to prevent and respond to GBV on girls and women in three districts.
- Strengthened evidence-based advocacy at different levels, including at community, on GBV on girls and women.
- Improved access to comprehensive survivor sensitive services, including legal services for the benefit of adolescent girls, women and their children.
- Ensuring project implementation in line with objectives, learning, sharing and accountability.

As part of this process of work, the consortium engaged the services of development communications specialists to document the project activities.

One of the expected outcomes of the intervention by JCT, WLSA and ZWLA is strengthened evidence-based advocacy at different levels, including at community, on GBV on girls and women. The three partners have recorded successful results during the implementation of the GBV project. However, these success stories have not been documented for the purpose of sharing and learning with relevant stakeholders. There was a need, therefore, to document impact of the project in alleviating the plight of women and girls affected by GBV. Documentation would not only focus on the success stories but also lessons learnt for future programming. This summary case documentation product will present results of the Violence Against Women and Girls (VAWG) and Gender-Based Violence (GBV) project profiling exercise.

The objective of this documentation is to assist the project to take stock of the progress and impacts that the project has made. The booklet will be used as an advocacy and learning tool among partners and stakeholders at different levels.

The documentation methodology included literature review in which project documents such as the proposal and reports were considered. This guided the researchers in identifying stakeholders such as traditional leaders, community focal persons (CFPs) and clients with cases that the three organisations have dealt with or are dealing with in the three districts. This was followed and complemented by fieldwork during which key informant interviews (KIIs) and participatory focus group discussion (PFGDs) were held with findings being documented. The findings were then analysed and reduced into this booklet documenting the experiences of the project and focusing on the lessons learnt and most significant change stories.

Key Findings

- **Gender-based violence** remains a contentious issue in Zimbabwe and a major area of resistance to change where girls and women's rights are concerned, for example child marriages.
- **Gender-based violence** is often considered a private matter since it mostly takes place in the home and it becomes difficult to gather information about it. The project has, however, helped bring domestic violence to the fore, resulting in increased domestic violence reports.
- **Socio-cultural barriers:** Socio-cultural barriers prevent GBV survivors from accessing help and services in their communities. Women are expected to seek help from family or religious leaders who often focus on resolving GBV issues privately and would try to hide the problems from the public. This may include women's lack of knowledge of their basic rights and where to get help in cases of violence.
- **Multi-sectoral approach:** The partners have used a multi-sectoral approach in the project to the benefit of GBV survivors. Working with the government and other stakeholders has enabled the players to contribute in a multi-disciplinary manner. As a united team, the project proved that there is strength in numbers.
- **Community dialogues:** Engagement of stakeholders, including traditional leaders is very important as they understand the challenges faced by the communities. The community leaders and traditional leaders became part of the process of coming up with solutions and they are part of the process of enforcing laws and norms that protect women and girls from GBV.
- **Empowerment circles:** These were established to develop social and economic projects to help out women and out of school girls, to reduce child marriages in addition to providing opportunities that encourage self-reliance and empowerment. They became a source of strength for women and girls.

Lessons learnt, and recommendations

The study focused on the progress made but lessons learnt and recommendations for responding better to the needs of GBV survivors, will further enhance work on dealing with GBV. Below is a brief summary of the lessons learnt, and key recommendations.

Establish more safe shelters

There is need to establish more safe shelters in the three districts and comprehensive service provision linked to the One Stop Centre or the model where the Ministry of Women Affairs, Gender and Community Development coordinates the work of different stakeholders as was employed by the project.

Swift in handling GBV cases

There is need for players outlined in the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe (2012) by the Judicial Services of Zimbabwe to be swift in handling sexual abuse and violence matters to ensure justice for GBV survivors. There is need for continuous support of Victim Friendly Systems so that challenges facing GBV survivors are dealt with.

Engagement of traditional leaders

Continuous engagement of traditional leadership structures on child marriages is necessary to reduce sexual violence against women and girls. The traditional leaders can become change agents once they are involved in the projects to end GBV.

Working in partnerships

The project demonstrated the results of working in partnerships. The project's partnership approach was founded on co-operation and collaboration between all the relevant service providers. The involvement of the Ministry of Women Affairs, Gender and Community Development, was fundamental to the coordination of the partnership and ensuring smooth implementation of the project, including through community and stakeholder mobilisation.

Community Focal Persons Approach

One key success aspect of the project was the involvement of trained community volunteers known as Community Focal Persons (CFPs) in reaching out to communities with legal information and empowering other community members, including survivors of GBV, on services available. This resulted in increased access to justice, improved knowledge of the law and rights of GBV survivors as well as engagement at community level.

Communities eager to develop their areas

Communities are eager to participate in issues that affect their development. This is more so when projects involve their traditional leaders and the relevant government departments. This ensures sustainability.

Part I: Introduction

1.1 Context of GBV in Zimbabwe

Violence against women and girls remains prevalent with the Zimbabwe Demographic and Health Survey (2010-11) estimating that 30 percent of Zimbabwean women aged 15-49 have experienced physical violence; 27 percent have experienced sexual violence, 90 percent of which was committed by a current or former husband, partner, or boyfriend; and, only 37 percent of women who experienced physical or sexual violence sought help (ZIMSTAT, 2012, p.251). Girls continue to be at risk of early marriages where 31 percent of Zimbabwean girls are reported to get married before the age of 18 (Research Advocacy Unit: March 2014).

Reportedly, women continue to be oppressed within religious sects the latest being the Apostolic (Vapostori) sect which is reported to be using religion to treat women and girls as nothing more than objects for their satisfaction.² This comes when the nation is still recovering from the Gumbura saga where a religious leader reportedly raped and abused women congregants with impunity. Poverty among women continues to make them desperate and vulnerable to abuse by unscrupulous religious leaders.

In the 2015 Zimbabwe Demographic and Health Survey, the percentage of women who experienced violence in the last 12 months has decreased from 18.4 percent in 2010 to 14.5 percent in 2015, which seems to indicate an improvement, according to key findings of the 2015 ZDHS. At the same time, there is an increase in the percentage of women who report having experienced violence in their lifetime (from 29.9 percent in 2010 to 34.8 percent in 2015). More research is needed to understand patterns and confirm a possible downward trend. The most commonly reported perpetrator is the current or former husband or partner.

More than one in three women have experienced physical violence since the age of 15¹. The percentage of women 15-49 who have experienced physical violence in the last 12 months has significantly decreased in Mashonaland Central Province, from 23.5 percent in 2010 to 15 percent in 2015. However, further analysis is needed, but, taking into consideration the intensity of GBV prevention interventions in this area, this data might indicate the effectiveness of the prevention programmes.

The 2015 ZDHS survey showed that one woman in two without an education has experienced spousal violence. The 2015 ZDHS confirms that violence against women and girls is rife in Zimbabwe and affects all women, regardless of geographic location, wealth or education. It also indicates that women empowered by tertiary education have less risk although it still affects one in five of the most educated.

² ZWLA Press Statement (10 July 2014): "Abuse of the Rights of Women and Children in the "Vapostori Sect."

