GENDER CHALLENGE INITIATIVE

# National Dialogue on Gender, GBV & HIV in Zimbabwe

## Date: 12th September 2012

## Venue: Jameson Hotel, Harare, Zimbabwe

## Theme: At the Crossroads; Translating Evidence into Action

PEPFAR

RTI INTERNATIONAL

SAFAIDS Southern Africa HIV and AIDS Information Dissemination Service

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# ACKNOWLEDGEMENTS

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SAfAIDS extends its appreciation to all speakers for gracing the dialogue and for their invaluable inputs and insights on these topical issues of our time. A Special thank you is extended to all participants and their various organisations who attended the dialogue and contributed their experiences and rich reflections.

The report was compiled by Kefilwe Koogotsitse and reviewed by Blessed Zikali from SAfAIDS.

# ACRONYMS

| | |
|---|---|
| CDC | Centre for Disease Control |
| DHS | Demographic Health Survey |
| GBV | Gender-based Violence |
| GCI | Gender Challenge Initiative |
| HHS | Health and Human Services |
| MC | Male Circumcision |
| MCP | Multiple Concurrent Partnerships |
| MP | Member of Parliament |
| NAC | National AIDS Council |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| RTI | Research Triangle Institute |
| SAFAIDS | Southern Africa HIV and AIDS Information Dissemination Service |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| WHO | World Health Organisation |

# INTRODUCTION

As part of the Gender Challenge Initiative, Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) with support from Research Triangle Institute hosted a one day National Gender Dialogue on Gender, GBV and HIV under the theme "At the crossroads: Translating Evidence into Action". The event brought together policy makers, programmers and media fraternity to dialogue on using implementation science to inform gender programming in Zimbabwe. A total of 70 people attended the dialogue.

Through the dialogue, experts in the field of gender were challenged to answer the daunting question of whether gender programming in the country is informed by evidence. The dialogue focused on interpreting the current 2010/2011 DHS gender-related indicators among other topics as well as how the gender machineries in the country have aligned their response to the DHS results.

The National Gender Dialogue was held on 12th September 2012 at Jameson Hotel, Harare, Zimbabwe.

## Brief about the Gender Challenge Initiative


The Zimbabwe Gender Challenge Initiative is funded by the US President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Department of Health and Human Services, Centre for Disease Control and Prevention (HHS/CDC) and is implemented by the Research Triangle Institute (RTI) International. The initiative is providing program quality and efficiency, ascertaining cost effectiveness, assessing population – based impact and optimizing delivery services. Thus, this initiative aims to improve the uptake, implementation and translation of research findings to practice that lead to equitable access to services and livelihoods, gender equity, people centered health systems, evidence based programming, policy and planning in Zimbabwe. The GCI promotes research on sexual violence in order to improve policy on women's lives and health, and risk factors for domestic violence and suggest how gender programmes should be implemented to address these among other initiatives..

The national gender dialogue was officially opened by the SAfAIDS Board of Trustees Chairperson, Justice Leslie George Smith (Retired) who welcomed participants. Judge Smith encouraged and energized the participants to continue their work on gender issues and also incorporate research to inform their programmes. He welcome remarks set the pace for the deliberations of the day on gender, GBV and HIV issues.

# PRESENTATIONS

## The role of Implementation Science in Gender programming - Blessed Zikali, R,M & E Manager, SAfAIDS

The presentation highlighted that using evidence to programming facilitates choices in programmes undertaken.

Some of the factors related to Implementation Science highlighted included the following:

- Implementation Science has to be infused from the start of the project until the lifetime of the project
- It strengthens programme coordination and makes the programmers be aware of their business performance.
- Assist identifying whether resources are being spent efficiently
- It also unveils whether the programmes benefits are reaching the targeted group/individuals

Participants were challenged to interrogate why some programmes are not producing the best results and to question if evidence is being used to support implementation. There is the need to utilise scientific evidence to support the work that is being done on gender development.

## To what extent are our Gender Initiatives informed by Implementation Science? - Lois Chingandu, SAfAIDS Executive Director

The presentation highlighted that the question embodied two complex issues of gender and implementations science. While the subject of gender is an old phenomenon; implementation science however is a new innovation that encompasses all aspects of research relevant to the scientific study in order to promote the uptake of research findings into routine settings in clinical, community and policy contexts.


