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Violence Against Women and Girls during the COVID-19 Crisis in Zimbabwe: Analysis of practice-based data from Women's Coalition of Zimbabwe

(Analysis of Data: March – May 2020)

July 2020

Executive Summary

Globally, emerging data has showed that violence against women and girls (VAWG), and in particular domestic violence, has intensified since the start of the COVID-19 outbreak, leading the UN to name VAWG as a 'shadow pandemic'. The outbreak and government measures to tackle it around the world, have been seen to exacerbate known drivers of intimate partner violence (IPV) and domestic violence such as increased stress at the household level, as well as lockdowns, social distancing or self-isolation making it harder for women and girls to escape abuse and access support.[1]

Economic shocks as a result of COVID-19 may also increase risks of violence outside of the home in the immediate term. Increased deprivation can leave vulnerable women and girls exposed to exploitation and abuse, including by duty bearers, especially where security and justice services have an increased role in society during the context of an emergency. In the longer-term public health emergencies can have a tremendous, sustained impact on livelihoods, especially for women and girls who are most marginalised due to disabilities, women or child-headed households, and sex workers leaving them more vulnerable to violence. Child marriage may also rise as an economic coping mechanism.[2]

In Zimbabwe, a nationwide lockdown was imposed on 30 March 2020 in response to the COVID-19 pandemic. Aspects of the lockdown were eased on 16 May 2020, but it was extended indefinitely. Whilst anecdotal reports suggested that incidence of VAWG was increasing in Zimbabwe in line with the evidence from other countries, no data was available to corroborate this trend. This study therefore sought to collect and analyse service-based data from five NGOs providing gender-based violence response services to women and girls, in order to contribute to the ongoing synthesis of VAWG data in Zimbabwe in the context of COVID-19. This report was commissioned by the Women's Coalition of Zimbabwe (WCoZ) to support advocacy efforts for the prevention of violence and strengthening of responses to VAWG.

This study does not measure the prevalence of GBV at population-level, but analyses and compare the data available from five NGOs providing GBV services over six months. These are the main non-governmental service providers who remained active during the C19 crisis in Zimbabwe. While this report gives us greater understanding of the nature, extent and specificities of the violence currently experienced by women, there are a number of limitations in analysis and interpretation of the data (see section 2.3 page 13 and Annex One for more details)

Key Findings

The key findings from the study are as follows (see the full set of findings in section 4):

▶ **There was a 38.5% overall increase in reports of violence to NGOs**[3] **providing services to VAWG survivors over the two months during lockdown** (Apr-May 2020) compared to the two months before lockdown started (Feb-Mar 2020). **Physical violence increased by 43.8%, emotional violence increased by 80.3%, and economic violence increased by 42.4%.** These overall figures mask an even more dramatic increase in reports received by virtual platforms (phone calls, whatsapp, sms). For example, the number of reports received by Musasa virtual helpdesks was multiplied by nearly 20 between March and April 2020. -

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[1] UN Women (2020) COVID-19 and Ending Violence against Women and Girls https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006
[2] Fraser, E. (2020) *Impact of COVID-19 Pandemic on Violence against Women and Girls,* VAWG Helpdesk Research Report No. 284. London, UK: VAWG Helpdesk
[3] Musasa; Adult Rape Clinic (ARC); Women and Law in Southern Africa (WLSA); and the Zimbabwe Women's Lawyers Association (ZWLA).

Despite the access barriers to help-seeking detailed in this report, more women requested GBV support from NGOs during the COVID-19 crisis than in the preceding months. The increase in help-seeking could be due to increased incidence of violence, increased severity of violence, or the inability to use alternative options for escaping violence, such as going to stay with relatives.

▶ **May 2020 saw the biggest increase in reporting, with a 43% increase in reports of violence compared to May 2019, and a 74% increase in reports of violence from the preceding month**. The timing of the increase may relate to the easing of hard lockdown restrictions in mid-May allowing women to more easily seek help, or to escalating household tensions as lockdown continued, resulting in rising levels and severity of violence.

▶ **IPV increased proportionally during lockdown relative to reports of non-partner violence** when compared to data from the same period the previous year. 71.1% of reports of violence in March to May 2020 were reported as partner violence, a slight increase on the previous year (68%) as a proportion of all reports of violence, p. In addition, qualitative interviews with NGO staff found an unprecedented **increase in the severity of IPV, particularly physical IPV during lockdown.** One NGO supported a survivor both of whose arms were broken; another survivor had her face cut with an axe, and another had broken legs.

▶ Other changes in types of violence were noted in qualitative interviews including, **increases in child marriage and forms of non-partner violence related to deprivation and coping strategies in the COVID-19 context.**

▶ **An increased number of women with disabilities reached the services**. Consistent with the known drivers of IPV, the increase of violence against women with disabilities was attributed by interviewees to their increased poverty and dependence on their abuser.

▶ **The COVID-19 crisis has exacerbated poverty**, which increased tensions in the household by limiting the ability of women to "find ways to put food on the table" and exacerbating men's frustrations for not being able to "provide for the family". Poverty also increased rates of sexual abuse against the most vulnerable women (including young women and women with disabilities). **The poorest women are less likely to own or have access to a mobile phone**, especially because prices of data have spiked, and therefore face greater barriers to accessing support through social media channels.

▶ **COVID-19 affected the ability of public services, including the police, to respond to women's needs, despite GBV response services being designated 'essential' by Government**. Survivors and NGO staff describe facing multiple barriers in accessing services including: transportation, being turned away at roadblocks, courts being closed, police response being insufficient. This was attributed to the lack of implementation of the decision to declare GBV response an essential service, underpinned by a lack of clarity on the types of GBV services designated essential, , and a lack of clear communication to frontline Government officials.

▶ There are some promising examples of services been supported by its funders to adapt their programming and to innovate to better respond to the GBV crisis facing Zimbabwe. **However, current data available suggests there has been little increase in overall funding to GBV.** Only one of the five NGOs covered in this study received additional financial support to face the crisis. **Service providers called for institutional support to adapt to the increased workload and stress, and address the survivors' access barriers, and adapt for the likely long-term impacts of COVID-19.**

▶ **In addition to increased reports of violence, NGOs are coping with prolonged engagement with survivors.** Shelters are essentially meant for life threatening cases and for very short periods of time but the advent of COVID-19 has shifted that approach as survivors are having to wait for longer and uncertain periods for investigations or prosecution of their cases, or are not financially independent due to the economic impact of COVID-19.

▶ Most **NGOs are not equipped with sufficiently robust data management systems to enable detailed reporting and analysis**, and therefore the evidence base needed to make informed decisions on strengthening response is still weak.

Advocacy Messages

The headline advocacy messages are as follows (see the full set of advocacy messages in section 5):

1. **Ringfence a proportion of the national budget on gender-based violence (GBV) to mitigate the effects of COVID-19 on gender equality and VAWG** and ensure there is urgent and flexible funding for GBV service providers, particularly women-led civil society organisations, to continue their operations during COVID.

2. **Designate all GBV services (including shelters, VFUs and helplines) as essential services** and work with the police and judiciary to protect women and girls, prevent impunity and ensure women survivors can continue to access support and justice during COVID.

3. **Plan for a sustained increase in the workload of the GBV service providers and the need to adapt for the long-term**. Provide them with institutional support to adapt including transport, laptops, phones and data allowances to do remote working, protection equipment, including vehicles to transport survivors, and mental health support for the staff.

4. **Equip NGOs with relevant information management systems** to ensure the service-based data they collect are of sufficient quality to support GBV trends monitoring and inform policy and programming responses.

5. **Promote virtual helpdesks (phone calls, whatsapp, sms), as a means of reaching survivors during lockdown periods**. Research on the accessibility of the Musasa virtual helpdesk, especially to the most marginalised, can help improve the service and identify those who are unable to use it for whom alternative methods of reporting are necessary.

6. **Develop short and long-term strategies to mitigate the economic impact of COVID-19 on women.** For example, provide immediate food relief and/or cash transfers and/or income generating activities to decrease household financial stress and to ensure women are not financially dependent on their partner or unable to leave the shelters.

