The GBV KAP survey 2017 is a baseline study conducted by UNFPA in partnership with the Ministry of Women Affairs, Gender and community Development, ZIMSTAT and the Behaviour Change Programme.

Targets are community members and key informants, including multi-sectoral service providers and religious leaders in 20 focus districts across 6 provinces.

Interviews aimed at identifying knowledge, attitudes and practices around GBV, services availability, referrals and access challenges.

Results will inform enhancement of current and future GBV transformative prevention and response programmes in Zimbabwe.

**QUICK FACTS**

- **20** districts targeted
- **1820** people interviewed — 67% Women & 33% Men
- **15-49** Years age range

**METHODOLOGY**

- Knowledge: Community members
- Attitudes: Key Informants
- Practices:
COMMUNITY MEMBERS

**GBV Types**
- 70% agree that Sexual, Physical violence & Child Marriage are forms of GBV
- 30% does NOT know what forms of violence constitute GBV

**Marriage & Sex consent**
- 66% know that legal age for marriage is 18 years
- 68% does NOT distinguish between legal age for marriage & sex consent

**Referral pathway**
- 84% know the importance of reporting to health within 72h
- 83% believe police report needed before access to health facility
- 24% know of existence of shelters and PEP

**ATTITUDES**
- 25% feel that a woman is to blame if she is a victim of domestic violence
- 54% agree that beating a wife is justified if she goes out without informing the husband, neglects the children, burns food, refuses sex
- 29% think RAPE is justified if the woman’s behaviour shows her desire for sex

**GBV**
- 48% agree that it is okay to marry a child if the child gets pregnant

**Child marriage**

**PRACTICES**

**GBV reporting**
- 84% think the survivor should report the incident to the police, while 26% suggest that the survivor should report to a friend or family member, and 17% feel that the survivor should report to a traditional leader

**Support to GBV Survivors**
- 31% provided support to a GBV survivor in the past 12 months
- 34% of those who did not provide support to GBV survivors, said this was due to fear of repercussions and stigma
**GBV Types**

- 93% are aware of all forms of GBV

**Referral pathway**

- 72% believe that a police report is needed before access to a health facility
- 44% know of shelters nearby and 56% know of the Hotline
- 58% were trained on the Referral Pathway

**ATTITUDES**

**GBV**

- 8% feel that a woman is to blame if she is a victim of IPV
- 6% agree that beating a wife is justified if she goes out without informing the husband, neglects the children, burns food, refuses sex
- 9% think RAPE is justified if the woman's behaviour shows her desire for sex

**Services**

- 81% feel that Police offers adequate services to GBV survivors, but other services need improvement

**PRACTICES**

**GBV reporting**

- 57% think that the survivor should report the incident to the police
- 43% suggest that the survivor should report to health facilities
- 9% believe that the survivor should report to a friend or family member
- 19% feels that the survivor should report to a traditional leader
RECOMMENDATIONS

Enhance information sharing on the referral pathway for GBV multi-sectoral services in order to address misconceptions on services accessibility.

Strengthen community-based efforts towards knowledge and demand generation for GBV multi-sectorial QUALITY services.

Ensure a greater focus of behavioral change programmes towards young boys and girls, especially through interventions in school, mentorship programmes out of school as well as engagement with parents.

Strengthen the capacity of women and girls to participate in social norms shifting approaches while increasing women’s access to productive economic sectors, as a strategy to enhance their willingness to reject negative social norms condoning GBV.

Enhance availability and accessibility and accountability of evidence-based, quality, multi-sectoral survivor-centered service delivery models, including for long-term recovery and resilience building, for GBV survivors, in order to ensure that demand meets supply.

Enhance accountability of multi-sectoral service providers, as well as accountability and transparency in prosecuting perpetrators, in order to re-build the trust and enhance access to available services.