



More than a roof

Documenting the work of specialist women's organisations providing holistic shelter services in Ethiopia and Zimbabwe

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This report was authored and researched by Bethan Cansfield and Laura Brown.

Please note that all names used in the case studies have been changed to protect identities. All images are of shelter facilities, staff or obscure the identity of the client to protect confidentiality.

Cover image: Exterior of the Addis Ababa shelter (Bethan Cansfield).

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Glossary

Violence against women and girls (VAWG): ‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life’.¹

Client / former client: a woman or girl who is using or has previously used VAWG services.

Coercive control: a pattern of domination through intimidation, isolation, degradation and deprivation, including psychological and economic control.

Empowering approach: an approach that respects women survivors’ integrity and supports her to make informed decisions and access provisions that offer the potential for undoing the harms of violence.²

FGM: Female Genital Mutilation.

Feminist approach: focusing on the needs and wishes of women and girls, recognising violence is rooted in gender inequality and providing services within a framework of women’s empowerment.

IGA: income generating activity/activities.

Intimate partner violence: violence perpetrated by a current or former partner or husband.

Holistic services: an approach to service provision that ensures that the range of inter-related needs and rights of women survivors are addressed.

One Stop Centre: One Stop Centres aim to provide multiple services in one place, allowing survivors to access the necessary services easily and quickly, and avoid further trauma.

Tertiary prevention: refers to approaches that address violence once it has happened or to prevent violence from recurring.³

Shelter: shared safe accommodation for women and their children who have experienced violence.

Specialist women’s organisation: an organisation where the knowledge and skill base of the staff are specialised in responding to VAWG.

Women-only service: a service catering to the needs and experiences of women only, delivered by women staff.

1. UN (1993) Declaration on the Elimination of Violence Against Women. Available online at: <http://www.un.org/documents/ga/res/48/a48r104.htm>

2. Council of Europe (2007) Combating Violence Against Women: Minimum Standards for Support Services. Available online at: [https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF\(2007\)Study%20rev.en.pdf](https://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF(2007)Study%20rev.en.pdf)

3. End Violence Against Women Coalition (2011) A Different World is Possible: A call for long-term and targeted action to prevent violence against women and girls. Available online at: http://www.endviolenceagainstwomen.org.uk/data/files/resources/19/a_different_world_is_possible_report_email_version.pdf

1.0. Introduction

Violence against women and girls (VAWG) is one of the most widespread violations of human rights, with 35% of women worldwide experiencing violence in their lifetime.⁴ VAWG inhibits women and girls' ability to enjoy rights and freedoms equally to men, and to live their lives with dignity and respect. There is no single cause of VAWG, but evidence shows some factors consistently drive abuse, including harmful social norms, constructions of masculinity and strictly enforced gender roles.⁵

States have an obligation to prevent VAWG, provide services to survivors and bring perpetrators to justice. In its General Recommendation 19, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) recommended that "Appropriate protective and support services should be provided for victims".⁶ It went on to recommend that "State parties should take all legal and other measures that are necessary to provide effective protection of women against gender-based violence, including ... [providing] refuges, counselling, rehabilitation and support services for women who are the victims of violence."⁷ These good practices are necessary to give effect to the general right to a remedy for discrimination and VAWG – respecting, protecting and fulfilling women's rights, and ensuring comprehensive reparation to individual survivors, including the dynamic transformation of gender inequality guaranteed by the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).⁸ Furthermore, the Maputo Protocol to the African Charter on Human and Peoples' Rights on The Rights of Women in Africa requires that States "establish mechanisms and accessible services for effective information, rehabilitation and reparation for victims of violence against women".⁹

Whilst specialist VAWG services can refer to a number of services, this report largely focuses on shelters. Good quality shelters provide holistic VAWG services to recognise and respond to the gendered and multiple needs and wishes of women and girl survivors of violence. This includes providing safe accommodation, offering immediate and long-term health care, responding to their sexual and reproductive health needs and facilitating their access to the police and justice system. Holistic shelter services also include

opportunities for women to learn new vocational and life skills, including income-generating activities and self-defence training. Taken together, holistic services support women's personal and social empowerment to rebuild their lives. This approach means shelter provision can be classed as a form of tertiary prevention.

The United Nations recommends that, where possible, services for survivors should be run by "independent and experienced women's non-governmental organisations providing gender-specific, empowering and holistic support to women survivors of violence, based on feminist principles".¹⁰ The conceptual and operational approaches of these specialist women's organisations make them uniquely placed to provide support to survivors of violence.¹¹

This report documents the VAWG services provided by two specialist women's organisations: Association for Women's Sanctuary and Development (AWSAD) based in Ethiopia and Musasa based in Zimbabwe. The approaches of both AWSAD and Musasa to VAWG service provision were found to be pivotal in supporting women and girls recover from violence. This includes:

- Taking a **holistic** approach to VAWG service provision (direct and via referrals).
- Placing clients' **empowerment** as an important and central part of the services.
- Providing **women-only and women-led services**.
- Taking a **feminist approach** that recognises that VAWG is rooted in broader gender inequality and that VAWG service provision must aim to support women to live independent lives free of violence.
- Providing services to a **diverse range of women and girls**, including women and girls with disabilities.
- Supporting **former clients**, including through reintegration / start-up packages and ex-resident / survivor clubs.
- Valuing traditional models of shelter and, where appropriate, piloting new **models**.
- Building the **capacity of government stakeholders** (police and Ministry of Women's Affairs) to support survivors and **working with communities** to bring about social change.

4. London School of Hygiene & Tropical Medicine (2013) Violence against women a global health problem of epidemic proportions. Available at: http://www.lshtm.ac.uk/newsevents/news/2013/gender_violence_report.html#sthash.3eYQJAJke.dpuf

5. Heise, L. & Fulu, E. (2014) What works to prevent violence against women and girls. State of the field of violence against women and girls: What do we know and what are the knowledge gaps?

6. CEDAW Committee (1992) General Recommendation No. 19. Available online at: <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>

7. Ibid.

8. UN (1979) Convention on the Elimination of all Forms of Discrimination Against Women. Available online at: <http://www.un.org/womenwatch/daw/cedaw/>

9. African Commission (2003) Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Available online at: <http://www.achpr.org/instruments/women-protocol/>

10. UN Division for the Advancement of Women (2010) Handbook for Legislation on Violence against Women. Available online at: <http://www.un.org/womenwatch/daw/vaw/handbook/Handbook%20for%20legislation%20on%20violence%20against%20women.pdf>

11. WAVE (2004) Away from Violence: Guidelines for Setting Up and Running a Women's Refuge. Available online at: <http://ec.europa.eu/justice/grants/results/daphne-toolkit/en/content/guidelines-setting-and-running-women%E2%80%99s-refuge-wave>

4 More than a roof

In each context, rates of VAWG are high and the availability of other specialist VAWG services is limited or non-existent. Therefore, the continuation of AWSAD and Musasa's work is essential in ensuring access to lifesaving services for women and girls fleeing violence; however, both organisations face significant challenges in delivering their work. These include:

- **Limited core, flexible and long-term funding.**
- Donor conceptualisations of **value for money** that focus disproportionately on numbers of women who have been supported and fail to consider the quality of services.
- A trend of increasingly complex **monitoring and evaluation requirements**, with limited harmonisation across donors.
- Pressure to provide **gender-neutral services**.
- **Competition from INGOs and mainstream organisations** for funding.
- **Threats and attacks** against staff delivering the service.
- Difficult external environments, including barriers to **economic empowerment and access to justice**.

AWSAD: a women-led organisation that opened the first women's shelter in Ethiopia

AWSAD (Association for Women's Sanctuary and Development) was established in 2003 and is a women-led organisation that aims to advance women and girls' social and economic development and support those who have experienced violence. In Ethiopia, AWSAD was the first organisation to open a women-only shelter for women and girls experiencing VAWG. AWSAD identifies as a feminist organisation that applies these principles to service delivery. AWSAD currently runs two shelters in Addis Ababa and two shelters in Adama. AWSAD currently has 60 staff members.

Between April 2014 and March 2015, AWSAD supported 196 women and 81 children. From July 2015 to December 2015, AWSAD supported 154 women.

Womankind has been working with AWSAD since 2008 on a range of activities to support women and girls affected by violence. This has included supporting AWSAD to expand the capacity and services available in their safe houses across the country and train community members, school students and law enforcers.

Musasa: the first women's rights organisation in Zimbabwe to explicitly focus on VAWG

Musasa was set up in 1988 and was the first women's rights organisation in Zimbabwe to specifically focus on VAWG and VAWG service provision. It is an explicitly feminist organisation, which recognises that VAWG is linked to the discrimination that women and girls face throughout their lifetime. Musasa provides a variety of services to women affected by violence in Zimbabwe, including urban shelters, community shelters, One Stop Centres and a toll-free counselling line. Musasa currently has 36 full time members of staff and nine shelter administrators. When guards and volunteers are included, the organisation has a total of 68 staff and volunteers.

In 2013, Musasa supported 10,400 women and girls across all services. In 2014, Musasa supported 21,456 women and girls and in 2015, it supported 25,880 women. Of the 25,880 women, 2889 received shelter services across all nine shelters.

Womankind first partnered with Musasa in 1998 and supported their efforts to raise awareness of women's rights in communities, specifically on the implementation of the Domestic Violence Act. Since then, Womankind has offered Musasa organisational development funding and overall support for their projects to run their urban based safe services and enhance relationships with the justice sector and police.

Womankind Worldwide: working with women's organisations and movements

Working with women's organisations and movements is the cornerstone of Womankind's approach to achieving its vision and organisational aims of ending VAWG, increasing women's civil and political participation and ensuring equal access to and control over economic resources. Womankind believes women's organisations and movements are best placed to create and sustain change for women because they are rooted in the realities of their country, understand the challenges facing women and have a fuller understanding of the context than external actors.

2.0. Background to the report



Beds, Addis Ababa shelter
(Bethan Cansfield)

2.1. Objectives of the documentation

The objectives of the documentation were to:

- Document the approach and services provided by AWSAD and Musasa to survivors of VAWG.
- Document women's experiences of the services in women-only spaces, including understanding if clients value and see benefits in women-only spaces.
- Document the challenges and barriers facing AWSAD and Musasa in delivering specialist services to survivors of VAWG.

2.2. Methodology

The documentation was conducted by collecting a variety of secondary and primary data. This involved analysis of available secondary data, including previous programme documentation. This was followed by country visits in October 2015 (Zimbabwe) and March 2016 (Ethiopia). The methodology enabled the triangulation of data by collecting information from different sources and comparing it for consistency. The analysis and report writing was undertaken between November

2015 and May 2016 and included a feedback and validation process with AWSAD and Musasa staff.

Given the documentation objectives, timeframe and information available, a qualitative data collection approach was adopted. The approach entailed in-depth data collection across five services that Musasa provides (Harare urban shelter, Chikomba community shelter, Gutu community shelter, Harare One Stop Centre and the toll-free counselling line) and, in Ethiopia, focusing on the Addis Ababa shelter run by AWSAD.

The data collection methods used for the documentation were as follows:

- An initial consultation and in-depth discussion with the Director and Programme Manager(s) of AWSAD and Musasa.
- In-depth interviews with key informants (group-based and individual), including current and former clients from across the services, shelter administrators / coordinators, local leaders, church members and elders, representatives from government departments and donors.

Across all services in Ethiopia and Zimbabwe, we met 28 current clients and 15 former clients. We interviewed 16 members of staff and 32 other key stakeholders, including local and church leaders, officials from the Ministry of Women's Affairs, policewomen, representatives from bilateral and multilateral donors and partner organisations.

2.3. Background on specialist women's organisations delivering violence against women and girls services

Specialist needs of women survivors of violence (extract from WAVE's report¹²)

"Living in a violent relationship or being subjected to violence means leading a life of fear and insecurity. Even in the presence of psychological violence only, women do not feel safe. Suffering from intimate partner violence is further magnified because the person inflicting the violence is someone the victim has loved and trusted. This emotional link, likely further compounded by financial insecurity and shame, among others, is the reason women stay in violent relationships, only to be questioned by those lacking sensitisation as to why the woman did not leave. Women survivors of violence are further subjected to secondary victimisation through victim-blaming attitudes directed at them for

remaining in the violent relationship. Women who eventually find the strength to leave a violent relationship find the path extremely difficult, especially following long-term isolation, which is common in intimate partner violence. Further challenges include lack of a supportive environment as well as lack of employment, fear of safety for her children, and diminished self-esteem. The combination of elements and aspects results in a set of needs attributed to women survivors of violence, which can only be met through specialised service provision."

Similarly, women and girls who have experienced other forms of VAWG, including sexual violence, may experience fear, isolation, shame, diminished self-esteem and secondary victimisation and should also have access to services that address their specialist needs.