Contents

Figures

Acronyms

Adult Rape Clinic	ARC
Coronavirus	COVID-19
Foreign, Commonwealth and Development Office	FCDO
Female Genital Mutilation/Cutting	FGM/C
Gender Based Violence	GBV
Intimate Partner Violence	IPV
Multi-Indicators Country Surveys	MICS
Non-Governmental Organisation	NGO
Personal Protective Equipment	PPE
Psycho-social support	PSS
Swedish International Development Agency	SIDA
Technical Assistance Facility	TAF
United Nations	UN
Victim Friendly Units	VFU
Village Health Workers	VHWs
Violence Against Women	VAW
Violence Against Women and Girls	VAWG
Women's Coalition of Zimbabwe	WCOZ

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Acknowledgements:

Support to advocacy efforts	•Providing evidence for advocacy by synthesising and analysing data •Packaging advocacy messages or facilitating discussions to define messages
Strategic advice for evidence-based descision making	•Adapting global GBV prevention and response guidelines to the Zimbabwean or organisational context •Conducting situation analysis for programme development
Guidance on ethical and do no harm considerations	•Developing mechanisms for the prevention of sexual exploitation and abuse in specific organisations •Developing Leave No One Behind strategies
Practical design and implementation guidance	•Operationalisation of recommendations contained in guidelines (e.g. how to ensure safety of staff and survivors in shelters; how to concretely mainstream GBV in specific humanitarian programmes) •Provision of GBV prevention and response programme TA support (design, implementation), for lockdown, post-lockdown and recovery periods (e.g. developing prevention messages through the radio or other key influencers or messaging for the most marginalised women and girls)

1.0   Introduction

This section presents the context in which the analysis is situated.

Around the world civil society organisations and the United Nations (UN) have been warning for many months of the risk that Violence Against Women and Girls (VAWG) will increase during the Coronavirus (COVID-19) pandemic, as evidenced from previous pandemics such as Ebola. In particular, they have highlighted the risks associated with measures governments have taken to contain and mitigate the outbreak, including social distancing, lockdowns, curfews and travel restrictions which have confined women at home with their abusers without access to support they need. These risks have translated to increased reports of domestic violence in multiple countries, as well as other forms of VAWG, including child marriage, Female Genital Mutilation/Cutting (FGM/C), state sanctioned violence and sexual exploitation and abuse. Early evidence in this regard focuses on middle- and high-income countries, but increasingly an evidence base is emerging in relation to low income and developing countries[4].

In Zimbabwe, a nationwide lockdown was imposed on 30 March 2020, and eased but extended indefinitely on 16 May 2020. There are indications that incidence of VAWG is increasing in line with trends in other countries. Women have reported abuse at home, water collection points, accessing food aid and other services, and at check points as they interface with lockdown enforcement agents. For example, Musasa reported that during the first 11 days of the lockdown they received 764 reported cases of GBV, compared to the normal range of 500-600 cases per month. But so far, no attempt had been made to synthesise NGOs service-data to corroborate this anecdotal evidence.

The latest national population-based data (DHS, 2015) shows that 39.4% of all women in Zimbabwe (aged 15 – 49) have experienced some form of violence in their lifetime. For spousal violence, 45% of ever-married women reported ever experiencing physical, sexual, or emotional violence by their current or most recent partner, and 30% percent reported experiencing spousal violence in the past 12 months. Only 39% of women who experienced any physical or sexual violence sought help from any source and the vast majority of those seek help from their own or husband's family (54% and 37% respectively). Less than 5% reach out to a social work organisations/lawyer/health facility[5]

Service-based data collected by NGOs providing services to survivors is an untapped source of information. These data on types of GBV cases and on the profile of survivors and perpetrators, when properly compiled and analysed, can give a more nuanced and immediate picture of GBV trends. Such data are routinely collected, as opposed to once every five years for the population-based surveys such as the Demographic Health Service or Multi-Indicators Country Surveys (MICS). This is particularly important in times of humanitarian crisis, such as COVID-19, as it can inform governments and the donor community on the nature, extent and specificities of the violence currently experienced by women and inform programming responses and policy- making.

This study therefore sought to collect and analyse data from five NGOs providing GBV services to women, in order to contribute to the ongoing synthesis of Violence Against Women (VAW) data in Zimbabwe in the context of COVID-19. This report was commissioned by the Women's Coalition of Zimbabwe (WCoZ) to support advocacy efforts for the prevention of violence and strengthen response to violence against women. It analyses the data sets of the following five NGOs:

▶ Musasa;

▶ Real Opportunities for Transformation Support (ROOTS);

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[4] http://www.sddirect.org.uk/media/1987/vawg-helpdesk-q308-secondary-impacts-of-covid-19-on-vawg-in-ssa.pdf
[5] Zimbabwe National Statistics Agency and ICF International, 2015

► Adult Rape Clinic (ARC);

► Women and Law in Southern Africa (WLSA); and

► the Zimbabwe Women's Lawyers Association (ZWLA).

The analysis of the quantitative data is complemented by the analysis of qualitative information collected from NGO service providers and survivors during the course of the research. By comparing data during and before the COVID-19, the analysis aims to assess the changes in GBV trends and forms and identify joint GBV advocacy messages for WCoZ that might arise as a result.

2.0   Scope of the Analysis

This section presents the scope of the analysis, reflecting on its objectives, methodological approach and limitations.

2.1   Objectives

The main objective of this analysis was:

▶ To investigate the dynamics (nature, extent and changes) of violence against women and girls (VAWG) reported to NGOs responding to VAWG in Zimbabwe before and during the COVID-19 lockdown.

The main objective was underpinned by four secondary objectives, which were:

1. To identify the forms of violence reported by survivors to NGOs responding to VAWG between March, April and May 2019, and March, April and May 2020.

2. To compare trends of VAWG cases reported in the period before the COVID-19 lockdown (April-May 2019 and March 2020) and during the COVID-19 lockdown (April-May 2020).

3. To identify the drivers of the changes observed, as well as exploring service provision and accessibility issues.

4. To recommend advocacy messages for VAWG prevention and response in COVID-19 based on the findings and analysis.

2.2   Methodology

The detailed methodology is presented in Annex One, but however the principle methodological elements involved in the analysis were as follows:

▶ **Study design:** A comparative retrospective analysis of available NGO service data before and during COVID-19 pandemic in Zimbabwe for the same three-month period (March – May) in 2019 and 2020.

▶ **Sampling of NGOs:** Five NGO members of WCoZ GBV response cluster were purposively selected for data collection and analysis. The NGOs were selected based on their work in providing services for survivors of GBV. The NGOs provide services in the areas of counselling, post-rape care, shelter, legal advice and representation, empowerment and access to women and human rights services. Based on these criteria, the five NGOs were selected: Musasa, ARC, ZWLA, WLSA and ROOTS Africa.

▶ **Qualitative interviews:** Qualitative interviews with service providers from four NGOs (Musasa, ARC, WLSA, ROOTS) were conducted over the phone. A semi-structured interview guide was used, and information was gathered on the perceptions of the changes brought by the COVID-19 crisis, both to the survivors and to the NGO's work. Some information was also obtained via a focus group discussion with survivors conducted in June 2020, by another SAFE TAF assignment working on designing COVID-19 Standard Operating Procedures (SOPs) for one of the sampled NGOs.

▶ Finally, **four survivors were interviewed**. They were identified with the support of Musasa and ARC. Ethical and safety protocols were followed during the interviews, informed consents were obtained and the interview with survivors were conducted in a private and safe environment by a trained counsellor.

2.3   Study Limitations

The principle limitations associated with the analysis were as follows:

▶ The analysis had its own challenges which are crucial for the interpretation of the findings. **We combined data sets collected in different ways -** virtual (phone calls, short message services such as WhatsApp, mobile facilities in the communities) and face to face interviews. This poses methodological challenges in the collation, analysis and interpretation of the data.

▶ **Data completeness limited the analysis**. Since data were collected for service provision and not necessarily for this analysis, some of the variable data were not easily analysable. Demographic data such as age, place/area of violence and socioeconomic status were not collected in many cases and were not available to make meaningful analysis. For Musasa, some of the women and girls reached virtually were not able to disclose personal information over the phone such as age and location, or sometimes even their names.

▶ **Some of the categorisation of whether the reported case was primarily physical or sexual was done by the researcher** after reading the cases while others were done by the service providers.

▶ There may have been **double counting** of clients who did not disclose that they were referred from one service provider to the other leading to overestimating the cases reported; hence in this report we talk about reports of violence and not cases reported.

▶ **Data drawn from ROOTS Africa was removed** from the overall analysis because it did not contain any of the comparative timelines.

▶ **Some clients reported multiple types of violence**. However, this analysis only considered the main violence type reported per reported case. This may have resulted in certain types of violence being underestimated.

▶ **While the basic definitions of physical, sexual, emotional and economic violence** based on international practice were helpful in determining the type of each case of reported violence were useful, some reported cases were difficult to determine.

Further details about the study limitations are presented in Annex Two.

3.0   Findings

This section presents the findings and analysis.

3.1   Reports of Violence Against Women and Girls in Zimbabwe

The study collected and compared data from five NGOs on reports of VAWG for three time periods of two months duration: April-May 2019 – a year before the COVID outbreak, February-March 2020 (before lockdown) and April-May 2020 (during lockdown). Figure 1 sets out the number of reports to NGOs during these three time periods.

