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ASSESSMENT OF THE AVAILABILITY, ACCEPTABILITY AND AFFORDABILITY OF INCLUSIVE AND RESPONSIVE GENDER-BASED VIOLENCE ESSENTIAL SERVICES IN ZIMBABWE

Research Report

September - November 2022

Produced by ActionAid in partnership with:

FACT

Leonard Cheshire Disability

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ACKNOWLEDGEMENTS

We would like to express our gratitude to the players of the People's Postcode Lottery for funding the research and ActionAid Zimbabwe for spearheading this research study in Nyanga, Shamva and Chitungwiza districts.

Special mention goes to the TORCHES Project implementing partners: Forum for African Women Educationalists Zimbabwe Chapter (FAWEZI), Family AIDS Caring Trust (FACT) and Leonard Cheshire Disability Zimbabwe (LCDZ) for facilitating the necessary district protocols ahead of the research and for their Monitoring and Evaluation (M and E) personnel who worked with enumerators in data collection.

It would be amiss not to thank stakeholders in Nyanga, Shamva and Chitungwiza districts, including those in Government for their clearance to conduct this study and support, community members including survivors of GBV who actively participated in the study.

ACRONYM LIST

Family AIDS Caring Trust (FACT)
Focus Group Discussion (FGD)
Forum for African Women Educationalists Zimbabwe Chapter (FAWEZI)
Gender Based Violence (GBV)
Key Informant Interviews (KII)
Leonard Cheshire Disability Zimbabwe (LCDZ)
People with Disabilities (PWD)
Police Victim Friendly Unit (VFU)
Rural Women's Assembly (RWA)
Sexual Gender Based Violence (SGBV)
Violence Against Women and Girls (VAWG)

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EXECUTIVE SUMMARY

The Towards Resilient Communities with Health, Equality and Safety for all (TORCHES) Project being implemented by AAZ and its partners; FAWEZI, LCDZ and FACT in Nyanga, Shamva and Chitungwiza districts conducted a research study in these project districts assessing the availability, acceptability and affordability of inclusive and responsive gender-based violence (GBV) essential services in Zimbabwe between September and November 2022.

The objectives of the survey were to find out what the communities think about the availability, affordability, accessibility and responsiveness of GBV essential services, major challenges that hinder GBV service delivery, and to find out what other information or support is needed to enhance quality GBV essential services in Zimbabwe.

Study participants were survivors of GBV, GBV service providers, community members, People with Disability (PWD) and their Care givers and community leaders. Data was collected through one-on-one interviews using Kobo Collect, Focus Group Discussions and Key Informant Interviews. Findings revealed that counselling services are available across all districts at local level.

However, other relevant response services such as case reporting and health related interventions are not readily accessible. PWD face challenges in accessing services due to lack of knowledge on the availability of services and presence of trained personnel to attend to PWDs. Inadequate technical resources also hinder quality of services provided.

It is recommended that increasing budget allocated to GBV services and public provisioning of local inclusive and integrated GBV service centres will enhance access and quality of GBV interventions.

BACKGROUND

Universally, GBV and VAWG are priorities which have now become more complex with the emergence of the COVID 19 pandemic. In Zimbabwe, 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 (Medzani, 2016).

In a recent 2019 national survey conducted in Zimbabwe on violence against women and children, nearly one in ten girls under the age of 18 have experienced sexual violence, and that this violence is often perpetrated by someone they know or someone close to them. Zimbabwe's Multi Indicator Cluster Survey (MICS) 2019 indicated that 35% of women aged 15 - 49 have experienced physical violence since the age of 15, while 12% of women aged 15 - 49 experienced sexual violence at least once in their lifetime. In terms of intimate partner violence (IPV) in Zimbabwe, 34.2% of women aged 15 - 49 experienced emotional abuse, 9.9% experienced sexual violence and 37.2% experienced physical violence (ZIMSTAT, 2019).

Adolescent girls (78%) also reported sexual violence encounter with a partner before the age of 18. Against this backdrop, AAZ and partners FAWEZI, FACT and LCDZ launched the TORCHES project in Nyanga, Shamva and Chitungwiza districts in October 2020 with the aim of creating communities where women and girls, including people with disabilities, are free from violence and have amplified voices and agency.

This will be achieved by successfully fostering personal and community reflection about power relations, nurturing power within, and amplifying girls' voices in schools and communities.

Under the TORCHES project, AAZ and its partners conducted a survey entitled 'Assessment of the availability, acceptability and affordability of inclusive and responsive Gender Based Violence (GBV) essential services in Zimbabwe'. The research was conducted during the Awareness phase of the TORCHES project, with the view of highlighting key gaps and opportunities in relation to GBV services that could be addressed in the support phase of TORCHES and future similar projects implementation.