Specialist women's organisations are vital in running VAWG services because these organisations take a gendered approach within an empowerment framework.¹³ In practice, this means providing services that do not replace a perpetrator's control of a woman with the control of professionals. Instead, these organisations place women's empowerment and self-determination at the core of services.¹⁴ This approach explicitly recognises that VAWG is rooted in men's control of

12. WAVE (2015) Supporting the sustainability and autonomy of women's organizations providing services in Eastern Europe for women and children survivors of domestic violence. Available online at: <https://www.wave-network.org/content/10th-wave-conference-2008-kosiceslovakia>

13. End Violence Against Women Coalition (2015) Survivors' Rights: The UK's new legal responsibilities to provide specialist support for women and girls who have experienced violence. Available online at: <http://www.endviolenceagainstwomen.org.uk/data/files/resources/72/Survivors-Rights-EVAW-Coalition-September-2015.pdf>

14. Ibid.



Shelter counsellor, Addis Ababa shelter (Bethan Cansfield)

women and seeks to redistribute power and challenge gender inequality. The European-wide VAWG network WAVES states "Male violence against women is a manifestation of the historically unequal power relations between men and women and a reflection of existing gender relationships in society and in politics ... Women's refuges need to create awareness of the social, historical, cultural and political framework that fosters male violence ... The feminist principles as implemented in the refuge should demonstrate ways for women and children to free themselves from violence."¹⁵ Similarly, the African Network of Women's Shelters advocates the importance of women-driven shelters and safe spaces in supporting survivors to build their confidence.¹⁶ Taking an explicitly gendered approach that recognises VAWG in a framework of gender inequality means that staff are sensitive to women's safety needs (for example not allowing abusive men visitation of children in the shelter property) and do not blame women for the violence they have experienced.¹⁷

Specialist women's organisations also have an important role to play in running VAWG services because women who have experienced violence may not wish to go to the police and the judicial system and bring legal charges; some prefer to go to a shelter and stay as long as necessary.¹⁸

Specialist women's organisations are also more flexible in the way they provide support and women who have experienced violence tend to have fewer inhibitions about turning to these organisations than to a state body.¹⁹ Former United Nations Special Rapporteur on Violence Against Women Rashida Manjoo in an interview for this report stated the approach of specialist women's organisations makes the services sustainable and ensures traction with communities.²⁰

In addition, research by the Women's Resource Centre (WRC) has found that, not only do services provided by specialist women's organisations result in better outcomes for women, but they also have wider societal and economic impacts.²¹ WRC's research found that the economic benefits of women-only services are likely to be significant, saving the state millions of pounds per year, for example, by improving women's job opportunities or preventing re-victimisation or health problems arising or worsening.²² WRC's research also found that specialist women's organisation staff and services show a high level of professional responsibility, including through greater flexibility in supporting and responding to women's needs. Staff often share experiences with service users which

makes them more likely to go 'above and beyond' to help women who have experienced violence.²³ At times, this can mean working significant overtime and not being paid. Rashida Manjoo echoed this, stating staff who work for specialist women's organisations are not motivated by financial reward, but rather a personal belief in the services.²⁴

Despite the important role specialist women's organisations play in delivering VAWG services, in many countries these organisations face insufficient funding and other significant challenges. The Global Network of Women's Shelters states that "Even in countries where feminist independent services are relatively well-developed, women's shelters and refuges still regularly struggle and face constant risks of having to close."²⁵ The African Women's Shelter Network has found that women's shelters operating across Africa are often working in dangerous places with minimal support, resources and protection.²⁶ Similarly, the Asian Network of Women's Shelters calls existing funding for shelters across the region as "woefully inadequate".²⁷ The Network found that only three out of the nine countries/areas in its members' survey reported that government funding for shelters was 'significant'. Its members in two countries reported no government funding whatsoever. The Network also found that even where there is government funding for shelters it is often granted on a project-by-project basis, so when the project ends, the funding stops and the shelter closes. Across Europe, there is a lack of adequate shelter provision and more shelters are urgently required.²⁸ In addition, existing shelter provision is under constant threat by cuts in funding as well as the increasing popularity of a gender-neutral approach that, in some countries, has resulted in State funding being linked to demands for women's shelters to be open to men.²⁹ Gender neutrality is trickling into these European governments' approaches to international aid and funding principles.³⁰

15. WAVES (2004) *Away from Violence: Guidelines for setting up and running a women's refuge*. Available online at: <http://ec.europa.eu/justice/grants/results/daphne-toolkit/en/content/guidelines-setting-and-running-women%E2%80%99s-refuge-wave>

16. The African Network of Women's Shelters (2012) *Kigali Call to Action*. Available online at: http://www.rwandawomennetwork.org/IMG/pdf/anws_call_to_action_5th_dec_2012.pdf

17. WAVE (2015) *WAVE Report 2015: On the role of specialist women's support services in Europe*. Available online at: <https://www.wave-network.org/content/10th-wave-conference-2008-kosiceslovakia>

18. WAVE (2004) *Away from Violence: Guidelines for Setting Up and Running a Women's Refuge*.

19. Ibid.

20. Womankind interview with Rashida Manjoo, December 2015

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22. Ibid.

23. Ibid.

24. Womankind interview with Rashida Manjoo.

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26. The African Network of Women's Shelters (2012) *Kigali Call to Action*.

27. Asian Network of Women's Shelters. Available online at: <https://shelterasia.org/author/anthonyjcarlis/>

28. WAVE (2015) *WAVE Report 2015: On the role of specialist women's support services in Europe*.

29. Ibid.

30. Womankind interview with Rashida Manjoo.



Current client holding up embroidery she made in income generating activities training, Addis Ababa shelter (Laura Brown)

3.0. Country Contexts

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33. Africa for Women's Rights (n.a.) Available online at: <http://www.africa4womensrights.org/tag/Ethiopia>

34. Garcia-Moreno C et al. (2006) Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence against women. Available online at: http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf

35. ODI (2013) Transforming the lives of girls and young women: Case study Ethiopia. Available online at: <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8820.pdf>

36. Abebayehu, T. (2013) Assessment of Sexual Violence Against Female Students in Wolaita Sodo University, Southern Ethiopia, J Interpers Violence vol. 28 no. 11

37. UNFPA (2014) Female Genital Mutilation: Country Profile Ethiopia. Available online at: http://dashboard.unfpa.org/fgm/data_v15/downloads/Profiles/FGM_ETH_Profile.pdf

38. Population Council (2004) Child marriage briefing: Ethiopia. Available online at: <http://www.popcouncil.org/uploads/pdfs/briefingsheets/ETHIOPIA.pdf>

39. US Department of State. Available online at: <http://www.state.gov/tip/rls/tiprpt/countries/2015/243436.htm>

40. Draft report UN Women. Assessment on the Availability, Accessibility, Quality and Demand of Rehabilitative and Reintegration Services for Women and Girls Survivors of Violence in Ethiopia.

41. Ibid.

42. Ibid.

43. Ibid.

44. Immigration and Refugee Board of Canada (2011) Ethiopia: Domestic violence, including legislation, state protection and services available to victims (2007-2011). Available online at: <https://www.justice.gov/sites/default/files/eoir/legacy/2014/08/04/ETH103921.E.pdf>

45. United Nations (2011) Ethiopia: Concluding observations of the Committee on the Elimination of Discrimination against Women. Available online at: <http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-ETH-CO-7.pdf>

46. African Rights Monitor (2011) Submission from African Rights Monitor to the Committee on the Elimination of All Forms of Discrimination Against Women, July 2011, New York. Available online at: http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/ETH/INT_CEDAW_NGO_ETH_49_8757_E.pdf

47. Ibid

48. United Nations (2011) Ethiopia: Concluding observations of the Committee on the Elimination of Discrimination against Women.

3.1. Ethiopia

Overview

Ethiopia has a population of 96,958,732 people.³¹ The United Nations states 36.8% of the population lives below the income poverty line of \$1.25 a day, with 67% of the population living in severe multidimensional poverty as measured by health, education and standard of living indicators.³² There are high rates of VAWG across Ethiopia, including intimate partner violence, non-partner sexual violence, trafficking, female genital mutilation (FGM), and early and forced marriage. Despite this, there are limited services for survivors of violence and the implementation of policies and laws is weak.

Intimate partner violence

Intimate partner violence is highly prevalent in Ethiopia and widely socially condoned; the courts do not tend to consider it as a serious justification for granting a divorce.³³ 48.7% of women aged 15-49 experience physical intimate partner violence in their lifetime and 59% reported sexual partner violence.³⁴ Abduction of women, although a criminal offence, is still considered a legitimate way of procuring a bride (especially in southern Ethiopia).³⁵

Other forms of violence

Whilst there are no overarching statistics on the rates of non-partner sexual violence, the existing evidence points to high rates of sexual violence. A 2013 study on prevalence of sexual violence against female students in Wolaita Sodo University found that 23.4% had experienced attempted rape and 8.7% rape.³⁶

In addition, FGM is still a widespread practice in Ethiopia (74% of women aged 15-49 have undergone some form of FGM³⁷), as is early and forced marriage (19% of girls are married by the age of 15³⁸). Trafficking for sexual and domestic servitude also remains a problem. Girls from Ethiopia's rural areas are exploited in domestic servitude and forced prostitution in cities such as Addis Ababa.³⁹

VAWG services

Across Ethiopia, there are an estimated 12 shelters that provide services for women and girls who have experienced violence.⁴⁰ Five of the shelters are in Addis Ababa, with others in Benishangul Gumuz (two), Amhara (one), Oromia (two), Dire Dawa (one) and in SNNPR (one). The majority do not provide services to women with disabilities and some do not provide services to pregnant women and girls.⁴¹ The capacity of the shelters ranges from 14 to 52 clients, yet because of rising demand the shelters are forced to provide extra capacity by placing mattresses on the floor.⁴² The majority of shelters rent accommodation and struggle with costs of running the shelter.⁴³

VAWG legal and policy environment

The Criminal Code (2005) explicitly prohibits domestic violence, female circumcision, rape outside of marriage, abduction of women for marriage, and marriage with a minor, and outlines the penalties associated with each crime.⁴⁴ The Federal Family Code (2000) recognises the equal right of women and men to freely enter into marriage as well as equal rights and responsibilities of spouses during marriage and its dissolution and set the minimum age of marriage at 18 years.⁴⁵

According to the African Rights Monitor, the implementation of laws covering VAWG in Ethiopia have been inadequate and there remains significant gaps in protection for women and girls experiencing violence.⁴⁶ For example, there is currently no mechanism for obtaining a restraining order or protection against abusers and marital rape is not covered. In addition, the Penal Code maintains a stringent standard of proof, making it extremely difficult for women to bring abusers to justice.⁴⁷ The CEDAW Committee stated it is concerned "that FGM, sexual, domestic and other forms of violence against women are under-reported due to cultural taboos and victims' lack of trust in the legal system, and that criminal law provisions are not consistently enforced because of insufficient allocation of funds, lack of coordination among the relevant actors, low awareness of existing laws and policies on the part of law enforcement officials, lack of capacity to apply the law in a gender-sensitive manner, and discriminatory societal attitudes."⁴⁸



Gutu, Zimbabwe (Bethan Cansfield)

3.2. Zimbabwe

Zimbabwe is a large country with a relatively low population base of 14,229,541 people.⁴⁹ The 2011/12 Poverty Income Consumption and Expenditure Survey showed that 72% of the population live below the poverty line of \$2.56 per day.⁵⁰ There are high rates of VAWG in Zimbabwe and the implementation of laws and policies remains weak.

Intimate partner violence

Across Zimbabwe, 30% of women aged between 15 and 49 have experienced physical violence since the age of 15, with the most common perpetrator being a current husband or partner (57%) and 20% reported that the perpetrator was a former husband/partner.⁵¹ There are also high rates of intimate partner sexual violence, with 13% of women reporting their husband has forced them to have sexual intercourse.⁵²

Intimate partner economic abuse has also been cited as a major concern in Zimbabwe.⁵³ This includes withholding money for household use, prohibiting a partner from earning an income, taking a partner's earnings or being prohibited from getting a job or trading and activities associated with generation of income.⁵⁴

Other forms of violence

In addition to intimate partner violence, women and girls can experience many other forms of violence. This can include violence perpetrated by other family members (parents, step-parents, in-laws, step-brothers and in-laws) and non-partner sexual violence (7% of women report non-partner sexual violence and 14% of men report raping a woman who was not an intimate partner in their lifetime⁵⁵). Harmful traditional practices are also prevalent, with 31% of the girls in Zimbabwe marrying before they reach the age of 18 years

and about 15% of these girls becoming married before they reach 15 years old.⁵⁶

VAWG services

Other than the services provided by Musasa (outlined in section five), there are no other women-only shelters providing specialist services for women and girls who have experienced violence in Zimbabwe. For girl survivors of violence (under 18), they may go to a children's home, but girls who are pregnant cannot access these services.⁵⁷

VAWG legal and policy environment

A victory for the Zimbabwean women's rights movement was the passing of the Domestic Violence Act in 2007. Zimbabwe also developed a National Gender Based Violence Strategy 2012 – 2015⁵⁸, which forms a basis for the development of multi-sectoral policies, systems and services, as well as community support mechanisms to prevent and respond to VAWG. The strategy has now come to an end, however, and it is unclear if it will be renewed.

Despite the adoption of legislation and policies, VAWG remains widespread and perpetrators continue to benefit from impunity. The lack of training of law enforcement personnel, the lack of awareness of women's human rights and the fear of social stigma and reprisal contribute to the ineffectiveness of such laws.⁵⁹ Since the criminalisation of marital rape, only one case has been tried in court.⁶⁰ The Committee on the Elimination of Discrimination Against Women expressed concern at the Government of Zimbabwe's "absence of an expressed political will to place high priority on the elimination of violence against women."⁶¹ It also noted that the effectiveness of legislation has been hampered by a lack of monetary and human resources.⁶²

49. United Nations Development Programme. International Human Development Indicators. Available online at: <http://hdr.undp.org/en/countries>

50. Department for International Development (2014) Operational Plan 2011-2016: DFID Zimbabwe. Available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389495/Zimbabwe_Operational_Plan.pdf

51. Demographic Health Survey: Zimbabwe (2012). Available online at: <https://dhsprogram.com/pubs/pdf/FR254/FR254.pdf>

52. Ibid.

53. International Journal of Humanities and Social Science, Mashiri, L. (2013) Conceptualisation of Gender Based Violence in Zimbabwe. Available online at: http://www.ijhssnet.com/journals/Vol_3_No_15_August_2013/12.pdf

54. Gender Links (2013) Peace begins at home: Zimbabwe. Available online at: <http://genderlinks.org.za/programme-web-menu/peace-begins-at-home-gb-v-findings-2013-11-23/>

55. Ibid

56. UNICEF (2014) Eliminating harmful cultural and social practices affecting children: our collective responsibility. Available online at: http://www.unicef.org/zimbabwe/Report_on_Harmful_Social_and_Cultural_Practices.pdf

57. Womankind interview with MSI (Zimbabwe) (October 2015)

58. Gender Links (2013) Peace begins at home

59. Africa for Women's Rights. Zimbabwe. Available online at: http://www.africa4womensrights.org/public/Dossier_of_Claims/Zimbabwe-UK.pdf

60. Ibid

61. United Nations (2012) Zimbabwe: Concluding observations of the Committee on the Elimination of Discrimination against Women. Available online at: <http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-ZWE-CO-2-5.pdf>

62. Ibid.

4.0. Association for Women's Sanctuary and Development (Ethiopia)

"Before coming to the safe house, I thought it was over for me. But the different services I got helped me to realise I can do anything I want if I put my mind to it." Former client, Addis Ababa shelter

AWSAD runs four women-only shelters – two in Addis Ababa and two in Adama. The shelters provide a safe and positive environment for women and girls to overcome the trauma of violence, share with others who have similar experiences, access justice and legal address and gain confidence and skills to rebuild their lives. This report focuses on the main shelter in Addis Ababa – whilst services in the other shelters may differ slightly, the aim is to provide a similar approach and service across all the shelters.

