

**Response to Call for submissions: COVID-19 and the increase of domestic violence against women by the National Association of Societies for the Care of the Handicapped (NASCOH)-Zimbabwe**

**Introduction:**

As an umbrella body to disability organisations in Zimbabwe, our responses to the 11 questions on domestic violence will be qualified by a comment on women with disabilities at the end of each question. This is because we recognise that Persons with Disabilities (PWDs), and critically women with disabilities (WWDs) are subjected to an all-encompassing lack of access to fundamental freedoms and rights, and consequent social exclusion, across the entire social, economic, political, civic and cultural spectrum. The social exclusion of PWDs is caused and aggravated by attitudinal barriers (society's negative attitudes against PWDs); environmental barriers (inaccessible buildings and information in inaccessible formats for PWDs, especially for hearing and visually impaired people); and institutional barriers (lack of disability-friendly policies and legislation, policies and practices that discriminate against PWDs, lack of service provision, and inadequate and inappropriate service delivery for PWDs. Resultantly, WWDs are indiscriminately exposed to gender based violence, both within and outside the home.

1. To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered since the beginning of the COVID-19 crisis.

ZIMFACT, in a factsheet on Domestic violence during coronavirus lockdown, reported that, two weeks after the lockdown, Zimbabwe media has reported a sharp rise in domestic violence attributed to abusive partners’ long stay at home under a national lockdown aimed at containing the spread of the coronavirus. Musasa Project, a leading organisation offering abused women shelter and counselling services, said it had recorded 764 cases of gender-based violence (GBV) between the start of the lockdown on March 30 2020/and April 9 2020. Musasa Project normally receives 500 to 600 cases per month, and its officials attribute the jump to 764 cases recorded in 11 days to the lockdown.

OCHA, in its GBV protection cluster update of 11 June 2020, reported that the national GBV Hotline (Musasa) has recorded a total of 2,276 GBV calls from the beginning of the lockdown on 30 March until 3 June, with an overall increase of over 75 per cent compared to the pre-lockdown trends. About 94 per cent of the cases are women. The most dominant forms are physical violence (38 per cent of total cases) and psychological violence (38 per cent), followed by economic violence (19 per cent) and sexual violence (5 per cent). About 90 per cent of cases are IPV cases. Musasa Project reports that denial of food and house lock outs are other forms of abuse. At the other end of the spectrum, however, according to Musasa Project, police say 193 cases were between March 30 and April 13. The 193 cases recorded up to April 13 were significantly lower than the 678 cases of domestic violence recorded during the same period in 2019.Musasa Project notes, however, that many cases are not reported to the police at the insistence of the victims and that counselling service organisations refer only severe cases of abuse to the police. Due to the lockdown, victims were not able to physically go to the police to report cases of gender based violence.

**Disability Dimension**. The World Report on Disability (2011)recognises that women with disabilities are at greater risk of violence than their non-disabled counterparts, both in the home and outside. Due to their physical and mobility constraints, women with disabilities are perceived to be “easy targets” of violence. Women in wheelchairs and with severe or multiple impairments are often in the constant company of caregivers, who often take this opportunity to sexually abuse and rape them. Because of their high dependency needs, these victims of abuse and gender based violence frequently develop an emotional attachment to their abusers. Resultantly, this manifests in a reluctance to report rape or other forms of sexual abuse for fear of bringing more shame upon an already an already stigmatized family. Outside the home, women and girls with visual impairments are likely to be sexually abused due to their relative inability to identify perpetrators, and girls and women who are deaf due to the peculiar problems they face in reporting such cases due to the inability of police, magistrates and society to communicate in sign language. Most of GBV cases against WWDs go unreported due to these constraints and GBV prevention statistics for WWDs are not in the national data sets of Zimbabwe.

1. Are helplines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic?

The Police Victim Friendly Unit has a helpline;Musasa Project has Toll free lines. Besides Musasa, other organisations helping women to deal with violence and abuse cases with toll free lines or hotlines include: Legal Resources Foundation; Zimbabwe Women Lawyers Association (ZWLA); Adult Rape Clinic; Shamwari yeMwanasikana; and, Padare/Enkundleni/Men’s Forum on Gender. Although Musasa Project has recorded an increase in calls of 75% from the pre-lockdown period as already indicated, statistics have not been readily available from the other partners, although indications would point to an increase.

**Disability dimension**: Poverty being both a consequence and a cause of disability, the majority of WWDs, especially in the rural areas have no access to the toll free lines and help lines and resultantly fall through the cracks of these interventions. Women with visual impairments and those who are deaf encounter additional communication problems when using the toll free and helpline facilities.

1. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

Travelling for all in the country is a thorny issue during the lockdown period and one would require a letter from the police or a letter from the partners warranting exemption from restrictive measures to stay at home in isolation if they face domestic violence. This is an arduous process, people are subjected to extreme vetting and the letter is very hard to obtain.

**Disability Dimension**: Many WWDs suffer discrimination in family settings, and are wary of being exposed to new environments where they could suffer from further discrimination in environments that they are not used to, like shelters. Many would therefore opt to endure the stigma, discrimination and abuse they are exposed to in family settings.

1. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

Shelters are open and available to an extent, and this is complemented by static and mobile one-stop centres, and safe spaces. This is largely due to UNFPA Zimbabwe which is supplying these facilities with COVID-19 infection, prevention and control (IPC) supplies (masks, gloves, thermometers, temporary isolation tents for GBV survivors with suspicious symptoms, and extra transport support as alternatives to limited availability of public transport for survivors being referred to higher levels of care) UNFPA is also working with CSOs (Musasa, Adult Rape Clinic, Family AIDS Counselling Trust, Family Support Trust, FACT, ZAPSO, ZICHIRE and World Vision)to ensure continuance of GBV services. It is also working in partnership with the Ministry of Women’s Affairs Community and Small to Medium Enterprises Development (MOWACSME) to ensure the continuation of GBV services.

Access to GBV services remains compromised however, due to a number of factors. The first one is the reduced availability of transport as commuter omnibuses rave been grounded and only the national fleet of buses ,ZUPCO, remain operational. The few operating ZUPCO buses stop only at designated stations, forcing women to walk longer distance to reach GBV services.

**Disability Dimension**: ZUPCO busses are not accessible to women with disabilities, especially wheelchair users. The additional constraints of having to walk long distances when WWDs disembark from ZUPCO buses militate against WWDs accessing GBV services. Accessibility of shelters is another veritable constraint. There is need to assess the accessibility of the shelters using a professionally designed accessibility tool. Accessibility has to be assessed from the path leading to the shelter, the parking area, the waiting area, the entrance to the shelter and the accessibility of the toilets.

1. Are protection orders available and accessible in the context of the COVID-19 pandemic?

Government efforts have been focused predominantly on availing updates on COVID-19 to the generality of the public without taking a holistic picture of the impact of COVID-19 on women, including GBV, which has experienced a rise with the lockdown. In Zimbabwe, emphasis continues to be put on PPPE and social distancing, with no mention of GBV. There is need for generalized awareness raising in the media and especially on television, so that GBV is nipped in the bud. CSOs and the police should be given time on national television, radio and the newspapers to highlight issues of GBV, and the protection measures available so that GBV prevention becomes a part of the national agenda.

**Disability dimension.** Awareness raising in the media should take into account that people with disabilities are disproportionately exposed to COVID-19 and that the lockdown has further exacerbated their exposure to GBV. WWDs should also encourage to report cases of GBV so that the perpetrators are also dealt with in accordance with the law.

1. What are the impacts on women’s access to justice? Are courts open and providing protection and decisions in cases of domestic violence?

Courts are essential services and for this reason remain open. However, the generality of women in Zimbabwe, are not aware of the avenues of justice open to them in this time of the COVID-19 pandemic. Emphasis should now shift from focusing on COVID-19 updates to addressing the impact of the lockdown on issues such as GBV and the processes that ensure effective GBV prevention such as court processes. Comprehensive awareness raising should be brought to bear so that women make full and effective use of the courts and have access to justice on GBV issues through using multiple and complementary channels of information dissemination. Protection by the courts through enforceable decisions on GBV will deter perpetrators of GBV from doing so but there is not sufficient awareness raising in this area.

**Disability dimension:** On 15 April, 20202, three disability organisations , Centre for Centre for Disability and Development, Deaf Zimbabwe Trust, and Zimbabwe National League of the Blind instituted a lawsuit against the national Broadcaster, Zimbabwe Broadcasting Corporation (ZBC). The lawsuit by the three organisations representing people with visual and hearing impairments demanding that information on Coronavirus in accessible formats be provided to people with visual and hearing impairments was granted on 20 April, 2020 ZBC is now availing information in disability friendly formats for PWDs on national television. This attests to the need to approach the courts for appropriate remedies on GBV so that such practices can be contained.

