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FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF PEACE AND GOVERNANCE

AVAILABILITY OF SURVIVOR SUPPORT SERVICES FOR GENDER BASED VIOLENCE SURVIVORS: A CASE OF NEMAMWA DISTRICT, ZIMBABWE

BY

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A DISSERTATION SUBMITTED TO THE DEPARTMENT OF PEACE AND GOVERNANCE FACULTY OF SOCIAL SCIENCES AND HUMANITIES IN PARTIAL FULFILMENT OF REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONORS DEGREE IN PEACE AND GOVERNANCE

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Abstract

This study assesses the effectiveness of survivor support services for survivors of gender based violence in Nemamwa, a rural district in Masvingo Province in Zimbabwe. The study employed a mixed-methods approach, combining both qualitative and quantitative data collection and analysis. Data was collected through questionnaires and in-depth interviews with key stakeholders and community members. Findings indicate significant gaps in the provision of comprehensive care for the survivors including limited access to income generating projects, lack of awareness, stigma and unequal prioritization of service provision. It also highlighted the need for adequate follow ups on referrals among service providers especially the Zimbabwe Republic Police's Victim Friendly Unit to ensure a comprehensive response to survivor's wellbeing. To address these issues, the study proposed stakeholders work together to promote income generating projects that are targeted at financial independence and economic empowerment of the marginalized people in the community, raise awareness and education, visible, exemplary detention and arrest of those who exacerbate practices of gender based violence in the name of cultural norms and beliefs. There is also a great need for more effective coordination and collaboration among service providers to address the root of the cause of gender based violence. These recommendations aimed at contributing to the development of more effective strategies for supporting gender based violence survivors and promoting their recovery and well-being.

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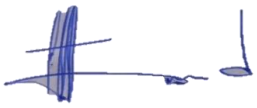
Student Signed  .....

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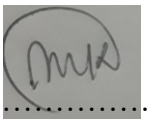
Signature:  .....

Dedication

I dedicate this to my family for not giving up on me, despite me giving them all the reasons to. To my late mother, whom without any ounce of doubt, has always wished the best for me, this is for you. With so much love, I thank you.

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I acknowledge my supervisor, for his mentorship, as he made sure to sacrifice his precious time to guide me and when he was available, we would work thoroughly. I would also like to thank my eldest sister, for being the foundation of my education, my siblings and my father for support me and motivating me to desire to become better. Lastly I would like to acknowledge myself, for enduring through experiences I never shared to anyone, for all the hard work and sleepless nights I pulled through.

List of Abbreviations and Acronyms

DV	Domestic Violence
EE	Economic Empowerment
GBV	Gender Based Violence
IGPs	Income Generating Programmes
IPV	Intimate Partner Violence
KII	Key Informant Interviews
NGO	Non- Governmental Organization
NGP	National Gender Policy
SADC	Southern African Development Committee
SGBV	Sexual Gender Based Violence
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNW	United Nations Women
VFU	Victim Friendly Unit
WHO	World Health Organization
ZDHS	Zimbabwe Demographic Health Survey
ZIMSTAT	Zimbabwe National Statistics Agency
ZRP	Zimbabwe Republic Police

Contents

CHAPTER ONE: INTRODUCTION

1.0 Background to the study

The demand for survivor support services arose from the understanding that gender-based violence is a complex issue that leaves its victims, referred to as "survivors" in this study feeling powerless, even after they have been freed from the grip of abuse. As a result, many survivors remain trapped in ongoing trauma, as the absence of effective survivor support services makes it difficult for them to regain a sense of normalcy. Without proper support, they risk falling back into abusive environments or adopting harmful behaviours themselves. Prioritizing the wellbeing of those who have endured abuse especially from individuals meant to provide love, care, and support- is essential for healing, reintegration, and a return to stable life. In rural communities, women and children often face harsh conditions after escaping or reporting abuse. Due to lack of sufficient support systems, they frequently suffer financial hardship, particularly when they were economically dependent on the abuser.

The World Health Organization (2020) identifies gender-based violence as a widespread and multifaceted problem with significant physical and psychological impacts on survivors. According to Hossain et al. (2020), the scale of GBV emphasizes the necessity for comprehensive support systems that aid in the healing and reintegration of survivors. Although efforts to safeguard women from GBV have advanced considerably, Bott et al. (2019) emphasize the importance of conducting evaluations that are sensitive to specific contexts, especially in settings with limited resources.

Support mechanisms for GBV survivors are essential in promoting recovery, though they are not a recent development globally. Over time, these services have evolved, with the feminist movements of the 1970s playing a critical role in establishing women's shelters in the United States and Europe. By the end of the 1980s counselling and hotline services emerged, while

the 1990s saw organizations such as UNIFEM (now UN Women) and the World Health Organization taking more active roles in tackling GBV on an international scale (UN Women, 2020).

Chavhunduka (2020) postulates that in the African context, early efforts to combat GBV were led by women's organizations such as the African Women's League, founded in 1962. Milestones like the 1995 Beijing Platform for Action and the 2003 Maputo Protocol have further prioritized GBV services on the continent. Regional bodies such as the Southern African Development Community (SADC) and the East African Community (EAC) have introduced frameworks to address GBV, including the SADC Regional Strategy on GBV (2006) and the EAC GBV Policy Framework (2011). Despite these advancements, GBV remains a persistent challenge across Africa.

According to Wane (2022) community-driven support initiatives have shown promise in improving access to care and spreading awareness, particularly in local settings. Chili (2024) stresses the importance of ensuring that support services are culturally relevant and inclusive. The development of safe shelters for survivors has been driven by the effects of conflict and certain cultural practises, especially in regions like Uganda, Kenya, the Democratic Republic of Congo, and Somalia. In such areas, the United Nations Population Fund has played a leading role in providing refuge. Furthermore, countries like Namibia, Rwanda and South Africa have established professional counselling services delivered by trained practitioners to assist survivors on their journey to recovery.

In Zimbabwe, the Victim Friendly Unit (VFU) was formed by the Zimbabwe Republic Police (ZRP) in 1988 in response to the increasing demand for victim-centred support. The unit comprises specially trained police officers and social workers who collaborate to deliver services such as counselling, immediate crisis assistance, and referrals to additional support

networks. As noted by the ZRP website (2024), the VFU has played a vital role in assisting individuals affected by domestic violence, sexual abuse, and other forms of violence. The unit also promotes awareness of victim's rights and available support options through community outreach and educational initiatives. Its collaboration with organizations like Musasa Project, Zimbabwe Women Lawyers Association (ZWLA), the Ministry of Women's Affairs, Gender and Community Development, and UN Women has broadened its capacity to effectively support survivors.

1.2 Purpose of the Study

The study aims to evaluate the availability of survivor support services for victims of GBV in Nemamwa Rural- District in Masvingo with a goal to scrutinise accessibility and to propose solutions to improve efficiency to the system.

1.3 Statement of the Problem

The availability as well as accessibility of survivor support services remain a challenge in Zimbabwe, particularly in remote areas such as Nemamwa. Challenges in service persist, especially limited resources as well as funding. Rakil (2020) asserts that GBV support services are often fragmented, underfunded, and inaccessible to marginalized communities. However to effectively address the complexity of GBV as a whole, Chavhunduka (2020) alludes that the country needs to prioritize inclusive and culturally sensitive support systems, community engagements as well as policy implementation. Lack of awareness, social norms, cultural and unequal prioritization of service delivery remain the top effects related with survivors in remote areas. This in turn results in ongoing trauma and vulnerability of survivors of GBV.

1.4 Research Objectives

The research objectives seeks to;

1. Assess the availability and accessibility of survivor support services in Nemamwa, ward 3.
2. Explore the challenges and obstacles in the implementation of the support services for the GBV survivors
3. Identify the services desperately needed in the region
4. Examine possible practices for improvement in the provision of the support services

1.5 Research Questions

1. Which survivor support services are accessed in Nemamwa, ward 3?
2. What are some of the challenges faced by the VFU in the implementation of services?
3. What are some of the urgently required support services in the region?
4. How best can the provision of the support services be improved?

1.6 Assumptions of the study

- Stakeholders in Nemamwa are willing to participate as well as provide insights into the challenges faced in providing survivor-support services and raising awareness for GBV as a whole.
- Data collected will be reliable and reflective on the ground realities in Nemamwa, rural Masvingo.
- The findings from this study may be extrapolated to inform similar initiatives in other regions facing comparable challenges.