Research Objectives

(i) To find out the opinion of the target community about the gender-based violence essential services provided in Zimbabwe with reference to its availability, affordability, accessibility and responsiveness.

(ii) To identify major challenges that hinder GBV service delivery in Zimbabwe.
(iii) To identify gaps in terms of information or technical support needed to enhance quality GBV essential services in Zimbabwe.

The research was carried out in the three project districts where the project is being implemented in: Nyanga, Shamva and Chitungwiza. The research participants were survivors of violence, service providers and members of the community including PWDs.

Key research questions

1. What GBV services are available at local, district and national level?
2. Are the communities including PWD aware of the services available?
3. How accessible are the services to the community members including PWD?
4. How affordable are GBV essential services?
5. What are the best practices, gaps/shortcomings in the service delivery to the public?
6. What information and support is needed to enhance quality GBV services.

METHODOLOGY

Data was collected from the 3 districts of operation of the TORCHES project: Nyanga, Shamva and Chitungwiza. Quantitative and qualitative methods of data collection were conducted. Quantitative data was collected through questionnaires administered with one-one-one interview format and captured using KoBo Collect whilst qualitative data was gathered through focus group discussions (FGDs) and key informant interviews. A mixed method approach enabled the triangulation of data sources which helped to support both the reliability and validity of findings. Data was collected from survivors of violence, service providers and community members including community leaders, PWD, care givers of PWD and Rural Women Assembly (RWA) groups.

a. **Sampling of respondents**

Study participants in all the three districts were selected through a combination of purposive and random sampling techniques. Purposive and random sampling was used to select participants for the one-on-one interviews and also to identify participants for the focus group discussions. Participants mostly included those who have sought GBV services for themselves or on behalf of someone else in order to get information on their experiences in accessing GBV

services. The participants from the KII interviews were purposively sampled as the research wanted to mainly target the major service providers of GBV. Respondents from service providers were drawn from the Ministry of Women Affairs, Department for Social Development, Ministry of Health, Police Victim Friendly Unit and the legal department.

A total of 97 (80 females and 17 males) community members participated in the one-on-one interviews including 9 (7 females and 2 males) people with disabilities. A total of 33 (18 females and 15 males), 33 (32 females and 1 male) and 31 (30 females and 1 male) respondents were drawn from Nyanga, Shamva and Chitungwiza respectively. Of the 9 PWD, 4females were from Chitungwiza, 2 females from Shamva and 3 (1 female and 2 males) from Nyanga. Respondents were ranging from 18 to 51+ years with 22 within the 18-29 years, 28 within 30-40, 28 within 41-50 and 19 above 51 years across all the 3 districts.

b. **Data collection tools**

The following data collection instruments were utilized in this survey:

(i) Questionnaires

Quantitative data was collected using a structured questionnaire with closed questions and a few open-ended questions for probing purposes. Questionnaires were administered to respondents on a one-on-one basis and entered on Kobo. The questionnaires included questions on availability, accessibility and affordability of the GBV services. It also included questions on best practices and gaps identified in accessing GBV services.

(ii) Focus Group Discussions

Qualitative data was gathered through 6 FGDs conducted in each of the three districts where the research was conducted. The FGDs comprised of 8 - 14 participants, single sex groups of ages ranging between 18 – 35 and 36 - 60 years, drawn from community members, community leaders, those who have sought GBV services, PWDs and care givers of PWD.

(iii) Key Informant Interviews

Qualitative data was also collected using key informant interviews. 5, 6 and 6 Service providers were interviewed from Nyanga, Shamva and Chitungwiza respectively. Participants of KIIs were employees from the different GBV service providers available in the districts comprised of Police Victim Friendly Unit, Ministry of Women Affairs, Health department, Department of Social Development and legal services institutions.

c. **Training and translation of the data collection tools.**
All the data collection tools were designed in English and pre-trained enumerators were translating to vernacular (Shona) as necessary during the data collection process... The data collectors were taken through Safeguarding, sensitization and referral pathway mechanisms, and advised to refer any cases they would encounter to appropriate service providers as part of ethical considerations.

c. **Ethical Considerations**

This survey observed research ethics which include Informed consent, voluntary participation, respect for participants, confidentiality and do no harm. In addition, participants were also informed that where they did not feel comfortable in answering some questions they could skip. It is important to note that given the sensitivity of the topic, women are the ones who were willing to take part in the research as compared to men. This can be attributed to that most men are shy to come out in the open and discuss that they once went out to access GBV services especially for themselves. Men do not usually want to talk openly that they have experienced GBV from their partners.

d. **COVID 19**

COVID 19 prevention measures observed include wearing of face masks, hand sanitization and social distancing.

