



# CARE Rapid Gender Analysis

## Tropical Cyclone IDAI

### Zimbabwe

April 2019

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## Abbreviations

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FGD	Focus Group Discussion
GBV	Gender Based Violence
IASC	Inter-Agency Standing Committee
ICDS	Inter-Censal Demographic Survey
IDP	Internal Displaced Person
ODF	Open Defecation Free
NFI	Non Food Items
NGOs	Non- Governmental Organisations
PSEA	Protection from Sexual Exploitation and Abuse
RAU	Research and Advocacy Unit
RGA	Rapid Gender Analysis
SADC	Southern Africa Development Community
SADD	Sex and Age Disaggregated Data
ZimVAC	Zimbabwe Vulnerability Assessment Committee

## Executive Summary

Zimbabwe was hit by Cyclone Idai between the 15<sup>th</sup> and 17<sup>th</sup> of March. The tropical storm caused riverine and flash flooding in the eastern and southern part of Zimbabwe resulting in loss of life, injury, destruction of livelihoods, houses, roads, bridges and other public infrastructures. An estimated 270 000 people have been affected by Cyclone Idai. CARE conducted a Rapid Gender Analysis to identify and make recommendation to the different sectors in the response on how to meet the different needs of women, men, boys and girls during and after the emergence. Secondary and primary data was collected from the 1<sup>st</sup> to the 4<sup>th</sup> of April 2019. Field Visits and Focus group discussions were held in 4 of the affected areas, Chimanimani, Chipinge, Buhera and Mutare Rural District. Through consultations with the affected men, women, boys and girls, the team was able to identify both immediate and long term needs for the communities, families and the different groups.

## Key findings

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Through the initial assessment and the Rapid Gender Analysis, the following gender and protection issues were identified:

- Women and girls reported not having privacy as they had to share accommodation, ablution and bathing facilities with men and boys at IDP centres, neighbours' homes risking sexual abuse.
- Pregnant women are experiencing challenges accessing clinics as a result of impassable roads, flooded rivers, and this has resulted in home births with untrained birth attendants, increasing the risk of complications in birth, after care of mother and child
- Women reported having limited livelihoods options following the flooding of gardens. Unlike men, they felt that their ability to take advantage of new opportunities presented as a result of the crisis, such as road construction and infrastructure development was constrained due to gender norms and stereotypes, as well as their care giving role.
- Some women and children are travelling multiple times a week and long distance averaging 10km to access food packs and Non Food Items (NFIs).
- Structures to prevent and mitigate Gender Based Violence, Sexual exploitation and child protection had been disrupted in some of the areas, as the affected included the police and community protection committees. This affects reporting and management of sexual exploitation and child abuse cases.
- Women from polygamous union reported that assistance received through the male head of the family had not been adequate for the whole family.
- Initial assessments had targeted community leaders, women reported not having been able to articulate their own needs and issues in most of the meetings held.

## Key recommendations

- Provide separate temporary toilets and temporary bathing facilities at IDP centres for women and men to cater for their privacy, safety and security.
- Ensure access to equal opportunities for employment for men and women during the recovery period as well as helping them to start up new income generating activities.
- In both Mutare and Masvingo, female headed household's average 42% and most of these do not have skills needed to build shelters, training and capacity building

related to putting up safe structures. Recovery efforts should equally target women, to avoid exploitation of this vulnerable group.

- Consult with men and women on time and place of distribution, ensuring that distribution points are located closer to the community's thereby minimising time spent by women at distribution centres.
- Systematic coordination of distribution among partners, to avoid women and children spending many days a week travelling to and from distribution centres.
- Register lone adult female household members and wives in polygamous families as head of families at the same time making sure that other marginalised groups such as child headed families, elderly are also registered.
- Ensure that women and marginalised group's perspectives are also included when designing interventions and implementations. Ensure that response and recovery committees have any equal number of men and women.
- CARE and partners should implement high standards of accountability mechanisms to ensure that affected population's rights and entitlements are maintained
- Collect sex, age and if possible disability disaggregated data on participation, access and benefits for both response and recovery activities. Once it is developed, ensure that someone has been tasked with analysing the data and developing and sharing recommendations for programme modifications if necessary.

*NB. Please note that a full list of recommendations by sectors are included at the end of the document.*

## **Introduction**

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Zimbabwe is one of the three Southern African countries hit by Cyclone Idai. Tropical Cyclone Idai made landfall during the night of 14 to 15 March 2019 near Beira City, Sofala Province, in central Mozambique and continued across land as a tropical storm into the eastern part of Zimbabwe. The storm caused high winds and heavy precipitation causing riverine and flash flooding resulting in the loss of life and injury of people, destruction of livelihoods, houses and extensive damage to infrastructure, including roads, bridges, water, electricity systems, and public buildings. According to government reports, approximately 270,000 people have been affected by Cyclone Idai, with the majority 240,000 individuals located in Chimanimani and Chipinge districts, whilst the others are from the other districts in Manicaland, Mashonaland East and Masvingo.

CARE Zimbabwe is one of the organisation that is responding in both Masvingo and Manicaland, where they already have a presence. CARE Zimbabwe also hopes to broaden their activities in Manicaland so as to meet the needs of the beneficiary community such as shelter and food security.