1.7 Significance of the study

The study is important because it addresses issues of shortage of survivor support services for victims of GBV in ward 3 in Nemamwa rural district in Masvingo. It provides valuable insights on the importance of support services for survivors versus its availability in Nemamwa rural. The findings help policy makers as well as other actors in identifying the need for sufficient

support services. Community members benefit through awareness and engagements about their rights and support services as a whole. It also assist ZRP's VFU with information on the success and shortcomings as far as survivor support service provision is concerned. The study also contributes to academic literature by offering not only the need but new perspectives on the provision of support services in marginalized communities of Zimbabwe.

1.8 Delimitations of the study

The study is geographically delimited to Nemamwa rural district in Masvingo and does not prolong to other regions or rural areas in Zimbabwe. It further targets availability of survivor support services that excludes other aspects of GBV. The research is carried out at ZRP Masvingo Central office as well as one stop centre in Nemwamwa district ward 3. The study is also limited to key participants such as selected survivors and administrators of the support services at centres.

1.9 Limitations of the study

The study does not include other remote regions in the country. Thus the information presented in this study limits the participants and findings to Nemamwa District. In addition, the findings cannot be used as a presentation of all the services provided in the country thus these gatherings are not a reflection of survivor support services in the entire country. However repetition of the study at a larger scale would in turn increase knowledge amongst scholars, the community, stakeholders and the government at large. This may increase for the advocacy into the positive shift in the availability of survivor support services for GBV victims.

1.10 Definition of key terms

Gender Based Violence refers to harmful acts directed at an individual based on their gender. It is rooted in unequal power dynamics and societal norms related to gender, and it disproportionately affects women and girls (World Health Organization, 2021). GBV

encompasses a wide range of behaviours, including physical, sexual, emotional and economic abuse.

Survivor is defined as an individual who has experienced gender-based violence and actively engages in the process of healing and recovery, integration their experiences into their identity while striving for personal growth and wellbeing (Sanko & Saint Arnault)

Counselling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals (American Counselling Association)

Empowerment of GBV survivors involves regaining control of their lives, rebuilding self-esteem and developing resilience (Hegarty, 2022)

1.11 Dissertation Outline

This chapter presented an overview of the topic under research which is *Availability of survivor support services for gender based violence survivors: Case for Nemamwa Rural District, Zimbabwe*. The researcher introduced the research study and gave a brief background of the topic under research to familiarise the reader with what the research is about. In addition the chapter covered the statement of the problem and the importance of the study. The chapter in brief helps the reader to understand why the researcher chose the topic, where the writer is coming from and ultimately what the writer wants to achieve by working on the study. The next chapter will further deepen understanding as it will open up on literature written about the research topic and the gaps that the researcher wants to address.

The dissertation will be structured as follows:

- Chapter 1: Introduction- This chapter will introduce the research problem, objectives, significance of the study, and the research questions.

- Chapter 2: Literature Review and Theoretical Framework- a thorough review of the existing literature on Gender-based violence globally and regionally will be presented.
- Chapter 3: Research Methodology and Design- This chapter will outline the research design, sampling methods, data collection techniques and analytical approach.
- Chapter 4: Data presentation, Analysis and discussion of findings- Presentation and analysis of the collected data will be conducted in this chapter, highlighting key findings related to the effectiveness of support services.
- Chapter 5: Summary, Conclusions, Recommendations and areas for further research – This chapter will summarize the main findings and provide a viable recommendations for stakeholders to improve the well-being of survivors in the fight against GBV. It will interpret the results, discussions and their implications for policy reform in Nemamwa and beyond.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter presents a review of the existing literature on gender-based violence, survivor support services, and women empowerment. It explores the perspectives of key scholars, highlighting areas of agreement and divergence relevant to research focus. Additionally, the chapter examines the relationship between GBV, support services and livelihoods, aiming to offer deeper understanding of how livelihoods contribute to or hinder efforts in addressing GBV.

2.1 Theoretical Framework

The study on the availability of survivor support services for victims of Gender-based violence in Nemamwa rural district in Masvingo is guided by the African feminism theory. The theory is significant as it highlights how African culture often upholds harmful traditional beliefs that contribute to the marginalization of women, both within their own societies and on the global stage. Frederick Engels, an early economic theorist, also observed that women of colour faced deeper layers of oppression due to their race. African feminism argues that African women experience greater levels of oppression compared to their European counterparts. Adichie (2017), a well-known African feminist, explains that factors such as ethnicity, harmful cultural practices and even other women contribute to the continued subjugation of African women. These cultural norms have conditioned women and girls to be submissive, often obeying without question and disregarding their own needs. In regions like West Africa, harmful practices such as female genital mutilation and child marriage are still carried out, primarily to satisfy male expectations, despite their severe and psychological impacts. Cultural teachings also encourage women to tolerate gender-based violence, with older women often passing down this mind-set to younger generations. This study therefore explores how such

stereotypes influence the success of support services. It emphasizes the crucial role of interventions like counselling and shelters, which aim to challenge these harmful beliefs by educating survivors about their rights and helping them reclaim agency over their lives.

2.1.2 Overview of Gender-based violence and survivor support strategies in Zimbabwe

The Zimbabwe National Strategy to Prevent and Address Gender-Based Violence (2023-30) highlights that GBV remains a significant issue, limiting women's full participation in national development efforts. It poses a serious obstacle to achieving both gender equality and the goals outlined in Vision 2030 by the Zimbabwean government. Although Zimbabwe has introduced several gender-sensitive policies and laws such as the Domestic Violence Act of 2007, women and girls continue to bear the brunt of abuse, accounting 99 percent of reported gender-based violence cases, particularly within domestic settings. Women's representation in political leadership is still slow, with only 14 percent in the Lower House and 24 percent in the Upper House of Parliament, falling short of the 50 percent target set by the SADC Protocol and African Union. Health dis disparities are also evident, with a maternal mortality rate of 960 per 100,000 live births. According to the Zimbabwe National Statistics Agency (2022), one in three women aged 15 – 49 has experienced physical violence and one in five has faced sexual violence. These alarming statistics motivated the student to explore the availability of support services in Nemamwa, a rural district in Masvingo Province.

Spousal violence is the most prevalent form of gender-based violence in countries like Zimbabwe, deeply rooted in cultural norms that reflect gender inequality. Its negative impacts are far-reaching, affecting not only individuals and families but also communities and national development, both socially and economically. This context informs the need to examine how livelihoods can be used as a tool to empower women and reduce gender disparities. UNAIDS (2018) reports that approximately 60% of women in Africa have suffered physical or sexual abuse at the hands of their current or most recent spouse or live-in partner. Such domestic

violence increases women's vulnerability to HIV, as it creates conditions that facilitate the transmission of HIV and other STIs. Additionally, unequal power dynamics shaped by cultural and religious traditions often prevent women from having control over their sexual and reproductive choices in intimate relationships.

Spousal violence is often overlooked as it is enshrined with societal norms and expectations which in turn hinder the full effect of reporting of abuse by one partner, as well as an account of effective measures supposed to be undertaken. Local police over the decades have been displaying reluctance when a victim of gender-based violence reports a spouse as the perpetrator. Although they may not completely turn a blind eye to the matter, over the years police have tried to foster peace through advocating for dialogue between the victim and perpetrator between spouses, bringing to light how it would affect the family ties, children as well as the family structure if the perpetrator is arrested (serves jail time). This has over the years led to the immense withdrawals of cases of spousal violence by the victim and not because of willingness for a second chance but of pressure because of societal norms thus fear of judgement from in-laws, church community and the general community at large. Most victims in spousal violence fear the consequences of judgements (imagine everyone whispering behind your back that that woman sent her husband to jail or vice-versa). In addition, spousal violence reports are often withdrawn and charges dropped by the survivors due to fear of not being able to withstand the financial gap in the family. This follows the fact that in most spousal violence, the perpetrator is often the 'breadwinner' or rather the financial backbone so sending him/her to jail would mean consequences for the family thus most spousal violence cases end up being withdrawn and charges against the perpetrator being dropped.

Many survivors face the challenge that the abusers are often close relatives, such as stepfathers or uncles. This makes it difficult for women to speak out about incidents of physical or sexual violence, largely due to feelings of shame or fear of retaliation. Under-reporting

remains a major concern, especially in broad national surveys like the Demographic and Health Surveys (DHS), which are not specifically focused on gender-based violence. This issue is more pounced in rural settings. However, researchers have attempted to address those by training interviewers specifically for sensitive topics, prioritising privacy and safety during interviews and offering participants multiple chances to share their experiences. According to the Zimbabwe Demographic and Health Survey (2023/24), 95% of domestic survivors are women and girls, while 99% of perpetrators are men. Additionally, 25% of women have endured sexual violence, 36% have experienced physical abuse, 57% report emotional abuse, and 8% stated they were abused during pregnancy.