Figure 1: Comparing reports of violence in 'lockdown' with other periods
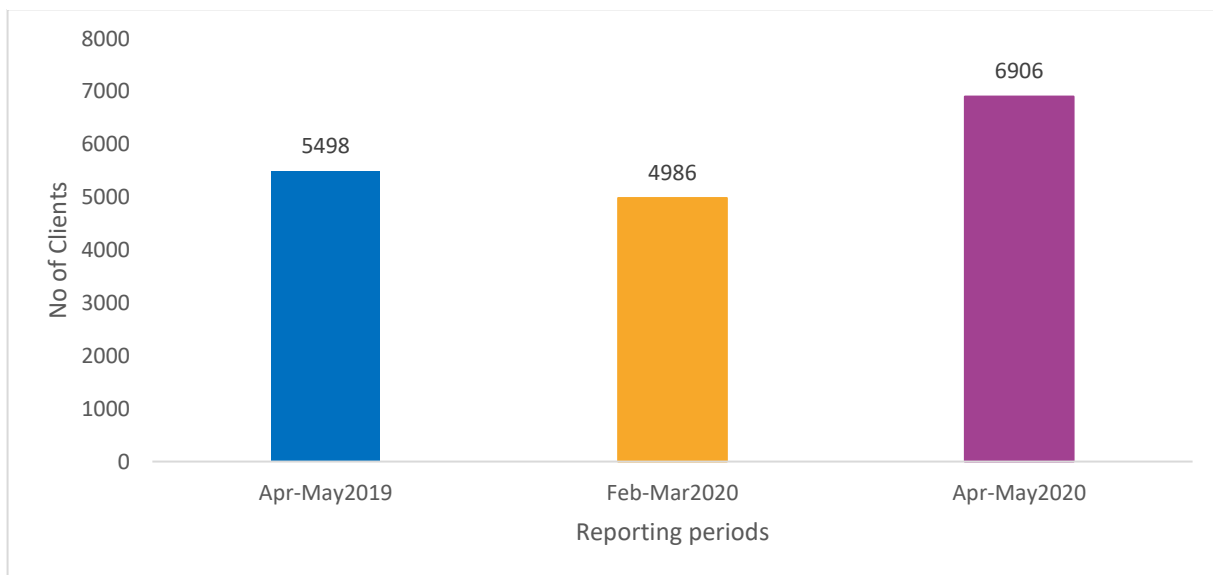
Data on reports of violence was also compared for March, April and May 2019 and the same period a year later (March, April and May 2020) during COVID-19, including the month before and two months during lockdown. Figure 2 shows the number of reports received in the same period, by month, in 2019 compared to 2020.

Figure 2: Comparing reports of violence over the same 3 consecutive months in 2019 and 2020.
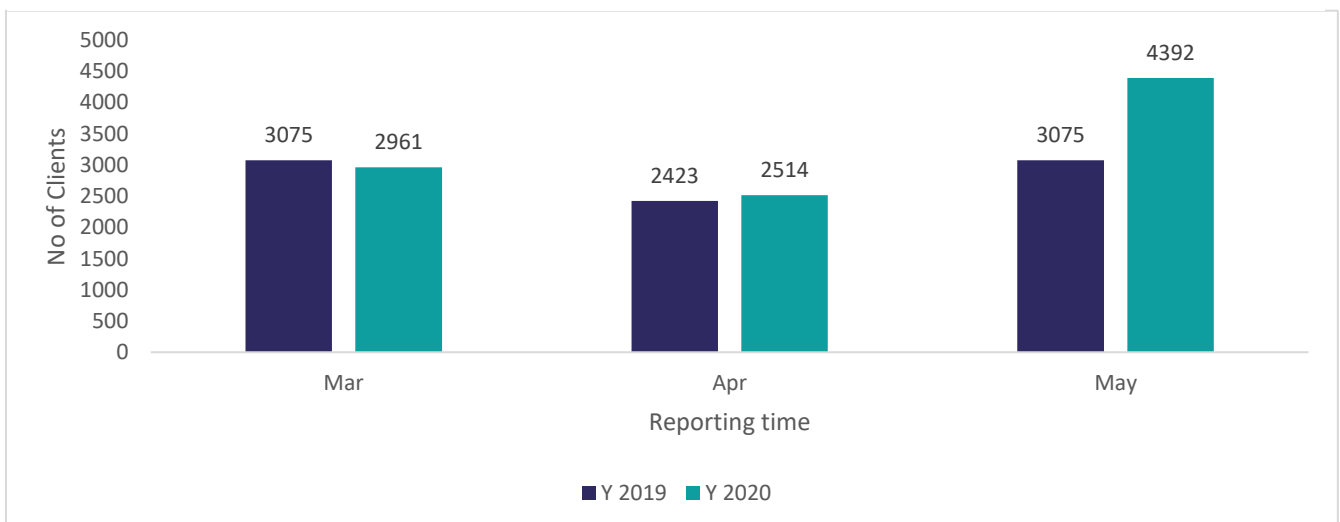
Analysis of the data reveals the following trends:

▶ **There was a 38.5% increase in reports of violence to NGOs[6] providing GBV services over the two months during lockdown** (Apr-May 2020) compared to the two months before lockdown started (Feb-Mar 2020), see figure 1. Despite the access barriers to help-seeking detailed in this report, more women requested GBV support from NGOs during the COVID-19 crisis than in the preceding months. The increase in help-seeking could be due to increased incidence of violence, increased severity of violence, or the inability to use alternative options for escaping violence such as going to stay with relatives.

▶ **May 2020 saw the biggest increase in reporting, with a 43% increase in reports of violence compared to May 2019** (figure 2), **and a 74% increase in reports of violence from the preceding month**. The timing of the increase may relate to the easing of hard lockdown restrictions in mid-May allowing women to more easily seek help, or to escalating household tensions as lockdown continued resulting in rising levels and severity of violence.

▶ **Fewer VAWG cases were reported in April 2020 during hard lockdown, compared to March** (before lockdown) **and May 2020** (when restrictions eased) (figure 2)**.** Although this trend was similar in the previous year (2019), the significant increase in cases in May 2020 following an easing of some of the restrictive measures in place in Zimbabwe, suggest the lower reporting figures in April may have been due to lockdown measures limiting women's ability to seek help and report cases of violence. Data from other countries has shown that in some cases, where movement is restricted and where social distancing affects access to and availability of specialist VAWG services, requests for help have actually decreased[7]. Low reporting does not necessarily mean that violence is not happening but can be an indication that women are suffering in silence without access to the vital support that they need.

▶ **IPV remained the most common form of VAWG during lockdown, and levels of IPV intensified compared to the previous year.** 71.1% of reports of violence in March to May 2020 were reported as partner violence, a slight increase on the previous year (68%) as a proportion of all reports of violence. In addition, qualitative interviews with NGO staff found increased severity of reports of IPV, particularly physical IPV.

Data from individual NGOs confirms these trends:

Between March and May 2019, the NGOs received **8,573 reports** of violence against women, compared to **9,867** between March and May 2020. This does not represent the number of cases or the number of women who experienced violence, as some women may have sought the services of multiple NGOs (e.g. medical and psycho-social support (PSS) treatment from one NGO and legal support from another) and may be included in the data more than once.

▶ **ROOTS Africa:** For the two months for which ROOTS Africa data is available (April and May), it received 35 survivors in its shelter including 25 adults and 10 minors of which 18 were pregnant and 11 were living with HIV. By the time of the data collection in July 2020 there had been a slight decline in volume of demands for support, which the NGO attributed to the increased ability of women to move and find other options in case of violence, such as going to some relatives.

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[6] Musasa; Adult Rape Clinic (ARC); Women and Law in Southern Africa (WLSA); and the Zimbabwe Women's Lawyers Association (ZWLA).

[7] A similar trend was seen in both Italy and France, as set out in UN Women's briefing on COVID-19 and VAWG at https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006

► **Musasa:** Data from Musasa shows a steep increase in the volume of calls in April and May 2020 when compared to the same time period in April and May 2019 at the virtual helpdesk and shelters, as shown in Figure 3.[8] This data shows a change in trends for virtual support when online services were the only option available.

