

Zero Tolerance for GBV 365

The United Nations Population Fund (UNFPA) Zimbabwe is glad to welcome all readers to the first Zero Tolerance for GBV 365 Program newsletter. The newsletter aims to share quarterly updates throughout the 365 program's lifespan. The Zero Tolerance for GBV 365 is a National Program on GBV Prevention & Response, implemented during the period 2017 - 2020 in partnership with the Ministry of Women's Affairs, Community, small and medium enterprises Development (MWACSMED), with support from the Governments of Ireland and Sweden as well as civil society organizations.

This newsletter is part of UNFPA's commitment to illustrating the progress across the programme's outputs, while sharing best practices and providing a hint on future phases of the implementation.

Programme GOAL

Reduced GBV and Child Marriage in Zimbabwe

Overview of GBV in Zimbabwe



GBV Types

35% of women aged 15-49 experienced physical violence at least once in their lifetime

14% of women age 15-49 experienced sexual violence at least once in their lifetime



Perpetrators

35% of ever-married women age 15-49 experienced physical or sexual violence from a spouse



Access to services

39% of women who have ever experienced physical or sexual violence have sought help.

Programme Outputs

1

Improved GBV and Child Marriage prevention mechanisms

2

Increased access to and availability of comprehensive multi-sectoral services for GBV

3

Strengthened GBV and Child Marriage evidence base and M&E

4

Enhanced coordination of the national GBV response

5

Improved Response to GBV in Humanitarian settings



Programme Background & key efforts

The 'Zero Tolerance for GBV 365" programme's main purpose is to maximize coordination of all GBV actors in Zimbabwe through the implementation of a systematized set of GBV interventions. In June 2017, The Governments of Ireland and Sweden signed an agreement of cooperation with UNFPA pledging US\$4.7 million to support the joint program's efforts. Since then, UNFPA alongside its twelve implementing partners have set out a bold vision to achieve this in the coming three years.



"Sweden appreciate the comprehensive multi-sectoral approach of this program, bringing various vital actors together, such as health workers, police, and officials from legal and governmental sectors, as well as the civil society."

The problem of GBV is so large, that all of us need to unite to end domestic violence and bring justice to victims of GBV."

-the Ambassador of Sweden to Zimbabwe, Her Excellency Sofia Calltorp.

"Ireland recognizes the devastating consequences of GBV for all in the society, as a result a significant part of the Embassy's Five Year Strategy focuses on combating GBV working together with CSOs and government partners."

We are happy today to be able to provide support the Joint Program on GBV and welcome its multi sectoral approach."

-the Ambassador of Ireland to Zimbabwe,

His Excellency Liam MacGabhann

Implementing Partners

MoWACSMED (Ministry of Women's Affairs, Community, small and Medium enterprises development)

MOHCC (Ministry of Health and Child Care)

FACT (Family AIDS Caring Trust)

City of Harare (CoH)

World Vision

ZAPSO (Zimbabwe AIDS Prevention and Support Organization)

ZiCHIRE (Zimbabwe Community Health-Intervention Research project)

ARC (Adult Rape Clinic)

JSC (Judicial Services Commission)

Musasa Project

FST (Family Support Trust)

SAYWHAT (Students and Youth Working on Reproductive Health Action Team)

Meet the Behaviour Change Facilitators (BCFs)

The behaviour change programme is one of UNFPA's community interventions that generates demand for SRHR, HIV and GBV services. The programme uses a community-based approach to disseminate information through inter-personal communication. The programme supports families, couples and individuals.

The BCFs are community cadres engaged in the implementation of the BC programme, across its 4 components: home visits, parent-to-child communication, the community dialogues and the sista2sista programme.

BCFs also play a key role in administering the UNFPA recently launched GBV surveillance system. The GBV surveillance system is a community-based GBV prevalence data collection system, with the aim of addressing the challenge of a limited National GBV information management system.



During the data collection process, BCFs record relevant demographic information about the survivor, their relationship to the perpetrator, and their experience in seeking support services, which is then consolidated into an online database to be used by specialists. So far this year the BCFs have engaged over 410'800 households as part of their data collection efforts, the results of which will inform GBV responses going forward.

Last but not least, BCFs play a key role in engaging with communities during emergencies, such as the ongoing cholera outbreak, when they provided support with the dissemination of cholera prevention IEC materials, as well as life-saving information on the available GBV multi-sectoral services in most affected areas.

Quick facts Jan–Sept 2018



GBV prevention incorporated into
4 Community Engagement Programmes: Community dialogues, Parent-to-child communication, Sista2sista, Home visits



1,620 BCFs trained on the GBV Surveillance system tools



20,000 vulnerable women and girls reached with **life-saving information on Cholera prevention & GBV services** in affected areas

GBV Survivors engage in livelihood activities towards their independence



2,100 GBV survivors accessed OSCs
13,100 GBV survivors accessed community shelters



50% of survivors who were eligible for **Termination of Pregnancy** and opted for it, successfully accessed it

370 key population clients accessed SGBV health services



113 health personnel trained on **Clinical management of rape**

378 Health facilities frontline staff and management sensitized on GBV services

With the use of GBV 365 funding, backing has been given to community based shelters where survivors are able to seek refuge away from abuse and intimate partner violence (IPV).