Thus additionally in Zimbabwe most cases of violence and abuse involving relatives as perpetrators never see the light of day, as relatives are usually reluctant to report such matter to the police. Due to preservation of family bonds and ties, most African families are reluctant to take lawful action against a perpetrator who is a family member thus might be an uncle, a step-brother, a father to mention only but a few. Upon reporting abuse to another family member, usually no to little action is taken which in turn leaves the victim with nowhere to turn to but rather stuck and hopeless. Most victims and survivors are stuck in an endless cycle of abuse by family members/ relatives because in their minds if their own family cannot believe them or help them, then no- one can. After continued abuse it then gets even harder for the victim to seek help because unfortunately at this stage the victim is now used to the situation they no longer view it as abuse but a normal aspect of life.

2.2 Key support services

2.2.1 Counselling

Corey (2020) describes counselling as a joint, evidence-informed process between a qualified professional and a client, intended to enhance mental health, build resilience and

improve overall wellbeing through culturally appropriate and responsive methods. Similarly, Kaplan (2014) views counselling as a cooperative and relational engagement designed to support an individual's personal development, increase self-awareness and encourage behavioural change by addressing their concerns using proven psychological theories and techniques.

Professionals offering counselling should be adequately trained to sensitively inquire about violence, especially in cases where women show signs such as physical injuries, depression, anxiety, sexually transmitted infections or substance misuse. It is crucial that counsellors communicate in a way that is respectful, non-judgemental and supportive to help survivors feel safe and encouraged to open up. In addition to one-on-one counselling, support groups play a pivotal role in the healing journey of GBV survivors. Led by trained facilitators, these groups create a space where survivors can share experiences, offer mutual support and foster hope. They empower survivors to see themselves not as helpless victims but as individuals capable of rebuilding their lives and confronting their fears. However in Zimbabwe counselling is often offered by untrained personnel but whom the society views trained due to their professions. These individuals among others are teachers, pastors, and elderly people in the community. The community views them as equipped by life to conduct counselling and while some of them may be able to perform the duty, fragile cases like gender-based violence require a trained personnel for it involves a lot of stages needed for the survivor to adequately heal.

Individual Counselling

This involves private sessions between a survivor and a trained counsellor or shelter staff. These sessions are gradual, allowing progress over time and are tailored to meet each survivor's specific level of trauma. Such one-on-one interactions are particularly important in

rural communities where cultural stigma may prevent survivors from speaking freely. Various techniques, such as the "empty chair" method, are used to help survivors express their emotions and experiences in a safe and supportive environment.

Couple counselling

This form of counselling involves the survivor, their partner and a trained counselling personnel. It allows the counsellor to gain insight into the issues from both perspectives. The process helps each person recognize their own contributions to the conflict or challenges in the relationship. For safety reasons, these sessions should be conducted outside the shelter environment. Since both parties need time to express their own feelings and thoughts, the sessions tend to be lengthy hence requires a lot of patience. The counsellor's role is solely to remain neutral, avoiding blame and instead guiding both parties toward a mutual understanding and personal responsibility in shifting dynamics of their responsibility.

Family Counselling

Family counselling brings together the survivor, their family members and a trained counsellor to address shared issues. It is commonly used in situations involving rejection, unplanned pregnancies or legal matters (particularly when a family member has been identified as the perpetrator of abuse. Due to the number of viewpoints involved, these sessions can be highly sensitive. The counsellor plays a key role in guiding the conversation and ensuring that the survivor's needs and well-being remain at the primary focus throughout the process.

2.2.2 shelter/rehabilitation

Waelde (2024) describes rehabilitation as a comprehensive, survivor-focused approach aimed at addressing the physical, emotional and social effects of violence. It supports healing, empowerment and reintegration into everyday life. While rehabilitation cannot erase the harm

caused, it plays a critical role in helping survivors regain their health, functionality and overall well-being. The main goal when a survivor enters a rehabilitation program is to help them rebuild their life, come to terms with their experiences and develop coping strategies moving forward.

Rehabilitation services are tailored to the specific needs of each survivor, recognizing that every case is unique. After assessing a survivor's situation, the Victim Friendly Unit may refer them to Musasa Project, initiating the shelter admission process. This begins with a counselling session to evaluate whether shelter placement is necessary. Common scenarios include threats to life, sexual assault, abandonment or the need for medical or legal assistance. This process aligns with Walker's (1979) Socialist Theory, which suggests that the interaction between a victim and their abuser can perpetuate the cycle of violence making safe shelter essential in breaking that cycle.

2.2.3 Adoption of Rehabilitation services in Zimbabwe

The establishment of shelters for survivors of gender-based violence in Zimbabwe was driven by the recognition that many victims often face homelessness and social exclusion after experiencing abuse. Given Zimbabwe's deeply patriarchal cultural norms (especially in rural communities) survivors are frequently blamed for the violence inflicted on them. In such settings, gender-based violence is often normalized. As a response, shelters were introduced to provide survivors with a safe space where they can make decisions that prioritize their own well-being, free from societal pressures and judgement.

Shelter's Primary Objective

The core purpose of shelters is to ensure the safety and protection of gender-based violence survivors. To prevent misuse of shelter resources, an assessment process is conducted to determine whether the survivor urgently requires temporary accommodation and support

while their case is being addressed. This begins with a counselling session involving either a shelter administrator or counsellor, who evaluates the survivor's needs. Based on this evaluation, a request is submitted to the Director of the program or program officer for approval. Additionally, some survivors are referred by partner organizations such as the Ministry of Women's Affairs, Gender and Community Development, Musasa Project, Adult Rape Clinic, and the Department of Social Services. Common reasons for referrals include:

2.2.4 Rehabilitation and shelter for Abandoned Pregnant Women and Girls

The shelter provides support for women and girls who have been abandoned during pregnancy by their partners or families. These situations are widespread, leaving many without shelter or the means to support themselves. Most of these individuals are referred by the Department of Social Services from different regions. Once admitted, the shelter supports them through pregnancy, allowing them to decide whether to keep their child or place them for adoption after birth.

2.2.5 Protection from Physical Abuse and Death Threats

Women and girls facing physical violence or threats to their lives are also given refuge in shelters. In many cases, survivors who report abuse face further threats or retaliation, especially once the perpetrator is released after serving a sentence. To ensure their safety, these individuals are placed in secure environments. If the survivor desires, counselling sessions may be arranges for both partners.

2.2.6 Access to Medical and Rehabilitation Services

The shelters also assist survivors who require medical care or rehabilitation. Often referred by institutions like the Adult Rape Clinic or social services, these women and girls may be dealing with mental health challenges, epilepsy, or serious sexually transmitted

infections. They remain at the shelter until they regain stability. Legal assistance is provided when necessary, and survivors are only discharged once they have been successfully reintegrated into their families or transferred to specialized institutions like Morgenster Hospital that can better meet their ongoing needs.

2.2.7 Education

To tackle the underlying gender inequalities that fuel gender-based violence, survivors in shelters are also supported in continuing or beginning their education. The availability of this support often relies on donor funding and the specific type of education donors are prepared to sponsor. Education plays a vital role in rehabilitation process, as many of the cases found in shelters stem from survivors' financial dependence on their abusers. Empowering them through learning helps break this cycle and promotes long-term independence. UNESCO (2020) alluded that education is necessary for women and girls as it increases their socio economic status.

ZIMSEC Ordinary level supplements

In Zimbabwe, passing O level examinations is often the minimum requirement for securing formal employment. Many adolescent survivors living in shelters are either school dropouts or have not passed their O levels, limiting their opportunities for further education or decent job projects. Supporting them in achieving this qualification increases their chances of gaining employment and becoming financially self-reliant.

2.3 Medical Assistance

Gender-based violence significantly harms the physical and mental health of survivors. Those affected often suffer from a range of health conditions as a result of emotional, physical and sexual abuse. USAID identifies GBV not only as a violation of human rights but also as a

serious public health issue that affects entire communities. As such, the Victim Friendly Unit (VFU) prioritizes access to medical care within shelters to support survivors 'recovery.

2.3.1Sexually Transmitted Infections (STIs)

Limited access to sexual health rights is a major contributor to the spread of the STIs among survivors. Many arrive at shelters already infected. They are reffered to appropriate health facilities for treatment and in severe cases, some may require surgical intervention, while others are managed with medication. To ensure safe and effective treatment, shelter staff often handle medication distribution until the survivor is deemed responsible enough to manage it independently.

2.3.2 Survivors with Mental Health Conditions

Survivors with mental disabilities face unique challenges that require special care. Shelters also take in mentally challenged survivors, often referred by partners such as Medecins Sans Frontiers. These individuals are frequently abandoned by their families, especially if they are pregnant, something that is seen as cultural taboo. In many cases, the abuse is committed by close relatives, and when disclosed, leads to rejection and homelessness. Such survivors are usually accompanied by caregivers who assist with their daily needs, including hygiene, medication and pregnancy care.

