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Gender-based Violence in sub-Saharan Africa:

A review of Demographic and Health Survey findings and their use in National Planning

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Table of contents

Table of contents i

List of figures iii

List of tables v

Acronyms and abbreviations vii

Acknowledgments ix

Executive summary 1

1. Introduction 9

2. Methods 11
   - 2.1 DHS reports with a domestic violence module
   - 2.2 National planning documents

3. Findings 17
   - 3.1 DHS reports with a domestic violence module
   - 3.2 National planning documents

4. Discussion 33
   - 4.1 DHS reports with a domestic violence module
   - 4.2 National planning documents

5. Conclusion and recommendations 37
   - Recommendations for national governments, for USAID and other donors, for civil society organizations and advocacy groups, and for researchers

6. Country notes 41
   - 6.1 Cameroon
   - 6.2 Kenya
   - 6.3 Malawi
   - 6.4 Rwanda
   - 6.5 Uganda
   - 6.6 Zambia
   - 6.7 Zimbabwe

Appendix A - Definitions 93

Appendix B - PRSPs and NPAs included in the document review 96

List of figures

Figure 3.1 Among married women, the percentage who ever experienced physical and/or sexual violence by their husband–selected DHS results 17

Figure 3.2 Occurrence of physical violence inflicted by anyone on women (15–49 years at the time of the survey) by marital status 18

Figure 3.3 Among ever-married women who ever experienced physical violence, the percent distribution of who perpetrated the violence (their husband or someone else) 20

Figure 3.4 Among ever-married women, the percentage who ever experienced physical violence inflicted by their husband and by anyone other than their husband 20

Figure 3.5 Among all women who ever experienced physical violence, the percentage who reported that a teacher had been a perpetrator 21

Figure 3.6 Among ever-pregnant women, the percentage who reported having experienced physical violence during pregnancy 22

Figure 3.7 Among ever-married women, the percentage who have experienced from their husband: (i) physical and/or sexual violence, and (ii) emotional violence, but neither physical nor sexual violence 23

Figure 3.8 Among women who have ever experienced violence from their husband/partner, the distribution of the type of violence, by country 24

Figure 3.9 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to urban-rural place of residence 25

Figure 3.10 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to wealth quintile 26

Figure 3.11 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to the woman's current age 26

Figure 3.12 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to woman's employment 27

Figure 3.13 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to the woman's level of education 27

Figure 3.14 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to husband's level of education 28

Figure 3.15 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to degree of controlling behavior by husband 28

Figure 3.16 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to husband's use of alcohol 28

List of tables

Table 3.1 Physical violence by anyone among all, ever-married, currently-married women, separated/divorced and never-married women (15–49 years of age) 19

Table 3.2. Type of violence (physical, sexual, emotional) by their husband/partner among ever-married women 22

Table 3.3. Among currently married women who have experienced physical and/or sexual violence by their husband and who have been married for 10 or more years, the percent distribution of number of years between marriage and first experience of violence 25

Table 6.1.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Cameroon, 2004 44

Table 6.1.2 Among women, the percentage who reported each act of violence. Cameroon, 2004 44

Table 6.1.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Cameroon, 2004 45

Table 6.2.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Kenya, 2003 50

Table 6.2.2 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Kenya, 2003 51

Table 6.3.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Malawi, 2004 58

Table 6.3.2 Among women, the percentage who reported each act of violence. Malawi, 2004 58

Table 6.3.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Malawi, 2004 59

Table 6.3.4 GBV related activities from the implementation matrix of Malawi's PRSP 61

Table 6.4.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Rwanda, 2005 66

Table 6.3.2 Among women, the percentage who reported each act of violence. Rwanda, 2005 66

Table 6.4.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Rwanda, 2005 67

Table 6.5.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Uganda, 2006 72

Table 6.5.2 Among women, the percentage who reported each act of violence. Uganda, 2006 73

Table 6.5.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Uganda, 2006 74

Table 6.5.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Zambia, 2001–2002 81

Table 6.5.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Zimbabwe, 2005–2006 90

Table 6.3.2 Among women, the percentage who reported each act of violence. Zimbabwe, 2005–2006 91

Table 6.5.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Zimbabwe, 2005–2006 91

Acronyms and abbreviations

AED	Academy for Educational Development
AIDS	Acquired immunodeficiency syndrome
AFR/SD	Africa Bureau Office of Sustainable Development
CEDAW	Convention on the elimination of all forms of discrimination against women
DHS	Demographic and Health Surveys
ERS	Economic recovery strategy for wealth and employment creation
FNDP	Fifth National Development Plan
GBV	Gender-based violence
HIPC	Heavily Indebted Poor Countries Initiative
HIV	Human immunodeficiency virus
IMF	International Monetary Fund
IPRSP	Interim Poverty Reduction Strategy Paper
MGDS	Malawi Growth and Development Strategy
MPRS	Malawi Poverty Reduction Strategy
NGO	Non-governmental organization
NPA	National Plan of Action
PAAP	Poverty Alleviation Action Plan
PEAP	Poverty Eradication Action Plan
PRSP	Poverty Reduction Strategy Paper
SGBV	Sexual and gender-based violence
USAID	United States Agency for International Development
VAW	Violence against women
VSU	Victim support units
ZIMPREST	Zimbabwe Programme for Social Transformation

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Executive summary

Gender-based violence (GBV) is a pervasive human rights issue with public health consequences. It often goes unrecognized and unreported, is accepted as part of the "nature of things" and is shrouded in a culture of silence. Although reliable data on the prevalence of the various forms of GBV remains scarce, the Demographic and Health Surveys (DHS) program have been contributing to the growing body of evidence on one important aspect of GBV by providing national level population-based data on the prevalence, risk factors and consequences of domestic violence experienced by women.

The main purposes of this desk review are to:

1. Assess the levels of domestic violence in sub-Saharan Africa by critically reviewing the findings from available, comparable national DHS reports; and

2. Examine whether the evidence generated by these DHS findings has been used to inform policies and programs as reflected in the country growth and development strategies, such as the first and second generation Poverty Reduction Strategy Papers (PRSPs).

National response to the GBV issue should be comprehensive; thus, the review of these national planning documents focused not only on domestic violence, but also examined GBV in its broader sense.

The second purpose of this desk review is meant to determine the extent to which governments recognize GBV as a national priority and implement a multisectoral response to tackle the issue.

> "Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to physical, sexual, and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes that violence which is perpetrated or condoned by the state."
>
> *UNFPA Gender Theme Group, 1998*

The review deliberately focuses on the first and second generation PRSPs. This is because unless governments articulate their commitment to addressing GBV through well-defined policies and strategies across multiple sectors (including health, education, criminal justice, judicial, human rights, gender) in its overall growth and development frameworks, it is highly unlikely that required resources will be allocated to achieve the desired reduction in GBV in a systematic and sustainable manner. If GBV is included in a country's framework for growth and development, the Ministry of Finance must consider the budgetary implications and other relevant ministries must also address it in their programs.

This desk review presents DHS findings based on information published in the respective DHS country reports. It does not involve analyses of the primary DHS data. The desk review includes information on domestic violence from comparable DHS surveys in seven sub-Saharan African countries: Cameroon (2004), Kenya (2003), Malawi (2004), Rwanda (2005), Uganda (2006), Zambia (2001–2002), and Zimbabwe (2005–2006).

South Africa was not included in this review because in the DHS country report (1998) the structure of the questionnaire and the format of the report differ substantially from the other seven countries.

The domestic violence module that the DHS program offers to countries consists of comparable questions that have been selected based on experience within the context of the DHS program and elsewhere.

Respondents to the survey are women 15–49 years of age. In almost all countries where questions related to domestic violence were included in the questionnaire, at most, one woman in each household was asked these questions. Thus, the focus was on domestic violence as experienced by women, and primarily on violence within marriage.

The review of national planning documents is based on publicly available documents obtained through online/internet searches. The review focused on two documents for each country: (i) Poverty Reduction Strategy papers (PRSPs) referred to as "First Generation PRSPs" and (ii) the more recent national planning frameworks, referred to as "Second Generation PRSPs."

Because the more recent set of documents are titled differently in every country, this desk review refers to them as National Plans of Action (NPAs). Compared to PRSPs, NPAs allow countries greater flexibility and ownership to design realistic macroeconomic frameworks linked more to their national strategies and budgets, and less to the priorities of the World Bank and International Monetary Fund.

The review focused on answering the following three questions:

1. Is GBV addressed in the national planning documents?
2. In what sections is GBV addressed in the national planning documents and is it included in the list of priorities?
3. Have DHS findings on domestic violence informed policies and programs in the national planning documents?

The national planning documents were systematically reviewed in various ways to examine the extent to which GBV was addressed; word searches on GBV and its different forms, including domestic violence; examination of whether GBV featured in the list of priorities; examination of specific sections on health, education, gender, law and enforcement; as well as the strategies and indicators listed in the corresponding implementation matrices of the documents.

Review of DHS reports with a domestic violence module

The high quality DHS reports provide sound nationally representative quantitative information on domestic violence. The information on violence from the seven DHS reports presented in this desk review focuses on domestic violence against women inflicted by their husbands, but also provides some information about physical violence among all women. After describing types of violence (physical, sexual, emotional), differentials in the percentages of ever-married[i] women who have experienced physical and/or sexual violence from their husbands are examined. Findings from the DHS reports are briefly described in this executive summary.

i The term 'ever-married' includes women who are (or have been) living with a man, i.e., who are (or have been) in-union; and 'husband' also refers to a partner of a woman who is (or has been) living with a man even if not formally married.

Violence perpetrated by anyone

Physical violence inflicted by anyone. The percentage of women (15–49 years at the time of the survey) who had experienced physical violence (since age 15 years) was high in all countries, and ranged from around 30% in Malawi, Rwanda, and Zimbabwe; to about 50% in Cameroon, Kenya, and Zambia; and as high as 60% in Uganda. The percentages among ever-married women showed a similar pattern (but were 2–6 percentage points higher).

Perpetrator of violence

Husband versus others. Among ever-married women who had experienced physical violence, between 70–80% reported their husband as a perpetrator. The percentage of ever-married women who reported physical violence by their husband ranged from 20% in Malawi; to about 30% in Rwanda and Zimbabwe; about 40% in Cameroon and Kenya; to 45% in Zambia and 48% in Uganda. Physical violence only by someone else (and not by their husband) among the same women was reported by about 10% in Malawi, Rwanda, and Zimbabwe; and by about 15% in Cameroon, Kenya, Uganda, and Zambia.

Teachers. Teachers were reported as perpetrators of violence among all women who had experienced physical violence from anyone since the age of fifteen years: 26% in Kenya, 17% in Uganda, and 8% in Zambia and Zimbabwe.

Violence during pregnancy

The desk review found that physical violence during pregnancy ranged from 5% in Malawi to 16% in Uganda. Around 10% of women in Cameroon, Rwanda, and Zimbabwe reported violence during pregnancy.

Violence perpetrated by husband

Physical and/or sexual violence versus emotional violence only. The percentage of ever-married women who reported physical and/or sexual violence (whether or not they also encountered emotional violence) by their husband ranged from 27% in Malawi; around 35% in Rwanda and Zimbabwe; about 42% in Cameroon and Kenya; to 59% in Uganda (the Zambia country report did not include this information). The percentage who reported emotional violence, but no physical and no sexual violence, was less than 5% in Kenya, Malawi, and Rwanda; and around 8% in Cameroon, Uganda, and Zimbabwe.