1. What are the impacts of the current restrictive measures and lockdowns on women’s access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

Community Natural Resources Governance (CNRG) reports that the shutdown has negatively impacted on women’s ability to access vital reproductive health services from local health care centres. Economic difficulties due to the lockdown combine with inadequate and expensive transport in urban areas and complete lack of transport to health centres in rural areas to push sexual and reproductive health cervices out of reach of women. At service deliver level, reluctance by poorly equipped health care workers to attend to any patients for fear of being exposed to the virus, combine with expressed disgruntlement over poor salaries and the closure of some clinics due to financial constraints to produce low gbr outcomes for women during the lockdown. While the services cannot be said to be closed or suspended, there is a generalized lack of accessibility to these services. According to OCHA Zimbabwe Situation Report of 21 May, he extended lockdown continues to impact women and girls ability to access basic family resources (e.g. fetching water and accessing food) , sparking increased tensions, and resultant intimate partner violence and sexual abuse and violence within the household. Fertile conditions for GBV is created, while the mechanism for prevention is taken away.

**Disability Dimension**. The World Report on Disability (2011) notes that ½ of people with disabilities cannot access health care, compared to 1/3 of the non-disabled populace. These health disparities are further amplified due to the plethora of challenges brought on by the lockdown, which impact more on women with disabilities and serve to widen the health gaps between women with disabilities and their non-disabled counterparts.

1. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.

Obstacles encountered were the following:

(a). Runaway inflation. Zimbabwe’s haemorrhaging economy and runaway inflation prevented the country from planning comprehensively for COVID-19 due to the use of the local currency in its planning activities. The food assistance monetary disbursements of 180 Zimbabwe RTGS that was rolled out to vulnerable populations was not enough to sustain them for a day when it was eventually made available to them. Churches, CSOs and private organisations had to chip in with food assistance in order ameliorate the situation. Civil servants complained that the 50% salary increment and the availing of US $75 meant to cushion civil servants for three months that became operational in June was woefully inadequate due to the continuous erosion of their salaries.

(b). Inadequate transport. Only the national fleet of ZUPCO busses was allowed to operate during the lockdown. Commuter omnibuses, which the general public previously relied on to commute on a daily basis, were banned from operating. Initially, the ZUPCO busses, which had a carrying capacity of 75, were only allowed to carry 30 passengers due to social distancing regulations, although this was eventually relaxed. The ZUPCO busses could not effectively service all the routes and in the rural areas, they were not even available. Travelling to health centres to access health services including GBV prevention services was severely curtailed for women as a result. The ZUPCO busses only stop at designated picking points and women were thus compelled to walk long distances to health centres.

( c) Inadequate PPE for health workers. Health workers were initially reluctant to work as they felt that inadequate PPE exposed them to the risk of contracting COVID-19. This was compounded by inadequate remuneration which tended to lower their morale.

( d) Suspension of health services. Due to lack of adequate transport, which was more marked in the rural areas, some health centres especially in the rural areas had to suspend their activities, resulting in patients being referred to the nearest health centre for assistance. This disruption in health service delivery also affected a number of women.

( e) Declaration of HIV status. Due to lockdown regulations , which made it very difficult to travel without a valid reason, women who were going to collect their ARVs were forced to declare their status at police road blocks, resulting in unnecessary stigmatization and discrimination.

( f) Suspension of cross border trading. The lockdown has restricted women’s ability to move freely and earn a living, since most of them are informal traders relying on vending and cross border trading. This has been exacerbated by the recently announced suspension of mobile money transfers and eco cash and one money, the main platforms through which cash transactions are executed in Zimbabwe.

(g) Premature opening of schools . This has created a rift between government and teacher unions, who have since written a statement expressing their displeasure that their submissions to government on the issue are not being heard.

All the foregoing concerns have the effect of raising tensions within the family, resulting in intimate partner violence and sexual abuse and violence within the household. GBV is thus exacerbated.

**Disability Dimension.** All the foregoing issues raised impact more on women with disabilities, who suffer from a documented lack of access to fundamental freedoms and rights, and consequent social exclusion, across the entire social, economic, political, civic and cultural spectrum.

1. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

In Zimbabwe, the United Nations Partnership on the rights of Persons with Disabilities, (UNPRPD), a unique collaborative effort that brings together UN entities, governments, civil society organisation, and organisations of people with disabilities to advance disability rights worldwide, is implementing a 2 year project titled: “Advancing the Rights of Women and Girls with Disabilities in Zimbabwe, ”. The project, running in 20 districts, is being implemented by the United Nations Cultural and Scientific Organisation ( UNESCO) Regional Office for Southern Africa, United Nations Development Fund ( UNDP) and United Nations Population Fund (UNFPA) Zimbabwe Country Offices. An advisory group consisting of UNICEF, UN Women, the implementing agencies, government, and Disabled Persons Organizations (DPOs) was created to oversee its execution.