It creates generalizable knowledge that can be applied across settings and contexts to answer central questions including why do established programs lose effectiveness over time? Why do tested programs sometimes exhibit unintended effects when transferred to a new setting?

As an emerging innovation, the definition of implementation science and the type of research it encompasses may vary according [to] setting and sponsor. However, the intent of implementation science and related research is to investigate and address major bottlenecks (e.g. social, behavioural, economic, management) that impede effective implementation, test new approaches to improve health programming, as well as determine a causal relationship between the intervention and its impact.

In the context of gender programmes, implementation science research would help to answer central questions on why gender programmes sometimes cease to be effective after a while even though they would have proved effective at the beginning. Why decades later society/communities are still fighting patriarchy and the power imbalance between men and women? Why women still suffer GBV in the hands of people they love? Why a good education and economic empowerment are not necessarily giving women the protection they need from HIV and GBV?

Further she identified that Implementation science addresses the gaps that exist between research to policy and research to program. These gaps exist when research evidence has not been fully considered or integrated during the development of a policy or the program outcomes. Implementation research allows policy makers and programmers to identify problems, use evidence to make program decisions in a timely manner using scientific methods.

The presentation challenged participants to identifying the extent gender programmers have used the data from the recent Zimbabwe DHS 2010-2011 to renew their understanding of the priorities and interventions within gender programmes. The results of the DHS were presented and delegates were asked as to what extent they utilised the DHS information for their programming.

# Facts Busted

**Fact Busted No 1: Comprehensive Knowledge of HIV is high (above 96%) in Zimbabwe.**

Young women aged 15-24 have more knowledge (51.9%) than their male counterparts (47%). Matabeleland South and North have the lowest rates at 24.1% and 40.1% respectively. The HIV prevalence figures show a similar trend of high prevalence in these regions. With what the DHS results are showing the question is whether anything has changed in our strategies as a result of this information? Has the national strategy prioritised Matabeleland with resources and innovative strategies to fight HIV?

**Fact Busted No 2: Negotiating safer sexual relations with the husband**

The common fact is that women in Zimbabwe like others in Africa cannot negotiate sex because their men will not allow it. However the results indicate that 68% of men believe a woman has a right to refuse sexual intercourse if she knows that he has other sex partners other than his wives. The more educated the men the more he believes in this. However Matabeleland North has the highest number of men who believe women have no right to refuse sex with her husband or ask him to use a condom. The question is do we still design generalised responses that treat all men "guilty" as charged? Why do women then continue to find negotiating safe sex difficult? What programs do we have in place to increase this positive shift in men?

**Fact Busted No 3: Adult support of education about condom use among children aged 12-14 to prevent AIDS**

Common fact is most adults do not want their children taught about condoms; however DHS results are showing that in fact more men (48.3%) versus women (37.5%) are likely to agree that children should be taught about condoms to prevent HIV. Bulawayo and Matabeleland South have the highest percentage of adult support at 57.7% and 41.2% respectively. Sadly we continue to generalize our position on this issue and implement a blanket response of no condoms plus controlled sex education in schools as our response to preventing HIV.

**Fact Busted No 4: MCPs and Women**

We often believe that MCPs are not very serious among women as compared to men and when they happen it is because the women are uneducated and lack resources to support themselves. DHS has shown that although the figures remain low (1.1%) these women have at least primary and secondary education and are in the middle wealth quintile. Therefore our education support policies for women should strive to take them beyond the primary and secondary levels in order to have any impact on MCP. With men, the more educated they are the more likely that they will engage in MCPs.

**Fact Busted No 5: Men believe violence is justified in specific circumstances**

The DHS results indicates that even women (34%) believe this too and 40% men respectively. This might explain why physical and emotional violence by partners remains very high despite all our efforts. Other women will not necessarily condone violence by male relatives to other women nor will they teach their children to shun violence. Even when they have experienced violence themselves women might continue to encourage it through their sons and male relatives. A key fact is domestic violence is highest in the first year of marriage and yet very few GBV programmes have been designed to target young couples. Although the potential signs of violence are known many gender programmes tend to put a lot of emphasis on the violence occurring now- there are no laws to protect a potential victim. For example one cannot report that their husband is being too jealous or too controlling as this is expected of men. All these are the early signs of abuse to come, and yet no laws or programs exist to assist potential perpetrators of violence to manage anger and prevent violence.