2.3.3Survivors with Physical Disabilities

Some survivors experience long-term physical impairments due to extreme violence involving weapons or excessive force. This can result in complications such as difficulty walking, speaking, or even minor strokes. Due to financial constraints, many cannot access adequate medical treatment. Shelters help by providing psychosocial support, physiotherapy and rehabilitative services aimed at aiding their recovery.

2.4 Reintegration and Follow-up

Reintegration refers to restoring a survivor back into society or family life after receiving shelter services, which are designed to be temporary. Survivors remain in shelters until they are emotionally and physically ready to re-join their families or communities. However, women in rural areas face significant obstacles to reintegration, including cultural norms, traditional beliefs, restricted access to education, limited economic opportunities and a general lack of information. These challenges often discourage women from seeking help, making them more vulnerable to ongoing abuse and exploitation.

2.5 Previous Studies

Several researchers worldwide have explored rehabilitation approaches for gender-based violence survivors. According to Mavuka (2019), fostering social inclusion plays a key role in helping survivors recover and reintegrate into their communities. He also highlights the importance of providing support services that tackle the social and economic challenges survivors often encounter.

2.5.1 Global Perspective

The World Health Organization (2019) highlights that healthcare services play a vital role in saving the lives of GBV survivors and often serve as the first point of contact for assistance. Despite their importance, there are still some significant gaps in the availability of critical services, particularly for those seeking justice. Mullany (2017) points out that many systems lack coordinated, multi-sectoral frameworks and effective referral pathways tailored to survivors' needs. Additionally, mobile technology offers potential to enhance GBV case tracking and referral processes while safeguarding survivors 'confidentiality (Hossain, Zimmerman & Kiss, 2019).

Shelter Development and services

The earliest safe shelter responding to gender-based violence were launched by grassroots movements in England during the early 1970s, specifically targeting women affected by intimate partner violence (IPV). IN the Caribbean region, non-governmental organizations introduced the first shelters in the 190s in countries like Trinidad and Tobago and the Bahamas. Initially, the main purpose of these shelters was to offer immediate safety. Over time, however, the role of shelters has expanded beyond just emergency accommodation. Today, they offer a broad range of services, including counselling, mental health and psychosocial referrals, legal guidance and support, and vocational training. The emphasis has shifted to not only providing a secure space free from violence but also fostering an environment for emotional healing and empowerment, placing survivors' individual needs and strengths at the centre of care.

Furthermore, experts have stressed the importance of survivor-centred support systems that respect and prioritize the preferences and rights of GBV survivors. Garcia-Moreno (2015) asserts that this method is vital to ensuring that such services are both effective and responsive.

2.5.2 Regional Outlook

There has been a commendable progress across the region in tackling GBV through various support mechanisms. However, challenges continue to hinder full implementation. The World Health Organization (2020) reports that counselling services are now present in many SADC member states, such as South Africa, Botswana, Lesotho and Mozambique. Despite these efforts, accessibility remains an issue, especially in rural settings where such services are often scarce (UNFPA, 2019).

According to SADC (2019), several countries such as South Africa, Botswana and Lesotho have established shelter services for survivors of gender-based violence. Nevertheless, UN Women (2020) highlights that access to these services remains limited, especially among marginalized populations. In South Africa, the Domestic Violence Act No. 116 0f 1998 mandates that law enforcement agencies assist victims by, among other things, referring them to safe shelters. Shelter services in South Africa are overseen by national government structures. Many women who seek refuge in these shelters require a combination of healthcare, psychosocial support and legal assistance. For example in Pretoria, the Gauteng Department of Health and Social Development reportedly funded 23 shelters for abused women during the 2010/11 fiscal year. As a result, 511 women and 213 children were able to receive support through these government backed facilities.

2.5.3 National Outlook

Given its limited capacity, the Victim Friendly Unit collaborates closely with key organizations that offer support services to survivors of gender-based violence, particularly Musasa Project, which is particularly the main provider of shelter services. As a result, there is a scarcity of documented case studies focusing on women's shelter and the range of services they offer. To address this gap, the student relied on Musasa Project's internal records to gather insights into their ongoing efforts in Zimbabwe. It was observed that most of the organization's shelters are located in urban areas, with plans underway to expand their presence to underserved rural communities.

2.5.4 Research Gap

A review of the existing literature shows that survivor-support services are well-established in Europe, where the concepts of shelters and counselling originated. This practices were later extended to Africa through the involvement of international organizations, reflecting

a positive shift towards addressing domestic violence in on the continent. However, Africa's strong adherence to tradition and patriarchal systems continues to contribute significantly to the abuse of women. At both regional and national levels, there is a noticeable lack of in-depth research on the effectiveness and scope of support services for survivors. In Southern Africa, available data mainly focuses on the number of operational shelters, with minimal detail on the nature of services provided. Within Zimbabwe, only one organization is currently managing a shelter, which is insufficient considering the country's high domestic violence rates.

2.6 Summary

This chapter presented a comprehensive review of existing literature relevant to the study. It explored prior research and laid the theoretical foundation supporting the study's objectives. Additionally, it discussed conceptual and theoretical frameworks, along with various models and strategies employed in rehabilitating GBV survivors. The research gap was also identified, pointing to areas requiring further exploration. The next chapter will detail the research methodology applied in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter summarises how the researcher collected data from the respondents then covers the research design, target population, population sample, research instruments, data collection procedures, data presentation and analysis. The source of information that was used as primary sources of information was interviews. This chapter will be generally the map of how the research will be carried out on the ground showing the ways and means that were actually used to capture valid data that will provide an insight on the support services being offered to support survivors of gender based violence in Nemamwa Rural District, Ward 3.

3.1 Research Methodology

Cresswell (2018) defines research methodology as a logical and systematic plan for conducting research, which includes the philosophical assumptions, research design, sampling strategy, data collection methods and data analysis procedures. In this study, a mixed methodology was utilized, which involved the integration of both quantitative and qualitative research methods. The mixed methodology was deemed necessary as it allowed the student to gain a more comprehensive understanding of the research problem by combining the strengths of both qualitative and quantitative approaches (Ta shakkori & Teddkie, 2019). The quantitative component provided numerical data and statistical insights, whilst the qualitative component offered in-depth, contextual information and a deeper exploration of the participant's experiences and perspectives (Creswell & Creswell, 2018).

3.2 Research Design

Research design refers to the overall strategy and structure of a research study, including the methods and procedures used to collect, analyse and interpret data (Yin, 2018). In this study, a case study research design was employed, which is an in-depth investigation of a specific phenomenon within its real-world context (Stake, 2020). By focusing on a single or limited number of cases, the student was able to explore the unique perspectives and experiences of the participants, as well as social and cultural norms that influenced their behaviours and attitudes. This approach enabled the student to develop a deep understanding of the phenomenon which would have not been possible through other research designs, such as surveys or experiments (Yin, 2018). The case study design proved adequate for this research for it allowed the student to engage in the complex interplay of social, cultural and other factors that shaped participants 'experiences.

3.3 Target Population

The target population refers to the specific group of individuals, objects, or events that the researcher aims to study and draw conclusions about (Creswell & Creswell, 2018). In this study, the target population comprised VFU staff, NGO leaders, survivors and community leaders. These individuals were selected as they were considered to be key influential stakeholders. The targeted approach ensured that the sample population was representative of the key stakeholders and decision makers, enabling the student to gain worthwhile insights into the scope under investigation.

3.4 Sample size

This refers to the number of participants or observations included in a research study (Creswell & Creswell, 2018). In this study, the sample size consisted of 50 participants who were local NGO leaders, academia, community leaders, policy makers and VFU staff. The

sample size was deemed necessary as it provided an adequate number of participants to ensure validity of the research findings, while also giving room for in-depth exploration and analysis of the scope under investigation.

3.5 Sampling Techniques

3.5.1 Purposive Sampling

Purposive sampling is a non-probability sampling technique in which the researcher deliberately selects participants based on specific criteria or characteristics that are relevant to the research question (Etikan, 2019). In this study, purposive sampling was utilized to ensure that the participants were representatives of the target population and possessed the necessary knowledge, experience and authority to provide valuable insights to the study. This sampling approach provided aid to the student by allowing the student to identify and select cases that could offer more depth to the scope at hand.

3.5.2 Snowball Sampling

Snowball sampling is a non-probability sampling technique in which the student initially identifies a small number of participants who meet the selection criteria and then asks them to refer or provide access to other potential participants who may also be suitable for the study (Creswell & Creswell, 2018). In this study, snowball sampling was employed to supplement the purposive sampling approach, as it enabled the student to access a wider network of participants within the target population (Etikan, 2019).