4.1. Holistic and empowering approach

AWSAD sees VAWG as rooted in gender inequality and aims to provide a holistic and empowering approach to service provision to support survivors to recover from violence and go on to live independent lives, free from violence. The different services aim to be mutually beneficial and supportive to different areas of women's lives. Clients spoke of how they valued this approach and, whilst many women spoke of a certain service being important for her individual needs, most caveated this by saying all services were vital to support them in rebuilding their lives.

"We see our services as empowering. The basic services are there, so women have time to think about what they want in the future. And then services like counselling are there to support her to decide what she wants to do. The different components of the safe house allow women to become economically and socially empowered." Maria Munir, Director, AWSAD

"Every service is very important." Current client, Addis Ababa shelter

"All the services in the safe house are very important." Current client, Addis Ababa shelter

"Compared to when I arrived at the shelter, I am healthy and psychologically I am stronger than I used to be... When I came to the safe house I had nothing. When I left the safe house, I had rebuilt my life." Former client, Addis Ababa shelter

"Because of the different services I received at the safe house, I am now a strong person." Former client, Addis Ababa shelter

"I used to be afraid and have no self-confidence. But now I have self-confidence." Former client, Addis Ababa shelter



Exterior of Addis Ababa shelter (Bethan Cansfield)

Tinebeb's Case: *I told my teacher*



I do not know exactly how old I am, but I am about fifteen years old.

I have been in the shelter for nine months.

My mother died when I was just three years old. I was raised by my father and stepmother.

My father was constantly abusing me for five years. He worked in a different location to where we lived and I used to take lunch to him. This is where he would rape me. This happened every time I went there.

He threatened me not to say anything to anyone – he said if I told anyone, I would be pulled out of school and have nowhere to live. I was so scared.

One day, when in school one of my teachers spoke about what violence against women and girls is and what you should do if violence happens to you.

At that moment, I thought she was talking about me. I told my friend about what was going on and my friend encouraged me to tell my teacher.

I told my teacher and my teacher reported to the Ministry of Women's Affairs Office.



AWSAD has also endeavoured to understand and meet the needs of different clients. For example, in 2012, the organisation conducted a needs mapping exercise to assess the needs of current and former clients. Amongst other things, the mapping revealed that different age groups had different needs and preferences, particularly in relation to skills training. Following the findings, AWSAD has consciously adapted the services provided to clients to ensure they take into account the variety of challenges and aspirations of different women and girls.⁶³

4.2. Addis Ababa shelter

The main Addis Ababa shelter was opened in January 2006. It is located in a rented house in the centre of the capital and its location remains a secret to protect client safety. The official capacity of the shelter is 50 beds. At the time of the research, the shelter was over capacity – supporting 76 women and 25 children. Due to the high demand for the shelter, AWSAD estimates they are forced to turn away between 10 and 20 women each day.

The shelter is a women-only space, meaning it only has women and girl clients and members of staff. Boys who accompany their mothers can only stay up to the age of seven. This is to preserve the safe environment for clients – discussed further in section six.

The length of each client's stay in the shelter will depend on her individual case. Most of the women and girls who took part in the research had been in the shelter for over one year. When a client is pregnant, she will stay in the shelter for the duration of her pregnancy. Similarly, when a

client is pursuing a legal case, she will stay in the shelter until the case is resolved.

The shelter is staffed 24-hours a day, seven days a week, by various staff including day and night nurses and housemothers.

Referrals to the shelter

Year on year, AWSAD is seeing an increasing number of referrals. The organisations that refer the largest number of women and girls are the sub-city Ministry of Women's Affairs and sub-city police. Other referring organisations include the Addis Ababa Ministry of Women's Affairs, Child Justice Project, schools, Ethiopian Women's Lawyers Association (EWLA) and the Police Commission. Referrals can be made at any time.

Profile of the clients

Whilst AWSAD supports a wide range of women and girls in the shelter, there are some trends regarding the profile of the clients. In terms of age, the largest age group that AWSAD supports are between 11 and 18 years old – 57% of

Liya's Case: *I was working as a maid*



I was born in Gondar and came to Addis Ababa to look for a better life.

I was working as a maid and was raped by my employer.

When the rape happened, I ran away from home and found myself on the street.

A woman from the church took me to the police and I came to the shelter.



63. Association for Women's Sanctuary and Development (2014) *Lessons Learnt: Building Safer and Supportive Communities for Women and Girls in Ethiopia*.

64. Ibid.

survivors AWSAD supports are below the age of 18.⁶⁴ Up to 80% of these girls and young women are originally from communities outside of Addis Ababa and came to the city to work as maids or were trafficked.⁶⁵ The second largest age group is between 19 and 25 years old. Whilst these are the most common age groups, AWSAD has received clients as young as two years old and over the age of 40.

A large number of the clients have completed primary education and are semi-literate. However, a significant number of clients are illiterate. In terms of occupation, maids make up the largest occupation in the shelter, followed by students.

Types of violence

The majority of clients who come to the shelter have experienced sexual violence, including rape and attempted rape. Other forms of violence experienced by clients at the shelter include coercive control (particularly economic violence), intimate partner and other forms of domestic violence, trafficking, attempted murder and child abuse.

AWSAD reported that they are increasingly seeing new forms of violence, including acid attacks and gang rapes. They believe this is driven by new influences, including increased access to violent imagery on the internet. Similarly, the local leaders interviewed for this report gave their opinion that they thought that access to pornography is a driver for new forms of sexual violence against women and girls.

Safe accommodation and meeting basic needs

AWSAD ensures the basic needs of clients are met, including safe accommodation and adequate food. Meeting these basic needs is the foundation

for allowing clients to engage with other shelter services. In terms of safety, as stated above, the shelter is located in a secret location and has a locked and secure door. The windows have gratings and the shelter has a guard.

Medical care

The shelter provides 24-hour health care through nurses and, if necessary, refers clients to other external health providers. Medical services provided to clients include medication, access to sexual and reproductive health services (such as termination of unwanted pregnancies) and access to post-exposure prophylaxis to prevent HIV infection.

Gelila's Case: The medical support was very important to me

“ I have a condition where the skin covers my eyes and I need surgery.

I came from the rural areas to Addis Ababa for medical treatment. I stayed in a church at night.

One night I was raped. The police heard I was raped and took me to the police station and then to the shelter.

All the services are good, but the medical support was very important to me to help with my eyes. ”

Counselling

The shelter provides the clients with individual and group counselling sessions, delivered by two trained counsellors. The counselling is divided by age group: those under 18 and those over. The clients receive one set session of individual counselling a week and can also drop-in to speak to the counsellors when needed. Most clients have at least 12 individual counselling sessions during their stay.

One of the counsellors stated that, when clients enter the shelter, they often isolate themselves. Those under 18 find it particularly difficult to speak about their experiences when they arrive and most of the clients who have experienced rape express a desire to commit suicide. The counselling is designed to support clients to rehabilitate from trauma and feel safe and protected.

Counselling also helps women to access other shelter services. For example, counselling supports women to decide if they want to proceed with legal proceedings. If they do wish to go forward

Meron's Case: Two of the men raped me

“ I am 18 years old and I have been living in the shelter for one year.

I was living with my sister and I was working. One day, I left work late at night and I could not find a taxi. Three men asked me why I was out so late and they insisted they would help me find a taxi.

But they took me to a corner and two of the men raped me [the third man attempted to rape Meron, but her screams alerted members of the public]. ”

65. Ibid.

Betty's Case: *The counselling has helped so much, it has helped me to know me*

“ I came here [the shelter] because my husband would not let me out. He used to always beat me. He didn't let me have contact with the world and therefore I could not do anything about the violence.

One day I took my daughter to get an immunisation and I was so hurt, I thought I have to report the abuse to the Ministry of Women's Affairs. So I filed a case and was referred to the safe house.

The way I was living, I didn't know how to communicate with people. I have lived with the door closed on me. When I came to the safe house, I didn't speak. But the counselling has helped so much, it has helped me to know me. It has shown me what I can do and see my potential. It has helped me so much. **”**

with a civil or criminal case, counselling supports them through the process.

Time and time again, the clients interviewed for this report expressed the positive impact the counselling had on their self-esteem, confidence and ability to make decisions in their own lives.

Empowerment sessions

Clients receive empowerment and life skills training in the shelter. This includes sessions on legal awareness, sexual and reproductive health and hygiene and sanitation. Life-skills training include assertiveness, self-confidence and communications training.

Peer-to-peer support is another empowerment strategy used by AWSAD. This supports women to regain confidence and to interact with other women. Offering mutual support and talking to each other about experiences can lead to a sense of solidarity between the clients. These bonds can be essential in supporting women when they have left the shelter – the role of peer support for former residents is discussed below.

Income generating activities

After several years of providing services, AWSAD realised the importance of providing training on Income Generating Activities (IGA) in supporting clients to build their self-esteem and provide them with skills to earn an income when they leave the shelter. In 2010, AWSAD commissioned a market study to inform the IGA training that would be offered to clients. This was complemented by the 2012 needs mapping, which explored the capacity building needs of different women and girls. All clients above the age of 15 are given the option to engage in IGA skill training and IGA officers work with clients to find the most suitable course for them.

At present, AWSAD provides clients with skill training in the following IGA: embroidery and sewing, hairdressing, bamboo and leather making, carpet weaving, food preparation and packaging, baby-sitting and modern spinning. The length of the training varies from two to four months.



Hairdressing IGA training, Addis Ababa shelter (Laura Brown)

Almensch's Case: *I was trained in carpet weaving*

“ I stayed in the shelter for one year and one month. It has been six months since I left.

Whilst at the shelter, I was trained in carpet weaving.

I now work cleaning until 10am and then do carpet weaving. I live with a group of carpet weavers.

In the future, I want to be strong enough to be a success.

We will not forget what we got at the shelter. **”**

Tegest's Case: *I want to be a doctor*

“ I am 8 years old. I have been in the shelter for 9 months.

My day starts at 8.30am when classes start. At 10am, we get out to play and then we have class at 12 noon. In the afternoon, I help with the cleaning.

I like school. In the future, I want to be a doctor. **”**

Berhane's Case: *The legal follow up officer was very good*

“ I am 16 years old and I have been in the shelter for one year.

I was born outside of Addis Ababa but when my mother died, my aunt brought me to Addis Ababa.

One day when I went to the toilet, a neighbour raped me.

I screamed and my uncle heard me. He took me to the police.

Unfortunately, it was no longer safe to stay with my uncle and aunt whilst the legal case is on-going [the perpetrator was given bail]. So I came to the safe house.

The legal follow up officer was very good, because of her I never missed a legal appointment and she makes sure everything is happening.

Today, I testified in court against the perpetrator and now I hope for a better future. **”**

Meseret's Case: *In the safe house, I learned how to love my child*

“ I came to the safe house because I was raped and became pregnant.

The safe house staff were good and showed love to my child.

This was very important because at first I didn't have love for my child, but in the safe house I learned how to love my child.

I now do everything I can to support my child. **”**

One of the IGA officers told us that she also looks for skills training courses outside of the shelter. For example, she will make connections with small-scale enterprises and government offices. Similarly, when clients are ready to leave the shelter, the IGA officers support the women to look for jobs.

AWSAD's research found that 80% of survivors who take part in skills training experience an increase in income (compared to before they arrived) once they have left the shelter.⁶⁶

Education

AWSAD actively engages with local schools to support younger clients to access formal education. The shelter also contains a separate study space for girls and young women. 15 current clients are being supported by Ethiopian Aid to continue higher education and will stay at the shelter until they have completed their courses.

Legal follow up

To ensure compliance with the Civil Society Organisation Law, AWSAD refers clients to external legal services. However, the shelter does provide a legal follow up officer who ensures the cases are progressing with the relevant external stakeholders. The legal follow up officer stated most of the cases she deals with are rape cases or cases of denial of child maintenance. Whilst the officer shared many barriers to women's access to justice (discussed further in section seven), she stated that, when a client pursues a case and has a favourable outcome, she sees the ripple effect for other women in the shelter who feel more positive about bringing legal cases.

AWSAD's research between 2011 and 2014 found that the organisation had supported 215 women and girls to take up legal cases, which were mainly rape and sexual violence and civil claims for child support, divorce and sharing of matrimonial property.⁶⁷ However, the research found the rate of completion is very low – out of the 215 women, only 70 survivors (32%) had their cases completed and only 56 (26%) received favourable judgements.