**Fact Busted No 6: Women and ownership of resources like land and homes**

DHS 2011-2012, shows that women in Zimbabwe still do not own homes and land despite the rolling out of the land reform programmes. Only (9%) of women own a house alone while close to 63% does not own any house or land alone. (15.4%) of men own houses alone. Equally, 25% of women own a house or land jointly with someone. This means that women can never have access to other resources like credit to enable them to have viable businesses. Given this fact should our gender programmes prioritise the land equity issue in future? Just because we see a few successful women should not make us relax in programmes.

**Fact Busted No 7: Older women and sexual behaviour**

We often believe that menopausal/ older women do not engage in sex. The DHS is showing that menopause symptoms are appearing much earlier than before. Women between 30 and 49 are presenting with early menopause. However, the same study shows that 47.8% of women of ages 45-49 were sexually active. Both HIV and gender programmes are not necessarily targeted at older women even though there is evidence that they are at risk of both HIV and GBV.

Lois Chingandu emphasised that the above facts busted are just a few examples of areas that programmers can carry further research on to find out what interventions would work best in a particular setting. With the daunting realities presented, participants were challenged to reflect on why there is not doing enough research on gender issues?

A few factors making it a challenge to carry out research were highlighted and included was the first and obvious fact that there are no resources to engage in regular research. Secondly there is a belief among programmers that they are not equipped with the right skills to conduct scientific research with the expected rigour, thirdly there is a belief among them that they already know all there is to know about gender. This last one is the most dangerous because it has put most developers into silos defined by the different principles and organisational cultures. This is the "we do what we do the way we do because we know best" slogan.

Chingandu further highlighted that the challenge today is feminists' organisations continue to lament that the agenda of women's rights has been hijacked and need to be reclaimed and refocused to address patriarchy and therefore will not appreciate any responses that try to engage men at any level. On the other side there are women's organisations that stand for gender equality and are often times mixed between feminism and women's rights, and then we have the quasi groups that do gender work as integration with HIV and other development issues. In other instances these groups fight on ideology or purely for territories as the funding cake grows smaller. Last but not least there are men's organisations that are helping to reach other men as a way of pushing forward the agenda of women who have decided enough is enough- Men Open your Eyes as they felt that women were talking too much.

Chingandu called on all stakeholders to embrace everyone who truly stands for the empowerment of women, the prevention of gender based violence and for the protection of the rights of women to live a fulfilling life. There is need to accept men groups and not have the attitudes of some who feel' "how can you have the enemy you are fighting forming a group to help the cause of the people they are oppressing?"

The following were highlighted as key to ensure that gender programmes give the results that are envisioned and reduce gender disparities still experienced in Zimbabwe:

Working with men: Carry out further research to learn about the best way to work with men in a way that does not disadvantage women. If Male circumcision can protect at least 3 women for every one man circumcised, then we should be objective enough to explore how we can ensure that women are not left at the mercy of circumcised men by enhancing our education programmes for women to understand that

MC is not an "invisible condom", but to encourage their men to be circumcised and ensure that they follow all the rules of safe sex.

Intensify efforts in ending HIV: Each individual has to do their part in ensuring that women's rights remain on the national and global agenda. Bold steps should be taken to throw out what is not evidence-based.

Redesign our programmes to focus on what can give us the most impact: A lot still needs to be done; GBV remains a challenge in Zimbabwe despite the Domestic Act and the Zero tolerance campaigns. Our young women are vulnerable and need protection. This will not happen unless bold steps are taken to push for access to information and protection for those at risk already.

Deliberate efforts should be taken to stop designing uniform programs for every person in every province. Instead programmers must tailor their programmes to what the evidence is showing; for example, most Zimbabwean women are migrant workers who need to be protected from sexual abuse at border posts and in foreign countries.

New problems require new tools: While we continue to address gender inequality we must recognize that the world and the people have become complex, the beliefs we had regarding who does what to who is changing and we need to change with it. Men are now victims of GBV too and women no longer engage in multiple concurrent sex for the money only. It has been observed that education alone will not fix all gender related problems experienced in Zimbabwe.