CHALLENGES AND LIMITATIONS

Limitations in methodology and design of research
 The study had a limited representation of People with Disabilities (PWDs). This is because PWD are mainly found at their homesteads. Due to the sensitivity of the research, it was not advisable to visit PWD in their homes. 9 (7 females and 2 males) PWD took part in the research.
 Budget determined sample size. A total of 97 (80 females and 17 males) participants took part in the research.
Limitation in data collection
 Getting clearance to proceed with the planned data collection in Shamva and Chitungwiza districts proved difficult. In the former district, personnel from the local .

government and government line ministries were ushered in to be part of the enumerators of the research. Data collection in Chitungwiza delayed as there were other activities that the stakeholders were attending to.

 Some research participants were too expectant of direct benefits for taking part in the study regardless of having been notified of having none during their mobilisation.
 Given the sensitivity of the research, women were the ones who were mostly willing to participate in the research as compared to men.

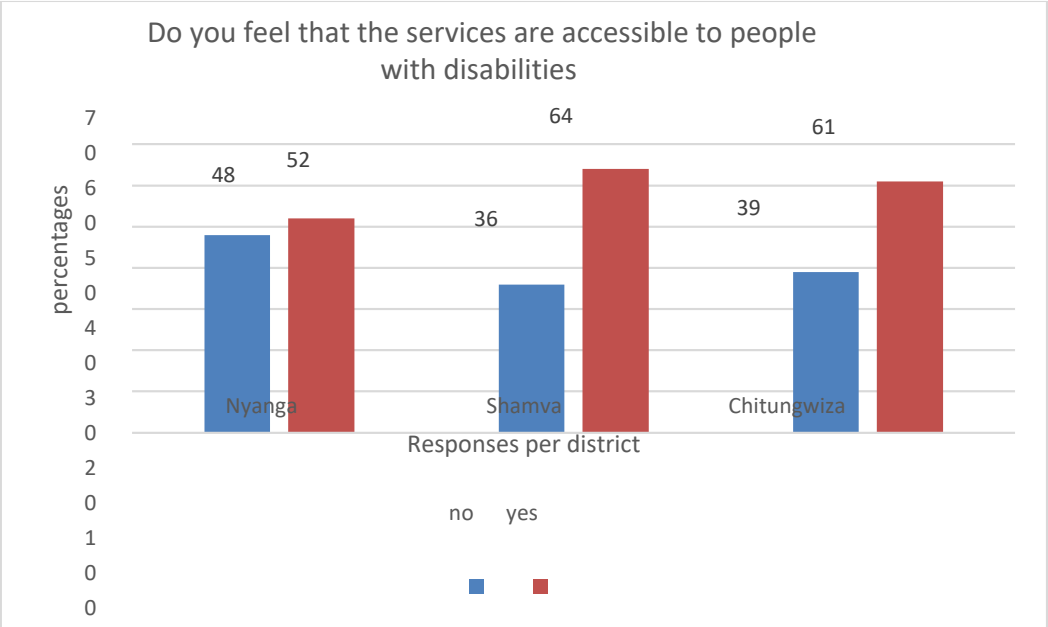
Research findings
Communities' views about the gender-based violence essential services provided in Zimbabwe with reference to its availability, affordability, accessibility and responsiveness.

61%, 52% and 64% of the respondents in Chitungwiza, Nyanga and Shamva respectively, stated that they felt that the services are accessible to people with disabilities. Whilst 39%, 48% and 36 % of respondents in Chitungwiza, Nyanga and Shamva felt that the services are not accessible to PWD.

Those who felt that the services are not accessible to PWD cited reasons such as physical accessibility, PWD are likely to be unaware of the available services and lack of staff trained in handling PWD.

Service providers also noted that there is a language barrier in communicating with PWD especially the deaf as most of their staff are not trained to handle PWD. 55,6% of the PWD noted that services are not accessible to PWD whilst 44.4% noted that the services are accessible.