### **The Rapid Gender Analysis Objectives**

CARE recognises that men, women, boys and girls are affected differently during a disaster, and also have different needs. A Rapid Gender Analysis was therefore conducted in four of the affected districts with the intention to,

- Understand how women, girls, boys and men of all ages and abilities had been affected by the crisis and how they were coping,

- Come up with recommendations aimed at addressing the distinct assistance and protection needs of the different groups in the designing of sectorial and multi-sectorial response and recovery programmes.
- identify and realise emerging opportunities to facilitate and promote the participation and leadership of all segments of affected communities with a particular focus on women and adolescent girls, as well as people from marginalised groups, such as the elderly and people with disabilities.

## Methodology

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The CARE Zimbabwe Rapid Gender Analysis (RGA) was built up progressively using a range of primary and secondary data. Primary Data collection was done from the 1st of April to the 4<sup>th</sup> of April, though data had been progressively collected from the onset of the emergence. The Rapid Gender Analysis will continuously be updated as new data especially Sex Age Disaggregated data is availed and new issues emerge.

Research methods included a review of secondary data and the collection and analysis of primary data. Primary data was collected using tools developed by CARE's Emergence team, and these included key informant interviews (KII), focus group discussions with groups of men, women, boys and girls, and the gender protection tool that uses field observation to get a snapshot of gender and protection issues. Data was collected from four of the districts affected by cyclone Idai, Chimanimani, Buhera, Chipinge and Mutare. In each district the team managed to conduct FGDs with men, women, girls and boys in two wards. Key informant interviews included village health workers, teachers and councillors.

It should be noted that some of the areas in some of the districts were not fully accessible at the time of the Rapid Gender Assessments and information is still trickling in from some of the affected areas. Furthermore, the initial assessments had not been done with a gender lens, so little or no disaggregated data was available at district level.

## Demographic profile

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Zimbabwe has an estimated total population of 13 572 560 of which 52% are women and 48% are men<sup>1</sup>. Of this population 68% is rural based. Women also constitute the majority of those who are in the rural areas, whilst men constitute the majority of those who migrate internally and externally in search of employment opportunities. Inter - censal data shows that they are more male emigrants, 62% as compared female emigrants 38% that are count for a high number of female headed households in some of the areas.<sup>2</sup>

An estimated total of 270 000<sup>3</sup> people equivalent to +/- 54 000 households were affected by Cyclone Idai, with Chipinge and Chimanimani being the hardest hit districts. In Chimanimani and Chipinge districts, an estimated 240,000 people had been impacted. At the time of writing a total of two hundred and sixty eight deaths have been recorded, with Chimanimani reporting a total of two hundred and fifty one deaths, Chipinge six death, Mutare four deaths (two women, one child and one man) and in Buhera a child died when the house collapsed. Approximately 200 people reported injured in Chimanimani and Chipinge, with an estimated 500 people still

<sup>1</sup> ZIMSTAT: 2017, Inter Censal Demographic Survey p4.

<sup>2</sup> Ibid p 55

<sup>3</sup> OCHA: Zimbabwe Revised Flash Appeal January –June 2019

missing in Rusitu Valley (Chimanimani). The number of deaths recorded is expected to rise as the new areas become accessible and the affected areas collate their information.

Nearly 4,500 people were displaced and at least 16,000 families are in need of shelter and assistance. Data collected from the 7 shelters in Chimanimani during the Rapid Gender analysis showed that women constituted the majority of those at IDP centres. Of the 1387, individuals that had sought shelter in Ward 15 Chimanimani, 868 of these were women.

The IASC reported that an estimated 37 per cent (121,000 people) of the rural population in Chipinge district require urgent food assistance, and 77 per cent (114,000 people) in Chimanimani. At least 35,000 households - with over 120,000 women and over 60,000 children are in urgent need of protection interventions in Chimanimani and Chipinge district. (*Zimbabwe Flash Update No5*). In Zimbabwe, the impact of the cyclone is overlapping with the existing food insecurity crisis that has left more than 5 million people in need of humanitarian assistance.

## Findings and analysis

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Assessment findings are structured around CARE's core areas of inquiry and CARE's anticipated sectoral areas of focus that is Food Security and Nutrition, Shelter and WASH

### Gender Roles and Responsibilities

Cyclone Idai that hit Southern Africa in March led to an increase in the volume of work at household level. Generally women in Zimbabwe work 16 – 18 hours<sup>4</sup> a day, during agricultural season, 49% of the time is spent in agricultural related activity and 25 % committed to family care. The flash flooding and riverine resulted in a significant destruction of homes. Both men and women are involved in the reconstruction of destroyed homes. According to the community, women were busy clearing debris from the damaged houses whilst men were building temporary shelters. Female headed households that did not have any adult male, were also building temporary shelters for their families. Mutare and Masvingo have an average of 42% female headed households. In an FGD held in Chipinge women reported that they were overwhelmed with responsibilities; rebuilding destroyed shelter, performing household chores and searching for food. In Buhera, during the day some of the women go back to their family plots to try and harvest the little agricultural produce that was not destroyed, leaving them with limited or no time to rest.

The washing away of grain as well as destruction of fields and gardens has seen a depletion of food stuff at household level, making women's position difficult. Women have the primary responsibility for food provision at household level that is even households where men are present. According to some of the women interviewed, "*when there is no food within the house, the men leave and women are left to deal with the hungry children*". This places an extreme burden on women and is also a potential source for domestic violence. Most of the families were waiting for food assistance from government and donors to help augment their depleted or non-existent reserves.