Participants were encouraged as they reorganise and align themselves with the available evidence to take stock of the achievements already gained and to avoid backsliding.

> *"We must remain focused on the prize (Zero New Infection, Zero Gender Based Violence, Zero Stigma and discrimination of all people, and Zero deaths from HIV) This is the goal and the prize!",*
>
> **- Lois Chingandu, SAfAIDS, Executive Director.**

## Voices of Women: What Does Violence Against Women Look Like?- Angelina Chiwetani

Ms Chiwetani took participants through her life experiences with issues of GBV. She highlighted that usually issues of GBV, HIV and MCP cannot be openly discussed especially within marriages and very hard to discuss with the external family that could mediate when there are issues within the union. Usually such issues are swept under the carpet. The challenges are not confined to GBV, HIV and MCP but escalate when one of the partner pass on; there is usually property grabbing by relatives of the deceased from the remaining wife and children. On other instances the widow is forced out of their job to go and stay at the rural area with no job and prospect. She stressed how difficult it is to open up about the abuse and contracting HIV. Most people cannot talk about what they are going through hence most fall sick and do not access medication and die earlier. Chiwetani further discussed how it remains difficult for married women to negotiate for safer sex and the increasing tendency of inter-generational sex increasing exposure of young women to older men who have a long history of sexual experience.

> *"It was not easy to talk about it- today here I am and can safely talk about this issues and talk to other women and comfort them. We (wives) think we are safe when we are at home, you say 'I am Mrs So and so'- as long as you are having sex with someone that is not yourself you are not safe"*
>
> **- Angelina Chiwetani**

## Questions, Reflections- 1st Session

Disclosure and Children

One participant wanted to know how disclosing HIV status by a mother/ parent to their children affect them. In her response Chiwetani highlighted that disclosure takes time since it begins with accepting one 'status before telling others. It is about accepting oneself before disclosing to children. There can be stigma targeted at children of the mother who are HIV positive. She further informed participants that beyond being aware of disclosing one 'status to their children there is also need to disclose to children who were born with HIV.

## Dealing with one's HIV status positively

It is important to deal with issues of disclosure especially with young women who are HIV positive and were born with the virus. A tendency is to be bitter because they got infected hence there is a tendency of indulging in unsafe sex (Caution: This is not supported by any scientific findings).

## Inclusive Programme

There is need to include all key populations on gender and HIV programmes. For example; the most popular profession is sex work, yet programmers have tended to leave out sex workers. Also, y the DHS is silent on sexual minorities.

## Resuscitate research sharing session

SAfAIDS used to organise sessions for sharing results from studies and such platforms are key and need to be resuscitated.

## Fact busters- The truth of the matter

It is key for programmers to start using what science is telling them and throw away the 'we know it all attitude' and rely on evidence in order to have mileage and reach goals.

Who takes the lead on getting the DHS to the people and re-packaging it? - The key question asked was who needs to take up the results of the DHS, is it NAC, different ministries or NGOs?

Translating results into implementation- There are existing women and men organisations that are implementing gender programmes in Zimbabwe, however the major challenge remains in bridging the gap between the ideologies of the groups and implementing evidence based programmes. There is need to re-examine the ideologies; re-test them since some of the gender activists came into the field by accident, some by passion without going through the schooling of what the different components mean hence clarifying terms and understanding is key.

Operational research & Implementation science – A distinction on the two were made informing that Operation research takes into consideration the findings into implementation. The desirable thing about Implementation Science is the time frame of programming and reprogramming during the life of the programme unlike the operational research which tends to look back after a 5yr or more programmes' life. Implementation science is timely since the current issues the world is confronted with cannot allow programmers to look back after 2015 and address challenges but it gives the opportunity to re-programme.

Voices of women should not die out- As unpalatable as they seem platforms like the Beijing conference was a ground breaking step to addressing violence against women and the voices of women should continue to be heard. Women are still faced with varying issues; a significant number still do not have the opportunity to come up in the open and discuss what is going on in their lives hence their voices should

not be drowned down by voices of men who feel the use of terms like Beijing and gender equality should be avoided.

## Interpreting the current 2010/11 DHS gender related indicators- Mr A. Mpofu, M & E Director, National AIDS Council.

Mr Mpofu started by addressing the issue that was raised on unaligned DHS and National Strategic Plan.