Distribution of combinations of violence types. Among women who had experienced any type of violence from their husband, one-quarter to one-half reported that they had experienced sexual violence, but not physical violence (whether or not they experienced emotional violence). Among the same women, the percentage who had experienced physical and/or sexual violence (whether or not they experienced emotional violence) ranged from about 80% in Zimbabwe; through around 90% in Cameroon, Kenya, Malawi, and Uganda; to 96% in Rwanda. The percentage who had experienced emotional violence, but neither physical nor sexual violence, ranged from less than 5% in Rwanda; to around 10–15% in Cameroon, Kenya, Malawi, and Uganda; to almost 20% in Zimbabwe.

Experience of physical and/or sexual violence by various characteristics

The percentage of ever-married women who had experienced physical and/or sexual violence from their husband was examined according to education, urban-rural place of residence, women's and husband's characteristics. There were essentially no differences according to urban-rural place of residence in Malawi and Rwanda. Violence was slightly more common among urban women in Cameroon and among

rural women in Zimbabwe. In Uganda, the rural levels of violence were even higher than in urban areas.

In the three countries (Kenya, Uganda, Zimbabwe) where such violence was shown according to wealth quintiles, there was a pattern suggestive of the poorer the woman (the lower the quintile), the higher the levels of violence. However, (i) substantial amounts of violence were seen even for the highest quintile (25–47%); and (ii) there was slightly less violence among the poorest women compared to the next lowest quintile.

Differences in the levels of such violence according to the woman's current age were not consistent across the countries. Violence levels were somewhat lower for women in the youngest age group (15–19 years) in most countries. In Kenya and Rwanda, women in the oldest age groups experienced more violence. There was little difference reported between the age groups in Malawi and Zimbabwe. There was not a consistent pattern in Uganda.

The patterns of violence according to the woman's employment were not consistent across countries although they tended to be somewhat lower among those categorized as "not employed," and highest among those who were "employed, but not for cash." Those "employed for cash" tended to have values between these two groups. These findings warrant further analysis to elucidate the relationship between employment status and domestic violence.

Violence was substantial across all women's education categories, but tended to be somewhat lower among women with at least some secondary education, while violence among women with primary education tended to either be the highest or about the same as women with no education. Cameroon represents an exception where there was least violence among women with no education.

When comparisons were made in violence against women according to the husband's education, the patterns—within each country—were generally somewhat similar to those seen for women's education.

There was a strong association between the degree of controlling behavior by the husband and levels of violence experienced by women—the more controlling behaviors the husband possessed, the higher the percentage of women who had experienced violence (three countries reported this information: Cameroon, Rwanda, and Zimbabwe).

There was also a strong association between the percentage of women reporting violence and drunkenness among their husbands. However, it is important to emphasize that even among women whose husbands did not drink, violence levels were substantial.

This information should prompt action from advocacy groups, policy makers and program managers looking for answers on the nature and extent of the problem in order to develop policies and programs to address them.

Review of national planning documents

Is GBV addressed in national planning documents?
GBV is not consistently addressed in the national planning documents that were reviewed for each of the countries.

PRSPs: Five of the six PRSPs reviewed had some reference to GBV. Of these, only two countries discussed GBV in some detail (Kenya and Malawi), while the others (Cameroon, Rwanda, and Zambia) had minimal discussion.

Although the complete PRSP document was unavailable online for Uganda, a review of the summary and main objectives did not make any reference to GBV.

NPAs: Of the four NPAs reviewed, Uganda and Zambia approach GBV in a more comprehensive way than the PRSPs in general. Malawi has minimal discussion of GBV and Kenya has no discussion of the issue.

Therefore, for the countries for which we were able to review both the PRSP and the NPA, in a couple of cases, the more recent NPAs had less discussion of GBV as compared to the precursor PRSPs (Kenya and Malawi) and in other cases it was vice-versa (Uganda and Zambia).

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

In the national planning documents reviewed, GBV is not included in the list of overall priorities, nor is it addressed across multiple sectors. It is, however, usually discussed under the cross-cutting gender section or security/law enforcement sections. Little emphasis is placed on addressing GBV as a public health issue (including to the linkages with HIV/AIDS, reproductive health) and to school-related GBV. Although GBV is addressed in the narrative portion of some documents, in most cases, the implementation plans are very weak.

The review confirmed that the link between HIV/AIDS and GBV is rarely explicit in policy documents, including the PRSPs and NPAs. Several documents acknowledge the increased vulnerability of women and girls to HIV, but do not link them with GBV. Sexual harassment and abuse in schools, a form of GBV that has become rampant in Africa, has also not been adequately addressed in the national planning documents. Although GBV is discussed in a few documents (Malawi, Rwanda, and Uganda) in the context of possible reasons for low enrollment of girls in primary and secondary schools, the actions to address the problem in the implementation plans were either weak or non-existent.

Have DHS findings on domestic violence informed policies and programs in national planning documents?

DHS findings on domestic violence do not appear to be informing policies and programs in the national planning documents. While some countries cite DHS data for other health indicators, data from the DHS domestic violence module are not cited in any of the national planning documents of countries that could have benefited from the available data.

Also, the richness of the DHS data is not reflected in the way domestic violence is addressed in these documents. Domestic violence might be addressed, however the different aspects, such as occurrence, type, timing, perpetrators, are not referenced in the discussion. Also, no specific interventions geared toward the family or spousal/partner relationships were found.

GBV is a universal problem, irrespective of wealth, education, religion, economic or social status –violence is seen in all population subgroups. The domestic violence module that is part of recent DHS surveys represents important available evidence that governments can use to determine and address the priorities in their national planning documents.

This review suggests that domestic violence is a significant public health problem that needs to be recognized at the national level to ensure budgetary allocations. The review also showed that although GBV might be addressed in the

planning documents, the problem is not being approached multisectorally. Despite the availability of robust population-based quantitative information on domestic violence in the DHS surveys, national planning systems do not appear to be using it to determine priorities and to develop evidence-based policies and programs. This finding has serious implications for and raises the question on the optimum use of available data in developing national priority-setting documents.

Although national budgets have not been studied as part of this review, it is reasonable to estimate that the government's budget allocation for GBV in each of these countries is close to insignificant based on the lack of attention it is given in these documents. To ensure a consistent and sustainable national GBV response, the review calls for political pressure on governments and decision makers to recognize the magnitude of GBV and its need for a multisectoral response. The review also calls for continued investments of both time and resources in the areas of advocacy and political pressure for governments and decision-makers to recognize the magnitude of GBV, and respond in a coordinated and multisectoral manner. Furthermore, the review calls for continuous building of knowledge and evidence on GBV and finding effective ways to prevent it and respond so that policy makers recognize it as a priority issue and make wise investments.

Recommendations

For national governments

- Considering the proportions of domestic violence in each of these countries based on the DHS findings, governments need to acknowledge that domestic violence is a public health problem and needs to be officially recognized and addressed, via public policy and appropriate budget allocation.

- National growth and development strategies such as the PRSPs and NPAs are works in progress and are revised every 3–5 years. This presents a great opportunity for governments to recognize and address GBV using the GBV data available in the DHS reports. These national policy documents could and should address GBV in future versions to reflect national realities that impact the development and productivity of roughly half the population.

- The national GBV response should be multisectoral both at the policy and program levels involving at least health (including HIV/AIDS, reproductive health, and mental health), education, legal, criminal justice, human rights, social welfare and gender sectors.

- HIV/AIDS is a government priority in all national planning documents, but much remains to be done to emphasize the links between HIV/AIDS and GBV and the need to integrate GBV into HIV/AIDS efforts, rather than as an "add-on". Specifically, clear policy frameworks should address GBV across the HIV/AIDS prevention, treatment, and care and support spectrum.

- All African governments should include the domestic violence module in all future surveys (i) to establish the evidence-base for the magnitude of the problem in their countries, (ii) to be able to use these findings to inform the required policies, strategies, and programs and (iii) for continued monitoring of the issue. Countries also need to make a greater effort in using the data to inform their national growth and development priorities and strategies.

For USAID and other donors

- In countries that did not include the domestic violence module in the last DHS survey, USAID should advocate for its inclusion in the next DHS survey. All African countries should have at least one DHS survey that includes this module to have a clear baseline of where the country stands.

- Each USAID mission in Africa can play a key role in facilitating the dissemination of results from the DHS domestic violence module to in-country advocacy groups, national civil society and government officials, donors, and NGOs.

- USAID should coordinate GBV efforts among its own implementing mechanisms.

- USAID should coordinate its own GBV efforts with other donors.

For civil society organizations and advocacy groups

- Women's associations, men's groups against violence, youth groups, NGOs and civil society organizations should use the DHS findings to encourage governments to recognize gender-based violence as a priority issue in the country's development strategy.

- These groups should use the information from the DHS reports on domestic violence to insist on the need for the governments to allocate resources to address this issue.

- Increase awareness about GBV using the media and public forums to talk about why GBV is a multisectoral issue, including why GBV is a major public health concern.

- Clearly demonstrated contributing factors for GBV, such as alcoholism, are amenable to interventions and are potential obstacles to development that need to be addressed while tackling the public health priority of domestic violence in these countries.

- Specific evidence-based advocacy materials targeted towards policy makers and those involved in preparing the National Plans of Action should be developed. Examples are (i) country-specific chart books summarizing key DHS findings from the domestic violence module, and (ii) a guide on how countries can address GBV as a multisectoral issue in policy and strategy documents. Guidelines for using these materials are also desired.

For researchers

- Further country-specific analyses could be done on DHS data to elucidate the relationships between characteristics such as women's employment or women's education and levels of domestic violence.

- To link commitments to action, further research needs to be done in each of these countries to ascertain the budgetary allocation for issues relating to gender-based violence. Also, the scope of this review needs to be broadened to examine how GBV is being addressed in sector-specific strategies and budgets, especially health, education, gender, and legal sectors and at the community level. This can contribute to country-specific evidence-based advocacy efforts.

- More in-depth study is needed to examine if DHS findings on domestic violence are informing the sector policies or GBV action plans, and if not, why not and what is needed to increase utilization of this important quantitative data that is now becoming increasingly available.

1 Introduction

Gender-based violence (GBV) is a pervasive human rights issue with public health consequences.[1] Around the world, at least one in every three women has been beaten, coerced into sex, or otherwise abused.[2] GBV results in many negative consequences for women's emotional and physical health, it affects children and undermines the economic well-being of societies.

The growing body of evidence on violence and HIV/AIDS continues to confirm that violence is a lead factor in the "feminization" of the global AIDS epidemic and the disproportionately higher rates of HIV-infection among women and girls—who now represent at least half of those infected worldwide and about 60% of those infected in sub-Saharan Africa.[3,4,5,6] School-related GBV is also being increasingly documented as a widespread barrier to girls being able to attain equal education.[7]

GBV can be classified in different ways according to the type of act of violence (e.g., physical, sexual, emotional or psychological violence); the relationship between the victim and perpetrator (e.g., current or former intimate partner violence, rape by stranger etc.); or according to when violence occurs during the lifecycle of a woman (pre-birth to reproductive age).[8,9]

GBV is present in most societies but it often goes unrecognized and unreported. It is shrouded in a culture of silence, and often accepted as part of the "nature of things". Although reliable data on the prevalence of GBV remains scarce, especially in developing countries, a growing body of research confirms that the two most common forms of violence experienced by women are abuse by a husband or intimate male partner and coerced sex, whether it takes place in childhood, adolescence, or adulthood.[2] Intimate partner violence is almost always accompanied by psychological violence and, in one-quarter to one-half of cases, also by forced sex.[2]

Clarity of terminology is important to understand the dimensions and magnitude of GBV and to assess the related health consequences. Please refer to section 2 for terminology and appendix A for definitions.