### Food Security and livelihoods

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<sup>4</sup> FAO. 2017. National Gender Profile of Agriculture and livelihood – Zimbabwe Country Gender Assessment Series. Harare

Livelihoods in all cyclone affected areas of Manicaland, Masvingo and Mashonaland East provinces have been affected with immediate and long term impacts on food security especially among poor households. According to the Zimbabwe Vulnerability Assessment Committee (ZimVAC) report for 2018, most of the rural population rely on land for their income and food provision.<sup>5</sup> 86% of women are small scale farmers who are also engaged in horticulture farming at a small scale. Most of their products are sold locally. The flooding of fields and gardens therefore affected women's access to food and income.

According to the primary data collected there was significant damage to the crops and livestock in both Chimanimani and Chipinge. Women interviewed during the assessment reported having their livelihoods destroyed as gardens and fields were flooded and small livestock and grain reserves washed away. Livestock traditionally provides a major source of insurance against any crisis, whilst for women, chickens provides a ready source of income and can be sold locally.

Prior to the Cyclone, most of these districts were already facing heightened food insecurity, as a result of the prevailing drought and a deteriorating economic situation. Three districts assessed Mutare Rural, Chimanimani and Chipinge had been categorised as IPC Phase 3 (Crisis) whilst Buhera had been categorised as IPC Phase 4 (Emergence)<sup>6</sup>. Cyclone Idai that resulted in fields and grain stokes being washed away is likely to move most of the population in the affected districts into IPC Phase 4 or catastrophe. In Mutare Rural, some of the communities reported reduced number of meals, relying on wild okra for relish as some gardens had been flooded. The shortage of food within the household puts children and pregnant women who require elevated nutrition needs at risk. Furthermore, women because of their primary responsibility for the provision of food will have limited time to engage in other activities as they would be focussed on finding food. It was also strongly feared that the heightened food insecurity could lead to an increase in early child marriages as impoverished households would marry off their girl children in return for food and cash. During the last El-Nino an increase in child marriage had been noted.<sup>7</sup>

### **Access and Control of Resources**

Men and women have differential access to resources. Men have more access and control over productive assets such as land, cattle and farming implements, training at community level. Women on the other hand have access and control over household items.<sup>8</sup> In some of these communities, most of these household items were also washed away. Distribution of Food Aid and Non Food items (NFI) has started in some of the affected areas. It was observed, that distribution of assistance was being done through the head of the household, in cases were men and women were living together, men were registered. Distribution through the predominantly head of the household as the recipient of assistance has negatively affected some apostolic households that are polygamous. Women from polygamous union reported that food that had been accessed through the head of the household had not been enough. The distribution therefore affected and further marginalised this specific group. Women from polygamous unions normally has a reduced ability to access and control resources. Women requested that they be registered as the main recipients, especially in such cases, and also taking into consideration their significant role in food provision. Some women also expressed fear that men will misappropriate the aid, using the food or cash for alcohol. Non Food items

<sup>5</sup> ZIMVAC. 2018, Rural livelihoods Assessment Report

<sup>6</sup> UNOCHA, Feb 2019, FLASH appeal January– June 2019

<sup>7</sup> Ibid. p8

<sup>8</sup> FAO, 2017. P 6



distributed included, tents, buckets, aqua tabs; as well as food. Men have control over tents and women are in control of items such as buckets and food items. CARE also distributed dignity kits that had sanitary wear and undergarments to women and adolescent girls.

### **Access to services and resources**

At one of the clothes distributions that the team observed that only a few women and children had been able to grab some of the clothes, as those who were faster and physically strong had been able to get the clothes. Such ad hoc distributions create challenges for women, children, the elderly and disabled. Furthermore, it creates an environment rife for violence, sexual exploitation and abuse.

In Mutare district, the unavailability of water at affected clinics and inaccessibility of the health institutions led to an increase in home births. One of the affected clinics reported that three out of nine births known to clinic staff had taken place at the clinic. This puts pregnant women at risk of maternal mortality. Access to service is also affected by cost. Women in Ward 23 in Chipinge informed the team that the \$5 RTGS fee required for service was beyond their reach. The situation could have been worsened by the destruction of their livelihoods, a ready source of income. The flooding of gardens and washing away of chickens has constrained cash flow at household level.

It was also noted that communities were travelling long distances and multiple time to access assistance. Most of the distributions were being done at ward centres, thus affecting people coming from the furthest village. It was observed that some women and children were travelling an average distance of 10km. In Chimanimani, of the 13 districts, 6 of them were still inaccessible, and assistance was being airlifted. Partners using road transport, could only access the other 7 districts. Government were using soldiers to distribute assistance, and most of the women were not comfortable, due to past relations with the army as well as the way army relate to communities.

### **Access to markets**

Some of the markets were not fully functional due to destruction of road infrastructure and the mobile phone network. The destruction of the mobile phone network was also likely to affect trading, as most people use mobile money. Basic food items such as oil, flour, rice, mealie meal, sugar, and salt were available on the market, although in limited quantities. This could lead to price increases and/or scarcity of food in markets. An assessment at the local business centres revealed that prices for sanitary wear had risen to seven (7) RTGS dollars for a pack of ten pads forcing women and the girl child to resort to unhygienic menstrual management, such as using papers and old clothes. In some areas women were also having challenges take their produce to markets. The least affected markets were trading and facing increased demand and restocking challenges. Cash availability and increase in market prices will negatively affect the communities that are already cash strapped.