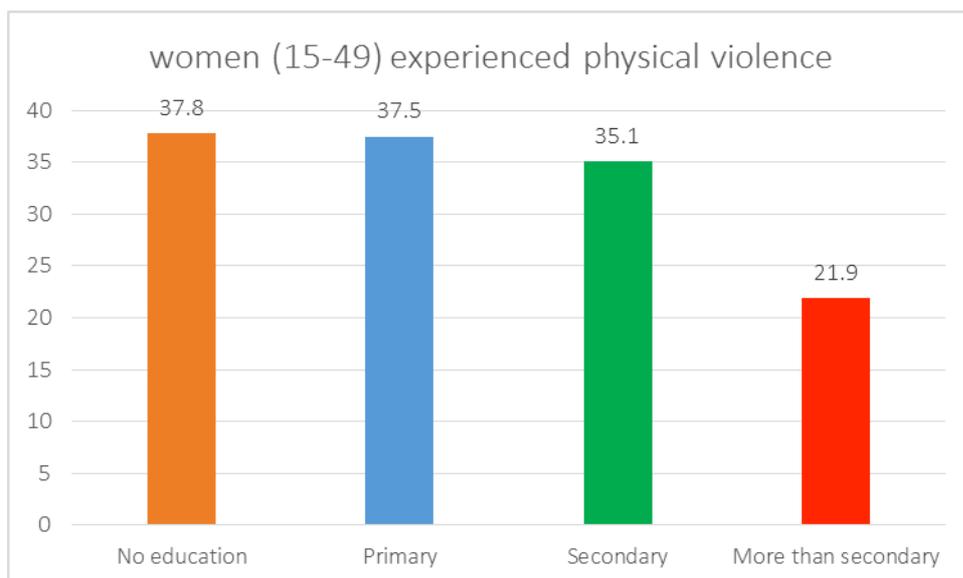


Figure 1 Source: 2015 ZDHS report

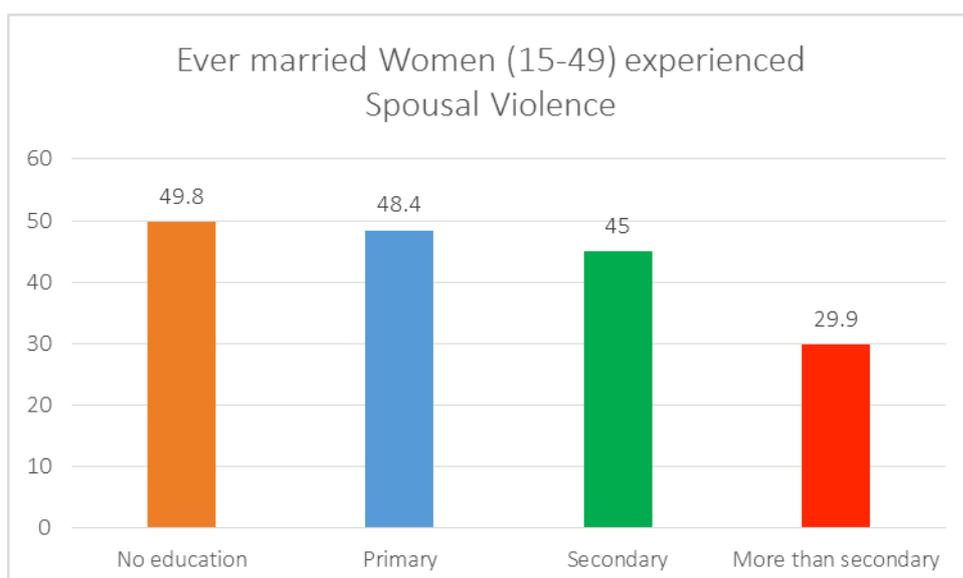


Figure 2: Source: 2015 ZDHS report

1.2 The Legal and Policy Framework for Gender-Based Violence in Zimbabwe

There is general consensus among children and women's rights activists that Zimbabwe has done extremely well in adopting the necessary legal and policy framework for gender-based violence. It should be noted from the onset, however, that the challenge has been translating the letter and spirit of the plethora of instruments into a life free from GBV for the majority survivors, women and girls.

Zimbabwe is signatory to the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), Beijing Platform for Action (BPfA); Convention on the Rights of the Child (CRC), the African Union Women Protocol; the Southern Africa Development

Community (SADC) Protocol on Gender and Development among other human rights instruments. Within all these instruments, protection of women and girls from gender-based violence remains a priority.

The government of Zimbabwe as a signatory to regional and international declarations on the rights and protection of children and women has implemented a number of protective policies, legislative instruments and programmes to ensure the fulfilment of all children and women's rights and specifically their right to protection from sexual violence and abuse.

At national level, Zimbabwe in 2013, adopted a new Constitution which is much more progressive compared to its predecessor, the Lancaster House Constitution. The new constitution guarantees not only gender equality and non-discrimination as a principle, it also outlaws customs, traditional or religious practice which are contrary to the Constitution. It specifically protects the rights of women within and upon dissolution of marriage, women's rights to personal security and bodily integrity, within the public and private sphere. The Girl Child was also further guaranteed protection, in view of the context where patriarchy marginalises her in favour of the Boy Child. The Constitution sets the minimum age of marriage at 18 years thereby prohibiting child marriages. It has further extensive provisions on the rights of the child which include to be protected from all forms of abuse and have their best interests as the paramount consideration in all matters affecting them. In the *Mudzuru and Another v Minister of Justice, Legal and Parliamentary Affairs and Other CCZ12/15* the court declared the Marriage Act [Chapter 5:11] and the Customary Marriages Act [Chapter 5:07] were unconstitutional in so far as they allowed marriage of girls below 18 years following the promulgation of the new Constitution.

The new constitution thus brought to an end the legalisation of inequality by outlawing gender-based discrimination. The provisions of the new Constitution include the establishment of the Zimbabwe Gender Commission, Zimbabwe Human Rights Commission, the National Peace and Reconciliation Commission, among others. These independent democracy strengthening institutions are expected to provide recourse to citizens who may feel that their rights have been violated in one way or the other. They are also proactive in facilitating contemporary research into key issues and recommending appropriate action by relevant authorities at various levels. The challenge remains that of making the constitutional court ruling truly operational and effective.

Since the late 1990s, Zimbabwe has put in place gender machinery that saw more than 10 years of discussions of a National Gender Policy, eventually adopted in 2004. The current policy, spanning 2013-2017, recognises GBV as a national priority.

In 2008, the country also adopted the Domestic Violence Act [Chapter 5:16], meant to provide relief to women and men who may find themselves facing violence from intimate partners, relatives and others. The enactment of the law also led to the adoption of various policies, mechanisms and measures to ensure the operationalisation of the law. The Act recognises and outlaws physical, sexual, psychological violence in addition to economic abuse. It goes further to ensure that the rights of those living with disability are protected from abuse.

The National Gender-Based Violence Strategy 2010-2015, whose goal is: *To reduce all forms of gender-based violence in Zimbabwe by 20 percent by 2015* has a road map to deal with the 4Ps campaign. The campaigns seeks to strengthen prevention of GBV, protection of vulnerable groups, ensure participation of women and girls in GBV eradication programmes and finally, ensure implementation of legal framework through programming.

Zimbabwe's laws on children are meant to protect the safety and welfare of the child in every household. Apparently, at national level, Zimbabwe has progressive child-protection instruments, the main one being the Children's Protection and Adoption Act (Children's Act). Other subsidiary instruments, including the National Plan of Action (2005) and the Orphan Care Policy (1999), promote the overall protection of the rights of the child.