3.6 Data Collection

According to Creswell and Creswell (2018), data collection refers to the systematic process of gathering information from various sources to address the research objectives and answer the research questions.

3.6.1 Questionnaire

Questionnaires are a data collection method that involves the use of a set of standardized questions or statements to gather information from participants (Bryman, 2019). In this study, a questionnaire was used to collect quantitative data from the participants, which enabled the researcher to gather a broad range of information on the participants' perceptions, attitudes, and behaviors related to the research problem (Saunders et al., 2019). The questionnaire was designed to collect data on the participants' demographic characteristics as well as their experience. This approach allowed the researcher to gather a large amount of data in a relatively short period, which could then be analyzed using statistical methods to identify patterns and trends.

3.6.2 Interviews

Interviews are a data collection method that involves a structured or semi-structured conversation between the researcher and the participant, with the aim of gaining in-depth information and understanding about the participant's experiences, perspectives, and decision-making processes (Saunders et al., 2019). In this study, the researcher conducted in-depth, semi-structured interviews with the participants to gather qualitative data. This approach enabled the researcher to explore the participants' subjective experiences and the contextual factors that influenced their perceptions and behaviors in greater detail (Bryman, 2019). The interviews provided the researcher with the opportunity to probe and clarify the participants' responses, as well as to gain insights that may not have been captured through the quantitative questionnaire data.

3.7 Data Analysis and Presentation

Data analysis and presentation refer to the systematic process of organizing, interpreting, and communicating the research findings to stakeholders and the broader academic community (Creswell & Creswell, 2018). In this study, the researcher employed a mixed-methods approach to data analysis, which involved the integration of both quantitative and qualitative analytical techniques (Creswell & Plano Clark, 2019).The quantitative data collected through the questionnaires was analyzed using statistical software, which allowed the researcher to identify patterns, trends, and relationships within the data (Saunders et al., 2019). This included descriptive statistics, such as frequencies, means, and standard deviations, as well as more advanced statistical techniques, such as regression analysis and hypothesis testing (Creswell & Creswell, 2018). The qualitative data collected through the in-depth interviews was analyzed using thematic analysis, which involved the identification of recurring themes and patterns in the participants' responses (Braun & Clarke, 2006). This approach enabled the researcher to gain a deep understanding of the participants' subjective experiences and the contextual factors that influenced their decision-making processes (Saunders et al., 2019). The integration of the quantitative and qualitative findings allowed the researcher to develop a comprehensive and nuanced understanding of the phenomenon under investigation, which was then presented in a clear and coherent manner to stakeholders and the broader academic community.

3.8 Validity and Reliability

Validity and reliability are essential criteria for evaluating the quality and rigor of a research study (Creswell & Creswell, 2018). Validity refers to the extent to which a research instrument or method measures what it is intended to measure, while reliability refers to the consistency and stability of the research findings (Bryman, 2019).In this study, the student employed several strategies to enhance the validity and reliability of the research findings. For

the quantitative component, the researcher ensured content validity by aligning the questionnaire items with the research objectives and the existing theoretical and empirical literature (Saunders et al., 2019). Additionally, the researcher conducted a pilot study to assess the clarity and relevance of the questionnaire items, which helped to refine the instrument and ensure its suitability for the target population (Creswell & Creswell, 2018). For the qualitative component, the researcher relied on data triangulation, which involved the use of multiple data sources (i.e., questionnaires and interviews) to corroborate the findings and enhance the credibility of the research (Patton, 2021). The researcher also engaged in member checking, where the participants were given the opportunity to review and provide feedback on the researcher's interpretations of their responses, further strengthening the validity of the qualitative data (Creswell & Creswell, 2018). Additionally, the researcher maintained detailed records of the research process, including the data collection and analysis procedures, to ensure the reproducibility and dependability of the study.

3.9 Ethical Considerations

Ethical considerations are a critical aspect of the research process, as they help to ensure that the study is conducted in a manner that respects the rights, dignity, and well-being of the participants, as well as the integrity of the research itself (Creswell & Creswell, 2018). In this study, the student adhered to established ethical guidelines and principles, as outlined by the relevant academic and professional bodies (Saunders et al., 2019).

First and foremost, the student obtained informed consent from all participants, ensuring that they were fully aware of the purpose, procedures, and potential risks and benefits of the study (Bryman, 2016). The student also guaranteed the participants' anonymity and confidentiality, protecting their personal information and ensuring that their responses could

not be traced back to them (Creswell & Creswell, 2018). Additionally, the student took measures to minimize any potential harm or discomfort to the participants, including providing them with the option to withdraw from the study at any time without consequence (Saunders et al., 2019). The student also obtained the necessary institutional approvals and clearances to conduct the study, demonstrating a commitment to upholding the highest ethical standards (Bryman, 2016). These ethical considerations were critical in ensuring the trustworthiness and credibility of the research, as well as in protecting the rights and well-being of the participants.

3:10 Chapter Summary

This chapter outlines the research philosophy, methodology, and design employed in the study. A mixed methodology, integrating both quantitative and qualitative approaches, was utilized to provide a comprehensive understanding of the research problem. The case study research design was selected to enable an in-depth investigation of the phenomenon within its real-world context. The target population comprised local NGOs, community leaders, VFU staff, with a sample size of 50 participants selected through purposive and snowball sampling techniques. Data was collected using questionnaires and in-depth interviews, and the findings were analyzed using a combination of statistical and thematic analysis. The validity, reliability, and ethical considerations of the study were also addressed to ensure the quality and rigor of the research.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETAION

4.1 Introduction

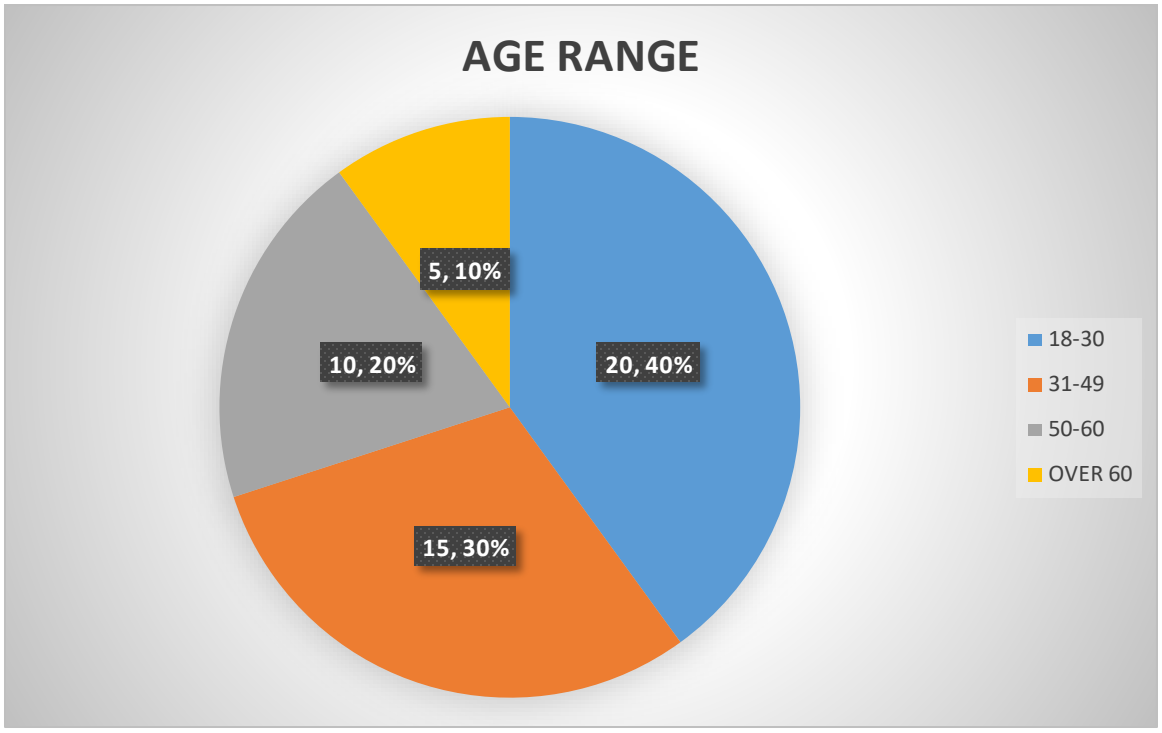
This chapter presents and analyses data that was gathered using a various data gathering instruments. Findings were drawn from the content, context and gender analysis done. The data was analysed using responses from all the selected participants. The chapter answers the study research questions.