To ensure excellence in programmatic implementation, each UN entity is implementing the project in line with its recognised area of thematic expertise. UNESCO, recognised globally for its cultural expertise, is addressing the issue of negative cultural beliefs on disability, dominant attitudes and stereotypes, identified through research, in order to break down the invisibility of women and girls with disabilities through understanding their experiences. UNFPA, which has distinctive competences in sexual and reproductive health, is addressing the vexing issue of access to sexual and reproductive health services to women and girls with disabilities. UNDP is working on ensuring access to justice for women and girls with disabilities in line with Article 13 of the Convention on the Rights of Persons with Disabilities (CRPD). Domestication of the CRPD and ensuring an appropriate disability policy in in place is a cross cutting issue across the intervention. COVID-19 response factors have been integrated into the project.

1. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.

UNFPA Zimbabwe holds pride of place in the fight against violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic in the country. OCHA (June 11, 20202) reports that : Since 1 January 2020, the GBV sub-cluster partners have assisted 34,638 individuals (14,639 male, 19,999 female) with community-based GBViE risk mitigation and PSEA outreach, integrated in various community-based mechanisms and with the support of a workforce of 225 community volunteers, including behaviour change facilitators. In addition, 3,280 women and girls were reached with community-based PSS interventions, including at W/G safe spaces, and 3,350 GBV survivors (2,751 female, 599 male) were assisted with multisectoral GBV services, through static and mobile one-stop centres (OSC), shelters and health clinics.

The report also notes that mobile service provision model continued to enhance service uptake in areas where public transport remains unavailable. GBV Sub-cluster partners have also strengthened coordination with Food Security and WASH clusters partners, for the setup of mobile OSCs and safe spaces near food distribution points and community boreholes. Alternative transport fees support to survivors, including those with disabilities and their caregivers, also continues to facilitate access to services and to reduce the risk of further exposure to GBV, including transactional sex.

To enhance sustainability, GBV sub-cluster partners continue to explore alternative modalities to cater for the continuous basic PPE needs of most vulnerable women and girls. These include the self- manufacturing of cloth masks and soap at GBV community- based shelters, safe spaces and youth centres, colleges and universities.

**Disability dimension:** This program incorporates women and girls with disabilities into GBV prevention activities. The program would, however, benefit immensely through enhanced collaboration with organisations of Persons with Disabilities.

11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above

Experience has shown that women with disabilities at increased risks of GBV than their non-disabled counterparts but these cases of GBV go unreported and consequently are not on the national data sets of GBV. Research needs to be done to establish categorically, the factors that compound GBV against women with disabilities and the non-reporting of these cases. Only then can we able to contribute to goal 3.7 of the Sustainable Development Goals of ensuring universal access to sexual and reproductive health care services including for family planning, information and education and the integration of reproductive health into national strategies and programs. A Baseline Report of a study conducted by NASCOH in partnership with Population Services Zimbabwe (PSZ) in April 2017 revealed low SRHR knowledge among women with disabilities. 75% were not on any Family Planning (FP) method. However, the study did not go further to determine the interface of women with disabilities and gender based violence.

In these days of water rationing, where ferrying of water from boreholes and other water points has become the order of the day, this causes additional health problems for people with physical impairments visual impairments, and multiple impairments, who are not able to engage in the irksome task of ferrying water. This is a task that is normally reserved for women and women with disabilities will inevitably fall short in this regard due to their physical and mobility limitations.

There is a critical shortage of basic commodities in Zimbabwe, and women can be seen standing in queues for inordinately long periods, in order to purchase critical commodities like cooking oil, mealie meal, sugar etc. Due to their obvious limitations, women with disabilities will not be able to stand in long queues for a long time in order to access these commodities. All these are flash points that ignite tension in the household, leading to intimate partner violence, sexual abuse and violence in the home. In all cases, GBV is exacerbated.

The majority of PWDs are not gainfully employed and survive on vending and therefore need specific mitigation measures to address their plight during the lockdown. A study conducted by NASCOH in 200 revealed that less than 2% of persons with disabilities were employed in the public sector while there was no evidence at all of persons with disabilities being employed in the private sector. This forces persons with disabilities to resort to vending for sustenance.

The hearing impaired are also affected. Although there is some sign language interpretation on TV, COVID is a new virus with new concepts and there is need for a COVID sign language dictionary so that both interpreters and those who are Deaf are on the same page. Sign language videos and material in Braille need to be produced for persons with hearing and visual impairments respectively.

Efforts should be stepped up to ensure that the State takes full and effective measures to ensure participation of PWDs in Article 25 of the United Nations Conversation on the Rights of Persons with Disabilities, which provides comprehensively for participation and inclusion of PWDs in health

The CRPD, which was introduced in 2006 and adopted in 2008, is a blueprint for disability inclusion and the first international treaty to comprehensively address the social, economic ,civil, political and cultural rights of PWDs. It has become the most swiftly ratified treaty with 180 ratifications, attesting to the urgency and willingness among UN members to address issues of disability.