The need to avoid secondary trauma for, particularly children, led to the establishment of the Victim Friendly System (VFS) in 1997 through the amendment of the Criminal Procedure and Evidence Act [Chapter 9: 07] that aimed at supporting survivors of sexual violence and abuse to pursue their right to access specialized health, justice, welfare and other services. A Protocol on the Multi-Sectoral Management of Child Sexual Abuse was also developed to provide guidance on sector agencies' roles and responsibilities. This has been revised over the years with latest edition being the *Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe 2012* which has been expanded to include girls and women – who share the brunt of sexual violence as evidenced in the Zimbabwe Demographic and Health Survey 2010/2011 published by the National Statistics Agency (ZIMSTAT) in 2012. The Protocol also applies to boys and men. The Protocol promotes a coordinated and integrated approach to sexual violence and abuse. The Protocol outlines the principles that guide responses to sexual violence and abuse and setting out the roles and responsibilities of children and adults, professionals, communities and organisations involved.

The country's economic blueprint, the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET) outlines key aspirations for improving the conditions of women and these include increased community awareness on rights, gender-based violence, responsive laws, mechanisms and services. It is commendable that an integrated approach to addressing GBV has been taken so that the problem is dealt with in a comprehensive manner.

Several extensive studies to acquire comprehensive knowledge on the extent and prevalence of GBV in the country have been conducted. These include the 2010-2011 Zimbabwe Demographic and Health Survey, the National Baseline Survey on Life Experiences of Adolescents (2011). In 2012, Zimbabwe was one of SADC countries that partnered the South Africa-based Gender Links (GL) to conduct a GBV indicators research in partnership with government, local government and civil society partners. Entitled *Peace Begins at Home – Violence against Women (VAW) Baseline Study* recognised that while the country has a strong legal framework to prevent all forms of GBV in the public and private spheres, much remains to be done to ensure that there is implementation. The research showed that VAW and girls is one of the prevalent human rights violations globally. It does not respect social, economic or national boundaries. Worldwide, about one in three women will experience physical or sexual abuse in her lifetime. Zimbabwe is no exception.

In addition to the various legal and policy instruments, campaigns have also been initiated to raise awareness on GBV and VAW. On 1 November 2014, the country launched the National Campaign against Rape and Sexual Abuse of Children. However, the baseline survey noted that GBV and VAW campaigns do not reach the majority of the population. Only 10 percent of the 6,000 women and men interviewed in the first GBV Baseline study knew about the 16 days of Activism Campaign.

1.3. Conclusion

In Zimbabwe there are laws that protect society against family violence and abuse, rape, sexual assault and other gender-based violence, but these laws are meaningless without effective, fearless and sustained implementation by the police, prosecutors and the courts against any and every perpetrator.

There is need for victims of gender-based violence to speak out and seek justice to reduce the incidences. Gender-based violence is a violation of human rights and should be condemned in the home and in society at large.

Part II: The Project

2.1. Introduction

JCT, ZWLA and WLSA in 2014 started implementing the Violence Against Women and Girls (VAWG) and Gender-Based Violence (GBV) project in Bindura, Makoni and Beitbridge districts.

The project sought to strengthen responses to gender-based violence at community level and to enhance service delivery and holistic support to survivors of GBV in line with the Multi-Sectoral Protocol on the Management of Sexual Abuse in Zimbabwe (Protocol) and the Constitution of Zimbabwe. Although implemented in just over one year, the project managed to reach out to over 5,000 beneficiaries through the provision of legal aid which was complemented by the empowerment of community focal persons, legal awareness campaigns, dialogues with the local traditional leadership and the formation of empowerment circles for GBV survivors. All the interventions were done at community level, hence ensuring sustainable solutions to local issues.

The project sought to respond and strengthen community gender-based violence service delivery and holistic support targeting adolescent girls and young women in line with the Multi-Sectoral Protocol on the Management of Sexual Abuse in Zimbabwe and the Constitution.

This project is drawn against one of government's key focus on improve utilization of comprehensive quality services for protection, care and support for GBV survivors in accordance with the National Gender Based Violence Strategy. Gaps and challenges such as poor service delivery, coverage, and human capacity competencies have crippled comprehensive access to justice and support for survivors of GBV. Therefore this project aims to mitigate the effects of gender based violence on adolescent girls and young women by the provision of comprehensive survivor sensitive services in three selected districts of Zimbabwe. Identified strategies will include capacity building, formation of support groups targeting GBV survivors and offenders, evidence based data collection and documentation, learning and sharing circles, gender-sensitive legal information centres and decentralized access to legal services through the provision of legal aid mobile clinics to complement government's Legal Aid Directorate.

Zimbabwe has a strong legal framework to prevent all forms of gender-based violence. The country's constitution through Section 25(b) calls on the state to take measures to protect gender-based violence. The constitutional provisions are supported by provisions in the Domestic Violence Act (DVA) that was put in place to protect women, men and children from violence, the Criminal Law (Codification and Reform) Act, the Criminal Procedure and Evidence Act and the Children's Act.

In addition to statutes, Zimbabwe has developed programmes that seek to address prevention of gender-based violence including: 4Ps (Prevention, Protection, Participation and Programmes) campaign on zero tolerance to GBV and the National GBV Strategy

(2012–2015) which seeks to improve the efforts of government, civil society and donors to prevent and respond to GBV through a multi-sectoral, effective and coordinated response. In addition to the above programmes, the government also reviewed and brought into effect the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe (Protocol). The Protocol highlights the roles and responsibilities of the various role players in the management of sexual violence.

Despite these progressive laws, programmes and policies, several challenges remain with survivors of gender-based violence facing violations at community levels and institutional level which according to the findings of the ZDHS demonstrate that despite efforts from various government ministries, only 2.7 percent girl survivors received professional services and 20 percent of women survivors sought help. The constraints include lack of critical professionals available to support child survivors. Zimbabwe's legal system is adversarial in nature and litigants require legal representation. Many of the professionals engaging with survivors of sexual violence have not received specialist training, nor are they professionally supported and supervised.

Violation of survivor's rights at the community level is being supported by traditional and cultural attitudes that permit and promote the use of violence against women and girls while viewing women's rights as inferior. The situation is aggravated by the rights holders who might have information about gender-based violence but lack the assertiveness and fear of breaking up family relations. The situation is made complex by community-based duty bearers who are traditional leaders who have limited knowledge of gender-based violence and sometimes adjudicate on gender-based violence matters yet they do not have jurisdiction to hear them.

The rights of survivors are also violated at the institutional level when they seek justice but the courts are not accessible and survivors cannot afford transport and accommodation costs to attend courts. For example, in a study conducted by Nenjerama P. in 2011 titled **'The Lack of Training on the part of officers working with a girl child victim of rape compromises the way they handle child rape matters'**. The time that the courts take to complete the cases can result in abandonment of cases. The violation of the rights of survivors is made worse by lack of coordination in service delivery by role players in the Protocol resulting in the support being provided on paper being nonexistent.

To ensure that girls, young women and children would access comprehensive and efficient services, the three partners used the following models:

- Capacity building of adolescent leaders (both male and female), and community paralegals (male and female adults). These were trained to provide basic legal services at community level and to disseminate information on the services that are available to fight gender-based violence.
- Lobby and advocacy skills: Once the adolescent leaders were trained, they were expected to use the information to hold duty bearers like the police, prosecutors and probation officers accountable by demanding their own rights and the rights of others.

