GENDER-BASED VIOLENCE DISPATCH No. 7 | December 2021

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Leaving No One Behind

Ensuring Women's Access to Quality Multisectoral GBV Services: Experience from Zimbabwe

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INTRODUCTION

This short piece looks at the status of violence against women and girls (VAWG) in East and Southern Africa. It examines the role of ensuring the availability of quality multisectoral gender-based violence (GBV) services in Southern Africa to prevent VAWG, mitigate its impact, and stop the reoccurrence of violence. Finally, it presents an innovative model for delivering quality mobile multisectoral GBV services to women and girls living in remote areas: the Mobile One Stop Centre model introduced in Zimbabwe. This article recognizes that the availability of quality multisectoral GBV services is a crucial part of achieving the United Nations' Sustainable Development Goal 5,[1] as well as realizing the aspirations of the African Union's Agenda 2063: The Africa We Want.[2]

Gender Based Violence

Wilson Center

About the Series

Gender-based violence (GBV) affects one in three women worldwide, making it an urgent and important policy challenge. Many countries around the world have passed laws intended to protect women from violence, yet violence persists. Over the past year, the COVID-19 pandemic has raised awareness of the perils women face from gender-based violence—what has come to be known as the "shadow pandemic"—but it has also aggravated risk factors while increasing barriers to protection, support, and justice.

This publication aims to focus on the intersection of gender-based violence and the rule of law by examining how legal frameworks, judicial system responses, and public policy contribute to the ways in which gender-based violence is—and is not—addressed around the world. Each piece addresses the complicated challenge of gender-based violence and the successes and failures of various public policy responses globally, and offers recommendations for a path forward.

THE STATUS OF GENDER-BASED VIOLENCE IN EAST AND SOUTHERN AFRICA

Violence against women and girls is one of the most widespread human rights violations in the world. Looking at the African continent in 2018, the World Health Organization (WHO) estimated that one out of three African women will experience either physical and/or sexual intimate partner violence or nonpartner sexual violence in their lifetime. According to WHO, sub-Saharan Africa and Southern Asia are the two regions with the highest prevalence of VAWG.[3] When we look at age disaggregation, we see that African adolescent girls and young women are disproportionately affected by gender-based violence. At the global level, 1 in 20 adolescent girls ages 15 to 19—approximately 13 million girls—have experienced forced sex.[4] There is a high prevalence of physical and sexual intimate partner violence among adolescent girls and young women in East and Southern Africa. To some extent, this high prevalence can be correlated with forced first sexual encounters.

> **"On average, only 1 in 10 women exposed to violence sought any help."**

The COVID-19 pandemic shed light on this shadow pandemic. Globally, during the COVID-19 pandemic, there has been a considerable increase in reported cases of gender-based violence,[5] and it is likely that this is just the tip of the iceberg. Research shows that women, and especially adolescent girls and young women, rarely report the violence that they have experienced. On average, according to data, only 1 in 10 women exposed to violence have sought any help. And of those who did, only a small percentage sought help from formal authorities or service providers, such as police, lawyers, religious leaders, or health professionals.[6] In most countries with available data, less than 10 percent of adolescent girls ages 15 to 19 who experienced forced sex sought professional help.[7]

THE ROLE OF QUALITY MULTISECTORAL GBV SERVICES

GBV services refers to a wide range of services, including health, police, legal, and social services provided to survivors of gender-based violence. The Essential Services Package for Women and Girls Subject to Violence[8] is a series of guidance tools that aims to provide greater access to a coordinated set of essential and quality multisectoral services for women and girls who have experienced GBV or are at risk of GBV. The provision and coordination of essential health, police, justice, and social services can significantly mitigate the consequences of violence on survivors' well-being, health, and safety. It also contributes to survivors' recovery and helps stop violence from recurring. The implementation of the Essential Services Package can diminish the impact of violence on women, girls, families, and communities in terms of productivity, school achievement, public policies, and budget.