Mr Mpofu informed participants that all partners agree on the questions and components to be included in the survey thus it was not the sole work of NAC only.

Mpofu highlighted that the DHS was following international standards hence there is need for Zimbabwe to standardise as well.

He cautioned participants to consider the operating environment of carrying out a survey since it is only cross-sectional hence the results need further investigation unlike the randomised studies that are more statistically sound than the cross sectional studies. There is therefore the need to be careful when interpreting the results of the survey. Further studies are needed to interrogate some aspects that came out of the survey, e.g male circumcision. He called for researchers in Zimbabwe to take up further analysis on MC that is done outside the medical fraternity and interrogate the behaviours of those circumcised under such setting where there is no HIV test done or establishment of whether clients have ever gone for testing.

Females more infected than males: The DHS revealed that more females were infected than males hence programmers should look at the distribution of the epidemic in the country as they design programmes. The results show that prevalence for 15 – 19 years is 3.5% and these mostly are infected at birth. For the 20 – 24, prevalence remains high for females and is way above 100% of their males of the same age. The question is, Where are these young girls getting the infection from? If things were equal there shouldn't be these vast differences indicating that somebody is bringing the infection from another age bracket.

Prevalence variation: The epidemic is showing variations across the regions in the country, indicating no decline in southern region while northern region have high decline. There is need to understand why Harare has the highest decline- what is happening in Harare – is it migration? The reason could be the highest burden of the disease is in Harare because of the population base and with long waiting list at hospitals in the city, high numbers of people are moving outside Harare. A question can also be the prevalence experienced in Zimbabwe in the recent years; partly it can be due to the hardships that people experienced. The dollarization of the Zimbabwean economy in 2009 enhanced liquidity for many people with a stronger currency, this thus also increased sex trade.

Results indicate that marriage is no longer safe as compared to those who are not in any union. There is usually low condom use within marriage and long term partnerships exposing partners to infections. There is also a rise in prevalence among those with casual sexual partners. On occupation, men who are in skilled programmers should merge the results on gender indicators with those on HIV prevalence and responding to both epidemics in concert than separately, perhaps through the Health Transition Fund.

# ALIGNING DHS GENDER RELATED RESULTS WITH THE NATIONAL GENDER

## Response- Dr S Utete-Masango, Ministry Women's Affairs

### Gender & Community Development

Dr Masango informed that the dialogue is timely since it speaks to the mandate of the Ministry. She acknowledged that it is an advantage to them to have results of the DHS so giving programmers information at their fingertips to assist in gender programming. She stressed the need to build networks with more people in the gender agenda to make mileage and achieve the set out goals.


### Ministry's Response

The Ministry's focus is on the 3 result areas; Women empowerment,

Gender mainstreaming and Community development.

- Community empowerment to improve livelihoods of communities
- hence work with communities and do not target women only since the Ministry is focusing on gender mainstreaming to attain gender equity hence men and women are involved.
- Structures in place to support implementation: Have structures country-wide from provisional structures and district offices down to the level where ward development coordinators are based. Through these structures information on gender issues is disseminated and reaches all the levels until the lowest levels.
- Resource mobilisation- currently the Ministry of Women Affairs has a revolving fund (Women's Development Fund). So far 1 million USD was disbursed to the Ministry between 2010 and 201. In 2012 the amount is a total of 350 000 USD. The money is then disbursed as loans to women in communities who have project plans in their communities.
- Continue to mobilise resources to support the national response to GBV through strengthening of service provision particularly in Health, Police, Legal and Psychosocial support
- Evidence based studies to inform programming- The Ministry has established entry points for women in the value chains in 3 key economic sectors of Tourism, Mining and Agriculture through the Broad Based Women's Economic Empowerment Framework - to achieve meaningful financial income. It was noted that men are already in these economically viable sectors and it is puzzling to find that a majority of women remain in the micro sectors of the economy, selling tomatoes by the roadside.
- Working with the girl child- Currently working with young women under the concept of 'Catching them young'. It is the opportune time for the Ministry since there is need to bring these empowerment programmes to a level where they are no longer relegated to extra curriculum activities. In instances where they are relegated, they are often than not given to female teachers and sending a negative message to the boy child.