4.2 Demographic characteristics of the respondents

Data below shows how the issues of GBV mostly affect women and children more as compared to men.

Respondents	Frequency	Percentage
Male	10	20
Female	40	80

4.2.1 Age



Age distribution of participants indicates that the majority fall within the 18 to 30 age group range, comprising 40% of the sample followed by those in the 31-49 range. The least number of respondents was drawn from 60 years and above range. The age range was important in determining the most affected age group by the issue under discussion. It was therefore noted that although everyone is vulnerable to GBV, the most affected are women between the ages of 18-50 years.

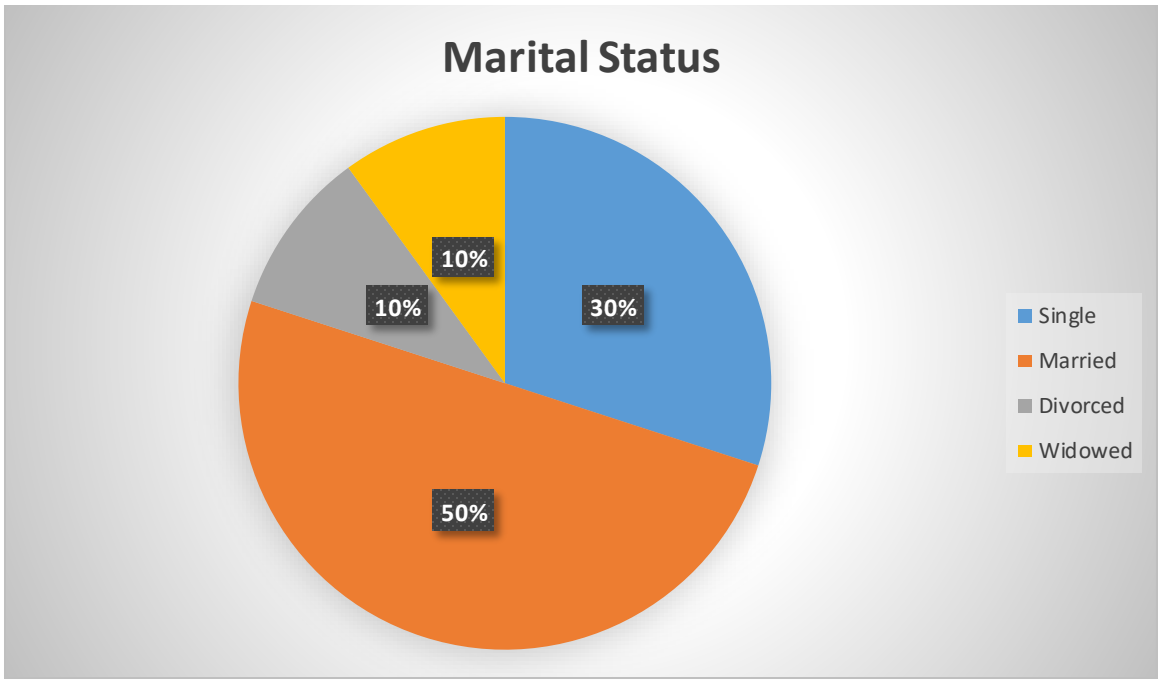
4.2.2 Level of Education

Response	**Frequency**	**Percentage**
Primary Level	10	20
Ordinary Level	20	40
Tertiary Level	15	30
Postgraduate	05	10

The number of respondents engaged which attained ordinary level followed by those who reached form 2 and who reached grade 7 and reported that they reached standard 2 is the second least number of respondents with the lowest number of respondents engaged had reached post graduate stage level. Educational level was very important in this research because it determined understanding of the questions that were asked. It was noted that, because the research engaged majority of respondents who are educated, responses given were relevant to the questions asked. There were few cases where the respondents would give responses that were out of context.

4.2.3 Marital Status

The study also took statistics on the marital status of the respondents for in-depth respondents



4.3 Gender-based Violence in Nemamwa District, ward 3

Gathering from all the interviews conducted, all respondents noted that GBV is a major challenge in the area. The major causes that were highlighted are poverty, social cultural norms and beliefs and poor enforcement mechanisms. The region is said to be a patriarchal society that excludes women in decision making and accessing and controlling resources.

This supports the assertion made by Daniel (2009), who indicated that certain factors contributing to violence against women are situated within social and structural contexts. For instance, the relative poverty experienced by women in comparison to men along their detachment from the broader community, underpins numerous vulnerabilities that place them at risk of violence.

Respondents identified detrimental cultural and religious practices, along with insufficient education, as contributing factors to gender-based violence (GBV). This aligns with Daniel's (2009) assertion that exclusion from educational and employment opportunities heightens women's susceptibility to violence. Furthermore, he posits that women's roles within male dominated social frameworks-such as family, community, and economic systems that favour men, as well as socio-cultural customs like dowry and polygamy- further exacerbate their vulnerability and diminish their autonomy, thereby hindering their ability to react promptly to threats of violence.

It was also noted by respondents that polygamy, which is religiously accepted in the area, also contributed to the high prevalence of GBV. The ZRP, VFU categorise the forms of GBV as rape of adults above 18 years (Rape A); rape of juveniles (having sexual intercourse with a child below 18 and contravening section 70

of the 93 Criminal Codification Act); indecent assault and domestic violence. The above forms were reiterated by one woman in one of the focus groups who had this to say:

> "*…nguva zhinji tinopopotedzana nenhau yemari yekutenga chikafu, munhu anoda kupedza mari yaashandira mwedzi wese kudoro asi chikafu chekuti adzoke achidya mumba hamuna, fees yevana yekuchikoro haina kubhadhagwa, pedzezvo munhu anodzoka ondimanikidza bonde ndoramba ndoopedzisira ndarohwa ndichinzi urikuita zvechipfambi"*
>
> *"….most of the time we quarrel over issues of money for groceries, school fees resulting in accusations of extra marital affairs, at the end my husband beats me and forces me to have sex with him"*

The ZRP and VFU have emphasized that the predominant cases reported include domestic violence (physical), juvenile rape, adult rape, and indecent assault. Juvenile rape is particularly prevalent in reports, as many cases are brought to attention by child protection committees, in contrast to adult cases where the decision to report lies with the adult individual. Economic and emotional violence typically go unreported to law enforcement, as these issues have been normalized within society and are often resolved through family and community courts. Additionally, there is a lack of legal penalties or sentences associated with such forms of violence. Furthermore, it has been observed that women lacking economic empowerment are more vulnerable to gender-based violence, with 70% of these women choosing to withdraw their cases from the police. This indicates that some women refrain from reporting incidents due to their inability to implicate their primary financial supporters.

4.4 Evaluation of current strategies by the VFU

According to a majority of the respondents the Victim Friendly Unit is struggling to provide adequate support services to survivors of GBV. Without its own shelters, the VFU

refers a survivor to Msasa Project upon an assessment for the need for a safe space for a survivor. However, they are reluctant to then follow up to ensure adequate rehabilitation.

> Responded P4, a survivor mentioned *great concern for lack of adequate income generating initiatives by the Unit after one takes a bold and courageous move to break free off the bondage of GBV, she went on to mention that referrals lacks a follow up especially after the whole ordeal of GBV has passed.* (P4)

Participant P12 a community member and mother to survivor also showed great concern about the local one stop VFU centres made available in locations to avoid traveling long distance, she mentioned some sort of reluctance for the complainants to the officers especially if the party involved is a well-established popular man she said in an interview *"....takati taenda*

> *kunomhanára nhau yemhirizhonga mumba, umwe wemapurisa maviri ainyora nyaya iyi, akati amai mazvipira here kutosungisa murume wenyu, kurwa kunowanikwa mudzimba madini mamboedza kugara pasi mataurirana nababa musati maita zvemapurisa"*
>
> *"...are you sure you want to send your husband to jail, couples fight all the time, perhaps you should try sitting down and try to resolve the issue like a family instead of involving the police"*

The above statement is an indicator of how the VFU Department has instead of using their closeness to the community for good, been agents of demotivating courageous women who come forth to try and break the bondage of abuse and GBV.

The above sentiment was again echoed by P17, a nurse who showed great disappointment with the VFU authority when she mentioned *that at one point a child ran to the*

station to report that her father was beating up her mother, then the police as if had other better things to do, took its time and when they finally got there the woman was badly injured and the husband had already fled and is still on the run up to today.

This shows unequal prioritization of service provision as well as poor enforcement mechanisms. Trauma will continue to linger in the lives of that poor child and her mother because they cannot help but to feel unsafe because her violent spouse, violent father is not in prison. Knowing that he is out there alone is enough for one to feel threatened always.