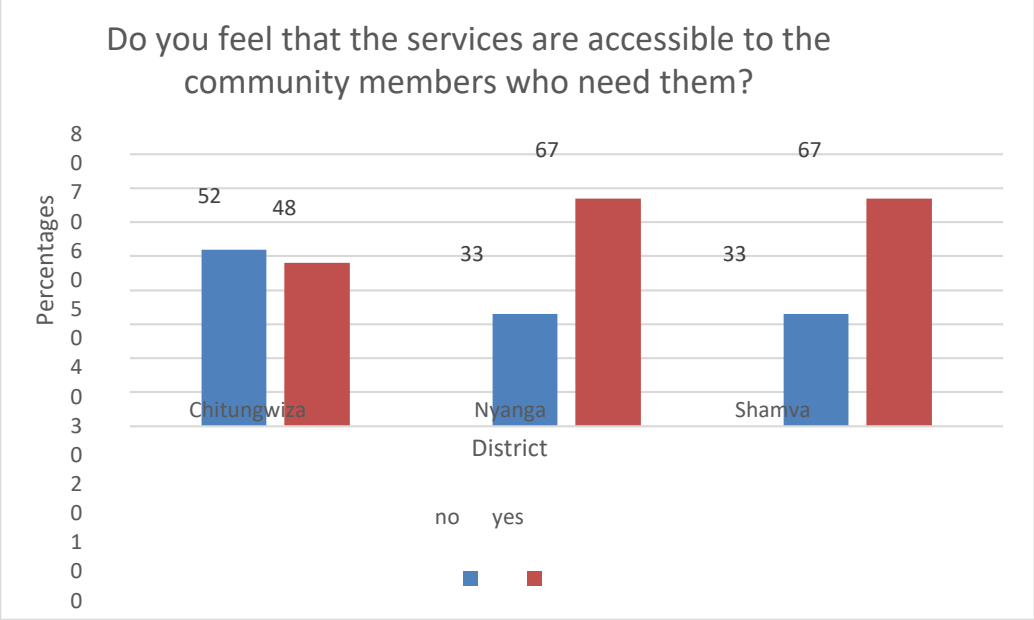
Do you feel that the services are accessible to people with disabilities?



Those who stated that the services are not accessible cited barriers such as physical accessibility especially for those who have physical disabilities and have no assistive devices to make movement easier. They also cited that that the services are not easy to access as those who have hearing impairments face language barriers.

In addition, PWD noted that accessibility to service providers is heavily affected by lack of rails, ramps, pathways and wider door openings for wheelchair users. They noted that these adaptations are not available in most of the public spaces which include hospitals and police stations. Service providers in all the 3 districts also noted that there is lack of proper infrastructure for People with Disabilities including user friendly toilets with wider door openings, ramps, pathways, rails and wide door openings at the public spaces where people seek services such as counselling.

Do you feel that the services are accessible to the community members who need them?



52% of the participants in Chitungwiza felt that the services are not accessible whilst 48% felt that they are accessible. However, in both Nyanga and Shamva 67% felt that the services are accessible to community members whilst 33% felt that the services are not accessible. Those who cited that the services are not accessible in Nyanga and Shamva noted that the major reason was that services are far from where people reside in Nyanga and Shamva.

In Nyanga, participants during the FGDs noted that they travel an average of 35 to 40 kilometers to access a police station. It was noted that there is only one police base covering the 3 wards. It was also noted that people travel an average of 35 kilometers to access clinics. In Chitungwiza, respondents who noted that the services are not accessible cited high cost of service as the major factor affecting accessibility.

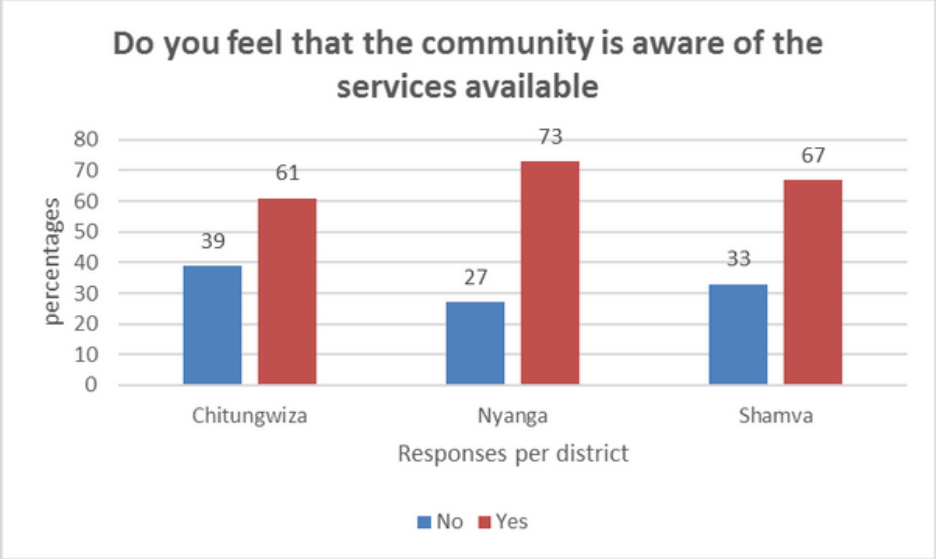
Most people in urban areas go as far as trying to seek legal services and it was noted that these services are expensive.