### **Participation in programs and assessments**

Dominance of men in key decision-making position at community level in both traditional and elected positions has several implications for response and recovery programming. The initial assessment conducted tended to target people in leadership. Women constitute 13 % of those

currently elected into local governance in Zimbabwe.<sup>9</sup> Traditional positions normally follow the male line. With fewer women representation, their voice is limited, impacting on decision making process. Few meetings and assessments had been conducted in the affected areas. Women's participation in these meetings is limited due to their engagement in family care, and also the social-cultural norms that prevail in the area, especially in Chipinge. In some areas in Chipinge, women are not encouraged to speak in public forums. Women reported that most of the meetings are being held at the Village Head's homesteads. In Chipinge, the assessment team heard that women had not been given an opportunity to air their concerns as men had taken precedence during the crisis period, reverting to old practices. In addition children, both boys and girls are not given the space to participate and contribute to the ongoing discussions.

## **Gender Based Violence**

According to the Inter-Agency Rapid Assessment conducted during the first few days of the crisis, 120,000 women and 85,000 children, are in dire need of protection interventions especially in the two districts of Chimanimani and Chipinge. Violence against women or the girl child is a common phenomena in Zimbabwe. According to the SADC barometer (2016), 68 percent of women in Zimbabwe have experienced GBV in their life<sup>10</sup>. The Inter Agency Rapid Assessment identified various triggers for GBV related to the cyclone and the response. The IASC noted a breakdown in the systems as some of the police had been affected by the cyclone. This was likely to affect reporting and management of GBV cases. Proper handling and management of GBV cases by police was cited as a concern by women at the Odzi illegal settlement, Ward 31 in Mutare. Also noted was food and NFI shortages, unusual and unsafe alternative paths, limited livelihood options, lack of privacy and safe spaces at the transit camps, inaccessibility for GBV and SRH services and gender insensitive sectorial programming and also most of the response teams both Government and Humanitarian are male dominated<sup>11</sup>.

At the stabilisation camps that had been established there was no adequate protection, lighting and sanitation facilities. Women, men, boys and girls were using the same toilets that did not have locks. There was also no bathing facilities at these transit camps. Some of the transit camps have also been set up in public spaces. In Buhera, one of the transit camp has been set up at a business centre where they are beerhalls. One of the girls interviewed reported that some of the men were passing sexual comments at the girls placing them at risk of sexual abuse.

Government focus during the initial stage has been more on the provision of psycho-social support to the affected communities, especially school children. Safeguarding and risk of transactional sex at rescue coordination centres where the army was operating had not been prioritised.

From the FGDs, it came to light that dignity and privacy of women and girls has been compromised, as families are sharing accommodation at the transit centres. For example, in Buhera, a father, his sons and family were sleeping in one hut that had not been destroyed. At some holding camps, men and women had separate sleeping spaces, but no family shelters has been established as yet. This raises protection issues for women and girls. The women (single) and adolescent girls interviewed in Odzi reported not feeling safe, and considered themselves vulnerable to sexual abuse. Two female participants reported having been attacked

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<sup>9</sup> RAU. September 2018, A gender audit of the 2018 elections

<sup>10</sup> C. L Morna et al. 2016, SADC Gender Protocol 2016 Barometer, p160

<sup>11</sup> Inter-Agency Rapid Assessment Appraisal update, March 2019

in the past, and felt that the cases had not been handled properly as a result of what they called 'ineffective, weak, reporting system'.

The community has lost family and friends. Everyone is traumatised by both the flooding and the displacement. Discussions revealed that boys, girls, men and women are equally devastated and some have nightmares of water getting into their houses or houses collapsing. One woman in the FGDs mentioned that her children sometimes wake up at night screaming "*the house is collapsing*". So women not only have to deal with their own grief but have to provide support to the children.

Musasa organisation has set up two shelters and safe corners for women and adolescent girls in Chimanimani, which leaves out the other affected areas and IDP centres.

### **Child Marriages**

Fears of an increase in child marriages were reported in Mutare District. Mutare District has a higher population of members of the Apostolic Church who practices or known to engage in child marriages. According to the FGDs, the disruption of the school system that had seen a reduction in the number of attendees was likely to result in some of the girls being forced to marry early. In the absence of the monitoring and surveillance system provided by Ministry of Primary and Secondary Education, girls' vulnerability was heightened. In Chimanimani, 33 primary schools and 10 secondary schools were officially closed and are expected to re-open on 23 April 2019 to compensate for time lost.

School dropout was also likely to increase as some of the children had lost guardians. Two of the girls interviewed in Mutare RDC were not sure whether they would be able to continue with their studies following the death of their guardians. When boys and the girls were asked about their needs as well as priorities, both groups indicated fees and stationery, with girls also requesting sanitary wear and panties. ZIMVAC in 2018 had noted an increase in the number of school dropouts as a result of inability to pay fees. For girls, in particular, school dropout can lead to family separation, child labour and early marriage. During the 2015-2016 El Niño-induced drought, there was also a reported increase in cases of early child marriage, and the pattern is likely to be repeated if counter measures to keep the girls in school or occupied are not put in place.<sup>12</sup>

### **Coping strategies**

As a result of the Cyclone, some of the members of the community, have had their coping strategies compromised. In cases of crisis, such as drought, communities in the area engage in various coping strategies that includes selling fire-wood, brewing and selling beer, selling river sand and gardening. However, during discussions, both men and women indicated that they were currently relying on external support from the Government, Non-Governmental Organisations (NGOs), host neighbours and relatives. In other areas that had not been heavily affected men are selling firewood whilst women are brewing beer, both of which are illegal activities and attract a penalty. Alcohol abuse also fuels GBV within the home.