Furthermore, P14, a Ward councilor, *emphasized the importance of enhancing*

vocational training programs to equip survivors with marketable skills for employment opportunities and these projects spearheaded by the VFU themselves. He spoke of the need for income generating projects for the marginalized in the region so as to gain financial independence and hopefully an end to dependency.

The data highlighted a consensus among participants regarding both inadequacies of current

Support services and the unavailability of essential support services as well. The findings of this study suggest that services currently in Nemamwa fall short in addressing the needs of survivors of gender-based violence and more needs to be done.

4.5 Lack of adequate follow-ups and check in by the VFU

Several participants raised concerns on the issue of regular follow-ups by the VFU in case of referrals to other stakeholders such as Msasa project. One participant mentioned that it's like to them, their work is done as soon as they refer you. However it is necessary for the VFU to follow up issues and make sure the whole integration process runs smoothly. There may also be a need to stop treating these issues like another cases for GBV is a traumatic and

straining issue for survivors during and even after the whole process. There may also be a need to strengthen their core sectors like the counselling sectors as most of the survivors mentioned receiving a feeling of judgment from officers who were said to be the one to provide counselling to survivors, and upon receiving such treatment a survivor is no longer free hence may retract their statement and endure the cycle of GBV.

> In an interview a key respondent K1 mentioned that *because of societal norms and beliefs, it is hard to get a conviction and an arrest because most women in this region do not report abuse with the fear of being judged by the society, women normalize abuse and view it as a normal aspect of marriage.* He went on to explain how *sometimes a person comes to report an issue of domestic violence, during the statement or after a few minutes a person quickly changes their mind and suddenly then retract their statement.*

4.6 Social Inequality and Inequitable Access to Services

Participants shed light on the disparities and barriers that hindered inclusive development and perpetuated social injustices within the community. Participant P1, highlighted the widening gap of dependency, emphasizing the need for empowerment projects for women by women. Most women in societies rely solely on the provisions from their husbands which in turn leads to exploitation and abuse.

> P8, a community leader raised concerns on the issue of unequal distribution of resources and opportunities between men and women in general. *He stated that men are at an advantage of seizing income generating opportunities and hence in most households women are restricted to household chores and duties. He also mentioned*

that most women because of patriarchal norms tend to pass up opportunities to better themselves and opt for their husband or uncle to be given that opportunity.

4.7 Livelihood Options/ Strategies

The majority of women who participated in the research indicated that their major livelihood option is farming, where they are producing potatoes and onions. The second means of livelihood is running income generating projects (IGS) such as poultry projects both broilers and indigenous. This is followed by the VFU's facilitation of licenced vending areas where they can sell their products and earn a decent living without having to fear anything. 5 women indicated that they learnt sewing skills, piggery and goat rearing while they were still in Musasa Project shelter in Nemamwa (nearest shelter) and as soon as they checked out, they having been running projects at Kubatana Vending Centre in ward 3. More stakeholders may chip in with inputs to support women in development and foster for gender equality in Nemamwa. If women and children are empowered through income generating projects, they would no longer rely solely on the man this in turn may lead to a noticeable decline in exploitation and gender based violence because the leading causes as of now are poverty which leads to dependency.

4.8 Chapter Summary

In this chapter, a thorough examination of the deficiencies and potential remedies for support services aimed at survivors of gender-based violence in Nemamwa rural district, Ward 3, Masvingo, Zimbabwe was undertaken utilizing a mixed methodology that combined qualitative data analysis with quantitative data analysis. Significant themes such as dependency arising from inequality, financial constraints, patriarchal and societal norms, as well as the urgent requirement for livelihood-oriented policy interventions were highlighted. Participants

underscored the interrelated nature of these issues and the importance of holistic approaches that encompass social, economic and environmental aspects. The proposed policy interventions for survivor support services underscored the importance of targeted strategies focusing on education, economic empowerment, social protection and the VFU upholding their principles. These recommendations align with existing literature emphasizing the significance of integrated approaches to address the root causes of GBV and promote self-reliance. By implementing these policy interventions, policymakers and stakeholders can work towards building a more resilient, inclusive, and prosperous community in marginalized communities where survivor support services are effectively pursued to enhance the well-being of all residents and where equality may prevail.

CHAPTER FIVE

5.0: SUMMARY, CONCLUSION and RECOMMENDATIONS

5.1 Introduction

Chapter 5 provides a comprehensive summary of the findings derived from the qualitative analysis of the survivor support services for survivors for gender-based violence survivors in Masvingo urban, Zimbabwe. It presents conclusions drawn from the study, outlines empowerment and equality policy recommendations for addressing identified issues and suggest potential areas for future research to enhance understanding and inform decision-making processes.

5.2 Summary of the Study

First Chapter

The study commenced with an introduction setting the stage for the study on availability of survivor-support services for survivors of gender-based violence: Nemamwa district ward 3, Masvingo, Zimbabwe. It outlined the research problem, objectives, significance, and structure of the study, emphasizing the critical need to address the challenges effective service delivery in the region.

Second Chapter

The literature review delved into existing scholarly works and theoretical frameworks related to support services, women empowerment and dependency reduction. It discussed key concepts, theories, and empirical studies to provide a comprehensive understanding of the subject matter, laying the foundation for the empirical investigation in Nemamwa district.

Among others it presented the link between GBV and livelihoods, empowerment and gender equality.

Third Chapter

Chapter 3 detailed the research methodology employed in the study, outlining the research design, data collection methods, sampling techniques, and data analysis procedures. It elucidated how qualitative data were gathered through interviews with participants in Nemamwa district to explore their view on the scope of GBV, discrimination against gender and survivor support service access and knowledge.

Fourth Chapter

In Chapter 4, the qualitative analysis of participant perspectives revealed significant challenges faced by the survivors in the marginalized community of ward 3 in Nemamwa district, such as, limited financial resources, social inequalities, and inequitable access to services. Participants underscored the interconnected nature of these challenges and advocated for holistic and integrated policy interventions to advance livelihoods and economic independence in the area.

Fifth Chapter

The final chapter synthesized the key findings from the qualitative analysis, drawing attention to the pressing challenges identified in Masvingo urban. It concluded that evidence-based policy interventions focusing on income generating projects, economic empowerment, social protection and equality are essential for fostering resilience, inclusivity, and prosperity in the community. The chapter also proposed recommendations for policy action and highlighted potential areas for future research to enhance understanding and inform decision-

making processes in addressing the deep rooted norms that lead to a recurring culture of gender-based violence.

5.3 Conclusions

The findings of the study highlight a complex web of challenges faced by the Nemamwa district community that impede sustainable self-sustainability. Limited access to financial resources, social inequalities, and inequitable service provision emerged as key obstacles and patriarchal norms. Participants emphasized the interrelated nature of these challenges, stressing the need for a holistic approach to address them effectively. Income generating projects for survivors was identified as a critical tool for empowering individuals and breaking the cycle of dependency. Economic empowerment, through initiatives like microfinance and access to credit, was seen as pivotal in stimulating growth and creating employment opportunities. Social protection programs were deemed essential to safeguard vulnerable populations and ensure basic needs are met. This interconnected approach is deemed essential to achieving sustainability of survivor centered approach and effectively and addressing the multifaceted challenges hindering its progress in the region.

5.4 Recommendations

Based on the study's conclusions, the following evidence-based policy recommendations are proposed to address the identified challenges in Masvingo urban: marginalized communities like the one under study

Invest in sustainable income generating projects for survivors so that they may be financially independent

Promote access to financial resources for small businesses through microfinance and credit programs to stimulate economic growth and job creation.

Implement stern warning and campaigns by the VFU against religious practices and cultures that oppress women such as early child marriages

Enhance social protection programs to provide a safety net for vulnerable populations and meet their basic needs.

Improve healthcare infrastructure to guarantee the well-being of community members.

Improve referrals and follow up programs.

Promote youth engagement in development initiatives to empower the younger generation, foster skills development, entrepreneurship, and meaningful participation in community decision-making processes.

5.5 Areas for Further Studies

While this study has provided valuable insights into the shortcomings of support services delivery and the opportunities therein, there remain several unexplored areas that merit further research. Future studies could concentrate on assessing the livelihoods of survivors and act as watchdogs of progress to check if there is an improvement or decline in the current situation. Moreover, the use of technological advancement in the betterment of communities especially the survivors. They should be also trained technologically as well as explore other avenues of livelihood projects survivors can engage in which does not only benefit them and their families but impact communities at large. By delving into these research avenues, scholars can deepen their understanding and contribute to the advancement of survivor based efforts in Nemamwa and analogous contexts, fostering progress and well-being for all residents. Eradicating cultural beliefs and norms may be challenging but motivating people to break free from the cycle of dependency and abuse may be possible through empowering the marginalized groups financially.