FGD participants were quoted saying:

"The police station is so far that if one wants to travel by bus, they have to wake up early in the morning at 2 a.m. to start preparing to go to the police station. There is only one bus that passes through at 3a.m. Most people end up walking the long distances as it will be risky to wait for that one bus after an incident of violence has occurred." (FGD with women Nyanga).

Furthermore, it was noted that the cost of services is one factor that affects accessibility. In Chitungwiza (an urban set up) it was noted that the consultation fees at local clinics costs 5 USD excluding basic medication whilst in the rural areas consultation fees costs 2 USD including the basic medical supplies.

Do you feel that the community is aware of the services available



Findings revealed that 61%, 73% and 67 % stated that they are aware of the GBV services available whilst 39%, 27% and 33% stated that they are not aware of the available services in Chitungwiza, Nyanga and Shamva respectively.

This shows that community members have knowledge on GBV services available. Community leaders were cited as doing a very important role in cascading information on the different services available from community level to national level.

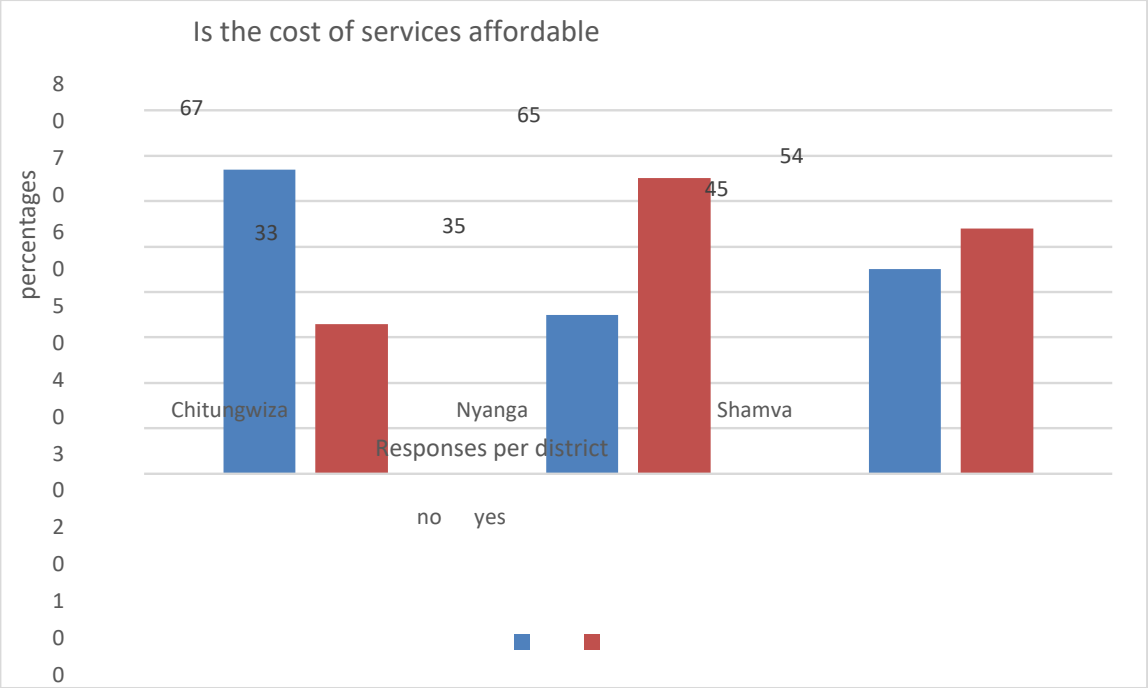
However, 56% of the PWD interviewed felt that community members are not aware of available services whilst 44% felt that community members are aware of available services. PWD cited lack of information as a major reason why communities are not aware.

During FGDs it was reiterated that:

"People with Disabilities lack information on GBV services and any issues to do with Violence against women and girls. This is because in most cases they are not able to participate in community activities where they can get information during awareness campaigns and trainings due to challenges travelling to where the activities are conducted. Care givers of PWD sometimes do not cascade information they here to the PWD. It would be good if Care givers are also informed of the need to cascade information, they get to PWD and also for activities to be conducted at village level so that PWD are able to attend" (FGD with women in Shamva).

Participants during the FGDs indicated that more is needed to be done to make sure that everyone is aware of the services available since some were unaware of the services that are offered from as low as local level.

Is the cost of services affordable?



In Chitungwiza, 67% of the participants cited that GBV services are not affordable whilst 33% revealed that the services are affordable. In Nyanga and Shamva 65% and 55% revealed that cost of services is affordable whilst 35% and 45% revealed that the services are not affordable. It is less expensive to seek medical services at rural local clinics as consultation fee is 2 USD including basic medication whilst in urban areas consultation fees is $5 excluding medication. One then has to go and buy medication from the pharmacies.

