
STRENGTHENING AND ENHANCING ACCOUNTABILITY TO GENDER BASED VIOLENCE IN ZIMBABWE



2020 National Gender Forum Final Report

December 2020

LIST OF ACRONYMS

Acronym	
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Civil Society Organisation
GBV	Gender Based Violence
MWACSMED	Ministry of Women Affairs, Community Small and Medium Enterprise Development
NAC	National AIDS Council
NGOs	Non-Governmental Organisation
PWD	People with disabilities
PVFU	Provincial Victim Friendly Unit
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health Rights
WCoZ	Women's Coalition of Zimbabwe
ZBC	Zimbabwe Broadcasting Corporation
ZEC	Zimbabwe Electoral Commission
ZGC	Zimbabwe Gender Commission
ZRP	Zimbabwe Republic Police

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1. INTRODUCTION

1.1. Purpose of the report

This report presents findings of the 2020 National Gender Forum (NGF) that was convened virtually on the 10th of December 2020. The report contains synthesised findings from Provincial Gender Forum Meetings convened in the country's nine provinces from 17 to 27 November 2020 and the NGF that was convened in Harare.

1.2. Purpose of the National Gender Forum Meeting

The Zimbabwe Gender Commission (ZGC) annually convenes a National Gender Forum in accordance with Section 8(1) of the Zimbabwe Gender Commission Act (Chapter 10:31), which states that the ZGC should annually convene and host a National Gender Forum to discuss any issues related to the Commission's mandate and functions. This is also in line with Section 246 of the Constitution and the Gender Commission Act which mandates the Commission to monitor gender equality issues, conduct research, investigate gender related violations and recommend changes to laws and practices.

The 2020 NGF focused on GBV under the theme *Strengthening Accountability to end Gender Based Violence in Zimbabwe*. Gender-based violence is a human rights violation and a hindrance to gender equality and human development. The country has witnessed an increase in gender-based violence over the years. This increase has also been exacerbated by the current economic hardships that continue to disproportionately affect the vulnerable and marginalised groups, the majority of whom are women and girls. It is therefore, imperative that a platform is created to assess the differential impact of GBV on women and girls and to the country's development discourse with the view of coming up with appropriate strategies (legislative, policy, institutional or programmatic) of addressing these.

The NGF was preceded by Provincial Gender Forum (PGF) meetings that were convened across the country's provinces. The PGF meetings were convened against the background of inclusivity and decentralisation ensuring that key stakeholders at provincial level participate and contribute to national discourse whilst acknowledging the prevalence and alarming statistics of the GBV issues at all levels including the grassroots level. Because the NGF could not be convened physically because of COVID-19 regulations that prohibit large gatherings, PGF meetings were thus convened to gather inputs and views of provincial stakeholders through provincial level meetings with limited numbers of participants. Findings and recommendations of the Provincial GF meetings informed the annual National Gender Forum.

1.3. Methodology

1.3.1. Provincial Gender Forum Meetings

The 2020 NGF data gathering process started at provincial level with the convening of the PGF meetings. The Provincial Gender Forum meeting targeted to gather a maximum of 50 key GBV stakeholders in each province in line with Government COVID-19 response regulations but however, an average of 70 participants attended each PGF meeting. Government COVID-

19 regulations entailed adhering strictly to physical distancing, wearing of masks and application of sanitizers.

GBV stakeholders in each province were drawn from the following institutions, amongst others:

- Relevant Government Ministries
- Independent Commissions
- Non-Governmental and Community Based Organizations
- Men's Organisations
- Organizations representing people with Disabilities
- Youth Organizations
- Faith Based Organisations
- Traditional Leaders
- Media Organisations
- Private Sector Organisations
- Judicial Services Commission
- Church Umbrella Body Organisations
- The Police-Victim Friendly Unit
- Academic Institutions

In setting the context for discussions, the facilitator together with the ZGC provided an overview of the GBV situation in the country, highlighting key indicators and statistics on the different forms of GBV prevalent in the country. After situation analysis presentation, stakeholders were then grouped into seven groups according to the following seven thematic areas that the ZGC is focusing on this year:

- Gender Based Violence and the Economy,
- Gender Based Violence in Humanitarian Crises such as COVID 19, climate change disasters including cyclones, floods, droughts
- GBV in the world of work - Eliminating Sexual harassment in the World of Work,
- GBV and access to SRHR services,
- GBV and the society - GBV prevention, gender norms, stereotypes, socialization and their impact on gender equality,
- GBV Legislative and Policy frameworks and institutional mechanisms in place
- GBV and Elections

The thematic groups were then requested to: (a) interrogate the GBV situation in their respective provinces in respect of the thematic group that they were put into; (b) discuss the impact of the GBV situation in the province; and (c) proffer actionable recommendations for addressing the identified GBV challenges related to that thematic area, clearly outlining accountability mechanisms and stakeholder roles in tackling the challenge. Each thematic group was provided with a specific set of questions to guide the group discussions. The specific questions are in the annex of this report.