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Annexure 1: Interview Guide for Community Members

Thank you for agreeing to participate in this interview. I am a student at Bindura University of Science Education pursuing a degree in Peace and Governance. My research is titled: Availability of survivor support services for victims of Gender Based Violence. A case Nemamwa Rural District, Zimbabwe. Your inputs and insights are of great value in achieving the objective for this study

Interview Guide

Local Authorities and Community Members

Section A: Demography

Please Tick:

Age category	
18-30	
31-45	
40-60	
60+	

2. Indicate your gender

Category	
Male	
Female	

3. Please indicate your level of education

Level of Education	

Primary	
Secondary	
Tertiary	

1. In your area do you know anywhere where support services for Gender Based Violence (GBV) survivors (victims) can get assistance? Yes ( ) No ( )
2. Do you think that the services being offered to assist victims are helpful?

Agree ( ) Neutral ( ) Disagree ( ) Strongly Disagree ( )

3. What are the main challenges that are faced in implementing these services in the region?

   ……

   ……

   …….

4. How do you think services offered by the Victim Friendly Unit has impacted the community positively in addressing GBV as a whole?

Significantly helped ( ) Moderately helped ( ) Slightly helped ( )

5. What role do you think the community plays in providing assistance for one to access the help the survivor needs?

Yes ( ) No ( ) Maybe ( ) Not sure ( )

6. How do you think the effectiveness of the services could be improved?

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Annexure 2: Interview Guide for Key Informants

Thank you for agreeing to participate in this interview. I am a student at Bindura University of Science Education pursuing a degree in Peace and Governance. My research is titled: Availability of survivor support services for victims of Gender Based Violence. A case Nemamwa Rural District, Zimbabwe. Your inputs and insights are of great value in achieving the objective for this study

Section 1: Demographic Information

1. Age: …….
2. Sex: …….
3. Occupation: ……..
4. Years of service:.…….

Education level: …….

Section B: Challenges and Opportunities

1. What policies and programs are in place to support survivors of GBV in ward 3?

   ……

   ……

   ……

   ……..

2. How do you ensure that the needs of survivors are taken into account to ensure that the survivor is prioritized and adequately helped before reengagement in the community?

   ……

   ……

……

……

3. What challenges do you face in the implementation of the survivor support services to

victims?.....

.....

.....

.....

4. Do you think there are opportunities for collaboration and coordination between different levels of government and other stakeholders in supporting survivor support services?

Agree ( ) Neutral ( ) Disagree ( ) Strongly Disagree ( )

5. How important is it to conduct more awareness campaigns and community meetings on GBV?

Very important ( ) Important ( ) Somewhat important ( ) Not important ( )

Thank you for your valuable insights. Your input will contribute significantly to our understanding of the issues at hand.

Annexure 3: CONSENT FORM FOR PARTICIPATION IN RESEARCH STUDY

Study tittle: Availability of survivor support services for victims of Gender Based Violence. A case Nemamwa Rural District, Zimbabwe.

Introduction:

I am conducting a research study in assessing the availability of survivor support services for victims of Gender Based Violence. A case of Nemamwa District, Masvingo, Zimbabwe. The study aims to check the adequacy of services already being provided with an aim to shed light on the gaps in service delivery. The purpose of this study is to gather information from residents and key informants in Nemamwa to better understand the availability and accessibility of survivor support services.

What Will Happen in the Study:

If you agree to participate in this study, you will be asked to:

Complete a questionnaire that will take approximately 10-20 minutes to complete

Participate in an interview that will take approximately 20-30 minutes to complete

Confidentiality and Anonymity:

All information collected during this study will be kept confidential and anonymous. Your name and any identifying information will not be linked to your responses.

Risks and Benefits

There are no known risks associated with participating in this study. The benefits of participating in this study include contributing to a better understanding of survivor support services and gender based violence in Nemamwa District, ward 3 Masvingo, Zimbabwe.

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate or withdraw from the study at any time without penalty or loss of benefits.

Contact Information

If you have any questions or concerns about this study, please contact:

Name

Institute: Bindura University of Science Education

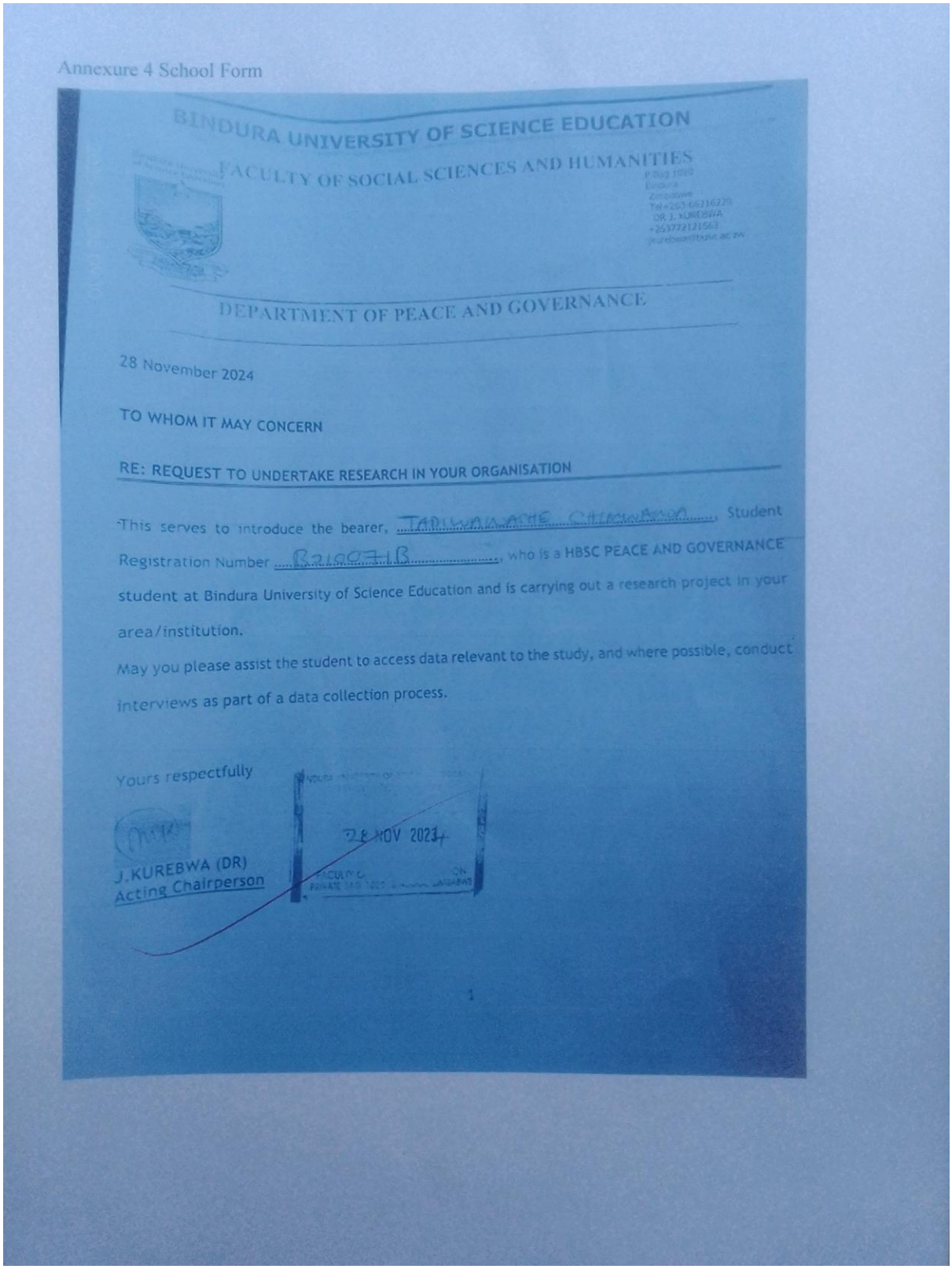
[tadichim21@gmail.com]

[0783 201 907]

Consent:

I have read and understood the information provided about this study. I voluntarily agree to participate in this study and provide my consent for the use of my data for research purposes.

ANNEXURE 4: SCHOOL FORM



Annexure 4 School Form

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF PEACE AND GOVERNANCE

28 November 2024

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH IN YOUR ORGANISATION

This serves to introduce the bearer, TADIWANASHE CHIMWAMBO, Student Registration Number B2007118, who is a HBSC PEACE AND GOVERNANCE student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours respectfully

J. KUREBWA (DR)
Acting Chairperson

28 NOV 2024

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ANNEXURE 5: SIMILARITY REPORT