Figure 1: Musasa Virtual Helpdesk
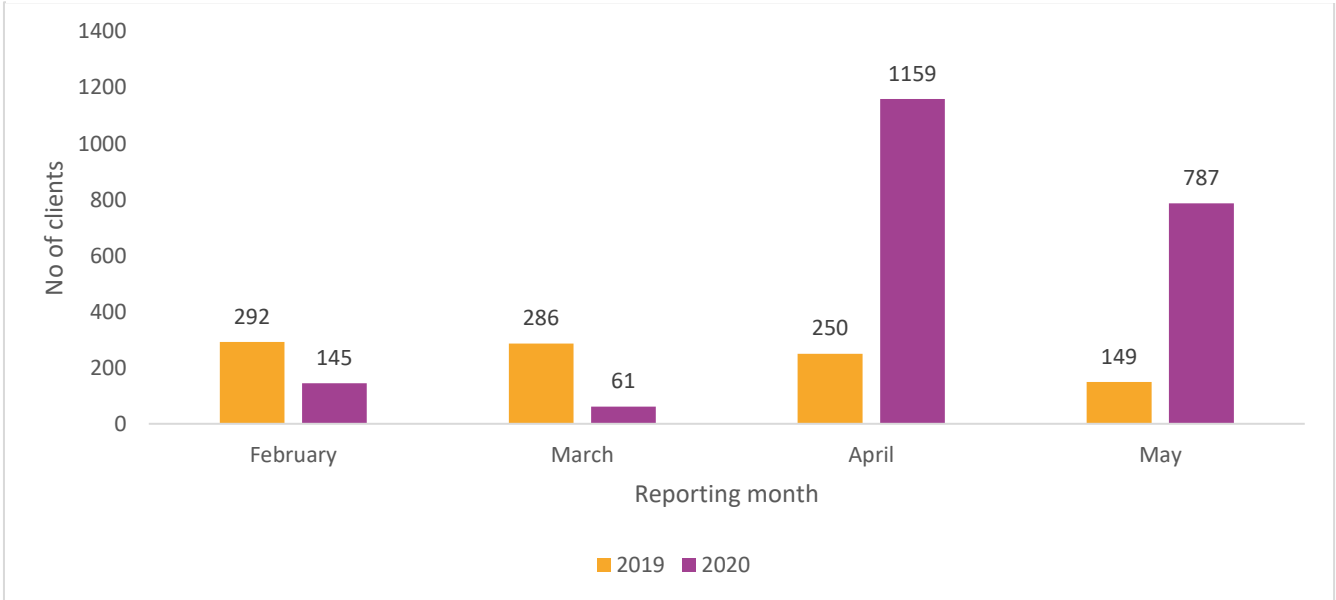
► **ARC**: Data also demonstrates a slight increase in reported violence cases in April 2020, compared to April 2019, and a more substantial increase in May 2020 compared to May 2019. However, levels of reporting in May 2020 are in line with reporting for other months, suggesting that further analysis is needed to understand whether rape reporting increased during May 2020, or if other factors explain low levels of reporting in May the previous year.

Figure 2: Rape Cases Reported (Virtually and Physically) to ARC
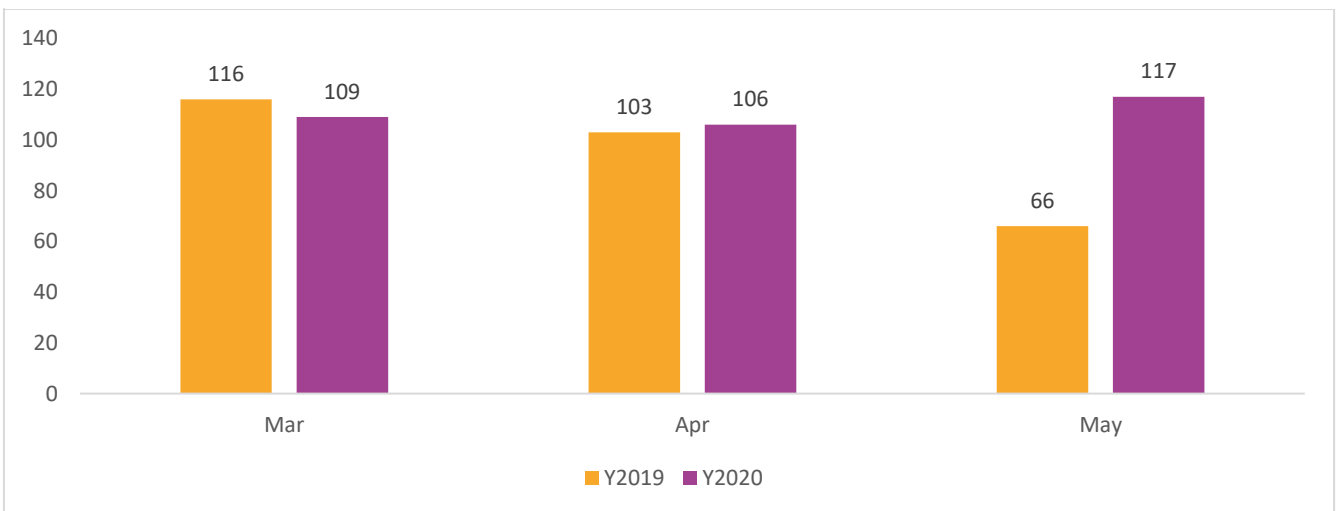
[8] Musasa's own internal numbers for its virtual service delivery were slightly higher than those reported in Figure 3. During data analysis, some data was removed if it fell outside of the scope of this study (for example violence against men and boys).

3.1.1   Forms of Violence

▶ Reporting of **physical, sexual, emotional and economic violence by any perpetrator was highest during the COVID-19 lockdown period irrespective of the type of violence**. For example, 40.3% of all reports of physical violence collected across the different time periods were reported during the lockdown (April-May 2020) compared to 28% immediately before the lockdown (February-March 2020), and 31.8% in April-May 2019 (see figure 5).
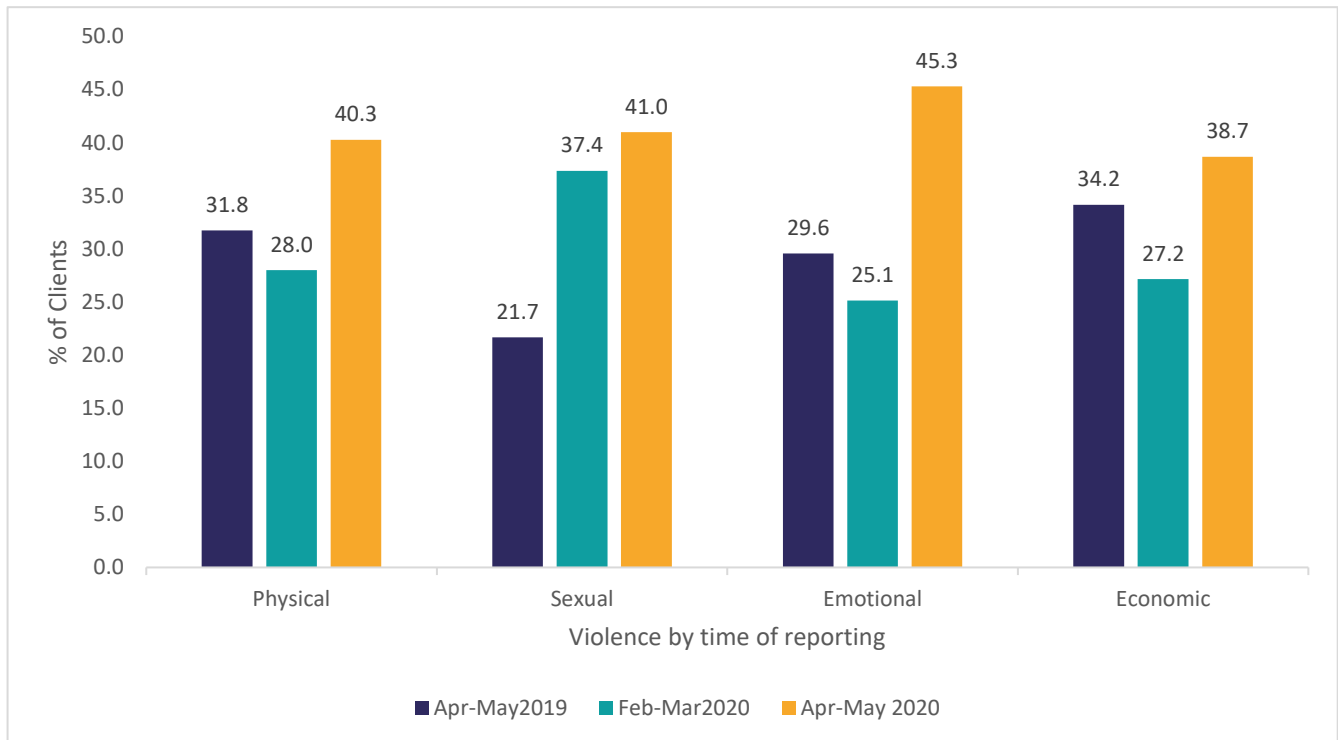
Figure 3: Comparing Lockdown and Other Periods

▶ **Reports of violence by any perpetrator increased during lockdown compared to the period immediately before lockdown by 43.8% for physical violence, 9.7% for sexual violence, 80.3% for emotional violence and 42.4% for economic violence.**

These results show the significance of the lockdown in heightening reporting of VAWG and suggests an increase in experiences of VAWG as a result of COVID-19 and the restrictions put in place to tackle it. The data also suggests that emotional violence saw the sharpest rise during lockdown, possibly due to heightened household tensions resulting from confined living conditions and increased financial stress. The same reasons might explain the substantial rises in physical and economic violence reporting. Although sexual violence by any perpetrator also shows some increase in reporting, taken together with the ARC data, it shows that the biggest change is in levels of reporting sexual violence compared to the previous year making it difficult to draw conclusions on the impact of the lockdown on sexual violence. Further research could shed light on whether other factors are at play in year on year increases in sexual violence, and whether sexual violence perpetrated by partners or by non-partners is differentially affected by the lockdown.