After the discussions, groups were then requested to make presentations of their findings and recommendations in a plenary, where participants made contributions or asked for clarifications on the presentations. The proceedings were all captured and documented for the purposes of this report.

1.3.2. National Gender Forum

As has already been mentioned in proceeding sections, the NGF was convened virtually in Harare in line with COVID-19 regulations. Around 90 national level participants attended the NGF. Participants were drawn from national level representatives of most of the institutions that attended the PGF meetings. In addition, Members of Parliament also attended the NGF meeting.

Synthesised findings and recommendations from the PGF meetings were presented to the audience by the two consultants who facilitated the provincial dialogue meetings. The purpose was to make the national stakeholders aware of the key GBV issues that emerged from the PGF meetings for consideration at the NGF. One of the presentations on focused key issues emerging and recommendations around Prevention and the other papers focused on Response.

Following the two presentations by the consultants, the following nine presentations were made by key stakeholders, providing a reflection of the overall situation for each thematic areas, efforts currently being made to address GBV issues in those thematic areas and recommendations on the way forward.

1. Ministry of Women Affairs – Strengthening multi-sectoral coordination role on GBV,
2. Ministry of Higher and Tertiary Education – Eliminating sexual harassment in tertiary institutions,
3. Ministry of Public Service, Labour and Social Welfare – Elimination of GBV in the world of work place and measures to ensure social safety nets,
4. ZWLA - Legal and Policy Framework on GBV and SGBV and the gaps
5. Musasa - Psychosocial support to victims of GBV
6. WIPSU - GBV and Elections
7. Padare – Male involvement in Ending GBV
8. Deaf Zimbabwe Trust – People with disability risk and exposure to GBV
9. OXFAM – GBV mitigation in Humanitarian crisis

During the presentations, participants made their contributions through the chat facility and these were all captured in considered in this report. UN Women gave a reflection on the discussion, highlighting key priority areas for GBV as we move into the New Year. Member of Parliament and the chairperson of the Portfolio Committee on Women Affairs, Community and SME's Development also provided her reflection on key priority for GBV and the role that Parliament can play in strengthening the legislative framework.

2. KEY GBV ISSUES EMERGING FROM THE NGF AND PGFs

2.1. Introduction

The key GBV issues that emerged from the NGF and PGFs are presented under this section. The issues are presented according to the thematic areas defined by the Zimbabwe Gender Commission (ZGC) for the 2020 NGF. For each thematic area, an overview of the GBV situation, impact, gaps and challenges is provided followed by recommendations proffered to

address the identified gaps and challenges, with clearly outlined accountability roles for tackling the GBV challenges identified.

2.2. Overview of the GBV Situation in the Country

Stakeholders who participated in the PGFs and the NGF unanimously agreed that GBV is a scourge in the country which requires increased efforts and resources to be effectively tackled. Stakeholders also observed that GBV prevalence is on the increase despite the prevention efforts of government and its development partners. The Government has also showed commitment to tackling GBV by being party to the following regional and international treaties and commitments, among others:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- Beijing platform
- Protocol to the African Charter on Women's Rights
- SADC Protocol on Gender and Development
- Sustainable Development Goals – of particular interest target 5.2 is to *“eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation”* and target 5.3 is to *“eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”*.

It was also noted that the Government has progressive legislation aimed at combating GBV. This legislation includes the following:

- The **Constitution of Zimbabwe** – **section 17** on women's equal participation in all spheres and protection from domestic violence among other concerns, **section 56** on equality and non-discrimination on grounds of sex and gender, **section 78** on prohibition of child marriage
- The **Domestic Violence Act** - makes provision for the protection and relief of victims of domestic violence (wide definition of domestic violence)
- **Criminal Law Codification and Reform Act** – criminalizes rape and other sexual offences, including marital rape and wilful transmission of HIV.
- The **Labour Act** makes provision for sexual harassment in the workplace – advocacy for Sexual Harassment Act to be put in place for better response.