Many governments do not accept the seriousness of GBV or its affect on the health and well-being of women, children, societies and economies. This, combined with a general lack of data, prevents GBV from receiving the attention it requires, and hence the level of human and financial resources needed to systematically address the issue across sectors.

Since the mid-1980s, the DHS program of Macro International (funded primarily by USAID) has provided assistance to more than 70 developing countries in the implementation of cross-sectional household surveys. DHS collects information related to fertility, mortality, family planning, maternal and child health and nutrition, HIV/AIDS, and other issues.

During the successive, and over-lapping, five-year phases of the program, new modules, such as the domestic violence module, have been developed for a number of special topics. Country implementing agencies are given the opportunity to include these modules during the DHS survey, in order to address important national problems.

Although domestic violence is just one aspect of GBV, the DHS survey is the main quantitative national level population-based survey available for most countries to measure the extent of this problem.

Since the DHS survey is a household survey, it focuses primarily on violence experienced by women 15 years[i] and older and violence within marriage. In sub-Saharan Africa, the DHS survey does not capture violence experienced by men or other family members such as children and elders. To date, DHS country reports with a domestic violence module have been published for eight sub-Saharan countries.[ii]

Two recently published multi-country studies on domestic violence—one by DHS and the other by WHO—did not focus on sub-Saharan Africa. Zambia was the only African country included in the 2004 DHS publication "Profiling Domestic Violence: A Multi-country Study".[13] Although the WHO 2005 study "WHO Multi-country Study[10] on Women's Health and Domestic Violence"[8] included Ethiopia, Namibia, and the United Republic of Tanzania, the cross-sectional survey was conducted only in a single rural setting in Ethiopia, a single large city in Namibia, and the capital city and one province in Tanzania.

GBV is a multisectoral problem that requires a multisectoral response.[8] First generation PRSPs, and the more recent second generation PRSPs (referred to in this document as the NPAs), were chosen for this review as they are multisectoral plans prepared by governments through a participatory process involving domestic stakeholders and external development partners. The documents provide an opportunity for countries to acknowledge and identify national issues and to commit national resources to address these priorities.

The main purpose of this desk review is to:

1. Assess the levels of domestic violence in sub-Saharan Africa by critically reviewing the findings from available, comparable national DHS reports; and

2. Examine whether the evidence generated by these DHS findings has been used to inform policies and programs as reflected in the country growth and development strategies, such as the first and second generation Poverty Reduction Strategy Papers (PRSPs).

These medium- to long-term strategies provide the basis for macroeconomic, structural and social policies and programs that promote national growth and reduce poverty. Therefore, they serve as national frameworks to guide and coordinate government and public investment for poverty reduction, as well as play a crucial role in development assistance and debt relief.

The rationale for including the second component (PRSPs and NPAs) to the review of DHS findings is that if a priority area is included in a country's framework for growth and development, it stood the chance of being considered by the Ministry of Finance in the budgeting process, and needs to be addressed in programs of the relevant technical ministries. Hence, it is important to ensure that the available DHS domestic violence data is used to inform decision makers in Africa who influence national development strategies.

i Of the countries in sub-Saharan Africa, the Uganda DHS is the only one that included questions on violence experienced by men in the domestic violence module.

ii The eight countries are Cameroon, Kenya, Rwanda, Malawi, South Africa, Uganda, Zambia, and Zimbabwe.

2 Methods

The terms "violence against women" (VAW) and "gender-based violence" (GBV) are often used synonymously. In this review, the term GBV is used because VAW cannot be understood in isolation from the gender norms and social structures that influence women's vulnerability to violence.[11]

Furthermore, unlike that of GBV, the definition of VAW does not clarify whether violence is derived from unequal power relationships in society, and these relationships are particularly important for the development of policies and programs to combat the problem.

Please refer to appendix A for definitions.

Each section of this review consists of two main components:

1. **Review of DHS reports with a domestic violence module:** This component of the review focuses on domestic violence as experienced by women. The DHS reports primarily refer to domestic violence as intimate partner violence or coerced sex. Additional operational definitions—of the different types of violence and the various perpetrators—based on DHS questionnaires are discussed in section 2.1.
2. **Review of national planning documents:** The review of the DHS results focuses on domestic violence, while the review of the national planning documents addresses GBV in its broader sense, as to include different forms of violence, such as physical, sexual and emotional violence.

2.1 Review of DHS reports with a domestic violence module

In this desk review, the findings are based on information published in DHS country reports. There is no analysis of primary DHS data. In some instances, calculations are made based on published figures; the results might be slightly off due to rounding.

Country selection: This publication includes information on domestic violence from DHS reports in seven sub-Saharan African countries: Cameroon (2004), Kenya (2003), Malawi (2004), Rwanda (2005), Uganda (2006), Zambia (2001–2002), and Zimbabwe (2005–2006).

The structure of the questionnaire and the format of the South Africa DHS report (1998) differ substantially from the other seven countries. Hence, information from South Africa has not been included. The DHS domestic violence module has recently been included in additional surveys in the sub-Saharan region: Democratic Republic of Congo (DRC), Liberia and Mali. These surveys are either ongoing or country reports are not yet available, and have therefore not been included in this review.

Survey respondents/sample: Survey respondents are women 15–49 years of age. In almost all countries where information related to domestic violence was included in the questionnaire, at most one woman in each household was interviewed. In some surveys, questions on domestic violence were asked in only a subset of the households. Respondents were selected on a de facto basis: one criterion for attending an interview was that the person stayed in the selected household the night before the

interview—therefore some respondents could have been visitors to the household.

Survey questions on domestic violence: The domestic violence module that DHS surveys offer to countries consists of comparable questions based on experiences within the context of the DHS program and elsewhere. Where this module is used, it generally allows comparisons across countries and over time in the same country.

Definitions of types of violence: The questions used to define physical, sexual, and emotional violence for each survey included in this review are summarized in the country notes in section 6 of this review. The description of violence questions from the 2003 Kenya DHS survey (page 13) provides an example of the approach used to gather information and define physical, sexual, and emotional violence.

In general, the questions and approaches are similar in all the surveys, with some differences in the phrasing of a few questions between countries. In Zambia (2001–2002), the oldest of the surveys, the respondent was not given as many opportunities to answer "yes" to a question of whether she had experienced physical or sexual violence as in the other countries, and there were some differences in the specific questions asked. However, the disclosure level appears not to have been affected and the results are comparable with the other surveys. In some DHS surveys, e.g., Uganda (2006), additional questions on coerced sex formed a part of the survey.

Descriptions of other variables: The richness of the DHS data allows an examination of violence according to a number of background characteristics. These characteristics demonstrate that, although there are some differences, domestic violence cuts across all population subgroups, and because many of the characteristics can be addressed by policy changes.

In the tables in the DHS reports, the urban-rural place of residence is based on the location of the household where the respondent was interviewed; this sometimes differs from the location of the household where the respondent usually resides.

There are small differences in the categories used for reporting levels of education, e.g., some DHS reports show the findings separately for 'primary incomplete' and 'primary complete' while others use just one category: 'primary'. Some reports combine secondary and higher education into one category: 'secondary and higher'.

A wealth index (or relative wealth index), developed by the DHS program and the World Bank, uses information on several household characteristics (including household assets, dwelling types, drinking water source and sanitation facility) and principal components analysis to give a score to each household member. Only some survey reports presented findings by wealth index quintile.

Women were asked several questions about their work. The survey reports show findings according to whether respondents were employed or not, and if they were paid in cash.

Findings on domestic violence are shown according to the husband's controlling behavior, as reported by the respondent. A score was calculated for some countries based on the number of controlling behaviors. Such behaviors included the husband not permitting the woman to meet her female friends, frequently accusing her of being unfaithful, not trusting her with money, or limiting her contact with her family.

Examples of DHS survey questions in domestic violence modules

The Kenya (2003) DHS survey included questions about physical, sexual, and emotional violence experienced by women and inflicted by anyone, including her husband/partner. There were more questions asked in reference to violence by her husband/partner. The women were asked:

Does your husband or partner ever:[i]

1. Push you, shake you, or throw something at you?
2. Slap you or twist your arm?
3. Punch you with his fist or with something that could hurt you?
4. Kick or drag you?
5. Try to strangle you or burn you?
6. Threaten you with a knife, gun, or other type of weapon?
7. Attack you with a knife, gun, or other type of weapon?
8. Physically force you to have sexual intercourse with him even when you did not want to?
9. Force you to perform any sexual acts you did not want to?

For each question with a "yes" answer, the woman was asked how many times the incident occurred in the past year.

Evidence of physical violence was based on an answer of "Yes" to questions 1 through 7

Evidence of sexual violence was based on an answer of "Yes" to either question 8 or 9

The following questions were asked to assess whether a respondent had experienced emotional violence:[ii]

Does your husband or partner ever:[i]

1. Say or do something to humiliate you in front of others?
2. Threaten you or someone close to you with harm?

Evidence of emotional violence was based on an answer of "Yes" to at least one of these questions.

All women were asked whether they had experienced violence by anyone:

1. From the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?

Those who answered "yes," were asked who had done this and how often it occurred in the past 12 months.

In addition, questions about whether women had experienced physical violence during any pregnancy were asked in all but two of the surveys (Kenya and Zambia). Please see the country notes in section 6 for example questions.

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i Among women who were no longer married, the question was phrased, "Did your last husband/partner ever do any of the following things to you?"

ii This reports uses the term "emotional", because it is used in the DHS country reports to refer to verbal violence. However, it is recognized that all types of violence—physical, sexual, verbal—are means of inflicting emotional violence.

Survey reports present the occurrence of violence according to the husband's use of alcohol. Findings are shown according to four categories: (i) does not drink; (ii) drinks alcohol, but never gets drunk; (iii) gets drunk sometimes; and (iv) gets drunk very often.

2.2 Review of national planning documents

Data sources: The review of the national planning documents is based on publicly available information obtained online through internet searches. (For a complete list of documents reviewed, please see Appendix B). For each country, this review focused on two sets of documents:

1. *Poverty Reduction Strategy Papers (PRSPs)*: were prepared by low income countries—as a result of an approach that was initiated by the International Monetary Fund (IMF) and the World Bank in 1999—to provide the basis for assistance from the World Bank and the IMF as well as debt relief under the Heavily Indebted Poor Countries Initiative (HIPC). These documents are commonly referred to as the "first generation PRSPs."

2. *Second generation PRSPs:* the Poverty Reduction Strategy process evolved to allow countries greater flexibility and ownership in the design of realistic macroeconomic frameworks that are linked more to their national strategies and budgets and less to the priorities of the World Bank and IMF. The more recent medium- to long-term national planning frameworks are referred to a "second generation PRSPs" and form the second set of documents reviewed for each country. Because these documents are titled differently in every country, we refer to them in this publication as the national plans of action (NPAs).

This review considers both sets of documents for Malawi, Uganda and Zambia. Kenya submitted an interim PRSP before preparing its NPA, so these two documents were reviewed. For Cameroon and Rwanda, only the PRSPs were reviewed since the NPAs are still under development and not available at the time this review was conducted. Zimbabwe has not prepared a PRSP and the 2009–2013 NPA titled "Economic Development Strategy" is under development. Copies of previous national planning documents were unavailable to review, such as the Poverty Alleviation Action Plan (PAAP) or the Zimbabwe Programme for Social Transformation (ZIMPREST).