Self-defence and social activities

The shelter provides self-defence classes. Many of the clients interviewed for this report spoke of the importance of the self-defence classes in raising their confidence and to provide a way for them to defend themselves and their families against abuse. AWSAD also provides social activities for

66. Ibid.

67. Ibid.

Billene's Case: *What makes me most happy is that I was previously getting services and now I am giving services*

“ I stayed in the safe house for one year and three months. It has been three years since I left the safe house.

After leaving the safe house I worked in different beauty salons. When AWSAD set up the beauty salon training I was asked to come be a skills trainer.

I am so happy – it is enough salary. But more than the salary, what makes me most happy is that I was previously getting services and now I am giving services.

I want to do everything possible to educate people about violence against women and girls. **”**

the clients, both in and outside the shelter. This includes collective outings for the clients, for example going to the swimming pool. Current and former clients also come together to celebrate public holidays in the shelter.

Supporting children

A large number of women and girls who come to the shelter are pregnant or have children. AWSAD provides day-care for the children to allow the clients to take part in IGA and other activities.

Reintegration

During a client's stay in the shelter, AWSAD supports them to reach out to family members (who were not perpetrators) to rebuild family support networks. When clients leave the shelter, AWSAD provides living costs and housing materials. Former clients can also receive a small amount of money for a business start-up. One of the former clients interviewed for this report stated she had used the start-up money for a small business selling gum and tissues. Another former client interviewed is now a mobile coffee seller.

AWSAD have also supported former clients to come together to pool resources and provide support for each other. The former clients interviewed for this report are in touch with other former clients, including living together, working together and speaking regularly. Some even spoke about how they work with other former clients to support other women experiencing violence. Former clients have also initiated an ex-resident

group with 30 members. Once a month, the group comes to the shelter to discuss their experiences and share opportunities. This also gives women in the shelter the opportunity to meet and hear from former clients about how they have rebuilt their lives.

AWSAD's research has found 87% of survivors do not experience violence when they leave the shelter. Those who had experienced violence reported it was at the hands of a stranger, including harassment on the street.⁶⁸ The 87% attribute their lives free from violence to a combination of factors. For example, they did not return to live with the perpetrator, they were more confident and content to live on their own and they had an income. The interviews with former clients for this report found that none had experienced violence since leaving the shelter.

4.3. Building capacity of key stakeholders

Strengthening state authorities' response to VAWG

In Ethiopia, many survivors will report cases of VAWG to the police and the Ministry of Women's Affairs (MOWA). AWSAD works with both the police and MOWA to ensure survivors of violence receive sensitive and appropriate support. This includes giving training courses on case management, documentation and counselling. AWSAD also provides police and MOWA personnel with burnout and stress-management

Eleni's Case: *I consider them [former clients] like sisters*

“ I was in the shelter for nine months and I left two years ago.

Recently, another former client came to live with me and a number of other former clients live where I live.

I consistently meet with the former clients in the area to support one another. For example, sharing job opportunities. I consider them like sisters. **”**

68. Ibid.



Local leader who has received training and support from AWSAD (Bethan Cansfield)

training. A police commander and officer told us that “AWSAD is the best of the best” and that the various trainings provided were very helpful in supporting them to respond to VAWG. Similarly, MOWA officers who took part in the documentation stated that **“AWSAD has helped us in so many ways, including through skill training.”**

AWSAD will shortly be starting a new capacity building project with public prosecutors, recognising the critical role these actors play in securing justice and interfacing with survivors.

Increasing the enabling environment

AWSAD works to build a broader enabling environment for women and girls by increasing awareness of gender equality in communities (women, men, girls, boys and local leaders). Approaches with communities include:

community conversations, training of local leaders and sensitisation meetings for women and men, and girls and boys (in schools). These interventions also provide space for dialogues and debates on gender equality that were previously regarded as taboo.

Local leaders who took part in the documentation for this report had been receiving training from AWSAD over the last four years. The local leaders demonstrated a strong knowledge of the causes and consequences of VAWG, what can support women and girls to live free from violence and the role of local leaders in achieving this. The local leaders spoke about how their attitudes had changed because of their work with AWSAD and how they provide support for survivors of violence. The local leaders were extremely supportive of AWSAD and its work.

5.0. Musasa (Zimbabwe)

“They [Musasa] go beyond the wounds.”

Revai Makanje Aalbaek, Deputy Country Representative, UN Women Zimbabwe

Musasa provides a range of holistic services for women and girl survivors of violence in Zimbabwe. Musasa’s support includes two urban shelters, seven community shelters, a One Stop Centre in Harare and a national toll-free counselling line. Musasa is the only organisation providing specialist shelter provision in Zimbabwe. Musasa designs the services it delivers around the needs of women and girls, with a particular focus on empowering clients to become independent and confident once they leave the shelter. Musasa sees this empowerment as critical in supporting tertiary prevention.

5.1. Holistic and empowering approach

Similar to AWSAD, Musasa believes VAWG is rooted in gender inequality and provides a holistic and empowering approach across its services. Current and former clients spoke about the value of the different services and how these services resulted in them feeling more empowered.

“Of course we provide a roof, but it [our services] is about empowerment.”

Netty Musanhu, Director, Musasa

“I thought I was going to commit suicide, I thought my life had ended at some point. But I realised I have a life to go on because I became empowered [at Musasa’s shelter].”

Former client, Chikomba shelter

“Now [after Musasa] I am being called a person among other people. I never considered myself a person in my life.”

Former client, Chikomba shelter

“After Musasa, I feel like I have a new changed perspective.”

Former client, Harare shelter

“Here at Musasa, I received medical care, counselling, food and accommodation.”

Current client, Gutu shelter

5.2. Harare urban shelter

The urban shelter in Harare was opened in 1998. The shelter is situated in an undisclosed location within the capital and has 27 beds. As of late October 2015, the shelter was providing services to 23 women clients and 13 children. Musasa does not turn women and girls away from the shelter and extra bed space is provided by placing mattresses throughout the shelter in the evenings. The shelter is a women-only space, meaning it only has women clients and staff members. Boys who accompany their mothers can only stay up to the age of 14 years old. This is particularly important given the high number of clients who are themselves under the age of 18.

Many clients stay in the shelter for several months and the length of stay is determined on a case-by-case basis. However, when a client is pregnant she will stay for the duration of her pregnancy and then for six weeks after the birth. If a client is pursuing a case in the courts, she will generally stay in the shelter for the duration of the proceedings to ensure her safety and support throughout the case.

The shelter is staffed 24-hours a day, five days a week by a shelter administrator who is a trained counsellor. The shelter administrator accompanies the clients to a range of different externally-provided services, including health care. Over the weekend, the shelter is staffed by a relief administrator. The shelter has one vehicle to transport the clients.

Referrals to the urban shelter

Musasa reports an increasing number of referrals each year. A large number of these referrals are made by the courts, for instance after a woman has sought a protection order against a perpetrator. Other referrals come from police, government departments, church leaders and Musasa’s partner organisations, including Médecins Sans Frontières (MSF), Childline and Population Services Zimbabwe. Some clients are referred from the community shelters as well as community-based structures, both in the urban and rural communities of the country. These referrals can be because the women have complex



Play area, Harare shelter
(Bethan Cansfield)

Faith's case: *MSF referred me to Musasa's shelter*

“ My husband was physically abusive. I went to the police to report the abuse, however I decided to return to my husband and withdraw my complaint. When I returned, he burnt me with an iron, inserted objects into my vagina and removed my front teeth. I went back to the police and they referred me to MSF. When I arrived at the MSF clinic, I found out I was pregnant. MSF referred me to Musasa's shelter. Musasa has provided me with services.

When I came to Musasa, I didn't feel like a human, but now I do.



Hazel's case: *My daughter was raped*

“ My daughter was raped and I went to the police. The police told us we needed a medical report to confirm my daughter had been raped. We found out from the medical report that my daughter was pregnant. We then were referred to Harare hospital because my daughter has Down's Syndrome.

We decided to take the case to court and the man who raped my daughter received a twelve years custodial sentence.

However, when we went home we received lots of threats. These threats included threats to kill my daughter and end her pregnancy.

Following the threats, the Department for Social Welfare referred us to Musasa. When we arrived at Musasa we got everything, including prenatal care and Musasa paid for a caesarean section.

Musasa were able to do what I was unable to do and support my daughter. They ensure our needs are met – clothes, food and ensure she is safe.

We will soon be discharged from Musasa and I will run a chicken project.



medical needs that can only be addressed in the capital or because they need to be housed in a secret location due to on-going threats from the perpetrator (the community shelter locations are not secret – please see more information below). Referrals can be made 24-hours a day, seven days a week and women are able to refer themselves, including through the toll-free line.

Profile of the clients

Whilst Musasa supports a wide range of women and girls in the shelter, there are some increasing trends regarding the profile of the clients. Over the past two years, Musasa has seen an increase in survivors of rape who are pregnant, estimating that about 70% of rape survivors who come to the shelter are pregnant. A large number of these are under 18.

Musasa also reports an increasing trend of girls with disabilities (physical and learning disabilities) requiring support from the urban shelter. The organisation estimates that every other month a girl with disabilities will enter the shelter and a large number of these clients will be pregnant. A number of the clients also have acquired physical disabilities due to the violence they have experienced.

Types of violence

A large number of the clients who took part in the research had experienced intimate partner violence. This included physical, psychological and economic abuse. Other forms of violence included non-partner sexual violence, including rape of girl

Evelyn's case: *My husband crushed my skull*



I suffered a lot of abuse from my husband. In 2012, my husband crushed my skull. Doctors had to remove bone from the front of my head and insert an implant to protect my brain.

My husband continued to abuse and beat me. I obtained a protection order against my husband. He then beat me with the handle of a hoe. I went to the police and to hospital. The violence had been so severe that the protective implant had to be removed.

No-one would help me. My relatives kept saying 'Why did you get your husband arrested?'

I went to Musasa's community shelter. But because my injury was so severe I needed specialist services and came to the shelter in Harare.

When I arrived, I was so sick – pus was coming out of the injury on my head and it was also coming out of my mouth and nose. I could not even walk.

Musasa have been able to help. They have paid for skull x-rays and medical treatment. I have also received life-skills training, including baking. I would like to take the baking forward in the future.



children perpetrated by a step-father and members of the community. Other perpetrators of violence included employers, in-laws and other family members.

Services provided

The Harare shelter provides a wide range of services including safe shelter, food, providing personal hygiene products, medical care, counselling, life skills training and empowerment, legal support and reintegration support. When clients enter the shelter, the administrator works with the client to develop a care plan. The care plan outlines the support the client will receive, milestones in her recovery and approximately how long she will stay in the shelter. The shelter administrator and the client will regularly review the care plan and make appropriate adjustments.

Safe shelter and meeting basic needs

Musasa provides a safe shelter for women and girls who have experienced violence. The women in the focus group discussion pointed to the importance of having safe shelter with adequate food and their other basic needs met, including menstruation pads. As noted above, the shelter is located in a secret location and has a locked and secure entrance door. The windows have gratings and there is always a guard on duty.

Medical care

As highlighted by Evelyn's case above, VAWG can cause serious life-changing injuries that require specialist medical interventions. Another woman in the urban shelter, Modester, had been paralysed on her left side of her body as a result of the violence she had experienced. In addition, a high



Interior of Harare shelter (Bethan Cansfield)

Joyce's case: *After the counselling, I got rid of the poison*

My husband used to beat me. Because of the violence, I was feeling suicidal and tried to take poison.

Someone at my church referred me to Musasa.

When I came to Musasa, I brought the poison as I still felt suicidal.

Once I was at Musasa, I started to stabilise. After the counselling, I got rid of the poison.



percentage of women and girls who come to the urban shelter are pregnant and require prenatal care and caesarean sections. Musasa refers women clients who require medical care to hospitals/clinics but also accompanies the women to the medical services and covers the cost of medical care. To give an example of a medical cost, a caesarean section costs between \$600-\$900.

Women clients who are HIV positive can access free antiretroviral (ARV) drugs from the government and other service providers. However, women are required to collect ARV drugs from the initial point they received treatment, which can be long distances away. To ensure women continue to access ARV drugs, Musasa also covers the clients' travel costs.

Counselling

The shelter administrator is a trained counsellor and provides daily counselling to the clients, including individual and group counselling. Women spoke of the immense toll that the abuse had taken on their mental health. Two women disclosed that, prior to entering the shelter, they were considering suicide. They stated the counselling they received had helped them and they were no longer considering suicide.

Empowerment sessions

Musasa provides empowerment sessions to women in the shelter to support them to recover from the violence and become independent. Personal skills, such as confidence building, equips women to take control of situations and make informed decisions about her future. Other personal skills taught in the shelter including making reusable sanitary pads. Musasa also tries to bring in experts in sexual and reproductive health to give the women advice on contraception and the shelter administrator covers life skills such as looking after babies and children. Technical skill transfer supports women to have an independent income so that they can look after themselves and their children and not be forced to return to violent relationships or situations. However, the regularity of this training depends on the availability of funding and Musasa has been challenged in this area.

Peer-to-peer support is another way Musasa supports clients' empowerment. Women are

encouraged to build networks in the shelter and to share their experiences. Musasa staff told us many of the clients have been isolated by the violence they experienced, so meeting and forming relationships with other women who have similar experiences can be a vital tool in rebuilding women's confidence and support network. To ensure these relationships continue beyond the shelter, Musasa has created survivor clubs.

Income generating activities training

The availability of income generating activity (IGA) training depends on funding. However, whenever possible Musasa provides a range of IGA training to support women to have different futures free from violence once they leave the shelter. These include sessions on baking, candle making, using a computer and sewing.

Legal

Clients in the Harare shelter are supported to access the services of the lawyer situated in the Harare One Stop Centre (more information below). Musasa has also just received funding for the lawyer in the One Stop Centre to train the shelter administrators to become paralegals to support the clients' legal needs.