In Odzi, it was reported that men are engaged in gold panning and road construction to augment their income. Women participation in these sectors is limited due to social cultural norms and stereotypes that surrounds mining and road construction. According to the women,

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<sup>12</sup> UNOCHA, February 2019, FLASH appeal, p 8

*“menstruating women are associated with bad luck, as such they are barred from mining”*. With limited livelihood options there is therefore an imminent risk of women and the adolescent girl engaging in survival sex or transactional sex.

Those in affected areas hoped that humanitarian organisations would help facilitate recovery through the provision of water, fencing material, farming implements and inputs.

## **Shelter**

The Cyclone resulted in the total and partial destruction of houses in the affected areas. In Manicaland, it is estimated that there is over 16,000 households who had their houses totally or partially destroyed, 8,000 in Chimanimani, 3,000 in Chipinge, 1,000 in Buhera and 4000 in Mutare. In Masvingo province an estimated 6300 households were reported by the local government to be in need of immediate assistance in Bikita, Gutu, Zaka, Chiredzi, and Masvingo. Some affected families are staying at IDP centres, whilst other families are staying at their neighbours and relatives houses, or in partially destroyed structures. Some families in Chipinge reported that they were building temporary shelters to stay in or staying in partially damaged houses as they did not feel comfortable staying with their neighbours or relatives, whilst other families were sleeping in the open. One of the child headed families visited, four children ranging from 14years to five years, were sleeping in the open as their house had been destroyed. This exposes the families to further risks as some of these structures now have structural flaws. Some of the women who were in IDP centres expressed the hope that government quickly relocate them so that they can resume normal life. Overcrowded IDP centres, shared accommodation increases the protection risks for women and the adolescent girl as well as compromising couples privacy. Young boys and girls interviewed found the whole experience of shared accommodation uncomfortable.

## **Skills at community to assist with shelter reconstruction and recovery**

Men and women have different skills and capacities. Men are skilled in building, carpentry and brick moulding, while women have limited skills in construction. This is likely to affect female headed households and child headed families' immediate access to shelter. Women have skills in sewing, gardening and brick making. Communities in ward 3 Chipinge highlighted that for reconstruction, they would need assistance with cement and roofing materials.

## **Water Sanitation and Hygiene**

Most water points and systems were destroyed by the cyclone and people are accessing water from rivers and unsafe sources, putting them at risk of cholera and typhoid. Recently cases of cholera were reported in Harare and Gweru in Zimbabwe.<sup>13</sup> . According to the councillor for Ward 22, 7 pupils from Chipendeke had complained of diarrhoea related illness. Whilst reports from Mozambique had reported a cholera outbreak that could easily cross over to Zimbabwe due to shared borders. This puts the community in imminent risk. In Chipendeke, Mutare Rural District Council, women reported that the deep well had been silted, resulting in women walking 40 minutes to the closest source for safe water. This has forced most families to use contaminated water. Long distances to water source creates security and time poverty issues for women, who in most of these communities have the primary responsibility for fetching water

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<sup>13</sup> UNOCHA, February 2019, FLASH appeal, January – June 2019

and care giving. The girls will also be affected as they will be called upon to assist with fetching water, thereby compromising adolescent girls' access to education.

Sanitary facilities were destroyed during the cyclone. One of the villages in Mutare RDC, Ward 22, which had previously attained open defecation (ODF) status had most of the toilets destroyed by the cyclone. Women, men, boys and girls have been forced to revert back to open defecation. Which exposes women to sexual harassment and abuse. In the transit centres, there are no adequate sanitary facilities. For example at Skyline command centre, there is only one toilet for more than 400 men, women, boys and girls. This causes protection risks for women and adolescent girls in particular, as most of these toilets do not have internal locks, lights and women also do not have access to separate toilets.

### **Needs and Aspirations**

During the RGA men, women, boys and girls were consulted on their priorities and needs. It was observed that most of the items prioritised by both men and women were related to their specific gender roles and responsibility. Men requested assistance with the provision of axes, sickles and farming implements that would assist them in shelter reconstruction, restoring family unity and reviving economic activities. This is central to men's cultural roles as head of the household. Women asked for temporary shelter, buckets, food, kitchen utensils, clothes, blankets, farming implement, sanitary wear, under garments that would enable them to maintain their dignity and privacy as well as help them to fulfil their dual roles of caring for the family and providing food. There was no significant difference in needs for both the boy and the girl child whose requests were mainly related to improved access to education, except in the case of girls who also requested sanitary materials and under garments.