Despite all these efforts GBV is unacceptably high in the country. Studies on GBV conducted over the past two decades show that GBV has been consistently high. The studies have shown that in Zimbabwe, **one in three women** between the ages of 15 and 49 have experienced physical violence, and about **one in four women** have been sexually violated since the age of 15.

The recent Multiple Indicator Cluster Survey (MICS, 2019) has revealed that GBV prevalence has remained consistently high. The study revealed that among women aged 15-49, 39.4% have experienced physical violence since age 15 in Zimbabwe which is higher than the global average of 35 % of women having experienced either form of sexual violence in their lifetime. The same MICS report also shows that 11.6% of women have ever experienced sexual violence, 5.1% experienced sexual violence in the 12 months preceding the survey.

The study also revealed unacceptably high prevalence of child marriages in the country with 5.4% of women aged 20-24 having married before 15 (compared to 0% for men) and 33.7% having married before turning 18 (compared to only 1.9% for men).

ZIMSTAT 2020 statistics show an increasing trend in terms of GBV prevalence. In 2019, a total of 18, 021 GBV cases were recorded while around 20,000 were recorded each year between 2017 and 2018. In 2016, ZIMSTAT revealed that there had been a 42% increase in rape cases over the past six years, which translated to at least 21 women raped daily or one woman sexually abused every 75 minutes.

Stakeholders in the NGF and the PGF agreed that the high prevalence of GBV despite current efforts to curb the scourge, indicates the need to consider alternative strategies and to invest more in prevention activities across the country. The prevalence is much likely higher than the current GBV statistics as most of the cases go unreported due to a number of factors, among them economic insecurity of the victims, fear of being ostracised by the family of the perpetrator and lack of financial resources to successfully pursue a GBV case.

2.3. Gender Based Violence and the Economy

There was unanimous agreement across all the forums that GBV and the economy are mutually reinforcing. The current macro-economic climate of the country, which is characterised by high unemployment, high inflation, high poverty levels, shortage and unaffordability of basic commodities such as food, water, health services and education. The impact of the failing economy is disproportionately affecting women compared to men owing to compounding structural, social and gender equality issues. This has resulted in the feminisation of poverty as women have limited access and control of productive assets and resources to be sufficiently resilient during these times of economic difficulties. Consequently, women and girls have adopted survival strategies that ultimately expose them to the high risk of GBV. These survival strategies include sex work and participation in male dominated economic activities such as artisanal mining where GBV is reported to be common.

The majority of economically active women are in the informal sector, where conditions of work are poor and where the returns are very small. This has not only exposed women to sexual exploitation and abuse within the informal working environment but has also left women with limited access to and control of productive assets which forces them to be economically dependent on men. Without economic independence, most women end up enduring abusive relationships and are unlikely to report cases of abuse for fear that if the bread winner is arrested, the family will face economic misery and uncertainty.

Stakeholders also reported that, because of economic hardships, it has become imperative for both husband and wife to engage in livelihood activities as some men are failing to cope on their own. In some cases, women are increasingly becoming breadwinners and this upset in the gender roles has exposed them to increased rates of GBV. With growing economic independence, most men feel insecure and in effort to try and control the women, GBV can arise.

The difficult economic environment and lack of local economic opportunities has compelled both women and men into unsafe irregular and unsafe migration into neighbouring countries in search of greener pastures. Often, these women who go through irregular crossing points risk sexual abuse and rape by bandits roaming the border areas. They are also sexually exploited by security agents who control the border areas in exchange for passage into the neighbouring country. This problem was noted to be a big challenge in Matabeleland South Province along Beit Bridge border lines with South Africa.

Poverty has led to an increase in child marriages across most of the provinces such as Manicaland, Mashonaland Central and Matabeleland South. Young girls are getting married before they attain the legal age of marriage (18 years) as a way of escaping from poverty. The girls, some of whom will have dropped out of school because of lack of financial resources, end up opting for marriage as a way of escaping poverty. Some are pushed into marriage by their parents, who consider marrying off the girls as a reduced burden on the family.

The high unemployment rate in the country has left multitudes of young people idle. This has led to some of the young people resorting to drug and alcohol abuse, which correlates with increased incidences of GBV. Some young women were reported to be engaging in transactional sex in order to have access to drugs.