3.1.2   Perpetrators

Of the data sets where a perpetrator was identified, more than two-thirds of the reports (69.5%) cited intimate partners as perpetrators while 30.5% of reports cited non partners perpetrating violence. Reports of partner perpetration of violence increased from 68% of all reports with an identified perpetrator in 2019 (March – May) to 71.1% in 2020 (March to May). The difference as shown in the increase was statistically significant (p<0.0001).

Figure 4: Perpetrators of VAWG by Year
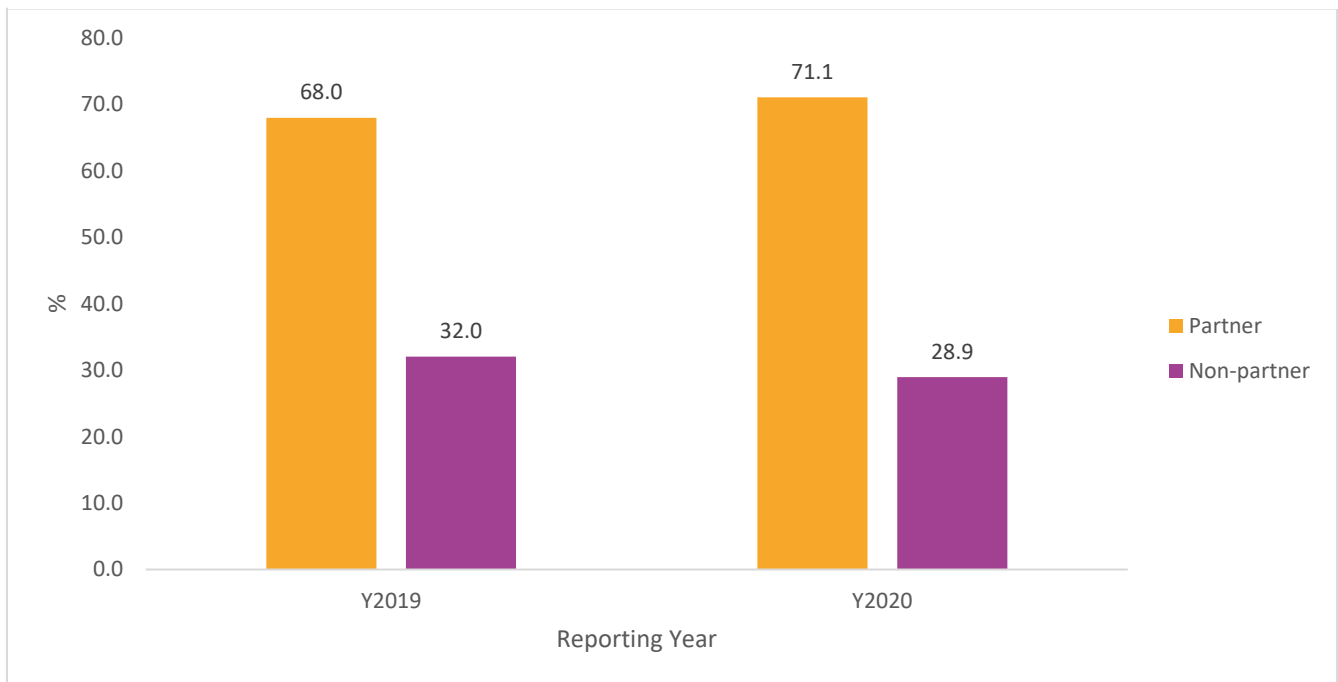
IPV was the most common form of violence experienced by women and girls both before and during the COVID-19 lockdown period. The proportion of reports of IPV increased during lockdown relative to reports of non-partner violence in comparison to the same period the previous year. Non-partner violence also decreased in absolute terms compared to the same period the previous year. This would be expected in a situation when many women and girl's mobility was severely restricted by lockdown measures meaning they would come into less contact with non-partner perpetrators.

During the qualitative interviews, NGO staff noted changes in the nature of the violence reported:

▶ **Most reports of violence are IPV, as prior to the lockdown, however staff noted that the violence has intensified and increased in frequency**. One NGO supported a survivor both of whose arms were broken; another survivor who sought support had her face cut with an axe, others had broken legs. The staff said that this type of severity was not common before lockdown.

▶ **Violence against sex workers**: Several cases of sex workers who were arrested for breaking the lockdown and subsequently raped by police officers were reported (15 cases in two communities)

▶ **Increased numbers of child marriages** were reported to the NGOs by traditional leaders and Village Health Workers (VHWs)**.** One shelter received five girls between the ages of 15 and 16, living in a rural area where religious norms encourage the practice. The young girls had been removed from their new homes after the marriages were denounced. Despite having been raped by their new husbands, these girls were reluctant to go to the shelter and needed PSS to understand that these marriages would not be good for them in the long run.

▶ **Increased cases of minors engaging in transactional sex** were also recorded in qualitative interviews:

> *"Young girls were lured into sex for benefits, but the benefits would not come. These girls would then be full of remorse and guilt and call us."*

▶ **Other types of non-partner violence were attributed to the lack of access to electricity and water services**:

> *"Women have to queue at water points and men use violence to jump the queue and push them aside. Because of electricity being too expensive, women need to go and fetch wood and are raped, especially in poor rural areas."*

▶ The **age-range of the survivors widened** – cases of survivors being older than 60 were recorded in a higher number than usual, while the survivors' average age is usually between 20 and 30. Further research is needed to understand what is driving this change.

▶ Survivors **need greater assistance with livelihoods interventions than before** as their ability to earn an income is jeopardised.

> *"When I leave, how am I going to sustain my family if I cannot work?"*

▶ There were **increased unwanted pregnancies** amongst survivors of violence recorded by VHWs.

3.2   Implications of the COVID-19 Crisis for NGOs and impact on NGO staff

NGOs based in and around Harare reported having adapted effectively to the new context:

▶ One NGO opened a new shelter to meet the increased demand by additional clients. Some NGOs switched their counselling activities to remote work, mainly PSS, and some started offering mobile services. All extensively used social media and radio to do outreach.

▶ An NGO dedicated a separate shelter to cater for new clients who reported during COVID-19 lockdown. This was a measure aimed to reduce infection or contact with the already housed survivors.

▶ Most of the NGOs benefitted from a reallocation of donor funding to prevent COVID-19 infection (i.e. masks, sanitiser, food, and emergency relief packs provided to survivors, including food, sanitary towels etc).

▶ NGO staff also had to take additional safety measures to protect survivors who contacted the NGO while being locked at home with the perpetrator. Some survivors would drop the call when the perpetrator arrived and call again later.

> *In one such case, the risk was so high that the NGO called the police and social welfare, who went on site and removed the woman who subsequently obtained a protection order. Another NGO put in place a safety mechanism in case the perpetrator would become aware of the contact made by the survivor to the NGO. A case was shared where the husband of a survivor called the NGO to ask to ask why his wife was in touch with them. The response was because the NGO was supporting her with sanitary towels – an excuse that had been agreed upon with the survivor.*

This situation generated a heavy burden on the staff:

- **The volume of work increased dramatically** as shown by the dramatic increase in volume of requests presented above.

- **Restrictions on movements and the increased control of the perpetrator created barriers for survivors to access services** (see section below) and meant that some NGOs staff had to drive and pick up survivors in their home to take them to a place of shelter or the hospital.

  "There were days where we had one case after the other till 23hr. We had to use our personal vehicles as the NGO does not have vehicles."

- **Mental well-being of the staff was affected**, as the staff in general did not benefit from clinical supervision or PSS:

  ▷ **High levels of fatigue and vicarious trauma** were disclosed by staff.

  "You are always tired. You go home late every day, tired and stressed and the vicarious trauma is really taxing somehow. Most of survivors are raped by their own people, people around them. So sometimes you end up taking these thoughts with you and not trusting anybody around you."

  ▷ **Working from home was problematic** for most of the counsellors interviewed.

  "Working from home is not easy. [As a counsellor] you find yourself at home with the client on-line, her life is in danger, she is crying, and you were busy attending to your home stuff. One had a lot to juggle with. Work disrupted your usual home routine. We were taking the two routines (home and work) and trying to make it one single routine. And at the end of the day you are trying to make your report. It could be better if we had opportunities to go out for weekends and refresh and share experiences. People need to understand that the mental health of the counsellor impacts on the outcome of the service and in the end on the survivor."

  ▷ The **staff also expressed fear with regards to the infection** at the onset of the outbreak, when no clear COVID-19 Standard Operating Procedures (SOPs) were developed or in place. A respondent described the unhealthy tension between the need to work diligently and the need to keep away from the infection. Staff described being caught between a rock and a hard place in that their effectiveness meant sustaining high contact with clients and therefore that safety measures to limit COVID-19 were an imperative.