Scope of the search: This review deliberately focuses on PRSPs and NPAs because unless governments articulate their commitment to addressing GBV through well-defined policies and strategies across multiple sectors (including health, education, criminal justice, judicial, human rights and gender) in its overall growth and development framework, it is highly unlikely that the required resources will be allocated to achieve the desired reduction in GBV in a systematic and sustainable manner.

The process of reviewing documents: The national planning documents were reviewed systematically in multiple ways in order to examine the extent to which GBV was addressed.

1. Using search features and searching systematically for words such as gender-based violence, domestic violence, violence, sexual abuse, rape, sexual harassment, sexual assault, victims, human rights etc. This helped identify sections within the documents where GBV might or might not be addressed.

2. Reviewing sections of documents that list priorities to see if GBV was included.

Examining the priority that gender was given in planning documents, in relation to the main lists of priorities.

3. Reviewing specific sections pertaining to health, education, gender, human rights, and law enforcement.

4. Examining the implementation matrix or plan of action in detail and the corresponding list of monitoring indicators cited in the appendices for GBV-related indicators. Comparing the plans discussed in the text with actual priority actions and indicators in the implementation plans.

5. Examining the use of DHS data in documents, specifically for domestic violence, GBV, and as a source of data for health indicators.

Presentation of findings

The DHS findings in this publication are presented in Section 3, "Findings", and in Section 6, "Country notes", as follows:

Component 1: Review of DHS reports with a domestic violence module

Physical violence inflicted by anyone:

- Among all women, and according to marital status
- Perpetrators of violence
  - Husband versus other perpetrator
  - Teachers as perpetrators
- Physical violence during pregnancy

Violence inflicted by husband

- Forms of violence
  - Physical, sexual and emotional
  - Combinations of types of violence
- Physical and/or sexual violence by various characteristics
  - Timing of violence in relation to the marriage
  - Background characteristics: urban/rural place of residence, wealth quintile
  - Woman's characteristics: current age, employment, level of education
  - Husband's characteristics: level of education, controlling behavior, alcohol use

Component 2: Review of national planning documents

This component focused on answering the following three questions:

1. Is GBV addressed in national planning documents?
2. In what sections of national planning documents is GBV addressed and is it included in the list of priorities?[i]
3. Have DHS findings on domestic violence informed policies and programs in national planning documents?

i In addition to addressing overall priorities, additional commentary is provided on how these documents address the link between HIV/AIDS and GBV, and sexual harassment and abuse in schools.

3 Findings

This section presents the findings of the desk review, organized under (1) review of DHS reports with a domestic violence module, and (2) review of national planning documents.

3.1 Review of DHS reports with a domestic violence module

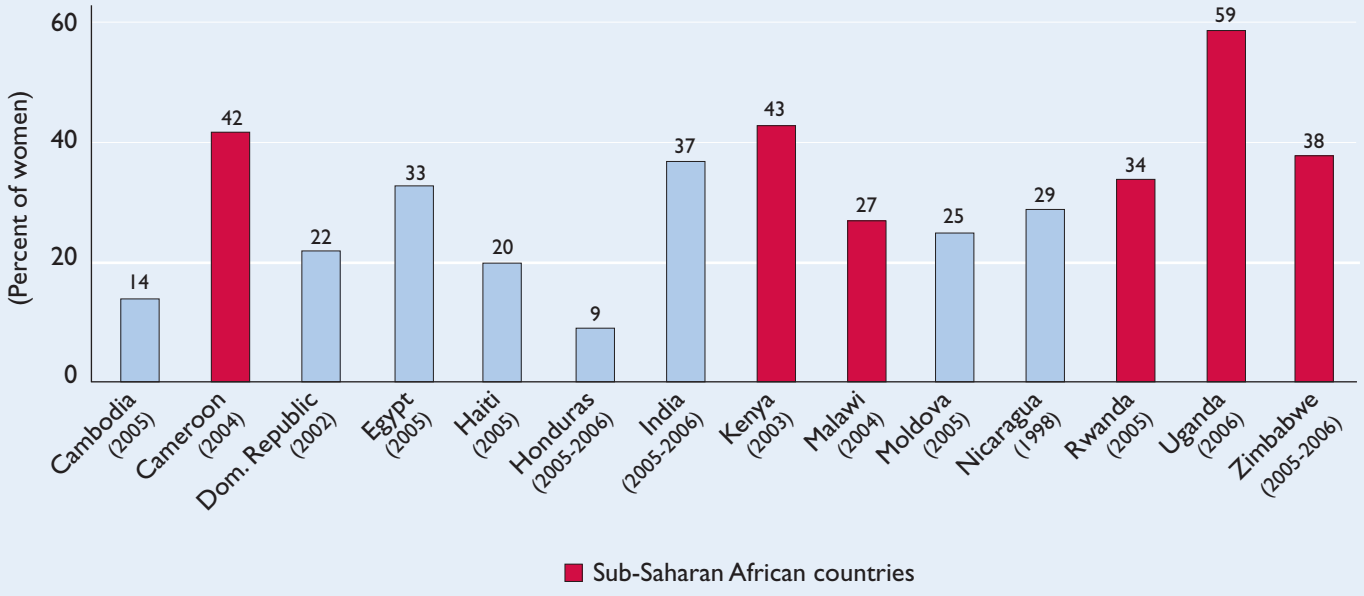
Information from seven DHS reports with a domestic violence module is used, not as an analysis of the data files, but as the basis for the DHS findings presented in this publication. In some cases, findings were taken directly from country reports and, in other instances, calculations have been made from the information presented in the country reports.

Although the seven surveys are comparable, they are not always identical (e.g., some country reports use ever-married women as the denominator when results reported the differentials in violence levels among all women, while other reports appear to have excluded widowed women from the denominator).

Serving as an introduction, figure 3.1 compares women's experiences of physical and/or sexual violence inflicted by a husband from selected DHS results around the world, including six of the seven sub-Saharan countries focused on in this review (shown in red).

Figures 3.2 onwards present findings from the seven sub-Saharan African countries, and follow the outline provided on page 16.

Figure 3.1 Among married women, the percentage who ever experienced physical and/or sexual violence by their husband–selected DHS results



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DHS information on physical and/or sexual violence from the seven sub-Saharan African countries and from selected surveys in other regions

The percentage of ever-married women who reported experiencing physical and/or sexual violence by their husbands ranged from 27% in Malawi to 59% in Uganda for the sub-Saharan African countries, and from 8% in Honduras to 37% in India for countries in other regions (figure 3.1). At the end of this section, differentials in the levels of this type of violence are presented for various population subgroups in the seven sub-Saharan African countries.

Physical violence inflicted by anyone—among all women, and according to marital status

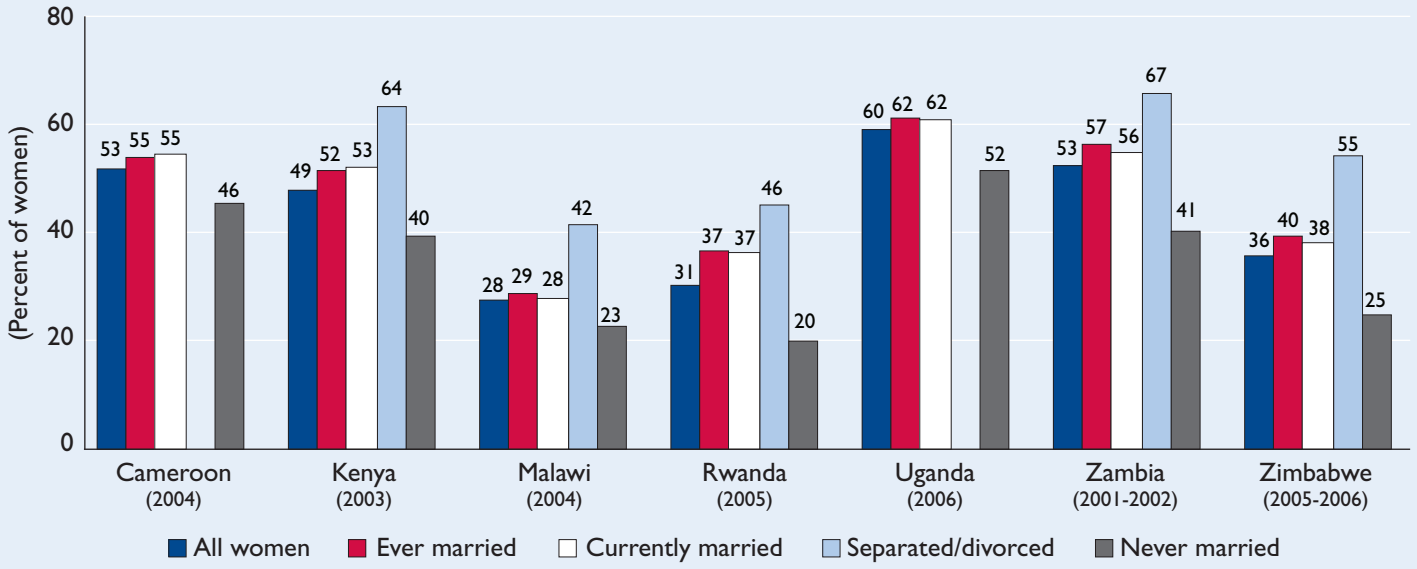
The proportion of all women who reported violence inflicted by anyone (since 15 years of age) is high in all countries (table 3.1). Physical violence has been experienced by one-quarter to one-third of women in Malawi, Rwanda, and Zimbabwe; by half of the women in Cameroon, Kenya, and Zambia; and by 60% of Ugandan women.

Figure 3.2 and table 3.1 show the experience of physical violence according to women's marital status. The results show little or no difference between ever-married and currently married women. The percentage among all women, regardless of martial status, tends to be slightly lower than for ever-married and currently married women (the largest difference of six percentage points is observed for Rwanda). This reflects the fact that the occurrence of violence among women who have never married is lower than for all the other groups.

However, the results show a large difference between countries (20–52%) in the percentage of never-married women who have experienced physical violence.

Among ever-married women, the percentage who reported experiencing physical violence during their lifetime ranged from 30–40% in Malawi, Rwanda, and Zimbabwe, to 50–60% in Kenya, Cameroon, Zambia, and Uganda.

Figure 3.2 Occurrence of physical violence inflicted by anyone on women (15–49 years at the time of the survey) by marital status



Notes: Violence experienced since 15 years of age among women 15–49 years at the time of the survey. Information for separated/divorced women was not published for all countries. Based on information from DHS country reports.