- Bringing girls to critical platforms of discussion- In Zimbabwean culture, girls are often supposed to be seen and not heard; are often taught not to look at an adult in the face when talking to them and such has bred a cohort of girls who have low self -esteem and missing girls in key platforms of discussions.
- Strengthening women in decision making platforms- An increase has been noted in the participation of women in decision making at household level hence continue to educate and encourage women to participate in decision making
- Gender as an economic issue- Zimbabweans should be proud since it is among the countries in Africa that has managed to revolutionarize the gender agenda and has taken it as an economic issue. There is need to interrogate gender as an economic issue because, if three quarters of the population are incapacitated that is a clear economic issue that needs to be investigated. The Ministry has embarked on building capacity of economists on gender issues after acknowledging the economists to infuse gender mainstreaming in budgets and plans.
- So far 33 economists have been trained and there are discussions on making the programme a masters' programme at the University of Zimbabwe. Makerere University of Uganda has started the programme.
- Unpaid work- what will be the cost to the government if all women were to put down their tools down on provision of home based care?
- Audit gender issues and track gender issues- Collects newspaper cuttings and articles of daily occurrences of gender issues in the country. Lately the media has been confronting the Ministry on rising gender cases indicating that there is prevalence on GBV. However, there are factors at play that make it seem like GBV cases are rising and these include; awareness among people has risen hence reporting cases has increased as well- people are no longer suffering in silence. The Ministry has established a one- stop shop for survivors of violence in selected locations in the country including Usage hospital, Mutare and are setting one at Jamaican Inn. The one stop shop is comprised of police services, counsellor and health practitioner.

## Key stats on Violence Against Women

- 40% of women and 34% of men believe that a husband is justified in beating his wife under certain circumstances.
- 30% of women have ever experienced physical violence since age 15.
- 27% of women have ever experienced sexual violence.
- 42% of ever-married women have ever experienced spousal physical and/or sexual violence.
- 22% of women reported their first sexual intercourse was forced against their will.
- DHS 2010- 2011

- Expanding activism from 16 days to 365 days of activism on violence against women- With the realisation that violence cannot be confined to only 16 days but activism should continue for the whole year- 365days!
- Continue to raise awareness through the 4Ps campaign on domestic violence and discourage negative attitudes that perpetuate abuse against women.
- Women with men- Involving men to respond to gender issues; working with PADARE.
- Translating materials to local languages- In order to reach more people. The materials are also in pictorial forms as well as in visual form to assist those who cannot read.

Dr Utete- Masango highlighted that the Ministry strives to give a voice to the voiceless with the belief that 'No voice, No choice'. She further expanded that many-a times women cling to undesirable circumstances because they have no choice hence the Ministry focus on economic empowerment. She encouraged all to work together since the stakeholders were responding to same issues.

## Questions and Reflections

Engaging with men is timely- Women remain on the higher surge hence raising awareness and enhancing male engagement networks is key- i.e. women have more info than men and there is the need to bring men to the table.

Intensify PMTCT efforts: HIV prevalence could be going down due to people dying, however in terms of maternal health, studies show that a majority of HIV positive women are dying. These are not accessing treatment; there therefore is a need to intensify access to services for women, and those who are of the reproductive age, particularly young women.

Enabling policy environment & Implementation is key- Developing policies should be coupled with implementation and Gender. It is key during drafting and implementation of programmes to engage with community leaders in order to mobilise communities to encourage women not to give birth at home and also promote women's rights.

Male Circumcision: Are we aware of whether when the men were circumcised there were already positive? There are RCTs that gave us the evidence that MC reduce the risk of contracting the virus hence MC was recommended as a prevention strategy by WHO and UNAIDS. Participants should recall that it took Zimbabwe some time for the programmes to take hold and haven't scaled up nationally. However, currently the country is looking at how to scale up the MC from the pilots areas. The country should therefore continue to promote MC as a positive behaviour; not only for HIV and hence there is the need to package the messages properly.

Translating DHS results: Who is responsible in the country for translating the DHS to the people and inform policies using DHS? – It is acknowledged that further studies are needed; however there is need to move to translating results into policies and action since there is a gap in identifying who coordinates this translation since currently each Ministry picks their areas and plan around it without a national coordinating agent.

Partnering with Parliamentarians: SAfAIDS is strong on advocacy issues. The Parliamentarians reported that they are already organised, set and welcoming gender development in their different portfolios hence an opportunity is being presented for programmers to utilise such space.