### **Conclusion**

The RGA conducted in the affected areas, enabled men, women, boys and girl to articulate their immediate and recovery needs. This will allow for relevant and responsive interventions and targeted support for the affected households. Initial assessments had not fully consulted women, efforts should be made to consult both men and women during the designing, implementation and assessment of response and recovery initiatives. Damaged roads and infrastructure, flooded rivers have compromised children's access to schools, and women and teen age mother's access to health facilities resulting in home births that in turn impact on their health and child mortality. Shared and overcrowded accommodation at IDP centres, neighbours house and relatives have compromised individual privacy and put women and adolescent girls at risk of GBV and sexual abuse. Affected communities requires urgent humanitarian support, both food and non-food items, and capacity building initiatives.

## Recommendations

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### Overarching recommendation

The Rapid Gender Analysis revealed some of the salient gender issues that needed to be addressed, to ensure an inclusive, effective and efficient response programming. CARE will adopt a gender transformative approach ensuring that men, women, boys and girls benefit from the programme interventions whilst at the same time working with communities to remove some of the barriers for men and women's equitable participation.

- Gender sensitive balanced teams - CARE assessment and project teams should receive training in Gender in Emergence, induction on PSEA as well as sign the PSEA policy and Code of Conduct.
- CARE teams consult with women, and marginalised groups to identify and put in place any special measures required to ensure their meaningful involvement and inclusion in planning, decision making coordination mechanisms for all sectors.
- Ensure that both men and women are equally represented in response and recovery committees. CARE should ensure that these committees are capacitated to carry out their roles in an effective, efficient and gender sensitive manner.
- CARE to put in place external complaints reporting mechanisms based on preferred methods identified by men, women, boys and girls and that are in line with CARE accountability mechanisms.
- Agree with communities and stakeholder on measures to ensure efficient and effective distribution process. Ensure that services are provided at places and times convenient to different groups and factors in their multiple roles.
- Recognising and understanding the polygamous nature of some of our communities will enable CARE to redefine heads of household to be inclusive of the other adult members (wives) and child headed families
- Engage local leaders, traditional and religious leaders, men and women in training in gender and protection issues for them to challenge and transform social norms and practices that perpetuate inequalities and fuel GBV at household and community level.

### Recommendation for Gender Based Violence Prevention and Management

- Work with District GBV coordination sector to map out and strengthen capacities of existing GBV services, inclusive of community based structures. Ensure that all CARE staff and partners, community based structures are familiar with the referral systems and are able to refer survivors to appropriate support and service.
- A register and contact details including toll free numbers for GBV services should be availed to the communities for timely reporting.
- Include GBV prevention messages, referral pathways and community outreach activities
- Partner with women's organisations such as Musasa for direct service provision to women and adolescent girls. Musasa is already providing safe corners and shelter for women and adolescent girls in two of the camps in Chimanimani.

## **Food Security Recommendations**

- Engage men and women equally in the design of distribution, committee, and cash-for-work and training activities while at the same time ensuring that women are not overburdened.
- Ensure that food security programmes are designed to meet the nutritional needs of the general population, with special attention on supporting access to complementary foods for young children and to nutritionally adequate diets for pregnant and lactating women, in order to protect these vulnerable groups from immediate and lasting consequences of malnutrition.
- Engage men and boys and girls to assume some of the caregiving roles, freeing up women's time to engage in other economic and social activities
- Ensure that both men and women are able to access agricultural inputs and tools.

## **WASH Recommendations**

- Consult women, girls and people with mobility issues in choosing the design and location of water and sanitation facilities, and ensuring that the safety and security issues are considered.
- Provide torches for women, men, boys and girls, especially if they are accommodated at IDPs where there are no lights.
- Ensure that men and women have equal access to training on construction, operation, and maintenance of WASH facilities, and ensuring that specific hygiene needs are available on the local markets.
- Consult with women and adolescent girls about locally-preferred sanitary materials and their disposal and/or washing and drying. Provide adequate materials and facilities in cash or in-kind.
- Avoid automatically registering male heads of household only for WASH assistance. In consultation with men and traditional leaders facilitate the registration of members of vulnerable groups such as female headed households and child headed families.

## **Shelter & Settlements Recommendations**

- Provide tarpaulins and other temporary shelter materials for affected people to build separate or larger shelters to allow for privacy.
- Ensure that female-headed households, older people and people with disabilities have safe, dignified and equal access to shelter items. Include a separate line for the most vulnerable at distributions. If necessary provide support in transporting heavier items to their homes.
- Ensure that everyone has the ability and knowledge to use or construct the shelter items provided safely and effectively or has access to additional support. Target widows, female-headed households, child-headed households or those at risk of GBV as a priority or provide them with technical assistance in building/rebuilding their shelters. Train women as well as men in shelter construction, rehabilitation and maintenance, with an emphasis on safer building principles and healthy homes.

## **Market-Based Approaches and Cash and Voucher Assistance Recommendations**

When designing market-based approaches and using cash and voucher assistance (CVA), in consultation with men and women, ensure that men and women have equal access to the cash and vouchers

Consider the potential gendered implications of conditional transfers so as to avoid putting undue burden on, or excluding segments of the population, especially women and marginalised groups.