- Learning and Sharing Circles: To strengthen coordination, specialisation and standardisation of services, community paralegals, adolescent leaders, JCT, ZWLA and WLSA lawyers and the role players in the Protocol for each district, symposiums were held to share best practices and challenges in service delivery while providing a platform to improve synergies and quality of services.
- Community- Based Legal Centres, Information Centres and Mobile Legal Aid Clinics: The trained community paralegals and the adolescent leaders through mentoring and coaching of a district lawyer provided services at the community level. Mobile legal aid clinics were conducted with a view to reaching out to the remotest areas.
- Use of Information, Communication and Technology (ICT): To disseminate information on the services that are available to fight gender-based violence through, for example, bulk SMS, and whatssup.
- Traditional leaders' dialogues: In view of the fact that sexual violence is happening at community level by people who are known to the survivor, community dialogue sessions on the issue helped with agreed community-based strategies of eliminating sexual violence.
- Empowerment circles: This is a sustainable approach which has proved effective and is a replication of a best practice from a similar UN Women funded project.
- Community buy in: The project was strengthened through the use of stakeholders meetings and dialogue with the players in the Protocol.

UN Women Deputy Country Representative, Revai Makanje Aalbaek said the project was implemented in conjunction with UNICEF which also has a focus on ending violence among children. Besides the consortium of JCT, ZWLA and WLSA, Makanje-Aalbaek said the project worked with World Vision, Women Trust, Say What, Family Support Trust, among others.

The table below (Table 1) gives a synopsis of the activities that the partners carried out during the implementation period:

Clients per District by Quarter:

DISTRICT	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Jan-Mar 2016	July to September 2016	TOTAL
Bindura	0	119	205	791	996	1 856	3 967
Makoni	0	22	363	656	29	523	1 593
Beitbridge	0	14	200	35	316	1 110	1 996
TOTAL	0	155	768	1 803	1 341	3 489	7 556

Direct Project beneficiaries: All three districts

Output	Activity	Type of beneficiary	Number of beneficiaries			
			Female	Male	Children	Total
2.3.1	Trainings and Refresher training for the anti-GBV structures	Community Focal Persons (WardCos, CCWs, youth officers, etc)	67	43		110
2.3.2	Legal aid through mobile clinics and help desks	Adolescent girls, children, women and community members	3 089	538	3 909 (1 981 girls and 1 928 boys)	7 556
2.3.3	Trainings for empowerment circles	Empowerment Circles' members	755	33	160	948
2.3.4	Dialogues	Traditional leaders, community members	267		308	575
2.3.5	Legal education	Community members reached in 34 campaigns	7 455	5 257	2 258 (1 381 girls and 877 boys)	14 970
2.3.6	Training of traditional leaders	Traditional leaders and community change agents	22	68	-	90
2.3.7	Dialogues	Traditional leaders and community members	221	375	-	596

Table 1: Project beneficiaries. Source: JCT/UN Women Partners' Consolidated Monitoring Report – October 2014 to March 2016.

2.2. About the Booklet

One of the expected outcomes of the intervention by JCT, WLSA and ZWLA is strengthened evidence-based advocacy at different levels, including at community, on GBV on girls and women. The three partners have posted some successful results during the implementation of the Violence against Women and Girls (VAWG) and Gender-Based Violence (GBV) project. These success stories have, however, not been documented for purposes of sharing and learning with relevant stakeholders. There was need therefore to document how far the project had gone in alleviating the plight of women and girls affected by GBV. Documentation was not only of success stories but lessons learnt for future interventions.

The booklet is divided into five sections, specifically:

1. Background
2. Documentation Methodology
3. Project Achievements and results
4. Challenges and Opportunities
5. Lessons learnt and the Future

Each section includes an overview of the issue, some facts and statistics, and in some cases, a sample success story and/most significant change feature to provide an example of best practices in project implementation.

2.2.1. Documentation Objectives

One of the core activities of this project is to document experiences that will show the impact of the intervention by the three organisations, collaboration with other GBV service providers, challenges and recommendations for holistic response and prevention of GBV and VAWG. The documentation is also to inform evidence-based advocacy in line with one of the project objectives. This booklet is expected to be used as an advocacy and learning tool among partners and stakeholders at national level.

2.2.2. Documentation Methodology

This study was designed and carried out by a development communications consultancy team hired through the project consortium. JCT developed the terms of references (ToRS), and provided background material to the consultants, in close coordination with ZWLA and WLSA. The documentalists developed an inception report which they shared and refined with project team representatives before the field work was carried out. To ensure that findings would reflect diverse perspectives and that the research process actively engaged stakeholders in dialogue and reflection, the study utilised a participatory research approach to collect the data.

The study was carried out in the target districts of Bindura, Makoni and Beitbridge to document project activities specifically on gender-based violence, identify the range of services available for survivors of physical and sexual GBV, highlight gaps in service provision, identify lessons learnt, experiences gained, and make recommendations for improving existing services. The research questions were addressed through qualitative research methods, including key informant interviews (KIIs) and participatory focus groups discussions (PFGs). The data collection was carried out in both urban and rural areas of the three districts.

A wide array of stakeholders, service providers, and duty bearers at the district and ward levels were interviewed. The target groups included district health officials, the police, social workers, magistrates, public prosecutors, local government authorities, and representatives from government health facilities, non-governmental organizations (NGOs), civil society organizations (CSOs), as well as community and traditional leaders that typically support

survivors of violence. Participatory focus groups were conducted with male and female community members at each site.

Throughout the research process, the documentation team strictly adhered to the *WHO Safety and Ethical Guidelines for Researching Violence Against Women*. Confidentiality, anonymity, and the avoidance of re-traumatization related to experiences of violence were emphasized in the documentation process. A consent form was also administered to the interviewees.

Part III: Project Achievements, Results

3.0 Provision of Legal Aid

The Violence Against Women and Girls (VAWG) and Gender-Based Violence (GBV) project has a focus to improve utilisation of comprehensive quality services for protection, care and support for GBV survivors in accordance with the National Gender-Based Violence Strategy. The three organisations identified gaps and challenges, including poor service delivery, coverage, and human capacity competencies which had continued to undermine comprehensive access to justice and support for GBV survivors.

To address these challenges, the project has been working on mitigating the effects of gender-based violence on adolescent girls and young women by scaling up provision of comprehensive survivor sensitive legal services in the three districts. Strategies included legal awareness campaigns to enhance legal aid, capacity building of CFPs and realigning them with existing government structures, strengthening of support groups targeting GBV survivors, documentation, strengthened responses at community level, gender-sensitive legal information centres and decentralized access to legal services through the provision of legal aid mobile clinics to complement government's Legal Aid Directorate. Legal aid services have been provided at district courts, in areas where the courts sit as circuit courts and in the communities through the mobile clinic and CFPs approaches.

As a result of the project interventions, there has been a remarkable change in community awareness regarding legal issues. A cumulative total of 4,067 clients were assisted with legal services in different GBV cases, surpassing a planned project figure of 1,440 women and children.³ The partners used dialogues and empowerment sessions that resulted in cases requiring legal aid being referred to by respective people, such as traditional leaders.

The partners' legal aid activities gave advice to clients, drafting court papers, empowering clients in maintenance and domestic violence cases, court monitoring as well as representation.

Legal aid clinics and help desks reached 3, 519 community members (1,050 women, 140 men, 981 girls and 674 boys).

The following is a sample feature story focusing on one of the CFPs' work on legal aid in Bindura:

³ UN Women Partners' Consolidated Monitoring Report, October 2014-March 2016.

3.1 Making Legal Services Accessible through Community Focal Persons

Vidah Mwale is a woman on a mission – to provide legal aid to the most vulnerable groups in society. She is the CFP based in Bindura and works for JCT. Mwale is also a community child care worker in the town.