  "I depend on the NGO for my livelihood and that of my family and yet serving without proper guidelines might kill me and my family… Similarly, keeping clients away for fear of COVID 19 would mean funding for the organization runs out and therefore I lose my job!"

  ▷ One staff member indeed reported the **additional stress associated with some projects closing down** because activities could not be conducted in communities.

- **Data recording was hampered**, which makes it difficult to bring evidence of the increased workload and difficulties, as well as protect client confidentiality:

  "We normally record all the information on computers, but when we are at home, it is difficult to do so, especially for those who do not have a computer. On days the counsellors come to the office, they would enter the data in the system. Those who did not have a laptop would also give their data to those who have laptops. At some point we decided that the counsellors with computers would be the ones to get the phones and respond to the hotlines."

Although the NGOs interviewed for this study welcomed the re-allocation of donor funding they benefitted from, , only one reported having received additional funding. They all **highlighted that the support they received was not sufficient to adapt to the increased workload and stress and to address the survivors' access barriers**.

In particular, having a vehicle, staff mental wellbeing and more robust M&E systems would alleviate the burden on the staff.

Finally, the NGO staff outlined how other frontline workers were affected by the crisis, in particular VHWs and Community Child Care workers as they are instrumental in identifying and referring survivors to their services. Some of them had to take survivors into their homes and this posed safety risks to health care workers. One was threatened by the perpetrator and the police had to be called.

3.3   The Effect of the Economic Crisis

The exacerbated economic crisis faced by households was considered as the main driver of these changes and the increase in volume and severity of violence.

▶ **Respondents pointed to the economic conditions as the main driver of this increase in violence.** The protracted economic crisis in Zimbabwe is currently exacerbated because existing economic safety nets (such as from schools) have disappeared. In addition, most women are employed in the informal sector, which has been severely affected by the lock-down measures (informal trading places were destroyed, and the police arrested informal traders in the street). In addition, prices for basic necessities have spiked. The inability of men to carry out the "provider role" attributed to them in the traditional gender norms creates frustrations, which was reported to be a trigger for violence.

NGO staff reported that:

"The family was now together in a small space. People were not going to work, and the couple was physically present in the home at all times. The man could not provide for the family and was very frustrated."

"There is not enough money in the household, so there is more stress and any small issue escalates into a fight. Before COVID, even when the man was not working, the woman could go around and find a way to get food on the table."

▶ **Cases brought to a legal aid NGO are now mainly related to poverty**, while the range of demands was wider before, and included IPV, maintenance cases, eviction, and property sharing.

▶ **Rape of adolescents was also associated with poverty.** One NGO reported that 72% of cases are adolescents and three quarters of them were assaulted by their "boyfriend", who is in fact "the breadwinner of the family". NGO staff reported that many young women were reluctant to end these "transactional relationships".

"If he goes to jail, then the whole family will blame me for this. I prefer just having the medical care but no legal support."

In addition, some of the families would attempt to put **pressure on the young girl to stay in the relationship**.

▶ Of note, **all respondents explained that alcohol did <u>not</u> play a major role in the increase of violence because men could not go to the tavern** and considered alcohol an enabler, rather than a driver of violence, instead referring to deep rooted gender equality as the problem.

▶ Those survivors who managed to access services used the following pathways:

    o   The preferred way of reaching out to services was WhatsApp

    o   Many cases were also referred by village health workers/ Community Child Care workers.

- o Some traditional leaders also referred and reported increase in GBV. The closing of traditional courts was an issue, as these often intervened in some VAWG cases and other areas, but as a result of lobbying, they re-opened in some places.

- o Some women accessed services through information received in community clubs or on the radio.

- o The police also referred a high volume of cases.

Analysis of the numbers using each pathway and how this compares to pre-COVID is not available, but further research in this area would strengthen the ability of NGOs to tailor their outreach and improve access to support services.

3.4 Barriers to Access Services and Consequences

3.4.1 Restrictions to Movements

▶ Service providers reported that survivors were not able to come to clinics to report rape because of the restriction of movement. This meant that many women reported rape more than 72 hours after the incident, which has implications for the collection of evidence, often because they could not travel to the police station in time.

▶ Survivors also explained that the numerous roadblocks caused a lot of challenges as they were required to show letters authorizing them to travel. In some instances, they were turned back at roadblocks despite the urgency of the services they were seeking. Survivors reported having to walk long distances to access services because there was no public transport.

3.4.2 Police Response

The challenges associated with the police response to violence were exacerbated during this period.

▶ It was highlighted that the police are under-resourced in general and the situation was worse for them now as they do not have Personal Protective Equipment (PPE). The lack of transportation to enable police officers to facilitate investigations and arrest was also mentioned.

> *"Police officers also feel frustrated."*

▶ There was a perception among survivors that the police were too busy with enforcing lockdown restrictions, which means that very few police officers were able to attend to critical cases like murder.

▶ Women would go to the police who would take their statement, but the police would not go and arrest the perpetrator because this would pose a risk of COVID-19 contamination in prison. Some women were sent back home to the perpetrator.

> *"Another client wanted to report sexual harassment against her daughter and the police responded that they do not deal with silly cases and only deal with murder and rape cases"*

▶ NGO staff explained that the responsiveness of the police varied widely and was dependant on police stations and/or individual officer's personalities. They flagged that Victim Friendly Units (VFU) generally respond better but underlined that the role of front-line officers is also central and at times, they are the ones turning women away.

> *"The police can be a problem when the case is not reported to a VFU: When the VFU is closed we lose survivors. We educate VFUs to educate other police officers to not turn away women who report violence."*

3.4.3   Justice Response

▶ Courts were closed during the "hard lockdown" and access to the justice system affected. Courts were only open for critical criminal cases such as rape and murder. Maintenance and custody cases were not processed. This created uncertainties and frustrations among women who had filed such cases who were told that their cases would be attended to post COVID-19. Survivors noted additional challenges in accessing protection orders, but more research is needed to understand how protection orders and other aspects of the justice system were affected by the lockdown and COVID-19 in general.

In addition, the limited availability of the police has had the following consequences:

▶ **Rape cases have not been prioritized** and dockets are piling at the police stations until the COVID-19 crisis stops, which creates anxiety among victims.

▶ **Several perpetrators were not arrested**, which created fear and anxiety among survivors, leaving them to continue living at home with the survivor.

▶ Survivors developed **the perception that some perpetrators "take advantage" of this impunity** to commit crimes such as indecent assault of children.

▶ This **lack of responsiveness of the police is likely to have prevented more clients to report violence** and undermines the efforts of the NGOs to provide comprehensive support to the survivors.

3.5   Increased Anxiety of Surivors

Even though shelters are supposed to be spaces of healing and safe sanctuaries, this is turning out to be the opposite as clients are feeling increasingly trapped with limited options:

▶ **Shelters are essentially meant for life threatening cases and for very short periods of time but the advent of COVID-19 has shifted that approach as survivors are having to wait for longer and uncertain periods for investigations or prosecution of their cases**. Clients indicated that this causes a lot of frustration and anxiety for them but also creates an even greater burden to organizations who have had to invest significantly more resources into looking after clients for longer periods.

▶ A Focus Group Discussion held with survivors in a shelter revealed that there was **a lot of despondency by women in shelters who felt "trapped" by the dictates of the national lockdown measures** where courts were closed, they could not easily visit clinics and could not take public transport to go to their homes or other family members for the duration of the lockdown period and their family could not come and visit. They expressed fear and uncertainty on what the future holds.

▶ **Survivors already in shelters reported fear of infection** and anxiety caused by the admission of new clients in the shelters, sometimes creating tension between the two. In addition, any simple illness in the shelter was associated with COVID-19.

▶ Some existing shelter residents were transferred from an urban shelter to a rural one to create space for new arrivals. **Those who left felt isolated from their families as the rural shelter was far and would not allow them to have contact with their support systems.**

3.6   The Situation of Vulnerable Women and Girls

▶ **The ROOTS Africa shelter received survivor(s) coming from 300 km away.**

► **The increased use of social media excludes poorer women who are less likely to own or have access to a mobile phone**, especially because prices of data have spiked. Most reports of VAWG are from women in urban areas and very few from women in rural areas. Cases of women borrowing the phone of someone else to contact the NGO were reported.

► **An increased number of women with disabilities reached the services**, having been raped by family members, relatives or neighbours, or experienced other forms of IPV. Consistent with the drivers presented above, the increase of violence against women with disabilities was attributed to their increased poverty and dependence on their abuser. In addition, however, they were reported to have benefitted from special support to report because "people are on the look-out for their needs", including their relatives as well as active NGOs supporting people living with disabilities.