Supporting children and care-givers

Many of the clients who come to the shelter will bring their children. Musasa provides accommodation, food and other services to the dependents of the clients. Some clients may need additional support in looking after their children. For example, during the research visit, a young woman with Down's Syndrome had recently given birth. She was unable to breast-feed her baby and therefore Musasa purchased a breast pump and milk for the infant. Young clients, particularly those with disabilities, may also be accompanied by a caregiver who Musasa will support in the shelter.

Reintegration

Reintegration includes several strategies, for example family counselling sessions and start-up packages. Musasa continues to follow up with clients for three months after they leave the shelter. For younger clients, reintegration is delivered through the Department of Social Services.

Rejoice's Case: *I can now support my daughter to go to school*



I am 28 years old and I have two children – a six year old girl and a boy aged three.

My husband was so abusive, he didn't want to work and therefore I was the one working and he beat me if I was delayed coming home. Whilst I was working, he raped my six year old daughter [his step-daughter]. He then threatened he would kill us all and we didn't have any place to go. Child Protection referred me to Musasa and I went with my six year old daughter to the shelter in Harare.

At Musasa, I received a lot of services. First, I received medical health support. This situation has disturbed me so much that I was depressed and bled through my nose and mouth.

Musasa even gave me counselling. This helped me a lot. When I first arrived I wanted to commit suicide, but whilst I was at Musasa my mind changed completely. I felt there was light at the end of the tunnel. Musasa also provided my daughter with clothes and even counselling. She made friends at the shelter with other children.

Musasa gave us 100%, they gave us everything. If it wasn't for Musasa, I might be dead.

When I left the shelter, I received a start up pack of US\$ 100 to begin a business. I used three quarters of the start up pack to buy raw material, detergents and perfume [to sell] and the rest I used to pay school fees for my daughter. I can now support my daughter to go to school. Musasa continue to check on us every week.

I hope to one day open my own cosmetic shop. My daughter looks up to me, I don't want to disappoint her and I want to continue to support her education.



5.3. Community shelters

With limited or no service provision, Musasa saw many women and girls from rural Zimbabwe having to travel long distances to access the urban shelter in Harare. Musasa's Director stated the organisation decided to "stop waiting for women to come to us and to go to them instead." It is vital that women experiencing violence can reach a shelter quickly,⁶⁹ therefore the community shelter model is an important innovation to ensure some of the hardest to reach women can seek support. Similarly, evidence from the Demographic Health Survey points to women not disclosing violence to

state agencies or NGOs, but to family members, friends, neighbours and religious leaders.⁷⁰

Therefore, building community understanding and information on how to point women to services is critical. In Zimbabwe, Musasa is the only organisation running community shelters.

The practical realities of operating in rural areas meant that Musasa needed to develop a new model of shelter. Most importantly, this meant a break away from the shelter being housed in a secret location and that community members would need to accept and take responsibility for the setting up, running and sustainability of the

69. WAVE (2004) *Away from Violence: Guidelines for Setting Up and Running a Women's Refuge*.

70. Demographic Health Survey: Zimbabwe (2012).



Exterior of the Chikomba shelter (Bethan Cansfield)

shelters. Whilst many community members initially thought shelters were a foreign concept or that VAWG was not a problem in their districts, Musasa gained widespread community support by working with traditional/religious leaders and by facilitating community dialogues. The process of gaining community acceptance is a long and intensive process, but Musasa advocates that, once the shelters are established, community support can lead to the shelters being a more sustainable model. Whilst advocating the value of this model in rural areas, Musasa is clear that this model would not work in all locations.

There are currently seven community shelters in operation across Zimbabwe in Marange, Buhera, Chikomba, Gutu, Mwenezi, Gokwe and Buhi. Like the urban shelters, the community shelters are women-only spaces with women clients and staff. This section examines two community shelters based in Chikomba and Gutu.

Chikomba community shelter

The Chikomba community shelter opened in January 2015 and has ten bed spaces. As of late-October 2015, the shelter was supporting 20 clients and nine children. Similar to the Harare shelter, the Chikomba shelter provides additional bed space by placing mattresses on the floor during the evenings. The shelter is staffed by a shelter administrator and by a relief worker, who is a community member. The Chikomba shelter is situated on land owned by a school.

Setting up the shelter in Chikomba

A key component of the community shelter is community support and ownership of the initiative. To start this process in Chikomba, Musasa began a series of consultations. Firstly by holding a meeting with the Methodist Church in Zimbabwe leaders at national level, followed by further meetings with the church leaders at district and local levels. Additionally, consultations were done with the multi-sectoral service providers including police, Ministry of Women Affairs, the courts, traditional leaders and health practitioners. Further consultations were also conducted with women

who included survivors. In addition, Musasa led dialogues on the nature and prevalence of VAWG and its prevalence in the community. The process of consultation took approximately one year.

To support the process of setting up and running the Chikomba shelter, Musasa also brought together a community committee. The current committee has ten members, eight women and two men, who have been supported by Musasa with training on responding to VAWG. The shelter administrator is linked to this committee and will request them to provide operational support to the shelter, for example by cooking meals, fetching firewood and water. She said that, without the communities' support, she would feel "lonely and isolated".

The shelter is based on land owned by the Methodist Church. The church also donated the five-bedroom house on the land and community members supported the renovation of the building including by providing cheap labour.

Referrals to the Chikomba shelter

Similar to the Harare shelter, the Chikomba shelter receives referrals from courts, hospitals, clinics and police. Musasa's work with the communities and local leadership has also created a strong community referral system. One former client of the Chikomba shelter told us that she has referred other women to the shelter.

"There is a lot of domestic violence in the home and the community between husband and wives. We appreciate Musasa's work in providing a space for women who are suffering.

"Musasa's work also supports our role as chiefs. When individuals come to us to report cases of violence, we can then go to Musasa for help."Chief of Ward⁷¹ 22

"Musasa's work makes the traditional leadership feel like we are not alone in addressing violence. Musasa have also helped us to understand gender-based violence." Headman of Ward 24

71. Each district in Zimbabwe is divided into wards.

Daya's Case: My husband told me to go away

" I am 45 years old and I have seven children. My husband left me seven years ago and did not pay any maintenance for the children. I asked for help from my husband but he told me to go away. I got into a very bad state – my skin was covered in cracks. I was too thin, if the wind blew it would carry me away. I came here [to the Chikomba shelter] bare foot. With Musasa's help, I have seen great improvements in my life. I have won the maintenance case against my husband. Now everyone in the community looks to us [former clients], to see what we have done when we have left Musasa."



Children's toys, Chikomba shelter (Bethan Cansfield)

Matida's Case: *I became empowered*

“ I am 32 years old and have three children. I was being abused. My husband left me and my in-laws chased me away from the home. I asked relatives for help, but received no help. I ended up living in the forest with my three children. I developed cracks in my feet and was bleeding. I thought I was going to commit suicide, I thought my life had ended.

Musasa gave me somewhere to stay [Chikomba shelter] and they gave me blankets. I stayed in the shelter for six months. I received a lot of counselling and Musasa taught me how to use my hands for a living.

I got transport from Musasa to go to my own parents. When I went to my parents to tell them about my suffering and that I wanted to come back home, they were not supportive at first. But once they had received family counselling from the Shelter Administrator they have accepted me and my children.

I was helped so much. I realised that I have a life to go on and I became empowered.

”

Profiles of the clients and types of violence

The profiles of the clients and types of violence are similar to the Harare shelter. However, the women clients who took part in the in-depth interviews had a more explicit focus on coercive control, particularly the withholding of child maintenance.

Services provided

Musasa tries to provide the same standard of support across all the shelters. Several of the former clients who took part in the research spoke about how they came back to provide peer-to-peer support. One former client said **“We speak to the women to give them hope.”** Former clients also spoke of the importance of life-skills training. Another former client said **“before I couldn't even farm, but because of life skills I learnt here, I am able to work on my own.”**

Gutu community shelter

The Gutu community shelter opened in February 2015 and has 12 beds. As of late-October 2015, the shelter was supporting nine clients and four children. Similar to Harare and Chikomba, when the shelter is at capacity, additional mattresses will be placed in the rooms in the evening. The Gutu shelter is based on land owned by the Zion Christian Church and is staffed by a shelter administrator. Musasa chose Gutu for a community shelter because multi-stakeholder trainings established there was a high need in this area.

Musasa sees the partnership with the Zion Christian Church as critical. The church has a large following and has sometimes been accused of perpetuating harmful traditional practices, including early and forced marriages.



One of the Gutu shelter's buildings (Bethan Cansfield)

Musasa sees the collaboration on the community shelter not only as a way to provide life-saving services to women in rural areas, but also as a way to increase awareness and change attitudes and practices of the church's members.

Setting up the shelter in Gutu

The Gutu shelter set up was similar to the Chikomba shelter, with a series of community conversations and consultations across multiple stakeholders (approximately 15 community dialogues and three government stakeholder dialogues). Musasa also utilised the community committee structure (originally 20 members in Gutu) to ensure progress towards establishing the shelter continued between community conversations. A donor gave \$5,000 for the refurbishing and furnishing of the Gutu shelter and the church donated the land. With the donation from the donor, Musasa built three rooms but there was no toilet and the kitchen was incomplete. Therefore the church, with community members' support, built three more rooms, completed the kitchen, dug the toilet and replaced the roof. When the Gutu shelter was ready to receive clients, there was some resistance from the community members. Musasa re-initiated community conversations and re-established community support for the initiative.

Community support in running the shelter

In Gutu, the local administrator described the community members as "the eyes of the shelter" and vital to the security of the shelter and the clients. If community members see a man approaching the shelter, they will ring the local administrator. Committee members also provide continued support to the shelter, including identifying and referring women in the community who may need support and by providing support to the local administrator. In addition, Musasa has received donations from the church and has a commitment from the church and the traditional leadership to continue donating. The traditional leadership has also committed to give the shelter some land to farm if donor funding runs out. Musasa hopes these commitments mean that, if donor funding does end, the shelter will be able to provide a very basic package to women and girls who are experiencing violence.

"The church is supposed to give shelter to those in need. When the shelter was being set up the church was involved by giving labour and bricks.

When donors withdraw, we will try and sustain the shelter." Church member

The referrals, profiles of the clients and services are similar to the Chikomba shelter.



Church members, Gutu shelter (Bethan Cansfield)

5.4. One Stop Centre (Harare)

One Stop Centres aim to provide multiple services in one place, allowing survivors to access the necessary services easily and speedily, and avoid further trauma.⁷² The Harare One Stop Centre, run by Musasa, was officially launched in 2014, although it had been operational for a few months prior to the official launch. Currently, the One Stop Centre provides counselling on the ground floor and legal advice on the second floor. At present, the Centre does not provide medical/sexual and reproductive health services but Musasa is in the process of registering the clinic to allow for these services to be provided. However, registration is a long and expensive process. Clients who come to the shelter who require medical/sexual and reproductive health services are referred to other service providers.

Counselling

The One Stop Centre has three counsellors who see on average 13 to 14 clients a day. One of the counsellors stated that the most common cases she deals with are cases of rape (including rape of minors by relatives) and physical violence. She is also seeing an increase in economic violence cases. The counsellors see a wide range of ages, including those under 18 and women over 50 years old. Most of the clients have few resources, which can impede their ability to return to the service multiple times. Women that cannot afford to return to the One Stop Centre can also utilise the toll-free line (more information below).

72. Jewkes, R. (2014) What works to prevent violence against women and girls? Evidence review of the effectiveness of response mechanisms in preventing violence against women and girls. Available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337622/evidence-review-response-mechanisms-H.pdf

Legal advice

The legal advice in the One Stop Centre is provided through the Zimbabwean Women Lawyers Association (ZWLA). The most common issues that the lawyer supports are: divorce, property sharing, inheritance and protection orders. The lawyer sees a diverse range of women clients and a minimum of ten clients a day (although this number changes in different seasons).

Whilst the counsellors will support clients to fill out basic legal forms, the ZWLA lawyer supports clients with more complex legal cases. The lawyer will also provide support for women clients who will be giving oral evidence in court. She finds survivors need support in coherently recollecting the violence they have experienced.

Since the lawyer started in January 2015, she has only seen two successful prosecutions for rape. However, the legal outcomes for women clients in divorce and maintenance cases have been more successful.

Referring to other services

As outlined above, Musasa is in the process of registering the One Stop Centre to allow it to provide medical care, including sexual and reproductive health care. In the meantime, Musasa refers clients to Population Service Zimbabwe (PSZ) and MSF.

A MSF social worker spoke about the mutual referral mechanisms between Musasa and MSF. The MSF social worker stated that MSF regularly refers women to the shelter in Harare – the only safe shelter the counsellor was aware of. For

Faustine's case: *There are times in women's lives when they need help*



I am 32 years old and two children aged seven years old and four years old.

I have visited the One Stop Centre four or five times over the past three months.

My husband passed away last year. His children then took over the house and the farm.

I sold clothes to a man who I also started a relationship with. The relationship broke down and the man refused to return the clothes [he had not paid for them]. I went to collect the clothes and then he followed me home and confronted me. My late husband's son found the man in the house and there was a fight. I was chased out the house by my step-son and his uncles.

I then came back to the house, but my step-son only allowed me to live in two rooms and would not let me receive rent from the tenants.

I was referred to the One Stop Centre by a woman in the neighbourhood. When I arrived, I met the counsellor and received counselling and advice on civil court and protection orders. I was assisted in filling in forms.

The court date has still not arrived. The counsellor advised me to try and speak to my step-son's uncle. This has seemed to work and decreased the aggression.

I want to be able to look after my children, looking back I almost lost them. Musasa should keep up the good work, there are times in women's lives when they need help.