Stakeholders also noted that responding to GBV has been costly to the economy in terms of providing health, legal, socio-psycho support, security and shelter to the survivors. The Government is hamstrung by lack of financial resources and has hence failed to adequately respond to GBV, leading most of the GBV programmes being supported by external donor partners.

2.4. Gender Based Violence in Humanitarian Crises

Stakeholders noted that there has been a close link between humanitarian disasters and GBV. Zimbabwe has experienced a series of humanitarian disasters including COVID-19, Cyclone Idai in Manicaland Province and recurrent droughts in all parts of the country. Disasters increase the vulnerability of women and girls to GBV.

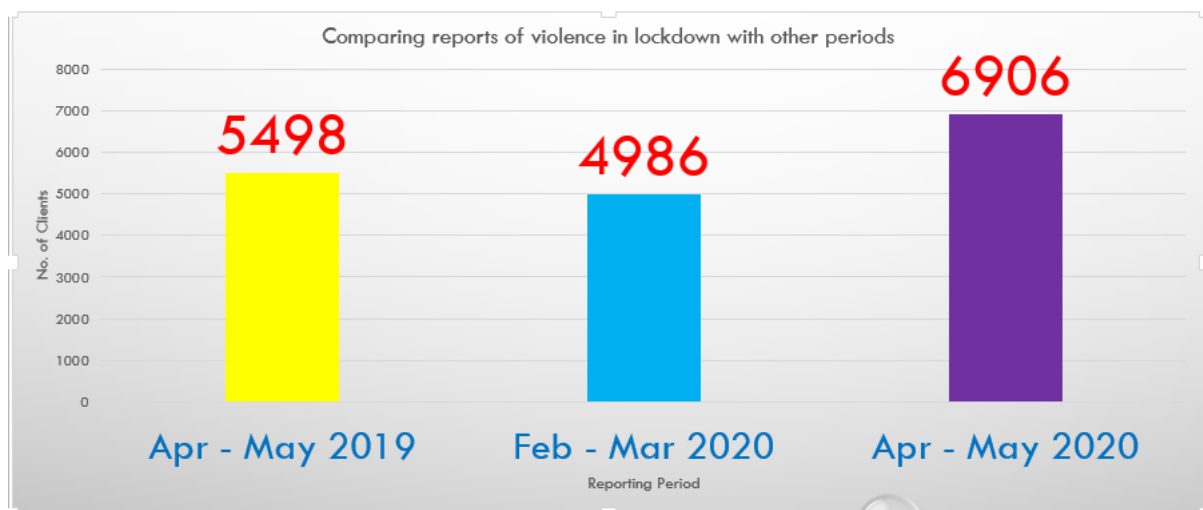
When disasters strike, such as Cyclone Idai and climate change induced droughts and floods, some of the critical needs that emerge include food, shelter and security. Given that women are traditionally bestowed with the burden of providing food to the family, they are at the forefront in looking for food for the family in emergency situations, which increases their vulnerability to GBV. In an effort to feed their children in desperate situations, women end up being exploited by relief service providers such as humanitarian workers, security services and local leaders. Stakeholders in Manicaland and Masvingo province reported that they received several cases of sexual exploitation of women in exchange for food by relief workers and security forces during Cyclone Idai and the Tokwe-Mukosi floods.

GBV cases also arise from incidences where men suspect that their wives are engaging in transactional sexual relationship with relief and security personnel in order to access food. After spending several hours away from home searching for food, women are often accused of spending their time with relief aid workers in sexual transactions leading to intimate partner violence.

Emergency infrastructure set up to shelter victims of disasters was noted to be gender insensitive as the whole family could end up sharing a room. This not only exposes young children to sexual abuse by live-in relatives, but it also exposes them to sexual acts of their parents or care givers. It was noted that in Chimanimani, survivors of the Cyclone Idai disaster are still living in single room tents. Stakeholders recommended that there is need for more gender sensitive approaches to handling humanitarian disasters.

Just like the rest of the world, Zimbabwe was hit by the COVID-19 pandemic in March 2020 which prompted the government to impose movement restriction measures in order to reduce the chances of spreading the highly infectious virus. The restrictive measures included a lockdown, where non-essential workers were restricted to their homes for close to a month. The movement restrictions exposed families to long periods of confinement at a time when these families experienced food shortages, a decline in their economic activities and anxiety about their future. The tension in the households often exploded in the form of GBV. Women and children were also exposed to the risk of sexual abuse because of these long periods of confinement. The restrictions on movement also meant that victims of GBV could not easily access GBV services nor report their cases because in order to access the service providers, they had to go through a series of roadblocks and with a letter authorising their movement as essential. Resultantly, many GBV victims suffered in silence.