She has received basic legal education from JCT. Today, she offers psychosocial assistance to victims of gender-based violence, and works on sensitization and capacity building of communities and stakeholders that are involved in the fight against GBV and the support of victims.

“Our work (as CFPs) necessitates a lot of activities: among them community awareness campaigns which have increased the demand for legal services,” she said.

CFPs receive a variety of GBV related cases which include maintenance, domestic violence, sexual abuse and birth registration. They empower the clients with the legal knowledge and process and monitor their cases in court.

As a trained CFP and CCW, Mwale also uses the case management approach where she refers to relevant stakeholders for survivors to access services and to obtain further support. “Together with other CFPs, we provide information about GBV and help survivors connect to GBV services in their communities. ”

CFPs use existing community platforms – community meetings and social gatherings, to hold dialogues and come up with community-tailored strategies.

“Working with other stakeholders, such as government departments is of capital importance to us, as we see that the fight against GBV, and the joint investigations supported by the project, are one of the most efficient and sustainable means in the fight against gender-based violence,” said Mwale. “Common knowledge that a perpetrator has been put in jail is a very important way to prevent, for example, new sexual violence to occur.”

Her work, and that of other CFPs in the community has helped transform socio-cultural norms. Mwale assists about 50 clients monthly to access legal services on GBV.

Multi-Sectoral Approach Yields Results: Tatenda’s Story

Mwale was very impressed by her encounter with 15-year old Tatenda’s sexual abuse case. Tatenda, of Bindura, is one person who has experienced sexual abuse at the hands of her 82-year old lustful uncle.

When she was in Grade Four, her parents divorced, and she was forced to stay with an aunt in Bindura town, up to the time she finished Grade Seven. The aunt, however, could not afford school fees for her to continue with her studies. Another aunt from Dotito, a rural area in the province, offered to stay with her and pay school fees for Tatenda. Little did Tatenda know that her dreams of becoming a nurse would be dashed.

First, her aunt verbally and physically abused her, even for minor mistakes. Second, her 82-year old uncle twice proposed love to her, at which Tatenda refused. She recalls the uncle telling her, “You’re going to be my wife, whether you like it or not!”

In December 2015, in the absence of the aunt, the uncle closed the door of one of the rooms Tatenda was dressing up after taking a bath. He grabbed her by the neck, and throwing her to a bed in the room, he said, "I told you...." In the process, Tatenda was losing breath and the uncle, raped her once. The same happened in March 2016 when Tatenda was raped twice, and fell pregnant.

"My aunt told me not to report the matter to anyone. She also told me to tell people that I was 17 years old when I was 15. If other people were to find out, she told me to tell them that I had consented to the sexual intimacy and that we were serious lovers with my uncle."

However, the mother, Nomsa Mlambo, heard about it through her brother. Initially, the matter was reported at the local Dotito police station who down played the matter, allegedly after receiving goodies from the 82- year old man. The uncle had promised to pay US\$3, 000 as compensation towards Tatenda's sexual abuse.

Tatenda's mother sought legal advice from Mwale who engaged Chinga Govhati, the Bindura Project Officer, in assisting Tatenda. JCT helped Tatenda obtain a birth certificate and reported the matter to the police in Bindura town. JCT and its partners in Bindura intervened by facilitating Tatenda to get a birth certificate to prove her age. This would help during court procedures,

JCT also referred Tatenda to Childline for counselling and ensured that she got medical attention. The uncle was then arrested and at the time of going to press, he had been summoned to appear in court on 4 October 2016 for trial. JCT would be there providing support to Tatenda and her mother.

The project's main intervention was to facilitate reporting of the case which had been thrown away by the police as Tatenda had been told to lie that she was in a sexual relationship with the uncle and that she was 17 years old. This means that Section 70 of the Criminal Law (Codification and Reform) Act [Chapter 9:23] would then not apply. According to Govhati, the case was handled through a multi-sectoral approach involving JCT, Childline, Victim Friendly Unit, and the Health Services Systems in the Ministry of Health and Child Care. This feature shows that there are indirect perpetrators like mothers, aunts, and church elders who go for out of court settlements. The law is not clear on such perpetrators. There is also false promise of marriages and compensation for damages to parents.

The project has used the same approach of CFPs in Makoni and Beitbridge. These engage in community legal education activities and empower the survivors of GBV as well as use the multi-sectoral approach in dealing with issues affecting women and children.

In Makoni, Cecilia Mauye is the CFP for Ward 6 (Makoni Urban). Her awareness campaigns are focused on church groups and other gatherings. She requests from the organisers to be put on their programmes and agendas.

"This is one of the most effective ways to reach people, as it involves engaging large numbers of people at any given time, " said Mauye. She also used the case management approach whereby she refers issues to respective institutions, such as the police, the court system and the project officer for survivors of GBV to receive comprehensive support.

CFP Fadzai Komwedzani of Shabwe Ward 15 in rural Beitbridge deals mostly with domestic violence cases, maintenance, inheritance and custody and women rights. Working with traditional leaders, she has been able to offer basic legal advice in her sprawling community. “We have religious leaders who keep practicing acts that suppress women, and even encourage child marriages. This is one of the challenges that I battle with everyday,” said Komwedzani.

3.2 The Rusape One Stop Centre: For Survivors of Gender-Based Violence

Using existing facilities of a one stop centre in Makoni District, the project aimed at accommodating the potential larger numbers of people that would result from the interventions. The one-stop centre helps survivors of violence to recover and become empowered survivors by offering them comprehensive health, psychosocial and police and legal services in one place.

At the one-stop centre, located at Rusape General Hospital, survivors of sexual violence such as rape have quick access to a health clinic that can administer emergency medical care, including treatment to prevent HIV and unwanted pregnancies and counselling. They can then report their case at the police post and receive counselling and legal services within the centre.

“The One Stop Centre centre represents a promising model for providing comprehensive care and support for survivors by providing direct services under one roof,” said Sibonginkosi Dunjana, Monitoring and Evaluation Officer for ZWLA.

Dunjana added: “In most communities, service providers are located in different physical locations thereby inhibiting timely and efficient responses and police stations and hospitals do not provide a conducive environment to report cases of GBV.” She also said the environment accorded by the One Stop Centre allows survivors to feel safe and open up on their devastating experiences at the same time guaranteeing them maximum confidentiality.” The One Stop Centre also adheres to the 4Ps approach (Prevention, Protection, Prosecution, Programmes) that facilitates the achievement of Gender Equality (SDG 5).

Some of the key issues highlighted in the 4Ps are awareness creation in communities on GBV, hotlines for survivors to report, and the establishment of GBV centres for survivors and survivors’ protection through prosecution of perpetrators.

“The One Stop Centre is helping to link the community, hospital and clinics and the different sectors that offer GBV response services such as legal, psychosocial and security”, said Dunjana.

The one-stop centre concept is increasingly becoming effective because survivors get assistance at one location, under one roof. Sixty percent of survivors who seek services at the centre are victims of rape. The centre has assisted one woman to terminate her pregnancy after a rape incident. Annually, the centre helps 500 women, with legal aid, rape, inheritance, divorces, counselling and maintenance cases.

3.3 Legal Education

Legal education campaigns were carried out by the trained CFPs to respond to gaps and issues regarding limited knowledge by women on strategies to ensure compliance with court orders by the respondents in maintenance and domestic violence matters. The legal education campaigns also provided a platform to share Zimbabwe's Constitutional Court ruling on child marriage with communities.