In East and Southern Africa, services are mostly available in urban areas, such as in cities at provincial and district levels. Access for women and girls living in rural and remote areas is constrained due to the lack of transport and often the economic means to travel. The latest data from the Global Network of Women's Shelters[9] shows that there is a critical need for increased resources and capacity for existing shelters, as well as a need for more shelters to respond to the needs of women, girls, and children survivors and/or those who are at risk of violence. An assessment by the Office of the United Nations High Commissioner for Human Rights[10] pointed out the limited and in some cases nearly nonexistent availability of psychosocial and/or counseling ser-

vices for women survivors of violence in countries in East and Southern Africa. It is well recognized that crisis counseling and longer-term counseling are essential in assisting survivors of GBV with feeling safe, processing their experience, alleviating their feelings of guilt and shame, and reaffirming their rights to live free from violence.

> **"Women's access to justice has been negatively affected by the shutdown of courts."**

There is limited recent data on the status of GBV services in East and Southern Africa. Quality data that looks at the availability, accessibility, acceptability, and quality of GBV services[11] is essential for informing the delivery of quality multisectoral services.

The COVID-19 pandemic has exacerbated the existing challenges to delivering quality GBV services and contributed to the further scarcity of services. During the pandemic, the health sector faced limitations to its ability to effectively handle GBV cases and disclosures. In relation to access to justice, reports have shown that since the onset of the pandemic, women's access to justice has been negatively affected by the shutdown of courts. In some countries, it was reported that courts were closed or operating at reduced hours, resulting in delays in processing cases, further contributing to the deprioritization of GBV cases. In countries where e-justice services were made available, women and young women of lower socioeconomic status were constrained by factors such as limited information and communications technology literacy and/or not owning or having access to a phone or other connected device.

The mobile gender gap exacerbated the ability of women and girls to access GBV services. According to GSMA's 2020 report on the mobile gender gap,[12] in sub-Saharan Africa there is a 13 percent gender gap in mobile ownership, and there were 74 million unconnected women. It is critical to remember that many women do not have their own phones or are not in a position to be in a private space and speak freely and safely. However, in some contexts during the pandemic, we saw a shift in reporting from the use of telephone hotlines to WhatsApp, Chat Box and other social media communications. These challenges and new forms of reporting pushed providers of GBV services to develop innovative models of reaching out to women and girls and providing both remote and mobile GBV services.

CASE STUDY: THE MOBILE ONE STOP CENTRE BRINGING GBV SERVICES TO WOMEN AND GIRLS IN REMOTE AREAS IN ZIMBABWE

Building on the guidance of the Essential Services Package for delivering quality multisectoral GBV services, the United Nations Population Fund (UNFPA) Zimbabwe office and partners introduced the Mobile One Stop Centre (MOSC) model in an effort to ensure timely access to GBV services in remote and hard to reach areas, within a multihazard humanitarian context. This model was developed and implemented under two flagship programs, the European Union–funded Spotlight Initiative to Prevent VAWG and the World Bank–funded Zimbabwe Idai Recovery Project (ZIRP). The MOSC model provides mobile multisectoral quality GBV services such as health, police, psychosocial, and legal support in remote and hard to reach areas of Zimbabwe that have been affected by drought or Cyclone Idai. It is a one stop center on wheels.

The MOSC model addresses some of the key challenges faced by women and girls, while trying to respond to the deprioritization of GBV services

in rural and remote areas. Women and girls living in remote areas may be confronted with significant distances to travel to access static services, as well as a lack of available transportation and/or a lack of economic means to pay the expenses related to transportation. The MOSC model reduces the distance between survivors and these services, by bringing the services closer to their homes.

MOSC IN PRACTICE: HOW DOES IT WORK?

The MOSC model is based on the principles of flexibility of service delivery and community engagement. As such, MOSC teams are deployed on the basis of evolving needs and identified GBV hotspots within specific communities, such as community boreholes, food distribution points, and camps for internally displaced people.

The MOSC is made of multidisciplinary teams from the health, police, psychosocial, and legal support sectors. Doctors, nurses, and paramedical staff are trained on the clinical management of rape,[13] survivor-centered approaches, and psychological first aid. To support reporting of GBV cases, the MOSC teams work in close collaboration with behavior change facilitators and village health workers to support the identification of GBV cases at the community level, and to ensure timely referral between services in GBV hotspots, such as water and food distribution points. This assistance is part of the MOSC GBV surveillance outreach sessions.