Ensure that the distinct needs for women, men, girls and boys are considered in cash transfer values or items for voucher content

## **Annex 1: Gender in Brief**

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- **Population Sex Disaggregation: 48% male to 52% female<sup>i</sup>**
- **Population Age Disaggregation: <5yrs 13.9%; 5-19yrs 37.6 20-64yrs 43.7% >65yrs 4.9%<sup>ii</sup>**
- **Average household size: 4.1<sup>iii</sup>**
- **Female headed households: 36%<sup>iv</sup>**
- **Literacy rate: male 98%; female 97%<sup>5</sup>**
- **Infant Mortality rates: 52 per 1000 live births<sup>v</sup>**
- **Maternal Mortality rate: 525 per 100,000 live births**
- **Rate of Domestic Violence: 35% (women 15-49 who have experienced physical violence)<sup>vi</sup>**

## **Gender in Brief**

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### **Introduction:**

A landlocked country in southern Africa, Zimbabwe is home to more than 13.6 million people of which 52 percent are female and 48 percent are male, with a rural population of about 67%. Zimbabwe has a relatively young population. Boasting what are often cited as the highest literacy rates in Africa, Zimbabwe's citizens are well-educated but limited by an on-going macro-economic crisis. In recent years, the country has also experienced economic downturn and hyperinflation leading to outmigration and slowed performance on development indicators. Tensions have been exacerbated by effects of El Niño, a phenomenon responsible for increased poverty and food insecurity. These conditions perpetuate gender inequalities. The 2018 Human Development update shows Zimbabwe Human Development Index (HDI) at 0.535 and ranked at 156.

### **Gender Roles and Responsibilities:**

Patriarchal systems, cultural norms and traditions play a huge role in gender relations in Zimbabwe. In Zimbabwe, women have the primary responsibility for reproductive work that includes cooking, cleaning, and childcare, and taking care of other family members, as well as collection of water and firewood. Men repair houses, fetch water and firewood using scotch carts and wheel barrows. Families in rural areas tend to be large, having more than five children, with several generations living together, while families in urban areas consist mainly of the nuclear family. Traditional and polygamous marriage in Zimbabwe are common, taking into consideration that one third of the population are members of the apostolic sect. Men are considered to be the authoritative figures in the family, though women do gain more respect and power within the family as they age. In Zimbabwe, men have the final say in decision making related to assets and benefits, but they often consult with their wives. Women have relatively high levels of decision-making power, of upwards of 84% on their healthcare, household purchases, and visits to family and relatives.<sup>vii</sup> Although wives are legally entitled to inheritance after divorce or widowhood, in practice these assets are often not obtained due to a lack of support from the husband's family or from failures in



the justice system. Women in polygamous relationships tend to have limited access and control over resources and benefits. Children are socialised into specific gender roles from an early age.

### **Education and Economic Empowerment:**

Zimbabwe has a higher literacy level, with boys at 98% and girls at 94%.<sup>viii</sup> Educational attainment is higher in urban areas than in rural, regardless of gender. The current economic crisis which is a biggest threat to the education system of Zimbabwe has already seen children in the rural areas specifically marginalized girls dropping out of school due to inadequate funds to pay school fees. Gender stereotyping of subjects in secondary school level, and courses at tertiary level, also presents challenges with more women taking up social sciences as opposed to science and technical subjects, in spite of Government efforts through STEM.

In terms of labour, women are heavily active in the agricultural sector constituting 54,6% of the labour, mostly unpaid labour. 86% of the women rely on the land for their livelihood and food production. Female labour in the informal sector (baking, gardening, cleaning, etc.) is also used to supplement household income. Zimbabwean men are more likely than women to work in the formal sector and earn a higher proportion of the household income. Census reports show that a higher proportion of males than females engage in labour; however, these figures likely underestimate or do not capture all the informal work being done by women. Among married women, figures show that the number of women with employment apart from housework rose from 45% to 55% between 2005 and 2015.<sup>ix</sup> Of those women earning a salary, 95% say they either have full or joint-spousal decision-making power over how that money is managed. The employment sector poses a number of risks in Zimbabwe. Evidence shows that a number of children (ages 10-14) are economically active in Zimbabwe, potentially interfering with their ability to obtain education. In addition, females living on the border of the country are particularly at risk for engagement in forced labour in neighbouring countries, including domestic labour and transactional sex. Finally, changing economic conditions mean that men are more likely to be unemployed than before; general unwillingness to assist with traditional “women’s work” thus leaves women overburdened as the sole providers for their families.

Zimbabwe has put together a number of short term emergence recovery programs to address the country’s economic fragility. The main ones being: (i) the Zimbabwe Economic Development Strategy (ZEDS) (2007 – 2010); (ii) STERP I and STERP II (2009 – 2010) (iii) Mid Term Plan (MTP) (2011 – 2015); and in order to address gender disparities the Government has introduced the Gender-Responsive Economic Policy Management Initiative (GERPMI); and) the Broad Based Women’s Economic Empowerment Framework (BBWEEF). Progress has also been noted on women’s economic empowerment programs which include among others, establishment of a Women’s Fund supported by Treasury, development and implementation of Women’s Savings and Lending Schemes by various development agencies (including CARE), the launch of Women in Business platforms and Women’s Associations in key economic sectors and nurturing of partnerships between these platforms and the Government.