There are still challenges on the ruling. For starters, "The ruling prohibits marriages of persons under the age of 18, " says JCT's Govhati, adding, "the major way forward is on alignment of the marriage laws that were challenged in the case and the Criminal Law Codification and Reform Act with the Constitution. " She further indicated that even though the Domestic Violence Act defined Domestic Violence as forced marriage and child marriage, there were still challenges in enforcement. This law could also be used by traditional leaders to raise awareness on their communities on issues of child marriage and to mitigate economic abuse and emotional abuse on women and children.

In all, 34 awareness campaigns held by CFPs reached a total of 14,351 community members (6,955 women, 5,134 men, 1,381 girls and 877 boys).

At one meeting in Bindura, the local CFP was inundated with requests for legal aid, and received 18 cases which had been referred by people who attended the meeting. To try and meet this demand, the project held legal awareness campaign in Bindura, Makoni and Beitbridge districts.

In addition, the partners strengthened Anti-GBV structures at ward level and legal education campaigns by the trained CFP in the three districts, resulting in cases in need of legal aid being referred to district offices and mobile clinics at community level.

3.4 Transforming Communities Through Empowerment Circles

The legal education campaigns were also instrumental in the establishment of empowerment circles in the three districts. The established empowerment circles, however, needed strengthening for them to become fully operational. The circles will ensure sustainability of the project as strategies will be identified to equip survivors to reduce the dependency syndrome in them on perpetrators of abuse and to empower them to be champions of anti-GBV services in their communities.

Empowerment Programmes help Girls Break Free of Violence

One such empowerment circle is a five-member group called Girls of Quality. The group is involved in quail bird production.

For 25-year-old Abigail Gunzaro, life had been full of hard work and daily challenges. She used to rise early morning and carry out her work task on her parents' home.

Abigail lives in Kambira Village, in Bindura District's Ward 4. But, after joining the group in March 2016, the women are becoming empowered and are less likely to become GBV survivors.

The situation of Abigail is exemplary for many villagers in rural Zimbabwe. It is the primary reason why the GBV project works with women and adolescent girls to provide them with livelihood programmes to support resilience and positive coping mechanisms to enhance broader prevention and reduction of GBV.

Girls of Quality is one of those groups that was formed by project beneficiaries to improve people's livelihoods through income generating projects.

The project helps young women like Gunzaro rethink their livelihoods as a business. The aim is to support community-based initiatives to change or to mitigate the effects of harmful social norms as well as longer-term programmes to address underlying causes of child marriage, which are one of key areas of focus of the government's GBV strategy.

Gunzaro was one of the first people to join the quail bird farming project. Like many rural women in Zimbabwe, she had little access to economic opportunities outside of subsistence farming. She says the group gets \$70 monthly, which is fair income in rural Zimbabwe. With the income, the group can help underprivileged pupils in the area with school fees and buy feedstuff for the birds.

This represents a new agribusiness opportunity for the women, as they are producing the birds commercially for the first time.

To invest in developing agribusinesses, the Ministry of Women Affairs, Gender and Community Development, is establishing links with banks to access loans to grow women businesses. The women also receive training in business skills, including record keeping.

"This new knowledge to look at quail production as a business, and the training in record keeping, have changed our lifestyles," said Abigail.

"By investing in the development of agribusinesses, women will have a more consistent source of food and income throughout any given year," said Govhati. "In the long-term, these income generating activities help communities increase income-earning opportunities, thereby reducing incidences of GBV against adolescent girls and women survivors of GBV."

3.5 Advocacy

3.5.1 Community dialogues as a weapon to reduce GBV

Preventing GBV and protecting survivors of it would only succeed with the involvement of the family, traditional leaders and religious leaders.

“The project used community dialogue to engage duty bearers at local level, “ said Doreen Makaza, the Bindura District Ward Development Coordinator with the Ministry of Women Affairs, Gender and Community Development This started with the training of 90 traditional leaders on child protection and women rights laws such as the Domestic Violence Act, traditional court procedures and jurisdiction. The traditional leaders admitted that child marriage was rife in their communities. They agreed to engage people in their respective communities to end child marriage.

Makaza said: “They then worked with the CFPs in their communities in organising community dialogues where other stakeholders such as Ministry of Women Affairs and Registrar General officials participated.”

About 596 community leaders and traditional leaders in Bindura, Makoni and Beitbridge districts participated during the community dialogues.

These dialogues became even stronger and productive after the Constitutional Court ruling outlawing child marriage. In Bindura, for instance, Chief Musana and Headman Chiveso are working together to end child marriage in line with the constitution and the ruling. In the same district, JCT partnered with the Ministry of Women Affairs to facilitate a dialogue for 56 village heads as well as three headmen. At the dialogues, the traditional leaders pledged to improve the situation of girls to reduce child marriages. In Makoni female Headman Nyambiya is working with her local people to end the scourge, which is also rampant in her area.

3.5.2 Traditional Leaders Step Up War Against Gender-Based Violence

A typical day for Beitbridge Senior Headman Tshidiwa Moyo of Chamunanga area, starts when he moves around his area consulting the local communities on how they should work together in development.

As an influential member of the community, people listen to him. Others pressure him to help them fight sexual abuse and gender-based violence, which, in this area, is fuelled mostly by economic challenges.

Traditional leaders, as custodians of culture, and role models for their communities, are in a strong position to be able to address harmful cultural practices to promote the prevention of GBV and protection of survivors within their communities. Supporting and empowering traditional leaders with the knowledge and skills to assist their communities to address GBV through redressing harmful cultural practices, and promoting positive ones, will have a substantial impact in mitigating the challenge.

The Violence Against Women and Girls (VAWG) and Gender-Based Violence (GBV) project focused on the role of traditional leaders as champions in the prevention of GBV in the three districts. The project shared good practices on how traditional leaders could be empowered to support their communities to prevent GBV.

In Zimbabwe, traditional leaders are governed by the Traditional Leaders Act (Chapter 29:17) and have an obligation to protect children from traditional harmful practices and to channel criminal cases, including cases of sexual violence and abuse to the criminal justice system. Traditional leaders were empowered on the role and jurisdiction in handling GBV related cases.

“We have a role in ensuring timely reporting of cases by our communities. We also have the ability to establish strong linkages with service providers from which we can request for legal aid and legal education.”

Traditional leaders play a critical role in supporting the overall child protection system by:

- Advocating for the prevention of, and appropriate response to, child abuse and sexual violence in communities, including through community awareness and grassroots campaigns.
- Promote positive values in society and advocate for the protection of women and children through prevention of harmful traditional practices and social norms.

Senior Headman Moyo said the project has transformed his life. “Personally, I have learnt a lot through attending meetings, such as community dialogues, ” he said in an interview.

“I now treat all child sexual abuse cases as priority cases. In the case of sexual offences against children, if a family is refusing to report the case to the police, it is my responsibility to ensure that the case is reported on the day that the information comes to my attention,” said Senior Headman Moyo. He has also used the training to raise awareness on child protection and GBV issues resulting in improved knowledge within his community. He, together with other traditional leaders engaged under the project, is referring criminal cases reported at his court to the formal justice system while ensuring that the survivors of GBV also receive other services from different stakeholders, such as the legal aid organisations in the project.

“When we started the project, we didn’t anticipate the successes that we have so far achieved. Our work with traditional leaders transformed them (traditional leaders) into grassroots ambassadors for the project,” said Mukanje-Aalbaek, adding that the project engaged the traditional leaders through the development of specific action plans for their areas.