Shelters play a pivotal role in the protection for GBV survivors through providing them with a safe space where they can access multi-sectoral GBV services.

Among the services offered at the shelters are referrals to medical and psycho-social support, legal assistance and life-skills support in the form of livelihood projects, with a focus on small scale chicken rearing, garment making and market gardening. These efforts help to ensure that survivors are aided in becoming self-sufficient, while also supporting the shelters in raising income to become self-sustainable. The engagement of the local community in the skills development and livelihood initiatives carried out at the shelters is also key in order to

ensure sustainability and ownership of the shelters themselves.

Over 1,400 survivors have accessed community-based shelter services, including the livelihood activities which helped them break free from financial dependence on their abusers and to escape the cycle of IPV.



The Mbare GBV Clinic: supporting high density Urban areas with GBV Health services

From September 2018, UNFPA have committed to supporting the City of Harare in the running of a pre-existing SGBV clinic in the high-density Mbare suburb of Harare.

Mbare is characterised by poverty, overcrowded living conditions, high rates of sex work, including young girls selling sex, and substance abuse, all risk factors for increased exposure to sexual abuse.

The GBV clinic was launched in the suburb with the support of MSF (Doctors Without Borders) in 2011. Since then the clinic has provided treatment to a total of over 8,000 survivors of sexual violence, at a steadily increasing rate, and also acted as training centre for medical staff from the various other municipal clinics on SGBV management.

With the transition away from MSF support this year, UNFPA formally arranged to partner with the City of Harare in the running of the clinic, up to December 2020, by which time, with UNFPA support, the City of Harare will have developed the capacity for the clinic to remain running as a sustainable and self-sufficient entity.

In the spirit of leaving no-one behind, the support to the Mbare GBV clinic aims to continue providing accessible SGBV services for survivors in Harare high-density areas, in order to reduce HIV infections and unintended pregnancies associated with sexual violence, and to provide a platform for linking SGBV survivors to other necessary services.

Enhancing GBV Data collection and utilization

GBV Data is crucial to inform transformative programming.

UNFPA engaged in a series of Data collection initiatives aiming at providing data sets previously not available or updated in country.

The GBV KAP Baseline Survey

A baseline assessment on GBV Knowledge, Attitudes and Practices (KAP) was carried out in the 20 supported districts.

The assessment sought to establish GBV knowledge, attitudes and practices, ascertain how these influences occurrences/incidences of GBV. It also generated benchmark information upon which progress will be measured throughout implementation of the GBV Programme.

The assessment also provided data to inform programs, including refining of baselines and the performance targets.

The engagement of Behaviour change facilitators (BCFs) in the data collection demonstrated the efficacy,

both programmatic and financial, of alternative GBV data collection methods to counterbalance the limited functionality of the GBVIMS in Zimbabwe.

The survey also aimed at strengthening the capacity of community cadres on data collection, while enhancing the government accountability of the programme, in the long run.

The GBV Surveillance System

A GBV community surveillance mechanism in the UNFPA 20 focus districts was set up in partnership with the demand generation NGO partners to generate data for GBV, facilitate awareness raising on GBV, identification of SGBV survivors and creating demand for services. the system is aimed at addressing challenges of the GBV Information Management System.

The system has been integrated in existing community interventions which promote interpersonal communication, such as the home visits, which can play a significant role in shifting perceptions and changing attitudes and practices.

Prevalence data collection was piloted in the 20 supported districts covering 5 provinces from June 2017.

Support to the ICDS

The programme supported the 2017 Inter-censal Demographic Survey (ICDS), which for the first time collected data on Child marriage in the context of a census operation.

The 2017 ICDS data on child marriage is the baseline and most up-to-date data for SDG indicator 5.3.1 on "Proportion of women aged 20-24 who were married or in a union by age 18" under SDG target 5.3 which seeks to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations".

In addition, the 2017 ICDS collected sex and age disaggregated data on education, labour force participation, disability and living conditions, which is relevant to the entire SDG 5 which seeks to "achieve gender equality and empower all women and girls". The ICDS data also meets the needs of eighteen other SDG indicators, and is being used to update the sampling frame for upcoming surveys such as the 2019 Multiple Indicator Cluster Survey (MICS).