Parliamentarians responding to Gender, GBV and HIV: Have set up ZIPA and the honourable MPs are fighting HIV. It ws revealed that more women came to the MPs reporting GBV. A committee has been set under the name Zimbabwe Parliamentarians Against All forms of Violence led by Hon Matinga. MPs are ready to partner with civil organisation to respond to GBV issues.

Distribution of the Women Empowerment Fund- Who benefits? Ward development committees are trained and implement the programmes of the Ministry of Women Affairs and are tasked with identifying the women who qualify to receive the loans. This is strictly for those who show interest in taking the loan and demonstrate that there will be able to implement programmes and are able to pay back the loans.

Who sets up the Research agenda and where are the results discussed? All programmers need to know who convenes the dialogue on research in Zimbabwe so as to acknowledge the synergies and to ensure that programmes are now informed.

Maternal mortality in rural areas- Most women are giving birth at home since most are not able to reach

hospitals in time, health facilities are not able to cope with the burden, low skilled personnel, distance of hospitals are at play- what is being done? The government should now think of not only diverting pregnant women to hospitals only but find solutions to increasing access to services easily in rural areas as well as ensuring giving birth is safer for pregnant rural women.

Supporting Young Women and Girls- HIV prevalence is high among women and education is widely pushed by the Ministries what is the Ministry doing when girls are sent to schools with little means to support themselves? It was suggested that a fund could be set to support the girlchild in need to avoid them resorting to finding money through risky means that make them vulnerable to GBV and HIV.

## CLOSING REMARKS- **Lois Chingandu, SAfAIDS Executive Director**

In her closing remarks SAfAIDS Executive Director , Mrs Lois Chingandu thanked all who participated in the dialogue to discuss the important and timely issues. She emphasised that discussing gender issues may seem like an over- processed phenomenon and people might feel there is nothing left to be discussed hence breeding a sense of complacency. The DHS results brought sobering realities of what is happening in Zimbabwe. The DHS revealed a reality that women in Zimbabwe do not own land on their own even after the land reform in the country.

There is also the need to utilise the data coming from the DHS and participants were urged to read the DHS and use the results to inform their programmes. Chingandu acknowledged that some areas in the DHS need further analysis and programmers should take up that task.

She further emphasised that SAfAIDS is committed to disseminating the DHS results further, breaking it into thematic areas as well as translating it into local languages. There is need to utilise the DHS results as it is a waste of resources to always have the survey every 5 years if the results were not going to be used.

***'Why do we keep doing it [DHS] after every 5 years and wasting funds if we are not going to use the results'***

**-Lois Chingandu**

Chingandu further reiterated that the dialogue was opening a door for programmers and should encourage all to do further research; avoid implementing centralised programmes and move to other regions that are in need. She called for renewed collaboration and the overdue need for coordinated and concerted work for greater results. Possibly the next dialogue should focus on unpacking the different thematic areas of the DHS.