3.5.3 Legal Services Advocacy

The project has been actively participating to reduce child marriage in the three districts through awareness raising at relevant fora and participating in solidarity marches by the Ministry of Women Affairs, Gender and Community Development, JCT and ZWLA have worked with other organisations to advocate for changes in the law on child marriage, for example. This is critical as the current laws perpetuate child marriages. These include the Marriage Act, the Customary Marriages Act, Section 70 of the Criminal Law (Codification

and Reform) Act and the Children's Act which needs urgent alignment to constitutional arrangements.

Zimbabwe has a strong legal framework to prevent all forms of gender-based violence. The constitutional provisions are supported by provisions in the Domestic Violence Act (DVA) that was put in place to protect women, men and children from violence, the Criminal Law (Codification and Reform) Act, the Criminal Procedure and Evidence Act and the Children's Act.

"These laws, in the absence of an enabling support framework and knowledge on the specific laws and processes still limit access to justice for disadvantaged groups such as children and women," said Govhathi.

A case in point is the Beitbridge child kidnapping saga where the project effectively used advocacy for the benefit of marginalised children. Below is the story of one Rayson Rushwaya:

3.5.4 Mothers' brave fight against perpetrator

A group of Beitbridge women in April 2016 achieved a rare feat when they literally forced the police to arrest an influential suspected Beitbridge sex predator accused of seducing more than 20 under-age school girls, six of whom had fallen pregnant at that time.

Some of the girls now have babies while others are said to be deceased.⁴The women, who included parents of some of the girls, guardians and activists, cornered the suspect, Rayson Tsvangirai Rushwaya at the Beitbridge Magistrate's Court where he had come for another matter in which he is accused of insulting a journalist through a text message.

"Police were telling us they could not locate him. We knew he would be appearing in court on another matter and we pounced on him there and called the police," said one of the women, who cannot be named to protect her under-age child's identity. "When we saw him at the courts, we told police we would inform [police Commissioner-General Augustine] Chihuri if they did not come to arrest him. We were ready to go that route."

The woman, crying as she related her ordeal following the alleged abduction of her 17-year-old child from her home in February 2016, said she had initially wanted Rushwaya to be charged for marrying a girl who is under 18, but there were no statutes to support that.

"The police took him to court, but there were no supporting statutes to sustain the charge and he walked a free man."

"But when an appropriate charge was found, police were no longer forthcoming," she said, adding the case was moved from one investigating officer to another.

Surprisingly, police allegedly sat on the matter without making procedural reports to their provincial office, or following upon possible criminal leads. "The new investigating officer at first kept us up to date with his investigations, but started distancing himself, telling us he

⁴ The Standard Newspaper, 23 April 2016.

could not find Rushwaya,” said another woman whose 16-year-old niece has since dropped out of school and is heavily pregnant with Rushwaya’s child.

The Beitbridge Police Victim Friendly Unit (VFU) was part of a panel including the Family Support Trust, Ministry of Women’s Affairs, Gender and Community Development, and other government departments that interviewed 15 girls from Vhembe Secondary School who confessed to sexual encounters with Rushwaya.

Rushwaya was finally charged with two counts under Section 93 of the of the Criminal Law (Codification and Reform) Act, [Chapter 9: 23] which makes it an offence to take a child under the age of 18 and deprive the child’s lawful custodian access to the child.

The kidnapping or unlawful detention section also says:

(1) Any person who—

(a) deprives an adult of his or her freedom of bodily movement, intending to cause such deprivation or realising that there is a real risk or possibility that such deprivation may result; or

(b) not being the lawful custodian of the child concerned—

(i) deprives a child of his or her freedom of bodily movement, intending to cause such deprivation or realising that there is a real risk or possibility that such deprivation may result; or

(ii) detains or keeps a child, intending to deprive the child’s lawful custodian of his or her control over the child or realising that there is a real risk or possibility that such deprivation may result; shall be guilty of kidnapping or unlawful detention.

Rushwaya was eventually sentenced to four years imprisonment, of which two years were suspended on condition that he does not commit a similar offence in the next five years.

In this case, WLSA worked with other partners in Beitbridge to empower the community to stand up for their rights through legal education and advocacy work.

The project has also transformed the community’s views regarding legal issues. For example, the community were ignorant on child protection issues and did not know how to handle them, said Craig Nkomo, the Beitbridge Child Welfare Officer. Before the project, the legal services component was missing in gender-based violence interventions. With WILSA taking the lead in legal services, the community has a better understanding of cases like that of Rushwaya. “The project demonstrates a holistic approach, ” Nkomo said.

3.6 Coordination and Networking

Working with other partners, the consortium has been attending Victim Friendly Systems and networking meetings coordinated by the Ministry of Women Affairs, Gender and Community Development. The partners are working towards increasing availability and utilisation of GBV services by survivors as well as reducing tolerance for GBV in communities, using a multi-sectoral approach.

The Ministry of Women Affairs, Gender and Community Development is the lead Ministry in coordinating Gender Based Violence GBV policies and programmes through a multi-sectoral approach. It has also been mandated to administer the Domestic Violence Act [Chapter 5: 16]. The Anti-Domestic Violence Council was established under section 16 of the Act to oversee the implementation of the Domestic Violence Act. The Ministry is decentralised to provincial, district and ward levels, making it accessible to all especially women and other vulnerable groups at the community level.

In Bindura and Makoni districts, projects officers have been invited by other partners to raise awareness to staff on GBV. The three partners have been contributing their expertise in the coordinating meetings by stakeholders such as the MWAGCD and the Department of Welfare and Protection Services in the districts.

3.7 Strengthening the Coordinating Role of Government

Among the key components of the project was its reliance on the Ministry of Women Affairs to play the coordinating role. To the three organisations, this enhanced project activities implementation as ministry officials were responsible for mobilising communities and other stakeholders. This was very effective in revising and strengthening structures that prevent and protect women and children from GBV, such as the Victim Friendly Court System.

“The multi-sectoral approach has proved to be effective in the implementation of the project,” comments Sylvia Chirawu-Mugomba, the WLSA Director. “We have used a holistic approach – cultural, economic, and medical, among others;” she says. Government officials also recognised the effectiveness of this approach.

Emillio Chihono is the District Development Officer in Makoni. He said the Violence Against Women and Girls (VAWG) and Gender-Based Violence (GBV) project is filling an essential gap – that of building the capacity of district partners in various areas and themes. “The positive impact of the project is that it’s complementing government efforts.”

He said the project has strengthened the Makoni District Anti Gender-Based Violence Council which hold monitoring meetings to keep it in-line with national objectives. This has resulted in a joint programming model, reporting on results as opposed to activity reporting, said Chihono.

Wellington Mudyawabikwa, the Beitbridge Acting District Development Officer for MWAGCD weighed in saying the project approach of working in partnerships has enabled the stakeholders to speak “with one voice”

At community level, the project managed to build the capacity of Ministry of Women Affairs officers working among communities in tackling GBV interventions, and strengthening of GBV Information Management Systems.

3.8. Conclusion

The project worked to improve utilisation of comprehensive quality services for the protection, care and support for GBV survivors in accordance with the National Gender-Based Violence Strategy. The three organisations had noted gaps and challenges such as poor service delivery, coverage, and human capacity competencies had continued to cripple comprehensive access to justice and support for survivors of GBV.