> *"The COVID was a blow to all women, but a major one for women with disabilities because they were totally dependent on the help of the abuser."*

► Responding to the needs of people living with disabilities was particularly challenging though:

> *"We tried to get them to safe places like shelters, but we were turned down because there was no isolation centre and we had to make plans to send them to relatives, noting there was not always public transport nor any budget to transport them."*

> *"A woman living with a disability shared her concerns about the absence of institutional response to the needs of women with disability in shelters. She expressed concerns that women with disabilities rely on the good will of other shelter residents to get help. A shelter resident living with disability who had a baby born from a rape explained that she had suffered a stroke rendering her unable to bath or carry her baby without assistance and was only relying on the goodwill of the other residents."*

4.0   Advocacy Messages

This section presents the different advocacy messages that arise in respect of different stakeholder groups based on the data and analysis.

4.1   Government of Zimbabwe

In line with the Government's national, regional and international commitments on gender equality and women's rights, including the 2013 Constitution, the Government of Zimbabwe should:

▶ **Work with all stakeholders, including women-led civil society organisations, to ensure that national COVID-19 preparedness, response and recovery plans are based on a gender analysis,** reflecting the different needs and situations of diverse women and girls in Zimbabwe, and address rising levels of different forms of VAWG.

▶ **Designate all GBV services (including shelters, VFUs and helplines) as essential services** and support service providers to strengthen services and help them adapt to the changing circumstances (for example, through providing more phone/online support and ensuring they have the necessary PPE and protocols to continue to operate safely). The Government should provide toll-free numbers for survivors to call and report cases.

▶ As part of early recovery planning **Members of Parliament should discuss allocating a dedicated proportion of the national budget on GBV to mitigate the effects of COVID-19 on gender equality and VAWG** and ensure there is urgent and flexible funding for GBV service providers, particularly women-led civil society organisations, to continue their operations.

▶ **Clearly communicate safeguarding advice to women and girls at risk of VAWG in official guidance and communications and across all spheres of government** to allow law enforcement, GBV workers and survivors to circulate.

▶ **Meaningfully engage civil society, including women-led organisations, in COVID-19 response and recovery plans and decision-making,** ensuring that the needs and priorities of diverse women in Zimbabwe are at the heart of these plans.

▶ **Work with the police and judiciary to protect women and girls, prevent impunity and ensure women survivors can access justice:**

▷ Ensure the police and judiciary prioritise reports/cases of VAWG in the context of COVID-19 and that there are enough police to deal with the increase. This includes raising their awareness about the increases in VAWG, training them on how to respond and refer women survivors to available services, and equipping them with PPE.

▷ Ensure that VFUs extend their opening hours to ensure that survivors complaints are treated urgently.

▷ Ensure that courts remain open to deal with GBV cases and adhere to social distancing measures and use technology and other means to reach women and girls in more remote areas.

▷ Ensure that women who have experienced violence are exempt from travel restrictions and can leave their house to escape abuse.

▶ **Better support frontline workers** so that they can support women and facilitate access to services and support the adaptation of the services**.** In particular VHWs and Community Child Care workers most urgent

needs include PPE, data and training. Furthermore, Government should ensure that these workers are embedded in the referral systems in place locally, informed about and connected to existing GBV services.

4.2   Zimbabwe's Development Partners and Donor Community

The key message must be to increase support for GBV services, particularly those operated by civil society organisations:

▶ Plan for a sustained increase in the workload of the GBV service providers. Provide them with institutional support, including transport, laptops, phones and data allowances to do remote working, protection equipment, including vehicles to transport survivors, and mental health support for the staff.

▶ Ensure they are equipped with relevant information management systems to ensure the data they collect are of sufficient quality to support GBV trends monitoring. Support longer stays of women and girls in shelters, by providing them opportunities to go back to school and/or develop skills/income-generating activities.

4.3   Joint Messages to Government and Development Partners

Key messages for both the Government and its' Development Partners include:

▶ **Develop short and long-term strategies that mitigate the economic impact of COVID-19 on women**

▷ Emergency mechanisms and post-crisis recovery mechanisms must put women's economic empowerment at the centre; poverty relief mechanisms have to focus on women's employment and ability to generate income.

▷ Allow freedom of movement and informal trade by those respecting COVID-19 safety procedures. Where this is not possible, provide food stamps and subsidies for women working in the informal sector.

▷ Provide immediate food relief and/or cash transfers and/or income generating activities to decrease household financial stress and to ensure women are not financially dependent on their partner or can leave the shelters. The process of registration for this assistance need to be clearly communicated and the process transparent

▷ Provide transport for survivors to take them back to their home and avoid them taking public transports.

▷ Account for women's and girls' unpaid care work, including the increased burden of care being undertaken women and girls in the context of COVID-19.

"Women need to be assisted to be productive in their home so that they can bring food in the house. They should also be allowed to move around to get food, while protecting themselves. At the moment, they still need to produce authorization letters from counsellors and City councils, that they cannot obtain. They struggle to get the letter because we have to prevent COVID. They are also required to follow a painful vetting and registration process for their simple markets resulting in the majority resorting to illegal vending which resulted in a lot of abuse and violence from authorities."

▶ **Mainstream GBV response in risk mitigation/disaster management strategies**

▷ GBV mitigation strategies should be developed when dealing with the COVID-19 crisis: GBV should be mainstreamed through the disaster and risk mitigations strategies and provisions should be made to respond to survivors.

▶ **Leave no-one behind**

▷ Reach the most excluded women through strategies responding to their specific needs, for example women with disabilities, women in rural areas, women in quarantine, and other marginalised women. For some women, consider using communal radio and asking them to beep the phone or send messages to be called back.

▷ Equip community workers such as VHWs to identify and refer marginalised women, so that they do not have to use their personal resources. Remove as many of the constraints they are operating under as possible.

▷ Prioritise awareness raising and support services on protecting adolescent girls.

▶ **Recognise and tackle the interdependency between the provision of public services, GBV and women's economic rights, including unpaid care work.**

"GBV is not only about physical or sexual abuse but is becoming wider than this because women bear the brunt of the inadequate service delivery. The lack of access to water is an issue for hygiene but also for women who have to stand in long queues without social distancing, and while being pushed away by men – this is also gender-based violence. Women rely on transport to engage in informal jobs. Public transport is scarce, and they compete with men to access transport. This is gender-based violence. The weakness of the health system means that the nurses (who are in majority women) are on strike because their salary is far too low, and they are expected to risk their life to take care of COVID 19 patients without proper equipment. And when the clinic is closed, women have to take care of the sick people. This is gender-based violence. The context of violence became wider during COVID. Mainly because the care work (the traditional role of women) becomes more difficult. When there is no water, no electricity and no health services, women have to fetch wood, walk to boreholes and look after the sick."

▶ **Increase the capacity within Government and other stakeholders to better respond to VAWG in crisis such as COVID-19.**

▷ Carry out gender auditing with Zimbabwean Republic Police and line Ministries to review their response mechanisms on GBV and identify gaps for improvements.

▷ Train the Civil Protection Unit to identify GBV issues and respond to issues to do with sextortion and humanitarian aid exploitation of women and girls.

▷ Improve understanding in Government, the private sector, civil society organisations and communities of the factors that drive VAWG during pandemics and emergencies to support the implementation of gender responsive mechanisms.

4.4   NGOs and Womens Rights Organisations

Key messages for NGOs, Women's Rights Organistions and other 'frontline' agencies include:

▶ **Adapt GBV services to the long-term realities of COVID-19,** with the support of the Government and donors.

▶ **Raise awareness on women's rights.** Property related and custody problems require an accelerated approach to supporting women to understand their rights to property to empower them in managing these circumstances which further impoverish women and predispose them to abuse. Strengthened campaigns that teach women about their rights and access to family and community resources is important.

▶ **Promote non-violent conflict resolution mechanisms at household level.** An increase in partner perpetration in lockdown suggests the need to address nonviolence ways of addressing conflict in houses.

Strategies to cope with stress, inadequate resources in the context of the home are required to address violence exacerbated by the lockdown.

▶ **Promote the virtual helpdesk as a means of reaching survivors.** The Virtual Helpdesk must be used in all organisations to offer survivors assistance during lockdown periods. Service providers must develop mechanisms that enable women to report privately as well as prevent perpetrators from inhibiting reporting of violence. Continued visibility of NGOs through the traditional and social networking media is needed to ensure women have access to service providers. Virtual helpdesks do not only help women in reporting violence but also men who want to report violence but do not feel empowered to report at women's organisations or organisations that predominantly serve women. Research on accessibility of the virtual helpdesk, especially to the most marginalised, can help improve the service and identify those who are unable to use it for whom alternative methods of reporting are necessary.