GBV statistics during COVID-19 outbreak increased dramatically, showing the linkages between the pandemic and the humanitarian disaster. The table below shows reported cases of GBV before and during the outbreak (ZimStat, 2020).



Comparing the GBV figures between April and May 2020 when COVID-19 broke out with the same period a year before shows that there was a 25% increase in GBV cases from 5,498 in April-May 2019 to 6,906 cases in April-May 2020. There was a 39% increase in GBV cases from just a month before the outbreak to one month after COVID outbreak. The above statistics indicate a strong relationship between GBV incidences and the onset of a disaster.

Across the provinces, it was noted that there were cases of child pregnancies and marriages triggered by COVID-19 restrictions. Because children were spending most of their time idle at home, they were exposed to abuse or they found time for sexual relationships which resulted in some of the children dropping out of school because of pregnancy or for the purposes of getting married.

2.5. GBV in the World of Work

In the world of work and in tertiary institutions of learning, GBV was noted to be prevalent across all the provinces by the stakeholders. The most prevalent form of GBV is sexual

harassment which emanates from the fact that there are unequal power relations between men and women as only 17% of economic decision-making positions in the country are occupied by women. As a result, women are exposed to sexual exploitation as they seek employment, promotion or monetary rewards from their work. With the rate of unemployment so high, many women fall prey to sexual predators in exchange for employment opportunities. Some women in the informal sector are joining men in male dominated economic activities such as artisanal mining where they are exposed to GBV by violent gangs and engage in transactional sex.

Sexual exploitation was also noted to be common in tertiary institutions where young women are sexually exploited in exchange for pass marks. The young women are also sexually exploited for food as some of them are from poor families who cannot adequately provide for these young women.

Sexual harassment in the world of work is however under reported because of fear of victimisation by the powerful men in power. Some of the workplaces do not have elaborate policies on sexual harassment nor gender equality policies that can provide a framework for recourse to justice for the victims of sexual harassment. This is compounded by the fact that sexual harassment is not taken as a serious offence in the workplace as it is simply classified as an unfair labour practice under Section 8 of the Labour Act and not as criminal offence.

2.6. GBV and Access TO SRHR SERVICES

Women at times experience GBV when they seek SRHR services by spouses due to cultural and religious reasons. In Manicaland and Mashonaland Central, it came out that some men are not comfortable to have their wives' access SRHR services such as family planning contraceptives, condoms, ARVs and STI treatment. In some cases, the denial is based on religious reasons particularly from churches that do not believe in accessing hospitals and modern medicine and those opposed to the use of contraceptives. Traditionally some men think that if their women have access to family planning services such as condoms and birth control pills, they will have less children than the number desired by the men and that they are also prone to engaging in sex work fully knowing that they will not get pregnant. Some men also demand unprotected sex from their spouses even if the spouse feels vulnerable to HIV infection because of the sexual behaviour of the husband. Others prohibit their wives from accessing STI treatment fearing exposure in the community and insist therefore that their spouses should resort to the use of traditional herbs for cure. Some women also fail to access SRHR services after being denied economic resources by their husbands to travel to seek for services.

In the above circumstances, some women have had to access SRHR services clandestinely without the knowledge of their husbands. Upon discovery, this often leads to GBV as the men feel "betrayed" by the actions of their spouses. Parents are also denying their children from accessing some SRHR services such as birth control pills and condoms because they feel that this promotes promiscuous behaviour. Without access to these SRHR services, some of the girls have had to drop out of school because of adolescence pregnancy.

In cases of sexual abuse, victims are denied SRHR services by the perpetrators for fear of being exposed and arrested once the victim accesses clinics or other health service providers.

The situation was compounded by the COVID 19 restrictions and lockdown which made it difficult for women seeking SRHR services to access them. At times they were asked by the security forces at roadblocks to show their health cards or show evidence of the type of services that they were going to access. Such demands exposed the service seekers to humiliation and invasion of privacy, which many were not comfortable with.