As part of the interventions, the project aimed at mitigating the effects of gender-based violence on adolescent girls and young women by scaling up of provision of comprehensive survivor sensitive legal services in the three districts. These included legal awareness campaigns to strengthen legal aid, capacity building of CFPs and realignment of their structures, strengthened support groups targeting GBV survivors, documentation, strengthened responses at community level, gender-sensitive legal information centres and decentralised access to legal services through the provision of legal aid mobile clinics to complement government efforts.

The key highlights and messages of the interventions are summarised below:

- The project worked as a consortium coordinated by the Ministry of Women Affairs, Gender and Community Development
- Strengthened community structures such as the Community Focal Persons and Traditional Leaders. These were engaged in empowering communities through awareness raising and addressing GBV issues through community dialogues as well as referring cases for legal and other services;
- Empowered communities, including through the empowerment circles; and the provision of comprehensive services to survivors with the three organizations focusing on legal services but ensuring that survivors still get other services hence the link with partners working under UNICEF. The project’s model for legal services involved the use of mobile clinics and help desks.

Part IV: Challenges and Opportunities

Even though the project has been successfully implemented since 2014, challenges still remained:

- There was a gap in knowledge by communities in seeking help from service providers on GBV violations, for example, sexual abuse, and domestic violence and maintenance defaults. For instance, the pregnancy termination cases handled revealed late reporting, efforts to settle cases at family or community level and harmful beliefs as major causes of late termination of pregnancy on young girls.
- A culture of silence on abuse by caretakers of survivors.
- General ignorance of legal processes and procedures by the traditional courts coupled by deep set attitudes and social norms.
- Lack of safe shelters for survivors was a big challenge to survivors of GBV who were being abused by family members. The survivors became even more vulnerable where perpetrators were either not arrested or released from prison on bail. Most survivors of GBV are forced to go back and stay with the same perpetrators in their families, or in the same community.
- Limited or no knowledge of constitutional provisions protecting women, girls and children.
- Lack of clarity on the criminal law on child marriage and gaps in implementation of strategies to reduce child marriage.
- Slow progress on realignment of laws such as marriage laws to the Constitution.
- Limited coordination at district, provincial and national level on GBV.
- In Beitbridge many maintenance and domestic violence cases are still pending because the perpetrators have left the country to escape from justice.
- In Makoni and Bindura, most men are unemployed hence they default on maintenance payment. Children continue to be denied their rights, resulting in a general lack of faith in the justice system.
- There is still a significant number of children without birth certificates because of, inter alia, the difficulties encountered by parents in raising money for transport and other requirements, failure to meet the requirements and withholding of birth confirmation records. This has implication to child protection as in cases of having sexual intercourse with a young person where age has to be proved and enjoyment of other rights by children.

Part V: Lessons learnt, the future

4.1 Lessons

There is evidence of strong networking among the various stakeholders in the three districts. This strengthened the referral pathway. The project strengthened the consortium to better service and empower women and girls and the child care worker structure regarding children. Awareness raising campaigns contributed to the creation of safety nets for children. Door to door awareness campaigns also created a platform for the communities to be empowered and encouraged to attend meetings or empowerment sessions.

In the process, the following have been the experiences gained, and lessons learnt:

- Need to establish more safe shelters in all the three districts and enhance comprehensive service provision.
- There is need for players outlined in the Protocol on the Multi-sectoral Management of Sexual Abuse and Violence in Zimbabwe (2012) by the Judicial Services of Zimbabwe to be swift in handling sexual abuse and violence matters to ensure justice to GBV survivors. There is need for continuous support of Victim Friendly Systems so that challenges facing GBV survivors are dealt with.
- Communities are eager to participate in development issues concerning their areas. This is more so when their traditional leaders and government officials are involved in the projects. This was seen in many people, in excess of the invited members, turning up for the training and dialogue sessions in the three districts.
- Continuous engagement of traditional leadership structures is necessary to significantly reduce cases of GBV against women and girls and protect the survivors. The traditional leaders involved in the projects showed that it is possible to work with them as change agents who will work to prevent GBV and ensure services to the survivors. Traditional leaders were key in engaging men and boys in raising awareness and mitigation of gender-based violence. Their involvement also opened doors for other community stakeholders such as the Community Focal Persons and Community Case Care Workers to effectively work in the communities. Traditional leaders are the gate keepers to the communities and this project made them part of the process of coming up with solutions and they are part of the process of enforcing laws and policies that protect women and children.
- The project showed that the involvement of community volunteers such as Community Focal Persons is critical and effective in reaching out to communities with information of child protection and prevention of GBV as well as the protection of survivors. This is also sustainable as the CFPs remain in the communities after the project has concluded.
- There is need for positive response to support girls returned from child marriages through provision of counselling and legal aid services. Child survivors of marriage need more and varied services in addition to counselling and legal services. Some

need to go back to school. Some need to be empowered to enable them address why they got married in the first place.

4.2 The Future

While Zimbabwe has developed programmes that seek to address prevention of gender-based violence and the National GBV Strategy (2012-2015), which seek to improve government efforts, civil society and donors, to prevent and respond to GBV through a multi-sectoral approach, an effective and coordinated response is still needed. In addition to the above programmes, the Government of Zimbabwe also reviewed and brought into effect the Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe (the Protocol). The Protocol highlights the roles and responsibilities of the various role players in the management of sexual abuse and violence. Despite these progressive laws, programmes and policies, several challenges remain with survivors of gender-based violence facing violations at community and institutional level.

Although Zimbabwe has made notable strides in ensuring support to survivors at community level, from the implementation of the Violence against Women and Girls (VAWG) and Gender-Based Violence (GBV) project, the three partners have noted that the services are not only inadequate but lack adequate resources. Gaps in service delivery still remain. Even worse for survivors, the Zimbabwe legal system is adversarial in nature, making most litigants require legal representation as they may not understand the procedures or the laws. Community structures put in place by government, such as the CCWS and the WardCOs still require support of civic partners for them to discharge their mandate.

Although the project has seen marked change of attitude by the traditional leadership structures, more still needs to be done to strengthen the gains made to date. This is more in line with the realisation that attitude change is a process that needs more time and can only be realised well after the conclusion of the project. Such strengthening includes training of traditional leaders on their jurisdiction and the assessment of communities' uptake of the adversarial legal services compared with the traditional court system services. This is in response to the observation that the rights of survivors cannot afford transport and accommodation costs to attend courts. The time that the courts take to complete the cases can result in abandonment of cases and the barring of other justice seekers.

Violence can be prevented, and data from Mashonaland Central seems to confirm this.⁵ Prevention programmes need to be upscaled and more efforts need to be invested in programs that tackle the risk factors at individual, community and societal levels, using effective interventions tested in the project areas – for example, programmes aimed at strengthening women and girls' economic independence coupled with gender empowerment training.

⁵ 2015 ZDHS Key Findings/UNFPA.

GBV services must also be integrated into the health sector including through pre-service and on-the job training of health care providers, as they are in a unique situation to address the health and psychosocial needs of women who have experienced violence.

Successful programmes responding to violence must be scaled-up to meet increasing women's demands for support that resulted from the community dialogues on GBV, while maintaining high standards of quality. Special attention must also be put to reach the communities who are currently underserved. Men and boys need to participate in the efforts to end violence against women and girls and be sensitised to embrace masculinity norms that are more equitable.

Research, monitoring and evaluation need to be strengthened. Coordination needs to be improved as well to ensure the multi-faceted problem is addressed through joint and multi-sectoral efforts.

Annexes

- Inception Report
- Guiding Questions
- Consent Form
- Terms Of References