Annex

Annex One: Detailed Methodology

How the data were collected: The data for this analysis were collected between February 2019 and May 2020. Data in 2019 were mainly collected via walk-in-visits by survivors of VAWG at the offices or helpdesks of the NGOs**.** Clients either self-referred, were referred by the police, friends/relatives, NGOs, health workers, community members or service organisations. Upon visiting and registering for service, clients were asked to complete forms. The service providers also interviewed them to get information. In addition, information was continuously collected from clients as services were provided and even upon exiting the facilities after spending time receiving the service from the organisations. Each NGO used data collection forms designed for their organisational service ad were not shared among NGOs. The forms included structured, semi-structured and unstructured sections. Interviewers included professional and lay counsellors, medical/clinical staff (e.g. at ARC), lawyers and paralegal staff (e.g. at WLSA, Musasa and ZWLA). In almost all cases, data were collected using pen and paper and later captured onto online data forms or Microsoft excel sheets. In some cases, data remained on paper-based forms used in service provision in individual client files. Additionally, organisations such as Musasa run a virtual case reporting facility where clients report violence through phone calls and short message facilities. In 2020 during the national COVID-19 restrictive measures which limited mobility of all people except personnel providing critical medical and other service and those seeking urgent health care, clients from almost all NGOs mostly reached NGOs for services virtually via telephones, mobile phones and WhatsApp facilities. Few clients who could walk in especially when the restrictive measures on mobility were partially relaxed. These virtually collected data were captured onto the paper-based paper forms for later capture onto electronic forms accordingly.

Meetings, data sharing: The consultant organised meetings with each NGO senior managers and requested data for analysis. Data were requested in excel or other formats under the following major variable categories: All forms of gender-based violence experiences - The violence categories to be requested include physical violence, sexual violence, emotional/psychological violence, economic/financial violence and child abuse. Data were also requested on variables describing gender norms and controlling behaviour. The consultant also requested data on variables on time at which violence was perpetrated as well as data describing demographic variables of the survivors including age, gender, economic status, education, place of residence e.g. district and nature of relationship with the abuser (perpetrator). Variables describing perpetrator characteristics were requested and these include age, relationship type with the survivor, economic status, education, and alcohol use. These help to describe VAW by perpetrator, specifically to distinguish between intimate and non-partner violence. The data on the nature and type of help sought and or provided by survivors were requested. Other variables of importance, where available, were requested to help assess factors associated with VAWG.

Data were received in excel, word pdf and other formats. Supporting data were also received such as activity reports shared with stakeholders summarising project progress and these were mainly qualitative reports.

Data Time frame: Data received from NGOs covered the period between February 2019 and May 2019 as well as February 2020 and May 2020. This period was selected to enable an analysis of data as follows: 1) month-on-month analysis for the period Feb-May between 2019 and 2020, and 2) comparing before and during the COVID-19 lockdown (February to March 2020 vs April to May 2020). These time periods enabled us to capture changes in violence reporting during and outside of the COVID-19 pandemic.

Data cleaning: Data from each NGO were initially cleaned before merging them with datasets from other organisations. Variables were merged on period of data collection into one data set. Further cleaning of the data was conducted to prepare it for analysis.

Analysis of data: The **first level** of analysis was assessing violence and service outcome by datasets**.** Under this level, two forms of analysis were conducted. Firstly, data were treated as one single dataset and analysis were conducted to compare 2019 and 2020 violence reports. Here, data were analysed to assess changes (decrease, increase or no change) in violence cases reported between 2019 and 2020, particularly during the period before the COVID-19 lockdown (Feb-March for 2019 and 2020) and COVID-19 lockdown period (Apr-May 2019 vs Apr-May 2020 and Apr-May 2020 vs Feb-Mar 2020). Secondly, the analysis was conducted per NGO. In this second analysis, case studies of violence per NGO were made. This helped to note if there was a decrease, increase or no change in reports of violence from 2019 to 2020. Data were checked for any changes (increase, decrease or no change) in the key variables.

A **second level** of analysis broke down violence into different forms and assess changes in certain types of violence reported. For example, we assess changes in physical, sexual or emotional violence, both per the combined dataset and also per NGO. This kind of analysis unpack violence types experienced during or before the COVID-pandemic.

Data were transferred to Stata version 13 for analysis. Descriptive analysis was the approach taken. We used frequency, mean and chi-square statistics to describe the data.

Lastly, although we aimed at performing further and detailed analysis of data by other variables such as assessing factors associated with reporting types of violence, data completeness and timely sharing prevented detailed analysis. As such we were not able to conduct multiple logistic regression to assess factors associated with reporting certain types of violence. Demographic and behavioural variables that were intended to be used as independent factors could not be received or cleaned within the contractual time frames. Such types of analysis would have helped to explore and provide more information for NGOs to design advocacy messages for VAWG prevention and response.

Stakeholder engagement: Stakeholders were engaged at two stages in the study. Firstly, an inception meeting was conducted at the beginning of the study to clarify the terms of reference between the client and the consultant. NGOs were contacted at the beginning of the study to understand the data availability, data variables, data sharing processes, format of the available data and ethical ways of data sharing. Secondly, during data cleaning and analysis representatives of the NGOs were contacted to verify and clarify data queries. After data were analysed the consultant organised a forum for draft findings sharing with NGOs. NGOs provided input, verified the findings and provided comments that assisted with the interpretation of the findings of the study as compiled by the consultant. This process helped to ensure that the data were not interpreted incorrectly and to ensure that advocacy messages have the input from the data curators. At the end of the study, the results of the study were presented to the client. The client and their stakeholders, who include the NGOs and policy makers or implementors were engaged on the report and the consultant updated the report based on client and their stakeholders' feedback before submitting the final report.

Ethics: All study processes were conducted according to standard procedure that include protecting the confidentiality of the survivors. For example, de-individualised data were requested from NGOs and the report keeps all personal information confidential.

Annex Two: Study Limitations

The Analysis was affected by the following limitations:

▶ The analysis had its own challenges which are crucial for the interpretation of the findings. We combined data sets collected through different ways - virtual (phone calls, short message services such as WhatsApp, mobile facilities in the communities) and face to face interviews. In addition to the face to face means, Musasa also collected additional data during the lockdown through face to face interviews in the communities. This may have posed methodological challenges in the interpretation of the data. For example, data collected virtually had lower levels of completeness as clients felt insecure to disclose all their private information over the phone compared to when they were at the NGOs premises. This led to many missing variables in the data leading to us excluding some variables or cases. Consequently, our analysis was only restricted to the data variables that were shared between NGOs only leaving out data that required dedicated time to convert some of the qualitative stories in the cases into the quantitative variable forms for analysis.

▶ **Data completeness limited the analysis**. Since data were collected for service provision and not necessarily for this analysis, some of the variable data were not easily analysable. Also, in almost all cases, it was reported by the NGOs that cases of property sharing, maintenance, birth certificate processing, pension, divorce processing, custody, deceased estates, protection orders, etc had inherent violence in them but without enough data to suggest so it was difficult to code the data. We therefore recommend that type of violence, be a central aspect of capturing data in all cases. This can help in advocating for women's rights and prevention of violence. In addition, demographic data such as age, place/area of violence and socioeconomic status were not collected on many cases and were not available to make meaningful analysis.

▶ **Some of the determination of whether the reported case was primarily physical or sexual was done by the researcher after reading the cases while others were done by the service providers**. There may have been differences in determining the information for this variable. For example, the consultant received data with many gaps that required the consultant to determine the form of the violence based on the case report provided. To address this, the researcher read cases already determined as one of the four types of violence and compared with their own cases and addressed the differences. Cases of sexual abuse and physical abuse did not have many challenges in categorising.

▶ **There may have been double counting of clients who did not disclose that they were referred from one service provider to the other leading to overestimating the cases reported**. Hence in this report we talk about reports of violence and not cases reported. This is because a client may report an incident of abuse to more than one NGO and may be referred to another NGO and be counted more than once in the merged data set for one case or one episode of violence. This may have happened since NGOs do not openly share client details and that the data received from NGOs will be de-individualised. Although this is so, it only affects a few and therefore insignificant number of cases.

▶ **We removed data from ROOTS Africa from the overall analysis because it did not contain any of the comparative timelines.** The data were fewer than 40 cases of violence reported to their newly established Shelter for survivors of violence. Additionally, WLSA data did not contain individualised reports of violence for many variables in 2019. We relied on their report to include the total number of survivors of GBV whom they provided services to. As such the analysis in this report does not contain WLSA data for 2019 beyond describing the sample of the study i.e. year and month of violence. Data on type of violence, perpetrator, gender, and survivor were not therefore available.

▶ **Some clients reported multiple types of violence**. However, this analysis only considered the main violence type reported per reported case. We chose the contact types of violence first (physical and sexual) and the

non-contact types were then included where it was not mentioned together with the contact types of violence. We therefore believe that emotional and economic violence could have been much more than reported and presented in this analysis.

▶ **While the basic definitions of physical, sexual, emotional and economic violence** based on international surveys were helpful in determining the type of each case of reported violence were useful, some reported cases were difficult to determine. These include where inadequate information was provided such as where it was only mentioned "custody" or "birth certificates processing". Easier cases include where the case was, for example stated as "maintenance" where we categorised it as economic violence assuming that the partner refused to look after children and partner. Where inadequate information was provided, the case was left undetermined and therefore treated as a missing variable.