In Lupane, it was disclosed that young girls who get pregnant are sometimes not willing to seek SRHR services because of the stigma and humiliation that they endure from service providers who were accused of “acting as mothers and moralist” and not as professional service providers who should offer services without showing any biases.

2.7. GBV and the Society

Across all provinces it was noted that GBV is rooted in gender norms, stereotypes and socialisation that promotes patriarchy which assumes that women are subordinate to men. These norms have promoted harmful practices, some of which are listed below:

- Child marriages
- Forced marriages.
- Child pledging
- Wife inheritance
- Virginitiy testing
- Labia elongation (which is defined by WHO as FGM)
- New daughter in law sleeping first with father-in-law.

The above harmful practices were noted to be still prevalent across provinces and are driven by poverty, tradition and religion. Child marriages were noted to be mainly driven by poverty and religion, where families in poverty situations marry off their daughters in expectation of financial and material returns. Some of the young girls also prefer being married in an attempt to escape from poverty and in most cases after dropping out of school due to financial constraints. In other cases, some religions promote child marriages to ensure the girls get married while still being “pure”. Such girls are forced to drop out of school early to prevent them from being “contaminated” through prolonged exposure to education. This was reported to be common in all provinces but particularly more pronounced in Manicaland and Mashonaland Central Provinces.

Other harmful practices such as wife inheritance were on the wane, although cases were still being noted in other provinces such as Mashonaland West. The practice has declined over the years in the advent of HIV. Virginitiy testing is still being practised in some churches, though clandestinely, as a measure to “*promote the morality of the girl child so that they get married while still being virgins*”. The practice however exposes the girl child to extreme humiliation (for those that are not pronounced virgins) and puts them at the risk of child marriages and sexual abuse by the church elders. Those that are not identified as virgins are blackmailed into marriage by church elders, while those that are pronounced virgins became targets of the same old men in the churches. Such practices were noted to be prevalent in Masvingo Province.

The practice of labia elongation by women has been classified by the World Health Organisation as Female Genital Mutilation because of the health risks that the practice carries.

This practice was reported across all provinces and was done by women with the hope of pleasing their partners or spouses sexually. During the workshops, some women argued that there was nothing wrong with the practice while others argued that the practice has health effects. The practice is however rooted in the patriarchal believe that women should engage in sex primarily for the pleasure of their partners or spouses.

In the two Matabeleland Provinces, it was mentioned that some ethnic group have a practice where a new bride has to sleep with the father-in-law first before sleeping with the husband when she gets married. While others argued that the practise is now moribund, others argued that it was still in existence though on a reduced scale. The uncertainty over the existence of this practice calls for a study or investigation to establish the true facts of the matter. If the practice is in existence, it exposes young women to gross GB violations that expose them to high risks of contracting STIs and HIV.

The issue of lobola was identified as a norm that fuels GBV. Men after paying lobola during traditional marriages, consider women to be their “property” because of the perception that they have “bought” them. Women are therefore exposed to intimate partner violence for “insubordination” with most men wanting to dominate in decision making within the home on the basis of lobola payment. There was no agreement on the way forward with regards to lobola, but many felt that the commercialisation of lobola was one of the key reasons fuelling intimate partner violence.

The concept of chiramu/sibale, where it is culturally permissible for a husband to physically caress his wife’s young sister is a practice that often leads to sexual abuse. Some of the young girls have fallen pregnant after being sexually abused by their brothers in law. Though on the decline, the practice is still common across provinces. In Mashonaland Central province, the concept of *Kupindira*, where it is an acceptable practice to ask a relative to have sex with another relative’s wife for the purposes of concieving after the couple would have failed to concieve, was reported to be still alive in some communities. In most cases, the woman is forced to consent to the sexual encounter for fear of being divorced by her husband if they fail to concieve.

Although men were also noted to be victims of GBV, very few were reporting because of negative masculinities. From a patriarchal perspective, men are regarded as strong and dominant. If they are abused and report the abuse they are labelled “women”, weak and under “petticoat government”. This perception of masculinity has resulted in abused men not reporting their cases and suffering in silence.

2.8. GBV Legislative and Policy Frameworks and Institutional Mechanisms

As part of GBV prevention, Zimbabwe has promulgated several pieces of legislation meant to combat GBV. The legal framework was regarded by stakeholders as largely progressive but with several loopholes that need to be plugged.