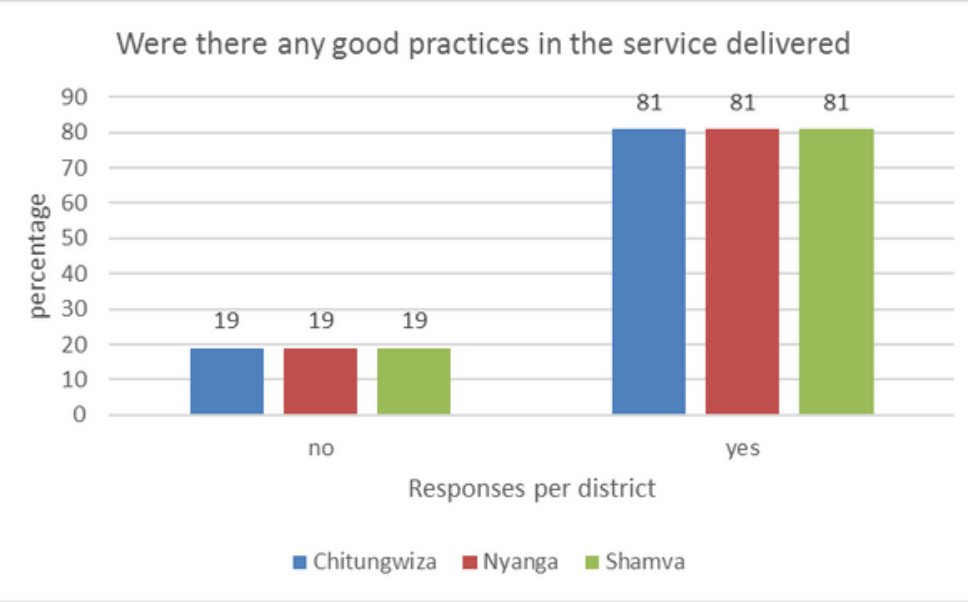
People in urban areas also go as far as trying to seek legal services and these were noted to be expensive. Legal services include seeking lawyers, applying for maintenance and legal advice. However, findings from FGDs conducted revealed that it becomes expensive to seek services if one then requires services at district level as there are costs associated with accessing the services which include transport costs and refreshments as the services will be far. For example, one may require a medicine which might not be available at local level but at district level and in this situation, this then becomes expensive as they have to foot transport and other costs associated.

Experience on GBV Services

80. 4% revealed that they have sought essential services for themselves or on behalf of someone else. 19.6 % of the respondents revealed that they have never sought essential services. In addition, 89% of PWD interviewed noted that they had sought services before whilst 11% noted that they have never sought essential services.

People who have sought essential services are the ones who responded to questions on experiences on GBV. It was revealed that most abuse cases are committed by people or individuals that are close to the survivors such as intimate partners and relatives. Respondents stated that the services that they have sought include counselling, police and health services.

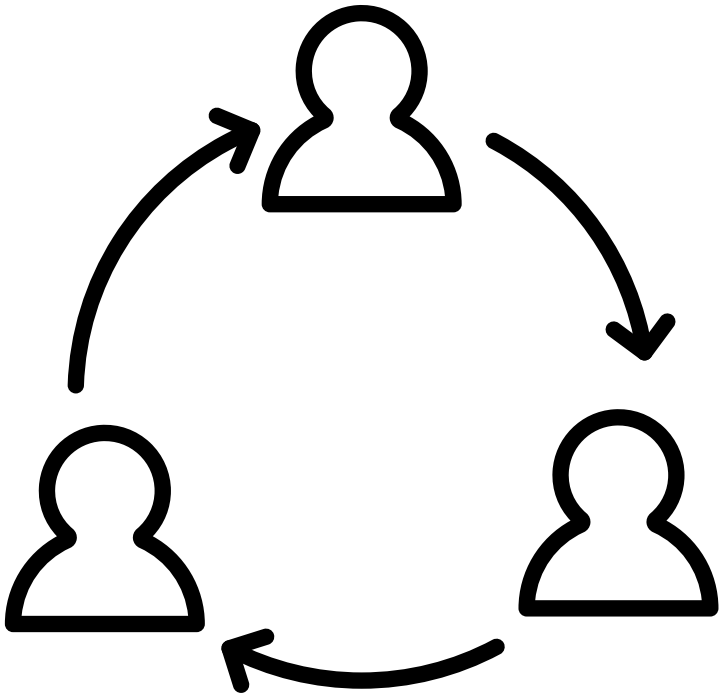
Were there any good practices in the service delivered...