Created by: Africa's Health in 2010

Table 3.1 Physical violence by anyone among all, ever-married, currently-married women, separated/divorced and never-married women (15–49 years of age)

Country (DHS year)	Percentage of women aged 15–49 years who experienced physical violence by anyone		Number of women
	Ever in their lifetime	In the past 12 months	
All women			
Cameroon (2004)	52.5	45.1	3,290
Kenya (2003)	48.7	25.1	5,878
Malawi (2004)	28.1	14.5	9,701
Rwanda (2005)	30.7	19.4	4,066
Uganda (2006)	59.9	34.4	2,087
Zambia (2001–2002)	53.2	23.5	5,029
Zimbabwe (2005–2006)	36.2	(a)	6,293
Ever-married women			
Cameroon (2004)	54.7	54.1	2,453
Kenya (2003)	52.4	28.3	4,116
Malawi (2004)	29.1	15.3	8,053
Rwanda (2005)	37.2	24.9	2,506
Uganda (2006)	62.2	35.5	1,598
Zambia (2001–2002)	57.2	24.3	3,791
Zimbabwe (2005–2006)	40.1	(a)	4,658
Currently married women			
Cameroon (2004)	55.4	55.2	2,160
Kenya (2003)	52.9	31.0	3,508
Malawi (2004)	28.3	15.9	6,856
Rwanda (2005)	36.9	25.5	1,963
Uganda (2006)	61.9	38.1	1,304
Zambia (2001–2002)	55.8	25.9	3,057
Zimbabwe (2005–2006)	38.8	(a)	3,694
Separated/divorced women			
Cameroon (2004)	(b)	(b)	(b)
Kenya (2003)	64.4	19.6	348
Malawi (2004)	42.2	16.5	832
Rwanda (2005)	46.0	32.4	375
Uganda (2006)	(b)	(b)	(b)
Zambia (2001–2002)	66.8	22.3	489
Zimbabwe (2005–2006)	55.0	(a)	495
Never-married women			
Cameroon (2004)	46.2	18.7	837
Kenya (2003)	40.1	17.7	1,762
Malawi (2004)	23.1	10.8	1,647
Rwanda (2005)	20.2	10.5	1,560
Uganda (2006)	52.4	30.9	489
Zambia (2001–2002)	41.0	21.1	1,237
Zimbabwe (2005–2006)	25.1	(a)	1,635

(a) Not in report (b) Included with widowed women in the report

Table 3.1 shows a clear relationship between women's marital status and their encounter with violence. In the five countries where this information was reported, divorced or separated women were more likely to have been subjected to physical violence than currently married women. Among separated or divorced women, physical violence was reported by more than 40% of women in Malawi and Rwanda, by about half in Zimbabwe, and by around two-thirds in Kenya and Zambia. This is probably related to the fact that violent behavior by a spouse is often a cause for the disruption of marriage.

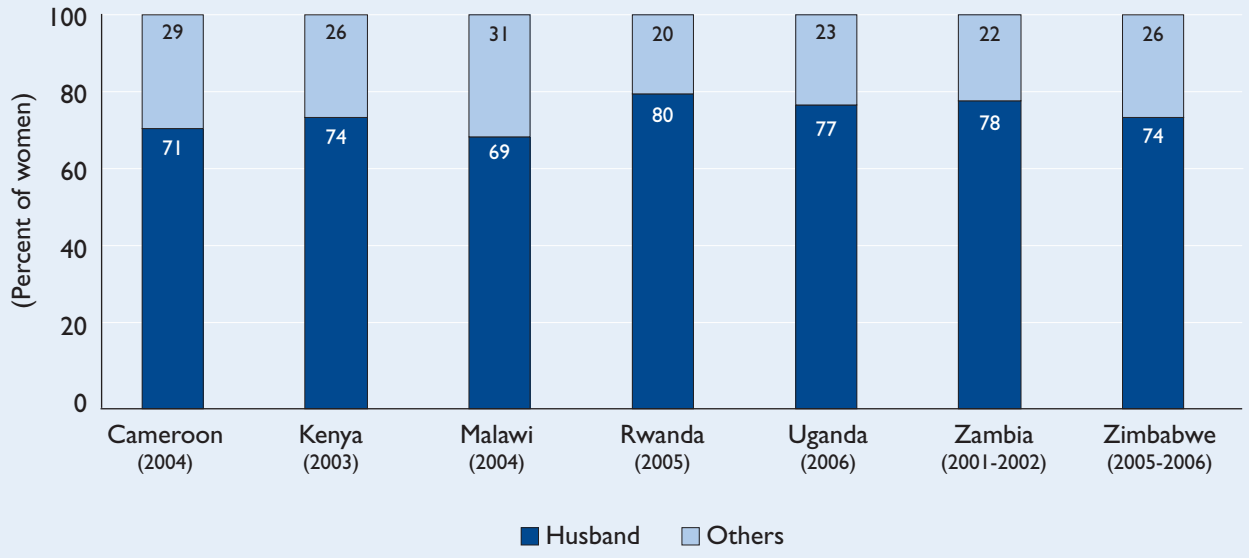
Among ever-married women who had experienced physical violence after the age of 15, the proportion[i] who reported such violence in the past 12 months ranged from more than one-third (Kenya) to two-thirds (Rwanda). The pattern was similar—although the proportion was slightly higher—among currently married women in the other countries. Cameroon proved to be the exception, with almost all ever-married women having experienced violence in the past year (table 3.1–panel for "ever-married women").

Physical violence inflicted by anyone–perpetrators of violence

Husband versus other perpetrator

Among ever-married women who reported experiencing physical violence at any time since 15 years of age, a large proportion (70–80%) reported their husband as a perpetrator (figure 3.3).[ii]

Figure 3.3 Among ever-married women who ever experienced physical violence, the percent distribution of perpetrators of violence (husbands or other perpetrator)



Notes: Violence experienced since 15 years of age among women 15-49 years at the time of the survey. Information is only for current husband for four countries (Kenya, Zambia, Uganda, Zimbabwe). Based on information from DHS country reports.

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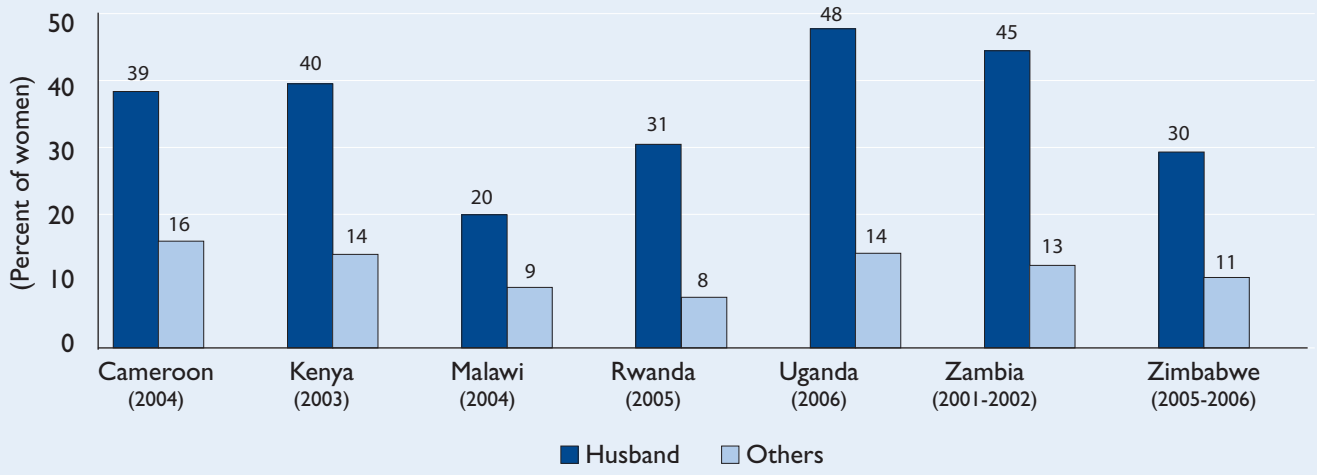
i Those who experienced violence in the past 12 months as a proportion of those who had ever experienced violence.

ii For four countries, Kenya, Zambia, Uganda, and Zimbabwe, the published information is for current husband only; for these countries the "other" category includes former husbands / partners.

Figure 3.4 Among ever-married women, the percentage who ever experienced physical violence inflicted by their husband and by anyone other than their husband



Notes: Violence experienced since 15 years of age among women 15-49 years at the time of the survey. Information is only for current husband for four countries (Kenya, Zambia, Uganda, Zimbabwe). Based on information from DHS country reports.
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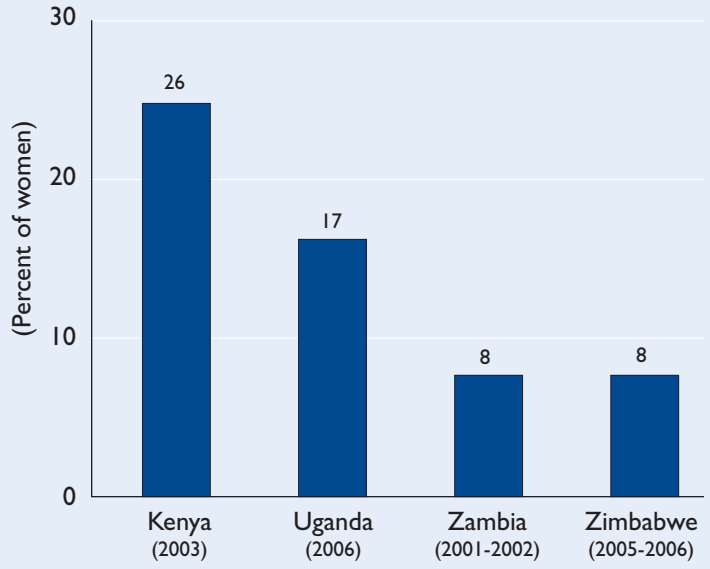
Figure 3.4 illustrates a different view of perpetrator information: among ever-married women, the percentages that have ever experienced physical violence by their husband/ partner and by anyone other than their husband/partner are shown side by side. Between one-fifth and one-third of ever-married women in Malawi, Rwanda and Zimbabwe have been subjected to violence by a husband, compared to 40–50% in Kenya, Cameroon, Uganda and Zambia.

Teachers as perpetrators

Four of the seven country reports include information on perpetrators of violence, other than husbands. Teachers were identified as perpetrators by 8% of women who experienced physical violence in Zimbabwe and Zambia, by 17% in Uganda, and 26% in Kenya (figure 3.5).

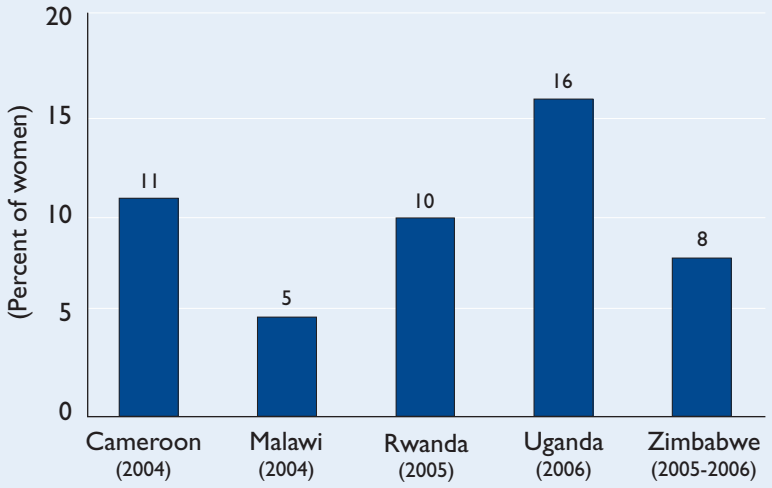
Among the never-married women who had experienced physical violence, a substantially higher percentage reported a teacher as a perpetrator (findings not shown).

Figure 3.5 Among all women who ever experienced physical violence, the percentage who reported teachers as perpetrators



Notes: Violence experienced since 15 years of age among 15–49 years at the time of the survey. Information is not available for Cameroon, Malawi, Rwanda. Based on information from DHS country reports.
Created by: Africa's Health in 2010

Figure 3.6 Among respondents, the percentage who reported experiencing physical violence during pregnancy



Notes: Violence experienced during any pregnancy among women 15–49 years at the time of the survey (this information is not available for Kenya or Zambia). Based on information from DHS country reports.
Created by: Africa's Health in 2010

It is important to note DHS survey interviews were not designed to illuminate the problem of violence in and around schools, and no questions were tailored to gather data of this kind. However, one of the possible responses to identify perpetrators was "teacher"; but the respondent had to mention this spontaneously. Since there were no instructions for the interviewer to probe, we can assume the percentages represent underestimates. Hence, the percentage of women who had experienced physical violence and indicated "teacher" as the perpetrator strongly suggests the need to specifically examine and address this issue in settings where it is not already being focused on.