Stakeholders noted that currently Zimbabwe does not have a minimum mandatory sentence for rape and sexual violence which leaves sentencing at the discretion of magistrates and judges. This has led to situations where at times felonies such as stock theft receive stiffer

sentences than rape cases. In 2019 there seemed to be movement when some steps were taken towards finalizing the mandatory sentencing for rape and sexual offences bill and this critical piece of legislation needs to be finalised.

It was noted that sexual harassment is seen as a light offence in Zimbabwe, and this is reflected in the current legal framework where it is simply classified as unfair labour practice under section 8 of the Labour Act. The following are some of the key limitations of the National Labour Laws:

- There is no definition of sexual harassment in the workplace
- An employer can be held liable to civil remedies only
- The penalties for unfair labour practices in terms of 6 (1) (2) as read together with Section 89 of the Labour Act are compensation and criminal sanction. These remedies are clearly general penalties which apply to all unfair labour practices
- The laws do not provide for special structure/process such as counselling and the workplace to deal with such cases.

Stakeholders felt that the Domestic Violence Act is not comprehensive on harmful cultural practices and does not criminalise emotional and psychological abuse. Emotional and psychological abuse can lead to murder and suicide and hence mechanisms of criminalising these GBV acts need to be put in place to ensure that all aspects of GBV are catered for by the relevant pieces of legislation.

In terms of the Criminal Law Codification and Reform Act, stakeholders felt that there has been delayed alignment with the constitution particularly on the issue of age of consent to sex (16 years) and age of consent to marriage (18 years). These provisions need to be harmonised. It was also noted that the Act does not provide a remedy or cushion for victims of rape as it only provides for the punishment of the perpetrator.

Shortcomings were identified with the proposed Marriage Bill. It was noted that the Bill does not state the age of consent to sexual intercourse. While the Bill criminalises child marriages it does not cushion or provide structural support systems for children who find themselves or are forced into marriages.

Concerns were expressed on accessibility of some of the relevant legislation by people in rural areas. The legislation is also not in vernacular languages which makes it inaccessible to most people without a strong comprehension of the English language. Simplified versions of the legislation, in vernacular will help the ordinary people to have a better understanding of the legal provisions on GBV.

In terms of the institutional framework for fighting GBV, weak coordination among stakeholders in the multi sectoral coordination framework was noted to be one of the key gaps. Some institutions in the national GBV response protocol were duplicating their work, were not conducting joint planning and therefore not rationalising their activities in a manner that will bring efficiency to the GBV response. Lack of a centralised and inter-operability GBV data

base makes it difficult to have an overview picture of the GBV response landscape in the country.

Funding of GBV programmes was noted to be mainly coming from donor partners, while government contribution is very low (around 10%). This funding situation is not sustainable in the long term and in the event of declining donor funding, some of the gains made in fighting GBV will be stalled or even reversed. Key institutions such as the ADVOC, VFU, VFC, health service providers and department of social development are hamstrung by lack of adequate financial, human and material resources which has reduced their effectiveness in responding to GBV.

Within the judiciary, stakeholders noted that the wheels of justice are slow to turn. Several GBV cases have been withdrawn or not followed up on because the cases take too long to complete, and in some instances up to two years. Given that most of the GBV survivors are poorly resourced, it is difficult for these survivors to continue to follow up on their cases because that would require financial resources. At times the GBV cases are postponed several times leading to fatigue on the part of the GBV survivors seeking justice. The Judiciary Services Commission stakeholders that attended the workshops admitted that it is taking very long for them to conclude GBV cases and this is largely because they are under resourced and understaffed and at times they prioritised non –GBV cases leading even to further delay.

2.9. GBV and Elections.

GBV related to elections was noted to be common across all the provinces although statistics were not readily available. Women aspiring for higher positions in their parties and during national elections were often subjected to emotional, sexual and physical violence towards, during and after elections across all provinces. Their male competitors and supporters often labelled these aspiring women with derogatory names such as “Prostitutes” or “witches” as part of smear campaign to deflate their ambitions. Women are also abused on social media and there are also cases of physical assaults and rape that were reported by some of the provincial stakeholders. This has resulted in low participation of women in political parties and in national and local government elections.

Stakeholders noted that female aspiring candidates in elections, particularly young women, face a high risk of sexual abuse in the process of seeking election. In most cases, the aspiring female candidates lack adequate resources to fund their campaigns leading to sexual exploitation by men with top positions within political parties who are also well resourced. These men demand sexual favours in exchange for election funding support or even nomination to represent the political party.