ZWLA lawyer working in One Stop Centre, Harare (Bethan Cansfield)

minors (under 18) MSF makes referrals to the Department of Child Welfare. However, this department does not provide accommodation for girls who are pregnant, therefore MSF will refer pregnant girls to Musasa's shelter in Harare.

Musasa will also refer women from the Harare shelter and the One Stop Centre to MSF's services to receive medical care. For example, MSF provides post-exposure prophylaxis, which is a short-term anti-retroviral treatment that reduces the likelihood of HIV infection after exposure to HIV-infected blood or sexual contact with an HIV-positive person. Musasa also refers survivors of sexual and physical violence to MSF to get a medical affidavit that courts require if the client wishes to pursue a legal case.

5.5. Toll-free line

The toll-free line has been running for over one year and is a free phone line for women and girls experiencing violence to get counselling, legal advice and referral information. At the time of the documentation in Zimbabwe, one counsellor was staffing the phone line, which she did 24-hours a

day, seven days a week. She kept the phone with her at night. Following the field visit for this report, volunteers were brought in to help run the toll-free line. However, the counsellor remains the only paid member of staff running the service.

In September 2015, the toll-free line counsellor received 915 calls. The line enables women and girls from across the country to receive advice and a diverse range of women call the line. Clients calling the line have experienced different forms of violence, including rape.

When the toll-free counsellor receives a call, she will check the main details of the case and suggest appropriate referrals, including to ZWLA, the Department for Social Services and Population Service Zimbabwe. She also gives women information and discusses different options available to them. Where appropriate, the counsellor will transfer calls to the ZWLA lawyer so the clients can access legal advice.

The line is promoted through a variety of methods, including a quarterly radio programme. As a result of the promotion, increased calls put more pressure on Musasa's limited capacity due to

Tarah's Case: *I saw the ZWLA lawyer and she advised me on going to court*



I am 23 years old and have a five year old daughter.

I was three months pregnant and my husband beat me up in my legs and my tummy. I had a miscarriage and asked my husband for medical support, but he refused.

I reported the case to the police but my husband is a policeman and the officers who he worked with told me to go back home.

I went to see a nurse who advised me to see Musasa. Musasa paid for me to go to hospital and for a scan. The hospital asked to see a police report so I could continue treatment.

I opened another case against my husband in a different police station. Today I am going to back to this police station so they can give me the court date to prosecute my husband.

The counselling was helpful and I saw the ZWLA lawyer [in the One Stop Centre] and she advised me on going to court.

Women are undermined by men. There is a lot that needs to be done so women can live free from male violence and coercion, including ensuring women are financially independent.



a shortage of funding. The line has received many prank calls, which tend to increase during the time of the radio programmes. The counsellor also receives a number of men phoning the line requesting a wife.

5.6. Building the capacity of key stakeholders

In delivering VAWG services, Musasa saw the need to provide training to all stakeholders who a survivor might be in contact with. This is to ensure all stakeholders protect the survivor's rights and

take a survivor-centred approach. Musasa provides training to a wide range of stakeholders, including the Ministry of Women's Affairs, police, health providers, social welfare officers, traditional leaders, religious leaders, representatives from school and judicial officials. A policewoman in Chikomba stated that Musasa supports the police to respond to VAWG by providing workshops. Musasa has delivered multi-sectoral training across 26 districts. The number of trainings per district depends on the need and the challenges faced.



Toll-free line counsellor, Harare (Laura Brown)



Girl's shoes, Chikomba shelter (Bethan Cansfield)

6.0. Benefit and value of women-only VAWG services

“We were abused by men, but [because it is women-only] we have no fear of violence in the shelter.” Current client, Harare shelter

Across the in-depth interviews and the focus group discussions with women and girl current and former clients, **all expressed the value and benefit of women-only services.** Similarly, all AWSAD and Musasa staff and other stakeholders articulated a clear value and benefit in by women, for women services. The only exception was during the focus group discussion with local leaders in Ethiopia. One local male leader questioned the necessity of the space being women-only. However, all the other local leaders agreed that the safe space created by AWSAD was dependent on being a space without men. This section examines the key themes of why women-only services are seen as beneficial and of value in supporting women and girl survivors of violence.

6.1. Personal preference

Across the settings, women and girl current and former clients were consistent in voicing their personal preference for a women-only space.

Many women and girls did not want to see or talk to men and others expressed discomfort in being in the presence of men.

Even clients with sons who could not come with them to the shelters continued to express the preference for the space to remain women-only.

“I don’t want to see or talk to men.”

Current client, Harare shelter

“It is better for women to be on our own.”

Current client, Chikomba shelter

“For the two years that I was suffering if I had known there were places like this [women-only shelters] I could have received help a long time ago.” Current client, Gutu shelter



Shelter coordinator, Gutu shelter (Bethan Cansfield)

"I have sons but I still wouldn't want men to be in the shelter. If men had been here I would have left the shelter because I was running away from men." Former client, Addis Ababa shelter

"Not all men are bad, but it would not be a comfortable space for women if men were present." Former client, Addis Ababa shelter

"I would not chose to be here if men were here. That is why I came here, to get away from men." Current client, Addis Ababa shelter

Staff members and other stakeholders reinforced this point. The Harare shelter administrator stated that many of the clients tell her they do not want to look at or speak to men. Similarly, in Ethiopia, AWSAD's programme manager said at one point they had male guards (this is no longer the case) and this made young clients cry and feel uncomfortable.

6.2. Safety

Safety emerged as a vital benefit and value of women-only services. The concept of safety encompasses both safety from physical attack, intimidation, sexual harassment or unwanted sexual attention by men and emotional safety. All stakeholders stated that including men as clients or as staff members would significantly erode the actual and/or perceived safety of clients. In Ethiopia, one former client captured how the core purpose of the shelter would be dismantled if male staff or clients were present when she asked 'What would be the meaning of a shelter if men were present?'

"We were abused by men, but [because it is women-only] we have no fear of violence in the shelter." Current client, Harare shelter

"If men were there [in the Harare shelter], I would not have felt safe." Former client, Harare shelter

"If men were here they will start perpetrating violence on us and some would pretend to love us and take advantage." Former client, Chikomba shelter

"We shouldn't have men because they are the perpetrators." Current client, Addis Ababa shelter

"It would not be good to have men in the shelter. There would be secondary victimisation." Current client, Addis Ababa shelter

Similarly, the critical importance of women-only services in ensuring women's safety was raised by AWSAD and Musasa staff and other stakeholders:

"One girl client urinated when she saw the public prosecutor because he was a man, because of fear." Shelter Administrator, Harare

"It is also important that the space is women-only – most perpetrators are male and women feel more comfortable in a women-only space. Some find it very difficult to see men – if the perpetrator was tall and they see a tall man, they feel very afraid." Policewoman, Chikomba

"[Women-only shelters] support survivors to feel safe." Representative from Ministry of Women's Affairs, Zimbabwe

"It wouldn't be good to have men [in the shelter] as they are the perpetrators." Police Commander, Addis Ababa

6.3. Understanding and meeting women's needs

The current and former clients were very clear that women-only services were critical to understanding and meeting their needs.

Interestingly, the clients in the Harare shelter articulated how staff in the specialist women's organisation (Musasa) understood and responded to their needs better than women staff in other service provision roles. This adds to the evidence that it is not only the fact Musasa's staff are women, which is important but, also the feminist survivor-centred approach the organisation is taking.

"Even women police officers are not as understanding as Musasa staff, you really feel like you are being heard." Current client, Harare shelter

"Some problems you cannot explain to a man ... men [staff] might blame us, it is important to have women staff in the shelter." Current client, Harare shelter

"Women understand each other." One Stop Centre client, Harare

"It is better to have a women-only space so our issues can be addressed – as women we have different problems to men." Former client, Chikomba shelter

"Women-only space is important so we receive assistance just as women." Current client, Gutu shelter

"[If it was not a women-only space] I would not have been able to get to the heart of my issues." Current One Stop Centre client, Harare

"Male staff would not understand our problems, it would not be the same."

Former client, Addis Ababa shelter

Similarly, AWSAD and Musasa staff and other stakeholders reinforced that women-only services were vital to understanding and meeting women and girls' needs:

"There is a barrier, if a woman who was raped is being counselled by a male counsellor ... Sometimes, as counsellors, we have to ask what happened and a woman client may not want to talk to male counsellor about these details." One Stop Centre counsellor, Harare

"Women-only makes the services more impactful ... Women would feel under attack if men were here and would not share information." Counsellor, Addis Ababa shelter

"If counsellors are men, the women might not be comfortable to discuss problems with them." Shelter coordinator, Addis Ababa shelter

"Women are more open to women staff." Ministry of Women's Affairs Officer, Addis Ababa

The benefit and value of women-only spaces was particularly raised in regards to women's recovery process:

"We have been put down by men, this is an opportunity to recover, but with men in this space we could take steps back in our recovery." Current client, Harare shelter

"Women's recovery process would be damaged with men." Shelter Administrator, Harare

"If you bring male survivors it prevents [women and girls'] healing." Ministry of Women's Affairs, Zimbabwe

"If women [staff] can share clients pain and understand it, then we get better results." Income Generating Office, Addis Ababa shelter

"[Women-only] is important for psychological rehabilitation ... if men were here then there would be no recovery." Shelter coordinator, Addis Ababa shelter

6.4. Solidarity, support and empowerment

In both Ethiopia and Zimbabwe, women clients described the women-only services as providing solidarity and increasing their confidence and independence. In terms of support and solidarity, there was a particular focus on the peer-to-peer support between clients and/or former clients. In Zimbabwe, Musasa staff stated there are very few spaces for women to come together in a safe space and provide mutual support. Both Musasa and AWSAD staff stated that having even just one man (as a staff member or client) would risk damaging this dynamic of mutual support.

"We support each other and counsel each other which is very important to us." Current client, Harare shelter

"I thought I was going to commit suicide I thought my life had ended at some point. But I realised I have a life to go on because I became empowered. I used to think I couldn't look after my children but now I can look after them. I can garden, I can do jobs for other people." Former client, Chikomba shelter

"[Women-only services are] very important, because before I thought I was alone and my problem was never going to be solved, but when I shared with other people when I was living here [at the Chikomba shelter] I realised my problem was not as bad as other people." Former client, Chikomba shelter

"Now [after Musasa] I am being called a person among other people. I never considered myself a person in my life." Former client, Chikomba shelter

"I used to be afraid and have no self-confidence. But now I have self-confidence." Former clients, Addis Ababa shelter

"I used to lack confidence and thought little of myself. But the safe house intervention helped me to address that and I have changed a lot." Former client, Addis Ababa shelter

Another sign of the solidarity was that a large number of women expressed a desire to continue to support the shelters and women experiencing violence even after they had left the services:

"I want to open a similar service to the safe house, to support women and children living on the street." Current client, Addis Ababa shelter

"We come here several times, we volunteer our time – if cooking needs done or guttering, we do it." Former client, Chikomba shelter

"If I work, I will give financial support to Musasa because if there was nothing called Musasa then I would be dead." Former client, Harare shelter

AWSAD and Musasa staff and other stakeholders echoed the solidarity/support and empowerment that by women, for women services provide:

"Women-only spaces are important as they provide a space for women to regain their self-esteem." Social worker, Médecins Sans Frontières

"[By women, for women services are important to support] women appreciate that they are not on their own, they are not only ones experiencing this problem." Netty Musanhu, Director, Musasa

"Women feel the bonds of solidarity amongst themselves." Maria Munir, Director, AWSAD

"[If men were here] it would impact on solidarity between the women." Counsellor, Addis Ababa shelter

6.5. Importance of being women-led

In Ethiopia, AWSAD staff articulated the value of being a women-led organisation. For them, the value of being women-led goes beyond client safety and provides inspiration for the clients on what women can do when they take leadership roles. Other staff felt that the organisation needed to be women-led as women understand and are more deeply committed to women's issues. In Zimbabwe, Musasa also articulated the importance of being women-led to preserving and supporting women's leadership.

"There are men who are just as committed as women, but there is an inspirational element for women in the shelter to see women leading the services." Legal Follow Up Officer, Addis Ababa shelter

"It is very important that AWSAD is women-led, the results are shown to be positive." Income Generating Activities Officer, Addis Ababa shelter

"For women staff, this is their issue and it is their job. It is a double issue. Where for men it is a job. Women-led organisations get things done – we are the leaders." Maria Munir, Director, AWSAD

"Men undermine women's leadership." Netty Musanhu, Director, Musasa

7.0. Challenges in delivering specialist VAWG services

This section explores the major challenges facing AWSAD and Musasa in providing holistic support to women and girls who have experienced violence. Given the life-saving nature of AWSAD and Musasa's intervention and the paucity of other actors delivering quality services in these contexts, it is vital that donors, INGOs and other actors work with specialist women's organisations delivering VAWG services to address these challenges.

7.1. Funding trends

Women's shelters, toll-free lines and other support services can only adequately address the needs of women and girls fleeing violence if they can rely on funding that is granted for several years or for an unlimited period.⁷³ However, the increasing funding trends of limited core cost support, provision of short-term funding, the application of value for money principles and the imposition of

different monitoring and evaluation frameworks have had a serious impact on the work of both AWSAD and Musasa. In Zimbabwe, Musasa also noted the wider impact of these trends including the eroding of the voice of the women's movement in Zimbabwe. With women's organisations concentrating on survival and how they keep the organisation's doors open, there are limited opportunities for collective action. Below is an outline of some of the challenges that current funding trends pose to the specialist women's organisations and the services these organisations deliver.