Physical violence inflicted by anyone–physical violence during pregnancy

Women who had children, including those pregnant at the time of the interview, were asked if they experienced physical violence or mistreatment during any pregnancy. This infor-

Table 3.2. Type of violence (physical, sexual, emotional) by their husband/partner among ever-married women

Country (DHS year)	Percentage who reported each type of violence and various combinations of violence									
	(a) Emotional	(b) Physical	(c) Sexual	(d) Physical and/or sexual	(e) Physical and sexual	(f) Physical, but not sexual	(g) Sexual, but not physical	(h) Emotional, but not physical, and not sexual	(i) Emotional and/or physical and/or sexual	(j) Emotional and physical and sexual
Cameroon (2004)	27.9	38.6	13.9	42.4	10.1	28.5	3.8	6.6	49.0	7.0
Kenya (2003)	25.5	39.8	15.7	42.9	12.6	27.2	3.1	4.4	47.3	8.3
Malawi (2004)	12.7	20.0	13.4	26.6	6.8	13.2	6.6	3.5	30.1	3.6
Rwanda (2005)	12.1	30.7	12.9	33.8	9.8	20.9	3.1	1.5	35.3	4.4
Uganda (2006)	48.6	48.0	35.5	59.1	24.4	23.6	11.1	8.8	67.9	–
Zambia (2001–2002)	–	57.2	13.7	–	–	–	–	–	–	–
Zimbabwe (2005–2006)	27.3	29.5	18.9	38.2	10.2	19.3	8.7	8.9	47.1	–

mation is available for five of the countries: Cameroon, Malawi, Rwanda, Uganda, and Zimbabwe. Physical mistreatment during pregnancy was most common in Uganda, reported by 16% of respondents (figure 3.6). Somewhat fewer women experienced violence during pregnancy in the other countries: around 10% in Cameroon and Rwanda, 8% in Zimbabwe and 5% in Malawi. For Cameroon and Rwanda, the perpetrators were reported to be the husbands in 75–80% of cases.[i]

Violence inflicted by husband–forms of violence

Physical, sexual and emotional violence

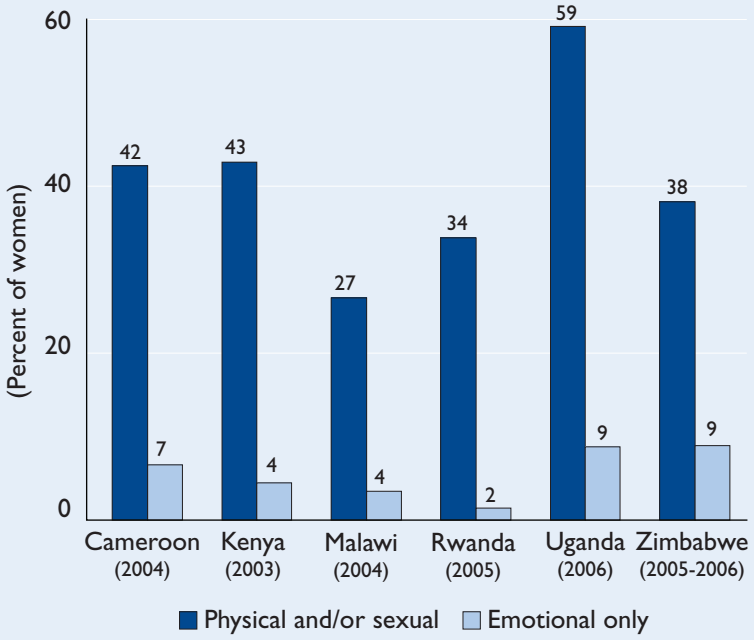
Table 3.2 summarizes the results, among ever-married women, regarding whether their husbands had committed physical, sexual or emotional violence.

- Physical violence was experienced by 20% in Malawi, 30% in Rwanda and Zimbabwe; almost 40% in Kenya and Cameroon; and around 50% in Zambia and Uganda.
- Sexual violence was reported by 13–16% in Malawi, Rwanda, Kenya, Cameroon, and Zambia; by almost 20% in Zimbabwe; and over 30% in Uganda.
- Levels of emotional violence range from 12% to almost 30%, except in Uganda where about 50% of the respondents reported experiencing emotional violence.

Combinations of types of violence

Table 3.2 shows some of the numerous possible combinations of physical, sexual, and emotional violence. Figure 3.7, which uses the information in table 3.2, depicts aspects of this picture of violence by showing, in the dark blue bar, the percentage of women who reported physical and/or sexual violence (whether or not they also experienced emotional violence). The light blue bar shows the percentage of women who reported emotional violence only.

Figure 3.7 Among ever-married women, the percentage who have experienced from their husband: (i) physical and/or sexual violence, and (ii) emotional violence, but neither physical nor sexual violence



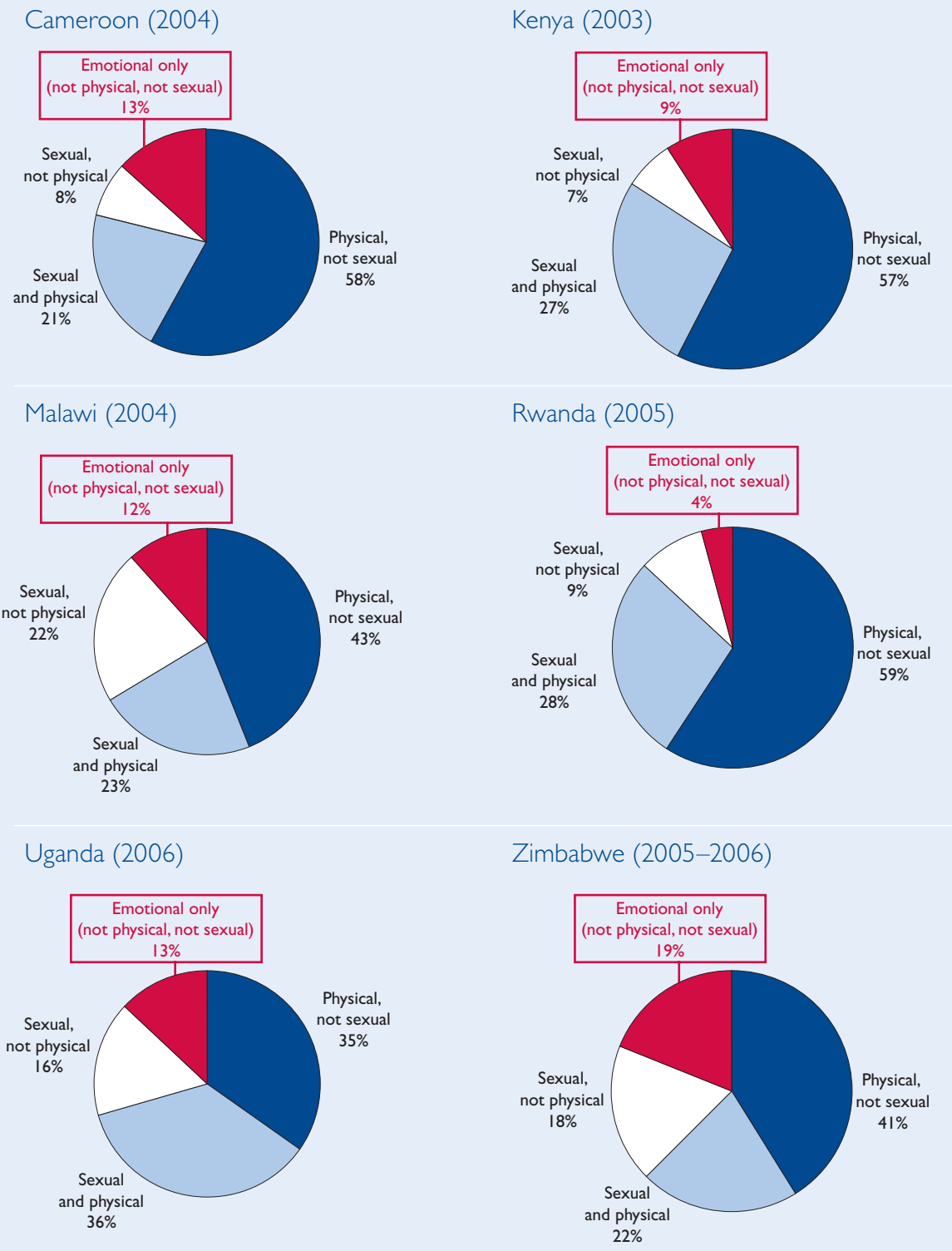
Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. This information is not available for Zambia 2001-2002. Based on information from DHS country reports.
Created by: Africa's Health in 2010

One-quarter of ever-married women in Malawi experienced physical and/or sexual violence. The levels of violence are even higher in Rwanda, Zimbabwe, Kenya, and Cameroon (34–43%) and highest in Uganda (about 60%).

Figure 3.8 is another approach to depict the types of violence among the ever-married women who experienced violence from their husband or partner.[ii] Among these women, those who experienced only emotional violence (4–19%) represent a small proportion. The vast majority (80–90%) experience physical and/or sexual violence. Sexual violence has been experienced by about one-quarter to one-half of women reporting violence by her husband.

i The remaining country reports did not provide information about the perpetrator of the violence during pregnancy.
ii The slices in the pie diagrams are derived from columns (e) through (h) in table 3.2, which represent non-overlapping categories: all those who have experienced violence fall into one of these categories.

Figure 3.8 Among women who have ever experienced violence from their husband/partner, the distribution of the type of violence, by country



Notes: For Kenya, Malawi, Rwanda, Uganda and Zimbabwe, women who experienced physical and/or sexual violence may also have experienced emotional violence. Based on information from DHS reports.

Created by: Africa's Health in 2010

Violence inflicted by husband–physical and/or sexual violence by various characteristics

Timing: how soon after marriage did the violence first occur?

The time of the first occurrence of violence by husband or partner in relation to the time of marriage, among currently married women who had been married for 10 years or longer, and who had experienced physical and/or sexual violence from their husband, is shown in table 3.3.

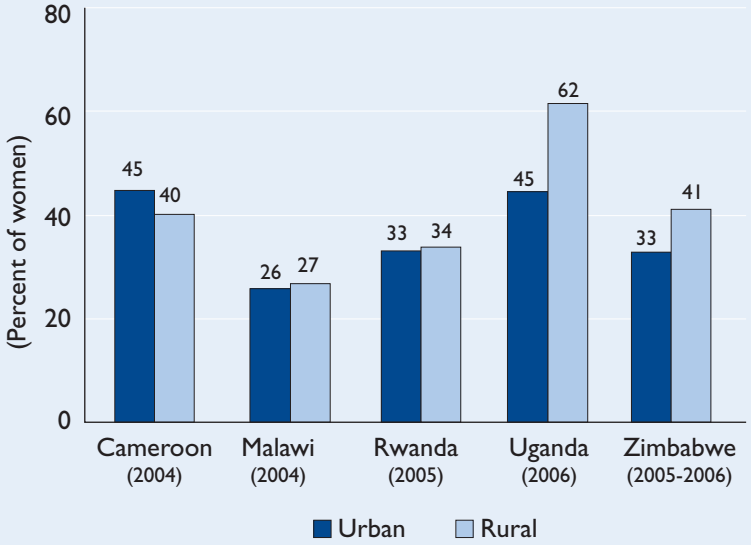
A range of 28–39% of women reported initially experiencing violence in the first three years of marriage. The first experience of violence took place in year three through year six in 26–34% of the women. A smaller percentage, 10–20% initially encountered violence in years 6–9 of the marriage.