# GROUP WORK & PLENARY

| Challenges | Recommendations |
|---|---|
| Group 1: Policy Makers: What are the challenges of harnessing DHS results into policy? What recommendations can be made in this? | |
| • Most people do not know about the DHS including policy makers.<br>• There is poor dissemination to people including the policy makers themselves.<br>• No proper feedback on the results of the DHS after completion.<br>• Skewed budgeting –The Ministry is given half of the funds that it actually need which slows programming.<br>• There is usually lack of Inclusiveness of all key groups and stakeholder.<br>• Mushrooming of NGOs, who then are too many to handle and coordinate<br>• Jargon used in gender programming is confusing to ordinary people including programmers themselves. | • There is the need for further research on the results of the DHS<br>• Proper information dissemination especially in schools<br>• Employ multi- disciplinary approaches<br>• Intensify gender education among communities<br>• There is need for systematic information dissemination to policy makers at all levels.<br>• Involve the portfolio committees of members of parliament<br>• Have reasonable budgets to undertake and implement gender programmes<br>• Use simple and appropriate language that is palatable<br>• Improve on coordination and cooperation of stakeholders<br>• Avoid politicising HIV and gender issues<br>• Programmers should not take it for granted and assume that policy makers, especially MPs understand gender issues- capacity building should be continuous then engage them than assuming that everyone knows and do not want to support the gender agenda. |
| Group 2: Programmers: To what extent are DHS results informing programming and what are the challenges and recommendations? | |
| • Acknowledge the synopsis that is limited<br>• Dissemination remains limited<br>• Duration of the DHS- it comes after 10 years and how does it influence programming because of change in context while waiting for the next DHS.<br>• There is limited data in the DHS<br>• DHS follows guidelines from WHO and others<br>• Donor requirements- specific framework required by donors. There is international base of interests for programmes<br>• There is the tendencies of following the trends- leading to competition | • There is need to embark on sensetisation of results to programmers- and go further to translate the DHS since there is the move towards community participation<br>• Consider breaking the DHS into thematic areas for easier understanding<br>• Consider presenting DHS results in the regular discussions during cluster meetings<br>• Strengthening integration to …silence – and how to strengthen integration with the DHS<br>• The issue of MSM and other key populations<br>• Male circumcision- prevalence is high as compared to those who are not circumcised- DHS does not show that there are differences<br>• If the DHS does not give all the information that is necessary- what should programmers do where there is no information that is critical to inform programmes<br>• DHS has to be supported by further research<br>• There is need to take the cluster forum the present a deeper forum where donors also sit and present the DHS at that level than reaching the programmers only.<br>• It seems the process of DHS is incomplete |

| Challenges | Recommendations |
|---|---|
| Group 3: Coordination: Understanding Roles and Responsibilities: Translation of Research into Action. Who is responsible? What can be done to effectively harness the incorporation of DHS results and at what level? What are the challenges and recommendations? | |
| • The need to create an independent body with clear TORs that will coordinate all stakeholders involved in gender work- it still key to use existing bodies to coordinate the process than establishing another body that might turn into a white elephant along the way<br>• Set clear indicators and come up with an M&E framework<br>• Acknowledge competition for space-competing of priorities with others<br>• There is need for buy-in at all levels from policy makers to beneficiaries<br>• Can be possibility of conflicts emanating from competing for space and funding | • There is need for an integrated approach to gender programming and coordination. |

# ANNEX 1: PARTICIPANTS LIST

Theme: At the Crossroads: Translating Evidence into Action

National Dialogue on Gender, GBV & HIV in Zimbabwe

DATE: 12th SEPTEMBER 2012

VENUE: JAMESON HOTEL, HARARE

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# ANNEX 2: PROGRAMME OF THE DAY

## MC: Lillian Chikara, SAfAIDS

| Time | Topics | Presenter |
|---|---|---|
| 0830 - 0900 | Arrival | ALL |
| 0900 - 0915 | Welcome Remarks | Judge Smith, Chairman, SAfAIDS Board of Trustees |
| 0915 - 0945 | The Role of Implementation Science in Gender Programming | Blessed Zikali, SAfAIDS |
| 0945 – 1000 | Keynote Address: To what extent are our Gender Initiatives Informed by Implementation Science | Lois Chingandu, Executive Director, SAfAIDS |
| 1000 - 1030 | Voices of Women: What Does Violence Against Women Look Like? | Angelina Chiwetani |
| | Discussion | ALL |
| 1030 - 1100 | TEA BREAK | ALL |
| 1100 - 1130 | Interpreting the current 2010/11 DHS gender related indicators | Mr A Mpofu, M & E Director, NAC |
| 1130 - 1145 | Discussion | |
| 1145 - 1215 | Aligning DHS Gender Related Results with the National Gender Response | Dr S Utete-Masango, Permanent Sec, Ministry Women's Affairs Gender & Community Development |
| 1215 - 1230 | Discussion | ALL |
| 1300-1400 | LUNCH | ALL |
| 1400-1600hrs | Group Work<br>Group 1: Policy Makers: What are the challenges of harnessing DHS results into policy? What challenges and recommendations can be made in this?<br>Group 2: Programmers: To what extent are DHS results informing programming and what are the challenges and recommendations?<br>Group 3: Coordination: Understanding Roles and Responsibilities: Translation of Research into Action. Who is responsible? What can be done to effectively harness the incorporation of DHS results and at what level? What are the challenges and recommendations? | ALL |
| | Plenary | ALL |
| 1600hrs | Closing | Lois Chingandu, SAfAIDS |


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