Core, flexible funding

Value of core funding

Core support is flexible funding that can be used for a variety of expenses and is not only dedicated to project/programme funding. By funding an organisation as a whole, core funding offers

73. WAVES (2004) *Away from Violence: Guidelines for setting up and running a women's refuge*.

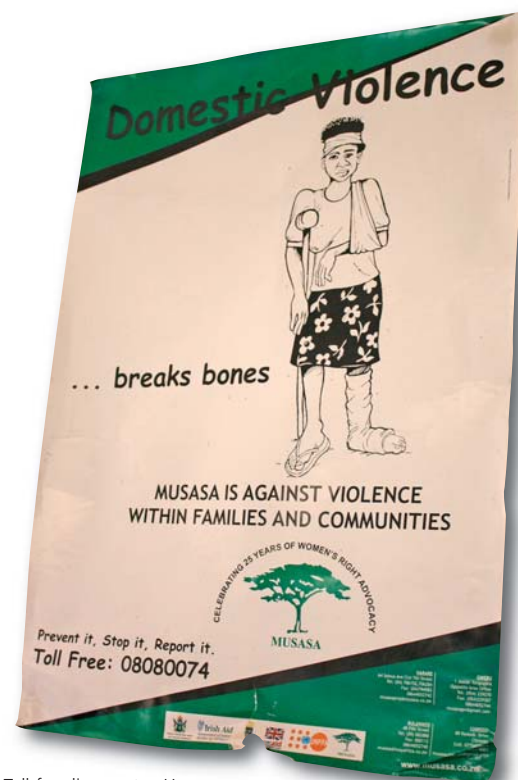


Learning area, Addis Ababa shelter (Bethan Cansfield)

flexibility and agility, allowing organisations to define their own priorities and political agendas. Core funding gives organisations the opportunity to focus on accomplishing their mission and vision, rather than implementing disconnected projects. Organisations that receive core funding regularly report they see it as a sign of a funder's trust in their organisation. According to the Institute of Philanthropy, **"providing core support encourages both funder and grantee to think deeply about their mission and how best to achieve it."**⁷⁴

In Zimbabwe, the reluctance of donors to fund the true costs of organisations like Musasa was felt acutely across all the services. Limited core cost funding has resulted in staff working excessively long hours to ensure clients can continue to access services. Dedicated and skilled staff members consistently raised concerns about the impact of lack of core costs on their ability to support women clients. The One Stop Centre counsellor reported she sees approximately 14 clients a day, four days a week; she noted that, if there were more counsellors, her caseload would be reduced. She stated that ensuring you are in a good psychological state is paramount to providing quality care to clients and under-staffing can jeopardise this quality and follow up with clients. Similarly, the Harare shelter administrator stated that under-staffing meant she was tired. Musasa's Director stated that often donors are only willing to fund the service but not the salaries of the staff delivering the service. For example, donors are willing to provide funding for survivors to access counselling, but not the salary of the counsellor. UN Women confirmed that they have seen a trend of organisations becoming overloaded. Throughout the research, staff and clients also highlighted a concern about the lack of transportation available for survivors to reach services. This is felt most acutely by the shelter administrators, who have to rely on one car to transport women to a variety of external services. In some of the community shelters, the shelter administrator does not have access to a vehicle, leaving her and the clients dependent on public transportation. Similarly, lack of core costs result

74. Institute for Philanthropy (2009) Supportive to the Core: Why unrestricted funding matters. Available online at: <http://www.assifero.org/oggetti/1927.pdf>



Toll-free line poster, Harare

in a lack of funding flexibility for Musasa. For instance, the Harare shelter has been in the same location for over ten years. Keeping the shelter in the same location for long periods risks the confidentiality of the location. However, without flexible core cost funding, Musasa has been unable to move the Harare shelter.

In Ethiopia, AWSAD faced similar challenges with limited core funding. Currently, the organisation turns away ten to 20 women a day due to a lack of capacity. Most staff spoke of their desire for the shelter to grow to support a larger group of women and girls. Despite turning women away, AWSAD is still operating at twice its capacity (with 50 beds and over 100 women and children using the Addis Ababa shelter). The safe house coordinator sees AWSAD's biggest challenge as lack of funding and the high number of women who need services. She said **"AWSAD has a passion for providing services, but finances restrict this."** AWSAD's Director stated **"We try and fill the gaps [from lack of core funding] but at the end of the day, if this continues we will have to give less services and maybe some activities will be forced to close."**

Toll-free line Counsellor: Working 24-hours, seven days a week

As of October 2015, the toll-free line counsellor had worked for Musasa for just over a year. She was the first permanent person to operate the line. Whilst the toll-free line was providing a vital service, the counsellor was working 24-hours a day, seven days a week to ensure the service was provided. This intense schedule made it difficult for the toll-free counsellor to deliver analysis and write reports on the line. It also means she was becoming burnt out and her family life was suffering.

As of May 2016, Musasa had brought in volunteers to support with the running of the toll-free line. However, the counsellor remains the only paid member of staff delivering this service.

With limited core funding, AWSAD remains in a rented property in Addis Ababa. AWSAD stated it is difficult to find landlords who are willing to rent to a women's shelter. Local leaders, AWSAD staff, donors and clients spoke about the importance of AWSAD building its own shelter. However, given that most donors do not allow finances for construction and the organisation lacks flexible core cost contributions, AWSAD cannot see how it will be able to construct a property for the shelter.

Like Musasa, AWSAD spoke about the demands on staff members and the risk of burnout. Whilst the organisation gives staff stress/ burnout training and has bi-annual retreats outside of Addis Ababa to allow staff to decompress, there are still high levels of work and responsibility for staff. AWSAD's counsellor stated that, whilst the burnout training is useful, the situation of hearing cases of violence everyday means you have to be extremely careful of the effects of vicarious trauma and not to take the work home with you.

AWSAD and other stakeholders, including the police, local leaders and MOWA officials, expressed a desire to see AWSAD's services expanded both in terms of the current shelters and into new areas. However, limited funding makes these plans difficult. Limited core funding also has serious implications for organisational and personal security – please see section 7.5 below.

Short-term funding

Multi-year funding: Importance of not creating demand, then withdrawing services

Multi-year funding is key for ensuring predictability and sustainability for organisations. A women's fund respondent to AWID's 2011 survey stated they provide multi-year funding because "supporting grassroots organisations means backing up their organisational strengthening which doesn't happen in a one year term, it is a process that requires time and security in obtaining resources."⁷⁵ Multi-year funding is particularly important for organisations focused on delivering VAWG services, as the demand for services is likely to increase as women hear about the services, therefore it is critical that demand is not created and then services withdrawn.

Musasa noted the impact of short-term funding on service provision, with some donors providing resources for short periods of time. **Short-term funding not only hinders the impact of the intervention, but can also have serious ramifications for organisations that have supported women and their communities to understand the need, and increased the demand, for VAWG services.**

Recently, for example, Musasa and a donor started a community shelter. As noted in section five, this requires significant investment in developing communities' understanding and support for shelters. However, the donor exited after a short period of time. This left Musasa running the community shelter on limited resources.

AWSAD stated that short-term funding is their biggest challenge, preventing them from knowing the long-term funding situation for the shelter.

Value for money

Over the past couple of years, the focus of donors has increasingly been on the importance of securing value for money in programmatic interventions. Donors we spoke to as part of the documentation confirmed this focus would continue. Donors articulate value for money as maximising the impact of money spent on programmes.⁷⁶ Some donors state that the purpose of value for money is to drive a better understanding of costs and results to make evidence-based decisions.⁷⁷ Donors argue that, whilst value for money is about delivering quality interventions at the best cost, it is not solely based on delivering the cheapest option. However, both AWSAD's and Musasa's experience is that donors' application of value for money principles has not adhered to the above principles and is sometimes not fit for purpose for VAWG service provision.

Whilst both AWSAD and Musasa recognise the importance of providing value for money, both organisations find that many donors are focusing disproportionately on numbers of women who have been supported and fail to consider the quality of services and impact as articulated by women and girls themselves. Musasa's Director stated "How do you demonstrate value for money when a woman was completely broken? For me, doing violence against women and girls work goes beyond the numbers ... this approach does not touch on impact you had on women." AWSAD's Director continued "Provision of water can show quick changes, but showing real changes in the lives of women takes time. Donors tend to focus on numbers, but we need to make real and sustainable changes in the lives of women." Similarly, Ms. Funmi Balogun, UN Women Deputy Country Representative, raised concerns at the conceptualisation of value for money by some donors.⁷⁸ She echoed that change in women's lives is a long-term, complex and non-linear process. Ms. Funmi Balogun also stated that current value for money models often fail to capture the inter-generational benefits of VAWG work. She said that for some VAWG interventions **"You are not just changing the lives of 25 women, you are changing the lives of 25 generations."**

75. AWID (2013) Watering the leaves, Starving the roots. Available online at: http://www.awid.org/sites/default/files/atoms/files/WTL_Starving_Roots.pdf

76. UK Department for International Development (2011) DFID's Approach to Value for Money (VfM). Available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67479/DFID-approach-value-money.pdf

77. Ibid.

78. Womankind interview with Ms. Funmi Balogun UN Women Deputy Country Representative (March 2016).

More complex and nuanced articulations of value for money are needed to capture the multi-dimensional benefits of VAWG services provided by specialist women's organisations.

This should be developed with these organisations, who are the experts on delivering quality VAWG services.

Competition from INGOs and mainstream organisations

Musasa raised concerns about the competition for funds between INGOs, mainstream organisations (i.e. not gender specialists) and women's rights organisations. They noted that mainstream organisations and INGOs often invest small amounts in women's rights and gender equality work. However, donors are more likely to fund INGOs or mainstream organisations that can speak donors' language and meet funding requirements. Musasa stated that a lot of international aid stays with INGOs, and when these organisations do work with local organisations, they do not contribute core support. In addition, INGOs are failing to build the capacity of local organisations and take up forums to discuss human rights issues, taking the space of local organisations.

7.2. Pressure to deliver gender-neutral services

Gender-neutral services refers to services that are for men, women, girls and boys and do not consider how gender inequality underpins the violence women and girls face throughout their lives. Musasa noted donors are increasingly asking them to provide services to men and include male staff members. As noted in the previous section, the appropriateness and effectiveness of the services would be seriously eroded with the inclusion of men (as staff or as clients). In addition, Musasa are pressured to expand to provide male-focused programming, for instance perpetrator programming. Musasa has continued to be led by the organisation's core objectives, however staff

noted that this increasing donor agenda could lead to the mandate of specialist women's organisations being diluted.

In Ethiopia, AWSAD has only received requests from the police to provide services for boys. However, other stakeholders in Ethiopia spoke of a broader gender-neutral approach of some donors - with these donors preferring to take this approach to their over-arching funding model and not funding work on gender equality.

7.3. Results / Monitoring and evaluation

Both AWSAD and Musasa are committed to the need to effectively and convincingly document the results of their work. However, a challenge is the creation of monitoring and evaluation frameworks that do not consider what different types of information needs to be collected for different purposes and the resource implications of these frameworks. Musasa particularly raised concerns about donors who come with short-term funding and extensive monitoring and evaluation systems. Without substantial and long-term investment it is unclear how an extensive project based monitoring and evaluation system benefits the learning of donors or Musasa. It is important to note there is a substantial difference between donors supporting an organisation developing monitoring and evaluation systems that work for the organisation, and every donor imposing different monitoring and evaluation requirements, which can be overwhelming for organisations.

Similarly, AWSAD raised concerns about what counts as a result. AWSAD's Director said **"For us, results means that a woman may come to the shelter trying to commit suicide, saying she would rather die than live. But when she leaves, she is another person, ready for life, ready for anything. She is empowered. That is AWSAD's result, but some donors do not understand that."**

79. Batliwala, S. (2011) Strengthening Monitoring and Evaluation for Women's Rights: Twelve Insights for Donors. Available online at: http://www.forum.awid.org/forum12/wp-content/uploads/2013/03/MnE_ThirteenInsights_womens-org_ENG.pdf

AWID's 12 Critical Insights for Donors on Monitoring and Evaluation (M&E) Frameworks⁷⁹

- | | | |
|---|---|---|
| 1. Make M&E a learning partnership, not a performance test | 5. Track & assess reversals or even success in 'holding the line' | 9. Factor in organisational capacity when designing M&E |
| 2. Approaches that include multiple M&E frameworks / tools / methods are more effective | 6. Approaches that assess contribution to change are better than attribution-based frameworks | 10. Invest resources in developing M&E capacity |
| 3. Balance quantitative and qualitative assessment techniques | 7. Make M&E systems flexible and adaptable | 11. Tailor indicators and results to time frames |
| 4. Legitimise and value participatory approaches | 8. Design M&E to suit organisational architecture | 12. Invest in the creation of baselines. |

AWSAD also spoke of the importance of ensuring the monitoring and evaluation costs did not outweigh the costs of delivery the project activities.

7.4. Recognising specialist women's organisations expertise

Musasa raised the issue of 'experts' from donor countries visiting Zimbabwe for short periods and then providing advice. The trust between specialist women's organisations and donors needs to be developed, so expensive and ineffective outside expertise is not a substitute for genuine partnerships and relationships.

7.5. Threats and attacks

Musasa staff members noted that because they are delivering services, donors often fail to consider the risks involved, compared to other organisations delivering more traditional political work. Musasa staff members have received threats because of their work. This includes threatening phone calls to the Director. In another incident, armed individuals stormed into the shelter in Harare and there was a serious risk posed to the shelter administrator who had to lock herself in a room. Musasa has found that there is reluctance from donors to invest in the safety and security of VAWG services providers.

7.6. Community shelters

Musasa has faced challenges in delivering the same standard of support in community shelters as the Harare shelter. This includes a lack of electricity and water. In addition, not all the community shelters have access to a vehicle.

Whilst some of these challenges are inherently linked to delivering services in rural areas, others are linked to a lack of core costs (mentioned above). Other challenges include a perceived reluctance of donors to support a new innovative model of shelter provision.