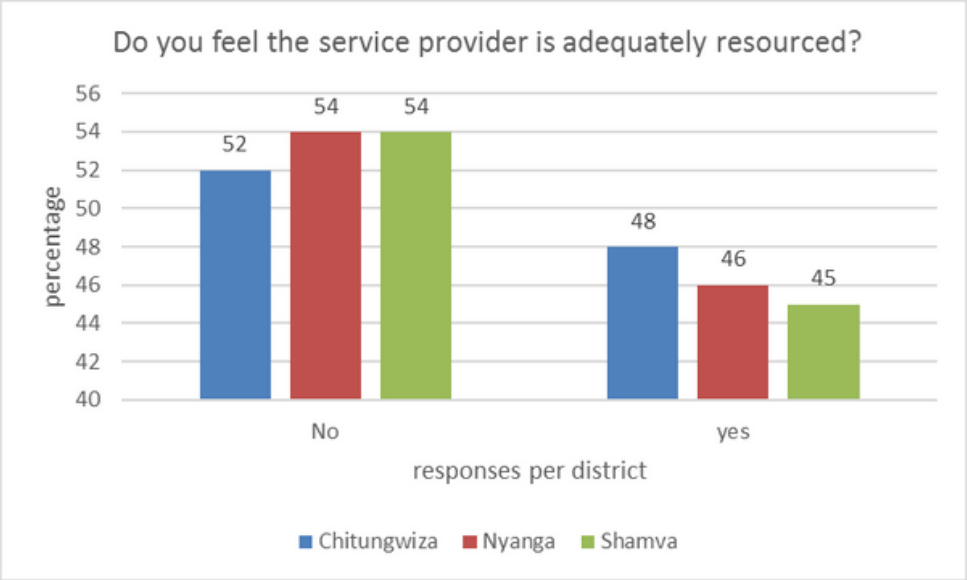
In all the districts, 81% of the respondents stated that there were good practices in the services delivered whilst 19% revealed that there were no good practices by the service providers. Good practice refers to meeting the expectations and needs of the person who sought the services and also procedures that lead to efficiency and results.

Those who stated that there were good practices noted that services were offered on time, referral services offered and trained staff to handle cases.

As good practises, during FGDs participants indicated that service providers were trying to handle their cases professionally despite gender and disability status. SASA leaders and champions were pointed out as being very vocal in terms of teaching the community on GBV issues and making sure everyone knows the referral pathway.



Do you feel the service provider is adequately resourced?



Respondents in all the districts noted that the service providers are not adequately resourced. 52%, 54% and 54% in Chitungwiza, Nyanga and Shamva highlighted that service providers are not adequately resourced whilst 48%, 46% and 46 % felt that the service providers were adequately resourced. 50 %, 100% and 100% of the PWD in Chitungwiza, Nyanga and Shamva respectively felt that that service providers are not adequately resourced whilst 50 % in Chitungwiza and 0% in both Nyanga and Shamva felt that the service providers are adequately resourced.

During the FGDs conducted participants also highlighted the following challenges in terms of resources: medicine at local clinics and hospitals and stationery at the police station. Service providers also cited lack of vehicles for client follow ups and responding to cases as a challenge.

FGD participants were quoted saying:

"Sometimes at the local clinics there is no medicine. This means that one has to travel to town to get the medicine. This becomes very expensive as one has to then look for money for transport to travel to town. Sometimes other community members don't even have the money for transport to go to town and this only becomes complicated. Its really hard." (FGD participants in Nyanga)

Table 1 : Quality of service received

	Chitungwiza	Nyanga	Shamva
Appropriateness of service	Average	Good	Good
Facility referral system in place	Average	Good	Good
Provider clients follow up	Average	Poor	Poor
Handling of clients	Good	Good	Good
Willingness to assist clients	Good	Good	Good
Time taken to respond to clients	Poor	Good	Good
Operational hours convenience	Average	Good	Excellent
Effective communication by staff	Excellent	Good	Average

Participants were asked to rate how they viewed the quality of services they received according to their experiences. The ratings varied from excellent, good, average and poor. With excellent being the highest and poor being the lowest rating.

The above table illustrates the rating which received the highest frequency for each indicator per district. Indicators with red shadings need attention and there is need for improvement. These include Provider client follow up in Nyanga and Shamva and time taken to respond to clients in Chitungwiza. There is also need for improvement on indicators shaded in yellow as they received the second lowest (average). These include Appropriateness of services, provider client follow up, operational hours convenient to clients, facility referral system in place in Chitungwiza. In Nyanga there is also need for improvement on effective communication by staff.