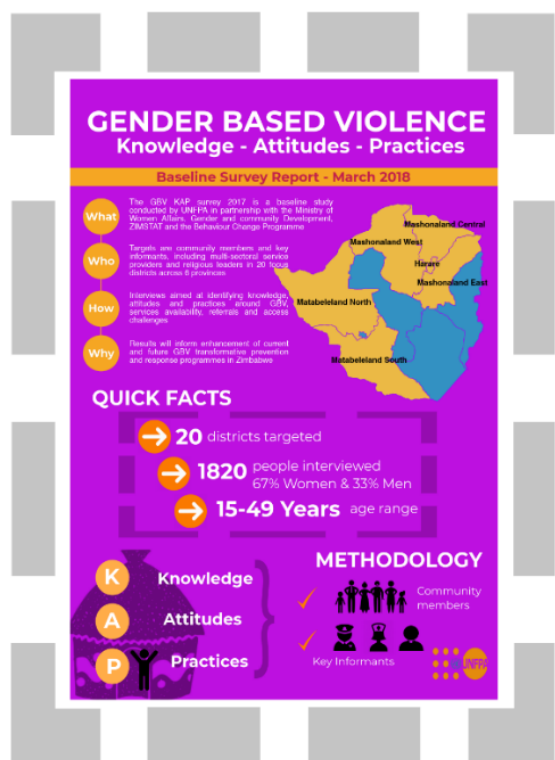
1,820 people interviewed under the **GBV KAP Baseline survey**



410'812 households engaged in the **GBV surveillance system**



ICDS and MICS supported with GBV data collection



The ADVC Strategic Plan: Towards better coordination



**ADVC Strategic Plan
2018 - 2020 Finalized**

In March 2018, the Anti Domestic Violence Council (ADVC) of Zimbabwe finalised its strategic plan for 2018-2020.

The Domestic Violence Act places the ADVC at the heart of the GBV sector, and commits it to coordinating and collaborating with partners to prevent domestic violence, educate society, and advocate for justice on behalf of all survivors of domestic violence.

Membership of the ADVC consists of government institutions, the police services, as well as churches and civil society organizations concerned with welfare of children and women.

As part of the strategic plan, the ADVC committed to developing a curriculum for training all councillors of the ADVC, its staff members, all ADV practitioners from sector agencies & stakeholder institutions on technical & legal issues relating to domestic violence and GBV, and on case management, including disclosure, referrals, Survivor monitoring, perpetrators' rehabilitation and remedial justice.

The ADVC will also map all stakeholders who share interest in the ADV sector, define their roles and establish thematic clusters for the different sector players, as well as developing and launching a minimum package of ADV services for delivery through the service provider network and care centres.



**11 Coordination quarterly
meetings
with all national GBV
stakeholders conducted**

Furthermore, the ADVC, jointly with the Ministry of women affairs, has planned to hold consultations with Faith Based Organisations to define their contribution towards reducing child marriages in the country.

From December, the ADVC council has also committed to hosting an online GBV information portal which will act as resource for survivors and the general public on GBV support services and knowledge on GBV, and as a collaborative space for GBV service providers and stakeholders throughout the country.



**GBV National coordination
Forum operational**

All of these activities, and the strategic plan as a whole, are aiding the ADVC in working towards its long term goals of decreasing reported cases of domestic violence by 100% by the year 2030.

The Finalised strategic plan will be launched in the coming months, and will constitute a key guidance for the upcoming work of the ADVC in GBV prevention and response.



UNFPA supports women and girls in Emergencies

GBV exposure increases during emergencies. The Zero Tolerance for GBV 365 programme efforts on humanitarian response include a range of interventions from prevention of GBV, needs assessments, rapid response and capacity building of GBV specialized and non specialized actors on GBV in humanitarian.

In April 2018, UNFPA in partnership with UNHCR reached out to girls at Tongogara refugee camp where a sensitization session was held on the negative SRHR consequences of Child marriage and the importance of remaining in school in order to fulfill their potential.

UNFPA also distributed over 300 dignity kits to girls of school age (12-17 years) at the camp. Dignity kits represent a mitigation strategy for GBV, especially in the form of transactional sex, as well as constituting an entry point for the dissemination of critical information on available GBV services at the camp.



Each kit includes basic hygiene items such as sanitary pads, bathing soap and a multi-purpose wrapper.

"This distribution is a big thing to us, because for us young girls, pads are very important," says a 16-year-old girl originally from Burundi. "The pads are not available at tuckshops in the camp and on the few occasions that they are available, we do not have the money to buy them."

Sometimes we miss school and do not leave our homes because we cannot freely walk around without the appropriate sanitary towels."

In October 2018, UNFPA joined other UN Agencies to support the Government of Zimbabwe in the response to Cholera outbreak in Harare, with the dissemination of 485 dignity kits and life-saving information on available services for GBV survivors in the most affected areas of Glenview and Budiriro.



300 girls at Tongogara refugee camp sensitized on the negative SRHR consequences of **Child Marriage**



100 GBV specialized actors trained on GBV in Emergencies preparedness and response & on IASC Guidelines for **integrating GBV interventions** in humanitarian action



485 dignity kits distributed to most at risk women and girls in Cholera affected suburbs

COMING NEXT..