Background characteristics

Urban/rural place of residence

In Malawi and Rwanda, two of the five countries with information about urban/rural place of residence, there are no differences in the percentage of ever-married women who have experienced violence by their husband (figure 3.9). Violence is somewhat less common in rural areas in Cameroon, and slightly more common in rural areas in Zimbabwe. In Uganda, there is more violence in rural than urban areas with a percentage point difference of 17.

Figure 3.9 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to urban-rural place of residence



Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. This information is not available for Zambia 2001-2002. Based on information from DHS country reports.

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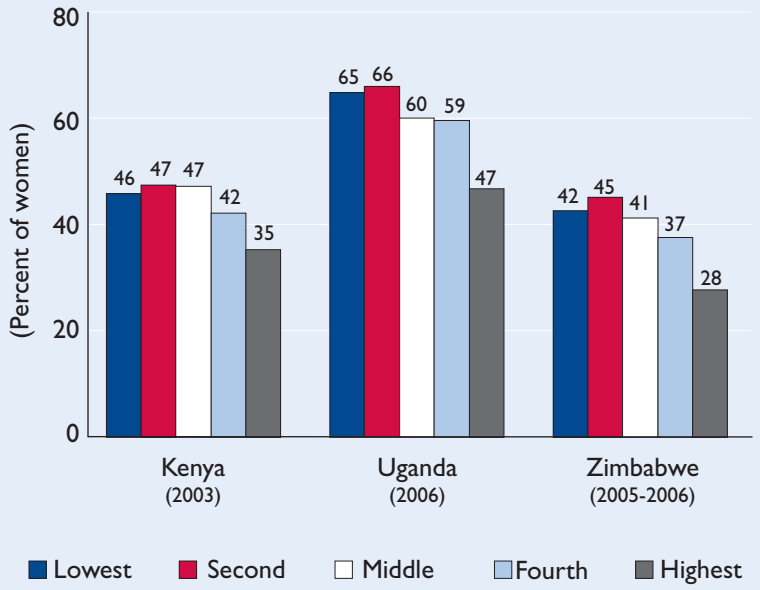
Table 3.3. Among currently married women who have experienced physical and/or sexual violence by their husband and who have been married for 10 or more years, the percentage distribution of number of years between marriage and first experience of violence

	PERCENTAGE							
Country (DHS year)	Before marriage	<3 years	3–5 years	6–9 years	10+ years	Don't know/ missing	Total	Number of women
Cameroon (2004)	2.4	34.0	33.9	14.4	13.1	2.1	100.0	369
Kenya (2003)	0.8	27.8	29.9	19.7	20.6	1.3	100.0	793
Malawi (2004)	1.5	35.2	27.1	16.8	17.5	1.8	100.0	625
Rwanda (2005)	0.0	34.2	30.4	9.9	24.2	1.3	100.0	320
Zimbabwe (2005–2006)	0.8	39.2	25.7	16.5	16.5	1.4	100.0	525

Figure 3.10 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to wealth quintile



Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. Based on information from DHS country reports.
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Wealth quintile

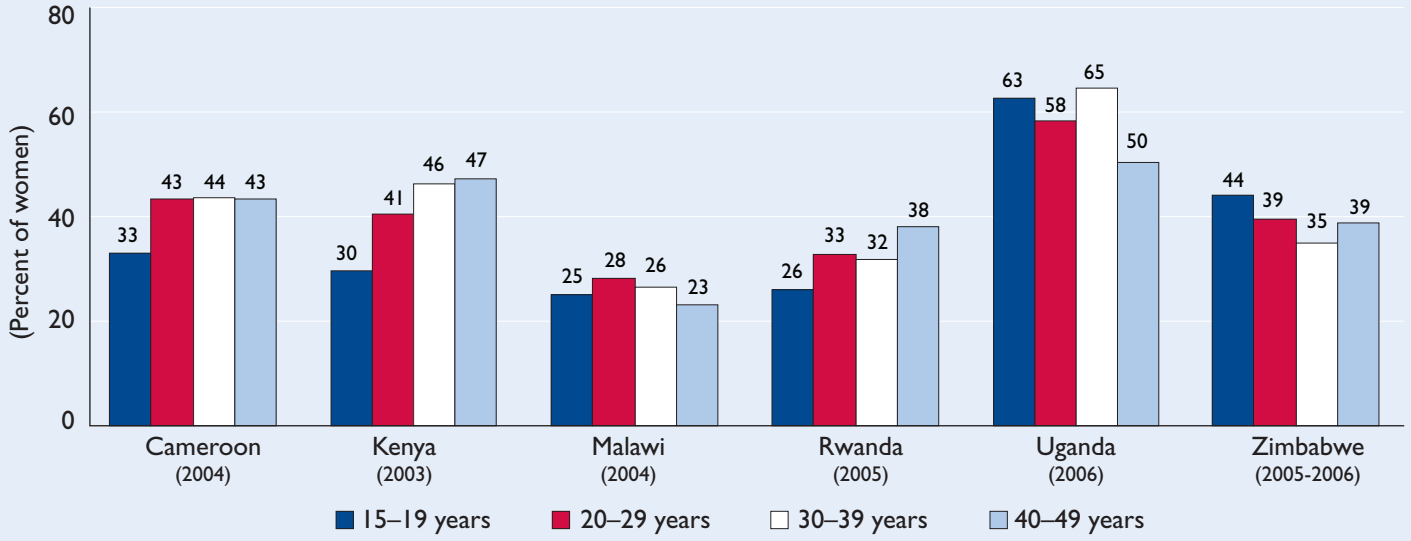
For Zimbabwe, Kenya, and Uganda, information has been published in country reports associating domestic violence among ever-married women with the poverty-wealth index. In all three countries, there is an upward trend in violence as poverty increases (figure 3.10). However, the differences between the groups are not very large, and a substantial amount of violence is also seen among women in the highest wealth quintiles.

Woman's characteristics

Woman's current age

Figure 3.11 presents the level of physical and/or sexual violence ever experienced by ever-married women according to their current age. Six of the countries are represented, since information was not included in the Zambia country report. In most of the countries, there are differences in violence according to the woman's age; however, the pattern is not consistent across countries. In Rwanda and Kenya, violence levels were lowest in the youngest

Figure 3.11 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to the woman's current age



Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. This information is not available for Zambia 2001-2002. Based on information from DHS country reports.
Created by: Africa's Health in 2010

age group (15–19 years), being 26% and 30% respectively; and increased steadily to 38% and 47% respectively in the oldest age group (40–49 years). In Cameroon, the percentage is lowest (33%) among the youngest women; with the percentage for the remaining age groups about 10 percentage points higher. In Zimbabwe and Uganda, a high percentage of women experienced violence in the youngest age group, and there is a tendency to less violence as age rises; however, this pattern is not steady. In Malawi, where there are smaller differences between the age groups; there is a trend toward decreasing violence as age increases.

Figure 3.12 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to woman's employment

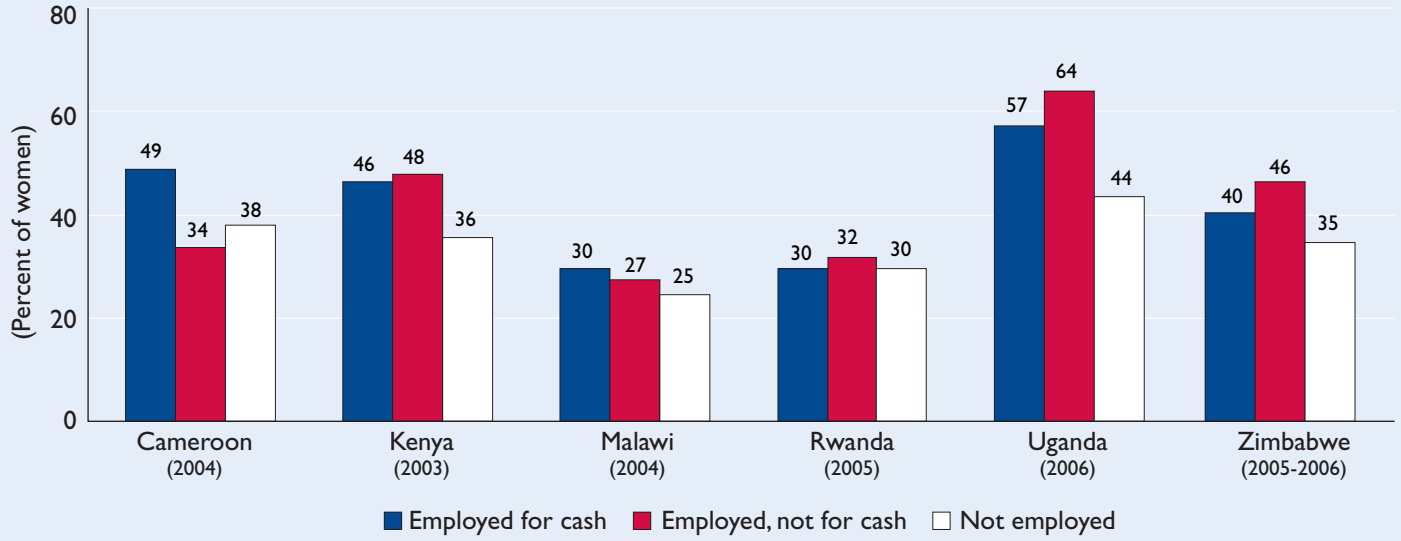
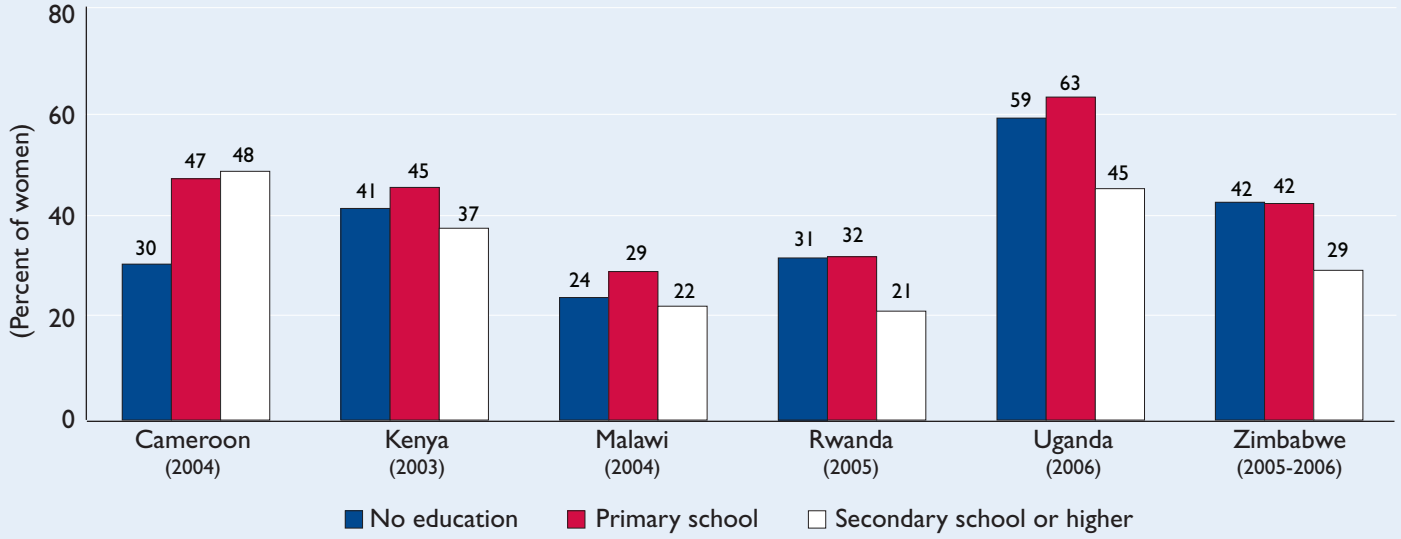