There were suggestions that the thematic areas on GBV and Elections should be broadened to GBV and Women Leadership and political participation to embrace the diverse elements of women participation not just in elections but in leadership and politics. In widening the scope, the broad range of inter-related GBV challenges that women face can be interrogated.

Tackling election related GBV has proved a challenge over the years. This is mainly because some of the instigators of the political violence are powerful politicians. This makes it difficult for stakeholders in the GBV response protocol, such as the police, courts and health service providers to offer services to victims of the violence for fear of being victimised themselves. Because of their fear the real extent of the violence will remain largely unknown.

3. CONCLUSION

The main conclusion drawn from the NGF and the PGFs is that there is realisation that GBV in all its forms remains a challenge across the country despite current prevention and response efforts by the Government supported by its development partners. This therefore calls for more innovative approaches, improved coordination for efficiency in resource utilisation, increased commitment by government to fund the GBV response, action research to feed into programming and establishment of an inter-operable data base and monitoring and evaluation system.

4. RECOMMENDATIONS

This section provides synthesized recommendations from the NGF and the PGFs. The first part provides overall recommendations for the GBV response, while specific recommendations for each of the thematic areas are also provided in the second part. Responsibility for auctioning the proposed recommendations is also included in the recommendations.

Thematic Area	Recommendation	Responsibility for auctioning
Overall	Implement the GBV Coordination Guidelines developed by the Ministry of Women Affairs for strengthened coordination of GBV stakeholders supporting the multi-sectoral response to GBV and for efficient utilization of resources, rationalization of activities and improved impact	MWACSMED
	Decentralize the Zimbabwe Gender Commission so that it is accessible and visible at community level for improved impact and influence on the GBV terrain	ZGC
	There is need for high level political compact on domestic funding for GBV by Government to reduce dependency on external donor funding which is not sustainable in the long-term	MWACSMED, ZGC, ADVC, CSOs, Donors
	Consider establishing community/village One Stop Centers for GBV which are cost effective and sustainable in the long term for both prevention and response initiatives. (Can learn from the Zambian experience of the Village Based One Stop Centers and pilot the concept in Zimbabwe)	
GBV & Legal Framework	Continued advocacy and lobbying for the harmonization of GBV related laws with the national constitution needs to be prioritized to ensure the process is completed as soon as possible	MWACSMED, CSOs, Ministry of Justice, Parliament
	Advocate and lobby for the review of national Labour Laws so that sexual harassment is legally recognized and criminal sanctions and compensation provided for	
	Make accessible simplified versions of the laws pertaining to GBV in vernacular to create awareness among communities	
	Advocate for the establishment of dedicated and specialized GBV Fast Track Courts to speed up the	

	processing of GBV cases for speedy justice delivery. (can learn from the experience of the Zambia GBV Fast Track Courts)	
GBV and Humanitarian Disasters	Mainstream gender in disaster response training for the CPU, Humanitarian agencies, security services and local leaders in emergency responses	MWACSMED, ZGC
	Empower communities affected by disasters on sexual harassment and rights and provide them with information on how to report sexual harassment or other rights violations	
GBV and Elections	Target and engage political leaders and their supporters with anti GBV messages throughout the election cycle	ZGC, ADVC, MWACSMED, ZEC
	Capacity build GBV service providers to enable them to provide services related to elections without fear or favour	
	Consider establishing situation rooms to monitor elections related GBV throughout the electoral cycle	
GBV and Social Norms	Increase the intensity and coverage of awareness creation programmes aimed at discouraging negative norms that perpetuate GBV. Increase coverage of male engagement programmes, including traditional, religious and political leaders	
GBV & the economy	Intensify economic empowerment initiatives for women in general and for survivors of GBV. The empowerment initiatives should be supported by entrepreneurial skills training	MWACSMED, CSOs, donors
GBV & in the world of work	Make it mandatory for institutions (both public and private) to develop gender equality policies and sexual harassment policies with specific guidelines on how to handle cases that occur in the institutions	ZGC, ADVC, MWACSMED,
	Advocate for the review of the National Labor Laws to ensure that sexual harassment is legally defined with specific criminal sanctions and remedies	ZGC, MWACSMED, Ministry of Justice, Parliament
GBV and SRHR services	Increase awareness creation activities on SHRH targeting men, traditional and religious leaders, women and young women as well as sources where they can access services	MWACSMED, CSOs