The MOSC model has demonstrated its effectiveness in terms of service uptake in emergencies and humanitarian contexts, such as during Cyclone Idai and during the COVID-19 lockdowns, where the model was strengthened through the provision of a shuttle service to assist survivors' referrals to higher levels of care. Additionally, behavior change facilitators were equipped with airtime and data to ensure continuous two-way communication with mobile teams, as well as with GBV hotlines, to enhance timely and quality referral. Since the introduction of the model, MOSCs were established in 24 out of 65 districts[14] across all 10 provinces of Zimbabwe, reaching a total of 30,406 survivors.[15]

TESTIMONY

"I was scared of moving around due to the lockdown. But one day I made up my mind and got up very early and waited anxiously for the Mobile One Stop Centre team. When they arrived, I was soon assisted by the welcoming counselors. I managed to get clinical care and was given post-exposure prophylaxis (PEP). I was also taken to the shelter for safety while the Victim Friendly Unit officer went to arrest my uncle. If the mobile One Stop Centre had not come, I would have missed the opportunity to get PEP, and to be protected. At the shelter, I feel very safe. The court processes are going on, and I am hopeful."

—Faith, a sexual and gender-based violence survivor who received support at a Mobile One Stop Centre

NOTES

1. "Sustainable Development Goal 5: Achieve Gender Equality and Empower All Women and Girls," United Nations, Department of Economic and Social Affairs, https://sdgs.un.org/goals/goal5.
2. "Agenda 2063: The Africa We Want," African Union, https://au.int/en/agenda2063/overview.
3. "Violence against Women Prevalence Estimates, 2018," World Health Organization, March 9, 2021, https://www.who.int/publications/i/item/9789240022256.
4. "Gender Equality," United Nations Children's Fund, https://www.unicef.org/gender-equality.
5. Phumzile Mlambo-Ngcuka, "Violence against Women and Girls: The Shadow Pandemic," UN Women, April 6, 2020, https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic.
6. "The World's Women 2015: Trends and Statistics," UN Department of Economic and Social Affairs, Statistics Division, November 2, 2015, https://unstats.un.org/unsd/gender/downloads/worldswomen2015_report.pdf.
7. "A New Era for Girls: Taking Stock of 25 Years of Progress," United Nations Children's Fund, UN Women, and Plan International, March 4, 2020, https://www.unicef.org/sites/default/files/2020-04/A-new-era-for-girls-2020.pdf.
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9. World Conference of Women's Shelters, News and Updates, 2019, https://fourth.worldshelterconference.org/en/news/call-for-action,-connect-and-act/56/.
10. "Protection Orders and Shelters: Country Visits Information," United Nations Office of the High Commissioner, 2016, https://www.ohchr.org/Documents/Issues/Women/SR/Shelters/CountryVisitExperience.pdf.
11. "Availability, Accessibility, Acceptability and Quality framework: A Tool to Identify Potential Barriers in Accessing Services in Humanitarian Settings," UNICEF, November 2019, https://gbvguidelines.org/en/documents/availability-accessibility-acceptability-and-quality-framework-a-tool-to-identify-potential-barriers-in-accessing-services-in-humanitarian-settings/.
12. Oliver Rowntree and Matthew Shanahan, "The Mobile Gender Gap Report 2020," GSMA Connected Women, March 2020, https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2020/05/GSMA-The-Mobile-Gender-Gap-Report-2020.pdf.
13. "International Consultant-Clinical Management of Rape Survivors (CMR)," United Nations Population Fund, May 18, 2018, https://www.unfpa.org/jobs/international-consultant-%E2%80%93-clinical-management-rape-survivors-cmr.

14. Twenty-four districts from 2019 to 2021. Currently MOSCs are operational in 10 districts only, due to emergency funding expiration and projects closure in some of the districts.

15. UNFPA Zimbabwe CO data on MOSC reach—all survivors accessing at least one service.

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