7.7. Impact of external environment

The external environment has serious implications for AWSAD and Musasa's work, in particular the ability of survivors, once they have left the services, to live an independent life and to access justice.

Economic empowerment

Zimbabwe's economy is in a dire condition and for many women finding employment is extremely challenging. A number of the women clients, particularly former clients, and Musasa staff members raised the impact of the economic climate on women's ability to leave the shelter and live a life free of violence. Whilst Musasa provides life-skills training, which clients were satisfied with, the provision of a start-up package (a small amount of money for former clients to use to begin businesses) depends on donor financing. Without the start-up package, women are left in a vulnerable situation when they leave the shelter either dependent on the original abusers or family members who may not want to financially support them.

"When I left this place [Chikomba shelter], my stepmother has been hard on me. She has rejected me. I need somewhere to stay where I can be on my own." Former client, Chikomba shelter

Prisca's Case: *I had no choice but to go back to him*



I am 50 years old and I have four children. I studied my A-levels when I was 37 years old to improve my education.

The best thing about my life right now is that I am alive.

My husband has always been abusive – at first psychological, then economically and physically.

A few months ago, my husband wanted to kill me because he found out he was HIV positive. He wanted to kill me, then kill himself.

I came to Musasa and they gave me shelter. They gave me counselling and this helped a lot, as I had wanted to commit suicide, I thought I was worthless.

Musasa also helped my see a doctor to get pills for my high blood pressure.

Musasa also provided my husband with counselling.

Because I had no economic support, when I left the shelter I had to return to my marital home. If Musasa had provided economic support, I would not have gone back. But I had no choice but to go back to him.

I don't want to be dependent. I want to work with my own hands and secure my own home. If there was nothing called Musasa then I would be dead.



“A challenge is that women think ‘If I don’t have anything to give to my children, then I have to go back to my husband.’” Shelter administrator, Harare

“Yes we have the skills, but we do not have the money to start a business. But if we had the money then we would have the skills to live independently.” Former client, Chikomba shelter

Issues around the application of IGA training were also raised in the context of Ethiopia. A major challenge is that many women do not have ID cards. This hinders their ability to engage in some IGA. For example, one former client stated she wanted to start a small shop in her village (kebele). However, she would need an ID card to do that and she thought this process would take a long time. Another challenge raised was the lack of affordable childcare facilities facing former clients who wanted to engage in IGA.

Access to justice

Another external factor that staff and clients report as a challenge is the ability for clients to secure justice. As stated in section five, Musasa provides clients with access to legal advice and support to take cases to court. However, Musasa staff stated that clients are not believed in court with only their word against the perpetrators. The Harare shelter administrator told us how devastating it is for women clients to have the courage and strength to stand up in court and tell their story, but not be believed. Current clients in the Harare shelter also raised some of the challenges they face in securing a prosecution, including a lack of witnesses who are willing to testify and one woman’s abusive husband escaped

during the court proceedings, making her extremely afraid.

Similarly, in Ethiopia, whilst the Ethiopian Constitution, the Penal Code and other civil laws such as the Family Law protect women from violence and other forms of discrimination, the implementation of these laws is weak. AWSAD’s research⁸⁰ between 2011 and 2014 found that the organisation had supported 215 women and girls to take up legal cases, mainly rape and sexual violence and civil claims for child support, divorce and sharing of matrimonial property. However, AWSAD’s research found the rate of completion is very low – out of the 215 women, only 70 survivors (32%) had their cases completed and only 56 (26%) received favourable judgements. Comparatively, the completion rate in criminal cases is much lower due to lack of admissible evidence or the police taking a long time to gather the required evidence. Over the same period (2011 – 2014), 18% of cases were dismissed on the basis of insufficient evidence.⁸¹ AWSAD’s legal follow up officer confirmed these statistics are still relevant today. She said that, whilst there has been some progress in increasing the rate of successful outcomes, overall it is still not satisfactory. Lack of witness and evidence and failure of police and prosecutors to act is still hindering women’s access to justice.

Clients and former clients who took part in the documentation also raised barriers to accessing justice. One woman said she was unable to pursue the criminal case against a man who raped her because the rape happened in Tigray and she is now based in Addis Ababa. She needs to file the complaint in the location of the abuse and this is not possible for her.

80. Association for Women’s Sanctuary and Development (2014) Lessons Learnt: Building Safer and Supportive Communities for Women and Girls in Ethiopia.

81. Ibid.

8.0. Conclusion

Value of AWSAD and Musasa's approach

Both AWSAD and Musasa's **holistic** approach to VAWG service provision (direct and via referrals) is pivotal in supporting women and girls to recover from violence. Providing safe and secure accommodation is absolutely vital, but the services provided by both organisations go beyond this and address the multiple needs of clients. All the clients we interviewed for this report spoke of the importance and the interdependence of the different services.

The documentation found that clients' **empowerment** is an important and central part of AWSAD and Musasa's work. Violence destroys women and girls' confidence and self-esteem. It can lead to the perpetrator controlling all areas of a woman or girl's life. Many of the women and girls interviewed for this report stated that following violence they felt helpless and were considering suicide. AWSAD and Musasa actively seek to strengthen and empower clients. Women and girl clients spoke, time and time again, about how the services provided by AWSAD and Musasa had supported them to gain confidence and feel empowered.

The provision of **women-only services** is also pivotal in supporting women and girls to recover from violence. Every woman and girl client interviewed for this report clearly and strongly stated the importance of women-only spaces. Across all the settings (Ethiopia, Zimbabwe, rural and urban), there were clear themes as to why these spaces are important to clients, including supporting clients' personal preference, ensuring clients' safety and security, providing services that understand and meet the needs of clients and ensuring a space for recovery. Both AWSAD and Musasa's staff raised the importance of **women-led services** in inspiring clients and reaffirming that women can take leadership roles.

Both AWSAD and Musasa take a **feminist approach** that recognises VAWG as rooted in broader gender inequality and that VAWG service provision must aim to support women to live

independent lives free of violence. This approach is important in underpinning activities that aim to empower women and girls, but also the decisions to provide women-only services. Both organisations also have **dedicated specialist staff** who will work extra hours to ensure survivors' needs are met.

The provision of services to a **diverse range of women and girls** was another important element of each organisations' work. Both organisations offer services to women with disabilities and all age ranges. In the case of AWSAD, the organisation conducted a needs assessment and tailored its services inline with the findings. AWSAD and Musasa have also expanded the number of shelters to reach women and girls in rural areas. Musasa is **piloting a new shelter model** in rural areas, which depends on community acceptance and support. The documentation found the shelters in Chikomba and Gutu had support from local leaders and communities. The new model also provides some sustainability in times of uncertain donor support.

Both organisations continue to support **former clients**, including through the provision of reintegration/start-up packages and by supporting ex-resident group/survivor clubs. The provision of reintegration/start-up packages was highlighted as vital in ensuring women could leave the shelters and live independent lives. In Zimbabwe, former clients who had not received reintegration packages were struggling to live a self-determined life and one had returned to live with an abusive husband. The ex-resident group, survivor clubs and other former client involvement with the shelters provided an opportunity for solidarity between former and current clients.

Finally the documentation found that both organisations' **capacity building of government stakeholders** (police and Ministry of Women's Affairs) **and work with communities** is critical to ensure survivors receive sensitive support and that government officials and communities can identify and respond to VAWG.



Police commander, Addis Ababa (Laura Brown)

Challenges faced by specialist women's organisations

In each context, rates of VAWG are high and the availability of other specialist services is limited or non-existent. Therefore the continuation of AWSAD and Musasa's work is essential in ensuring access to lifesaving services for women and girls fleeing violence. However both organisations face significant challenges in delivering their work.

Limited core, flexible and long-term funding was identified by both organisations as the largest challenge they face. In Zimbabwe, limited core funding means Musasa cannot recruit more staff and therefore existing staff are working excessively long hours. Limited core funding has also resulted in Musasa not being able to invest in more vehicles or change location of the shelter in Harare (potentially compromising its secret location). In Ethiopia, AWSAD is turning away between ten and 20 women a day from the shelter. With limited core funding, AWSAD is forced to rent a property, which is expensive and challenging to find landlords who are happy to rent to a shelter. Both organisations are delivering services that are over capacity, in some cases double capacity. Short-term funding also has serious ramifications for both organisations. AWSAD and Musasa work with communities to understand the need, and increase demand, for VAWG services. By distributing short-term funding, donors risk creating demand and leaving the organisations to support women and girls with minimal support.

Donor conceptualisations of **value for money** that focus disproportionately on numbers of women who have been supported and fail to consider the quality of services is another challenge facing specialist women's organisations who, as outlined above, are delivering more than accommodation to survivors of VAWG. Similarly, an increasing focus from donors on **monitoring and evaluation**, without harmonisation across

donors, can be overwhelming to organisations already struggling with limited capacity.

Pressure to provide **gender-neutral services** is also a challenge. Whilst men and boys face violence and are entitled to services, women-only spaces are absolutely necessary to support women and girl survivors of violence.

In Zimbabwe, Musasa highlighted the **competition from INGOs and mainstream organisations** as a challenge, as well as the **lack of trust** between donors and specialist women's organisations. Staff also face **threats and attacks** because of the work they are delivering. Despite this, donors are often reluctant to provide funding for security measures (both for the individual and organisation). The organisation also faces challenges in delivering the same standard of support across urban and rural areas and has found **donors are reluctant to fund a new innovative shelter model**.

It is not surprising that the external environment also poses significant barriers to AWSAD and Musasa's work. The dire **economic environment** in Zimbabwe means it is extremely difficult for former clients to find employment once they have left the shelter. Similarly, in Ethiopia, former clients face specific challenges in accessing formal/informal work or setting up their own businesses.

Barriers to access to justice exist in both contexts. Women's testimonies are not believed and lack of witnesses or evidence make successful prosecutions difficult.

Addressing the challenges that AWSAD and Musasa face is vital to ensuring some of the most vulnerable women and girls can access lifesaving services and go on to have lives free from violence. Without significantly increasing support to specialist women's organisations delivering VAWG services, governments and the international community will not meet the commitments made in the newly agreed Sustainable Development Goals.

9.0. Recommendations

9.1. Recommendations for all actors:

- **Recognise VAWG as rooted in gender inequality**, including harmful social norms, constructions of masculinity and strictly enforced gender roles.
- **Take a holistic, empowering and feminist approach to VAWG service provision**, including by ensuring survivors have access to women-only services and recognising the pivotal role of specialist women's organisations in running these services.
- **Ensure the needs of marginalised women and girls are met**, including women and girls with disabilities.
- **Work towards genuine partnerships with specialist women's organisations by:**
 - Recognising and trusting the expertise and experience of these organisations in supporting survivors of violence.
 - Supporting specialist women's organisations to pursue their own agenda based on the needs and wishes of survivors.
 - Supporting specialist women's organisations to meaningfully participate in national, regional and international forums.
- **Increase protection for women human rights defenders, including those who run VAWG services by:**
 - Integrating gender-responsive security and protection mechanisms into funding streams and working with specialist women's organisations to assess and address risks.
 - Ensuring definitions of defenders includes VAWG service-providers.
- **Ensure efforts to provide and advocate for VAWG services are part of a wider strategy to support primary prevention of VAWG and prosecute perpetrators.**

9.2. Recommendations for all donors:

- **Increase quality funding (core, flexible and long-term) to specialist women's organisations that run women-only VAWG services.**
- **Fund holistic, empowering and feminist approaches to supporting survivors of violence**, including economic empowerment initiatives and services for dependents.
- **Fund reintegration / start-up packages for women leaving the shelter.**
- **Invest in innovative new models to provide services to women and girl survivors of violence, whilst also valuing and supporting well-established, feminist models.**
- **In partnership with specialist women's organisations, develop new conceptualisations of value for money that capture the wide-ranging and nuanced benefits of VAWG services.**
- **Ensure conceptualisations of 'results' go beyond numbers and capture the meaningful changes in women's and girls' lives as articulated by themselves.**
- **Apply AWID's principles to the development and implementation of monitoring and evaluation processes.** (See page 38.)

9.3. Recommendations for INGOs:

- **Work in meaningful partnerships with specialist women's organisations,** including ensuring core funding reaches these organisations.
- **Where appropriate, offer capacity-building initiatives to specialist women's organisations.**
- **Actively open spaces for specialist women's organisations in national, regional and international forums.**
- **Meaningfully consult specialist women's organisations when developing policy positions on VAWG** and fund the organisations' time participating in consultations.

9.4. Recommendations for national governments:

- **Increase survivors' access to VAWG services, including by:**
 - Working with specialist women's organisations to better understand gaps in services and to ensure these organisations' programmes and state services are mutually reinforcing.
- **Support women's access to justice. Including by working with specialist women's organisations to:**
 - Provide mandatory training for judges and prosecutors on the strict application of legal provisions dealing with VAWG and to train police officers on procedures to support women and girl survivors of violence.
 - Provide training for prosecutors and judges on the appropriate handling of VAWG cases.
 - Work with specialist women's organisations to understand barriers for women survivor's access to justice and support and enable coordination between these organisations' programmes and the formal justice sector.

- **Work with specialist women's organisations to understand barriers to women's economic empowerment,** particularly in relation to women and girl survivors of violence.
- **Ensure national laws, policies and plans on VAWG are fully implemented.**
- **Ensure that as part of the Sustainable Development Goals implementation that the Gender Goal, and particularly the target on VAWG, are prioritised and budgeted for in national plans.**

9.5. Recommendations for global and national women-led/ women's rights organisations and networks:

- **Document national, regional and global trends facing specialist women's organisations delivering VAWG services and develop advocacy strategies to respond to negative trends.**
- **Advocate for support and funding to be channelled to self-care initiatives and holistic protection mechanisms for women working in VAWG services.**



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