Findings on challenges hindering service delivery in Zimbabwe

Major gaps and shortcomings on services delivered

Participants cited the following as major gaps or shortcomings on services provision: Lack of resources, lack of services at local level, high cost of services, lack of trained staff to handle PWD, lack of disability friendly infrastructure at public services and that PWD are likely to be unaware of services available.

A concern was highlighted by service provides who cited that most staff are not trained on sign language, and this makes it difficult to communicate with survivors with hearing impairments. Service providers noted that there is lack of training in handling PWD. They also cited lack of resources as a major hindrance in the quality of provision offered.

Findings on other information or support needed to enhance quality of GBV essential services in Zimbabwe.

Suggestions for strengthening provision of Services

The following suggestions were highlighted by participants as suggestions for strengthening service provision: Provision of services at local level, trainings for service providers in handling PWD, sign language trainings for service providers, construction of disability friendly infrastructure such as rails, ramps, pathways and wider door ways for easy access to the public spaces for wheelchair users, free services for all GBV survivors, availing resources for service providers to enhance service provision and more awareness raising on GBV services for all community members including PWD and their CARE givers.

Awareness raising campaigns on GBV services should be conducted through different methods to reach out to everyone such as through the media (radio and television programmes), awareness campaigns at village local level for all to be able to attend including PWD and their CARE givers.

Awareness campaigns should target schools, churches social gatherings and communities. Establishment and awareness raising of GBV hotlines to enhance accessibility.

FGD participants suggested that there was need to add more project volunteers in the communities so that they would disseminate information to everyone. It was also noted that there is need for establishment of one stop centres and circuit courts to enhance accessibility of services.

CONCLUSION

Findings revealed that services that are available at local level are the counselling services across all districts. Health and police facilities have been cited to be available in Nyanga and Shamva local communities although they have been reported to be far from where people reside with people having to travel an average of 35 to 40 kilometres and 35 kilometres to reach a police centre and clinic respectively.

Findings also revealed that physical accessibility, lack of trained staff to handle PWD, language barrier, lack of disability friendly infrastructure at public services are the major reasons why, PWD face challenges in accessing services.

Services which have been highlighted to be expensive include legal and medical services. Lack of resources has also been highlighted by the service providers and participants as a major hindrance to offering quality services.

Participants revealed that there is lack of resources such as medicine at clinics, stationery and vehicles at police stations. Participants suggested offering more services at local level and availing adequate resources for service providers to enhance quality of services.

RECOMMENDATIONS

Recommendations to Government

Chitungwiza

• The government to avail sufficient resources to the departments which provide essential GBV services to enhance quality of service.

• The government health service providers to provide health services freely to all GBV survivors. Currently its health service providers are providing free health services to survivors of sexual abuse and not survivors of other forms of abuse.

• The following infrastructural adaptations need to be done at public spaces such as hospitals, police stations etc: construction of rails for easy access, ramps and pathways for wheelchair users and wider doorways for wheelchair users.

Shamva and Nyanga

• Establish more services at local level such as medical and police centres to enhance accessibility and availability.

• The government to avail sufficient resources to the departments which provide essential GBV services to enhance quality of service.

• The government health service providers to provide health services freely to all GBV survivors. Currently its health service providers are providing free health services to survivors of sexual abuse and not survivors of other forms of abuse.

• The following infrastructural adaptations need to be done at public spaces such as hospitals and police stations: construction of rails for easy access, ramps and pathways for wheelchair users and wider doorways for wheelchair users.

• There is need for service provider regular interaction to enhance provider client follow ups on GBV survivors.

• Capacitate local health facilities to assist survivors of GBV with all medical requirements.

• Establishment of one stop centres and circuit courts to enhance accessibility of services.

Recommendations to Partners

• Partners to continuously engage the civil society organisations and the government to fully support and capacitate the local structures like the Community Case Care Workers and Village Health Workers as a way of improving accessibility to services.

• Conduct training to service providers in handling PWD to enhance quality service provision. More sign language trainings for service providers to address the language barriers.

• The existing civil society organisations that are currently providing GBV services should consider helping or accompanying their clients (survivors) throughout that is helping them get the assistance they need. If they refer to the next service provider, then there is need for proper timely follow up to see if one got the assistance they need.

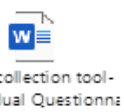
• Continue to conduct programmes to raise awareness on GBV services available and district referral pathways. The programmes should aim to reach PWD, Care givers of PWD and all community members. There is need for decentralisation of trainings to village level in order to reach out to everyone including PWD. The programmes should target schools, churches, communities and social gatherings.

• Awareness raising on hotlines available should also be conducted to enhance accessibility.

• Make use of the media such as radio and television to reach out to more people in raising awareness on GBV and available services.

• Distribution of assistive devices to enhance accessibility to services for PWD.

Annexes

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