### **Participation and Policy:**

Zimbabwe in 2013 adopted a new constitution in which gender equality and specific and elaborate rights of women are guaranteed. It confers women the right to equal opportunities in political, economic, cultural and social spheres. The Government is still in the process of

aligning national laws to the constitution.<sup>x</sup> Government recognizes that women's participation in politics and decision making is fundamental for the attainment of gender equality. The Constitution provides for the representation and participation of women in politics through a reserved quota for women in the National Assembly and proportional representation in the Senate. As a result, the country has witnessed an increase representation of women in Parliament as they make up to 34% of the 8<sup>th</sup> Parliament, that 32% in the National Assembly and 48% of the Senate. Zimbabwe's National Assembly's Deputy Speaker and the President of the Senate are both female. (Sections 120 and 124). Despite laws aimed at enhancing women's rights and countering certain discriminatory traditional practices, women remain disadvantaged in society.' There is a gap between the constitution and implementation. Female activists and women's group played a key role in lobbying for the approval of the new constitution. However, a lack of trust in the government, as well as a perception of politics as a male-driven field, has led to lower interest in political engagement from young women. In addition, government positions are overwhelmingly held by men at the local-level.

### **Gender Based Violence and Protection:**

According to a study supported by UN Women, 2 out of 3 Zimbabwean women have experienced some form of gender-based violence in their lifetime.<sup>xi</sup> This violence manifests itself as physical, emotional, and sexual violence. Services for victims of violence, including women's shelters and the justice system, are often expensive, inefficient, or non-existent. This often causes women to remain silent about their experiences. Patriarchal and traditional values also influence perspectives on violence, with nearly 40% of responding Zimbabwean women believing that men are justified to beat their wives under certain circumstances.<sup>xii</sup> Reports of violence against women and rape as political tools have also been documented.<sup>xiii</sup> In a bid to combat GBV, Zimbabwe, has passed a series of legislations outlawing domestic and gender based violence. The **Domestic Violence Act [Chapter 5:16] 2007** and the **Criminal Law (Codification and Reform) Act [Chapter 9:23]** criminalizes all forms of gender based violence. The Constitution, Sections 52 and 53 prohibits all forms of violence, from public or private sources against all persons. The Domestic Violence Act of 2007 takes a broad definition of domestic violence and prohibits forced marriages, the practice of wife inheritance, and **early marriage**.<sup>xiv</sup> Government has also adopted several measures to increase awareness of the effects of violence against women which also includes the setting up of the Anti-Domestic Violence Council, commemoration of the annual 16 Days of Activism against Gender Based Violence and other campaigns. However, as mentioned, legality often pales in comparison to what is practiced. In spite of legal age of marriage, being 18, 1 in every 3 girls in Zimbabwe are married before the age of 18.

Zimbabwe has an estimated HIV / AIDS prevalence of 14.7 % for adults between 15 and 49 of years. Young women in Zimbabwe are at high risk of infection, due to the endemic gender inequalities. Women have limited decision-making power regarding condom use.<sup>xv</sup> However the Government has made huge strides in reducing the prevalence of HIV/AIDS. Zimbabwe has consistently rejected issuing recognition or rights related to LGBT communities, and conditions for those identifying as LGBT are extremely poor.

## Gender in Emergencies

Emergencies affect men, women, boys and girls differently due to the defined gender roles and responsibilities, access to resources and capacities. In Zimbabwe 86% of women in rural areas depend on land for their livelihoods and food production. The erratic rainfalls have negatively affected, small holder farmers who have a heavy reliance of rain fed agriculture. Women's equitable participation in decision-making power is critical to disaster-preparedness. As women are usually the primary caretakers of the home, the more control a woman has over resources, the better she can prepare for disaster. In this regard, Zimbabwe shows good potential for household preparedness if the level of resources can be improved before disaster or if resources are allocated to women during the emergency. Efforts should be made to engage with local community leaders who will be influential in shaping public view of disaster response. Male engagement will likely lead to more female participation in emergency response programs.

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<sup>i</sup> Intercensal Demographic Survey 2017. Zimstat p1

<sup>ii</sup> Ibid. 9.

<sup>iii</sup> Ibid. 25

<sup>iv</sup> Ibid. 55.

<sup>v</sup> National Gender Profile of Agriculture and Rural Households, Zimbabwe, 2017, FAO. 5 .

<sup>vi</sup> Zimbabwe Demographic Health Survey. 2015 315.

<sup>vii</sup> Zimbabwe Demographic Health Survey. 2015. Zimbabwe National Statistics Agency. 308.

<sup>viii</sup> Ibid. 16.

<sup>ix</sup> Ibid. 296.

<sup>x</sup> Zimbabwe: New Constitution Gives Hope to Women and Girls. 2013. Gender Links. <http://genderlinks.org.za/programme-web-menu/zimbabwe-new-constitution-gives-hope-to-women-and-girls-2013-04-08/>

<sup>xi</sup> Peace Begins @ Home. Violence Against Women (VAW) Baseline Study. 2013. Gender Links. <http://genderlinks.org.za/programme-web-menu/publications/violence-against-women-baseline-study-zimbabwe-2013-11-20/>

<sup>xii</sup> Zimbabwe Demographic Health Survey 2015. Zimbabwe National Statistics Agency. 310.

<sup>xiii</sup> No Hiding Place. 2010. Politically Motivated Rape of Women in Zimbabwe. <http://lexglobal.org/files/POLITICAL%20RAPE%20REPORT.pdf>

<sup>xiv</sup> Thabethe. 2009. Southern African Development Community Gender Protocol Baseline Study: Zimbabwe. <http://www.genderlinks.org.za/article/sadc-gender-protocol-barometer-baseline-study-zimbabwe-2009-10-16>

<sup>xv</sup> Zimbabwe Demographic Health Survey 2015. Zimbabwe National Statistics Agency. 237