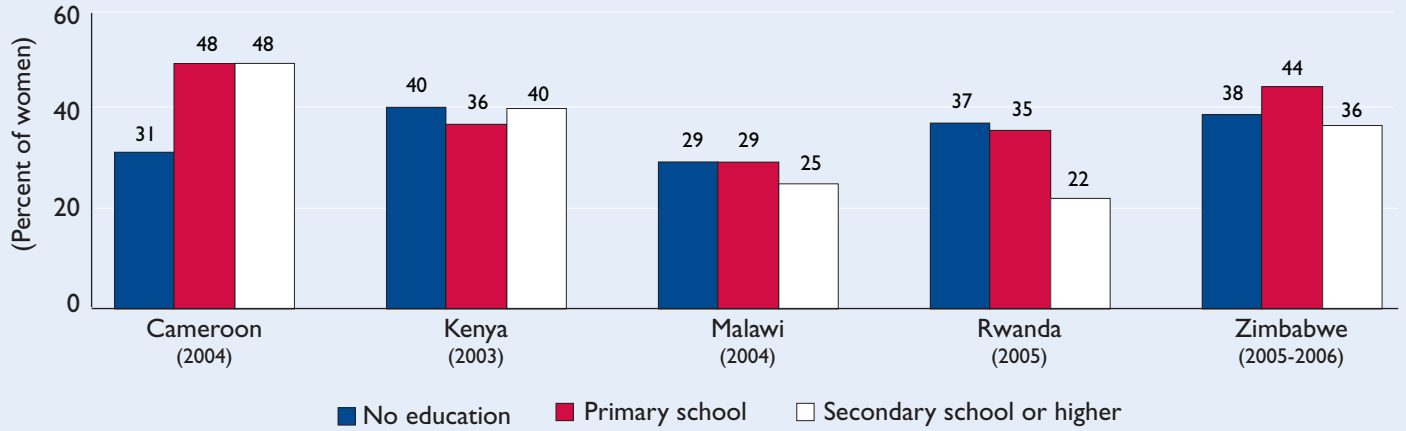
Figure 3.13 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to the woman's level of education



Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. This information is not available for Zambia 2001-2002. Based on information from DHS country reports.

Created by: Africa's Health in 2010

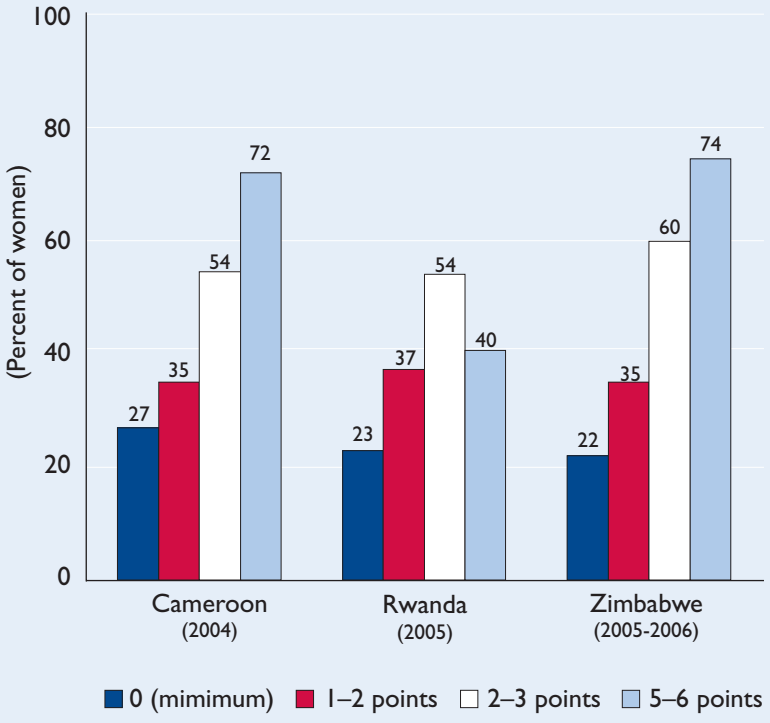
Figure 3.14 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to husband's level of education



Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. Based on information from DHS country reports.

Created by: Africa's Health in 2010

Figure 3.15 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to the degree of controlling behavior by the husband



Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. Based on information from DHS country reports.

Created by: Africa's Health in 2010

Woman's employment

In Malawi and Rwanda, there was little difference between the groups according to the women's employment status (figure 3.12). In the other four countries, violence levels tended to be somewhat lower among those categorized as "not employed" and highest among those who were "employed, but not for cash". Those "employed for cash" tended to have values between these two groups. These findings suggest that further analysis might elucidate the relationship between employment status and domestic violence. However, it should be noted that differences between subgroups were not large.

Woman's level of education

The relationship between the woman's level of education and the percentage who have experienced violence by their husband is not consistent across the countries (figure 3.13). Levels of violence tend to be somewhat lower among those with secondary education or higher; the exception is Cameroon, where the lowest levels are seen among those with no education. In the remaining countries, the violence levels among women with primary education are similar to or higher than the levels among those with no education.

Husband's characteristics

Husband's level of education

The relationship between the husband's level of education and the percentage of women who experienced violence by their husband is similar to that seen for women's education although there are some small differences, as shown in figure 3.14.

Husband's controlling behavior

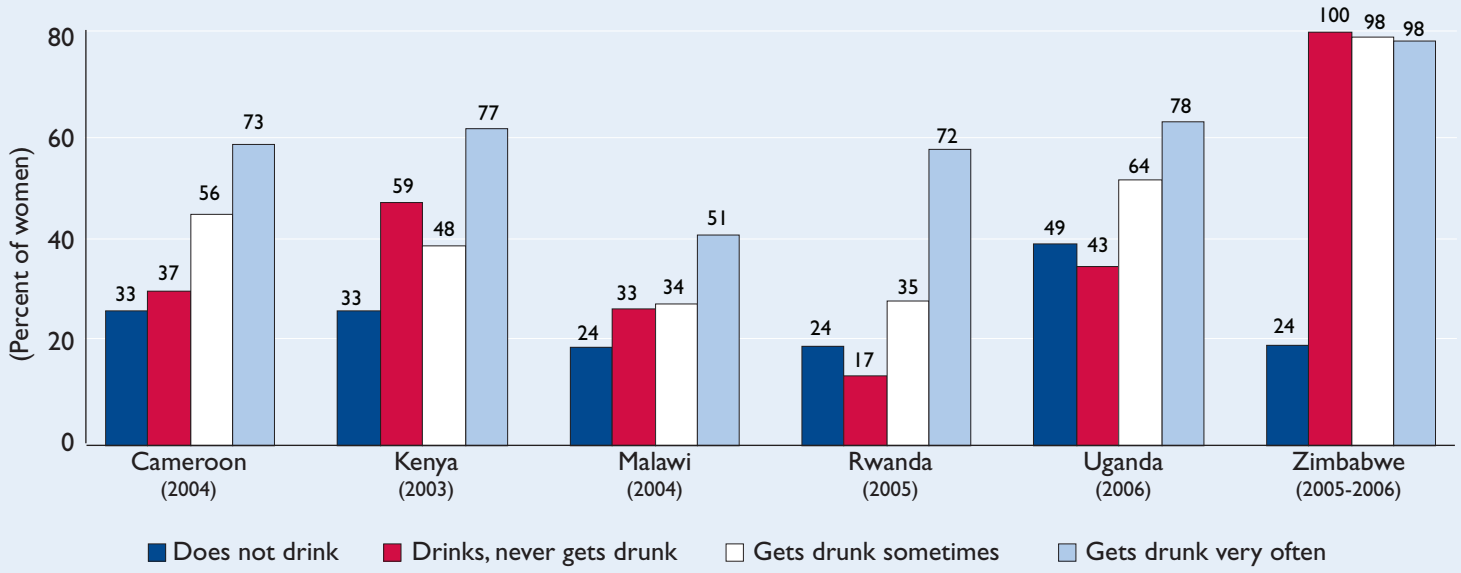
Figure 3.15 illustrates the marked association between the degree of controlling behavior reported for husbands and the level of violence experienced by ever-married women for the three countries where this information is included in the country report (Rwanda, Zimbabwe, and Cameroon). The highest levels of violence were seen among women whose husbands exhibited more controlling behaviors.

Husband's alcohol use

The groups used to characterize the husband's alcohol use and/or abuse were: (i) does not drink alcohol, (ii) drinks alcohol, never gets drunk, (iii) gets drunk sometimes, (iv) gets drunk very often. As seen in figure 3.16, there is a clear pattern of more physical violence with increasing use of alcohol and drunkenness.

In Zimbabwe, the pattern appears to differ somewhat, in that nearly 100% of women who experienced violence reported a correlation with the use of alcohol by the husband—groups (ii) through (iv)—compared to 24% where no alcohol was used. In the remaining countries, differences are quite large between the group that does not drink and the group that is drunk very often: from 25–30 percentage points in Uganda and Malawi, and 40–50 percentage points in Rwanda, Kenya, and Cameroon.

Figure 3.16 Among ever-married women, the percentage who ever experienced physical and/or sexual violence by their husband according to the husband's use of alcohol



Notes: Women who have experienced physical and/or sexual violence may also have experienced emotional violence. Based on information from DHS country reports.

Created by: Africa's Health in 2010

3.2 Review of national planning documents

This section summarizes the findings to the three questions as presented on page 16. Detailed findings for each country are presented in Section 6, "Country notes".

Is GBV addressed in national planning documents?

Five of the six PRSPs reviewed had some reference to GBV. Of these, only Kenya and Malawi discussed GBV in detail, while Cameroon, Rwanda, and Zambia had minimal discussion. The sections of the 2000 PRSP in Uganda that are available online did not address GBV at all. The Ugandan and Zambian NPAs approach GBV in a more comprehensive manner than the PRSPs. Malawi has minimal discussion and Kenya has no discussion of GBV in the NPAs. GBV is not consistently addressed in the national planning documents reviewed for each country. For Kenya and Malawi, the recent NPAs had less discussion of GBV compared to the precursor PRSPs. In other countries (Uganda and Zambia) it was the opposite.

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

GBV is not included in the overall priority areas of any of the country planning documents reviewed. GBV is not addressed across multiple sectors, but is usually discussed under the sections of cross-cutting gender issues or security and law enforcement. Little emphasis is given to addressing GBV as a public health issue (including the linkages with HIV/AIDS, reproductive health) and to school-related violence. GBV is not included in the list of overall priorities in any of the national planning documents reviewed.

All of the national planning documents address overall priorities under what they refer to as the "main pillars" or "strategic components" or in some cases, "policy objectives". A few PRSPs and NPAs specifically list their priority areas (e.g., PRSPs for Cameroon and Zambia, NPA for Malawi), or list the priorities under the main pillars (e.g., NPA for Uganda). Rwanda's PRSP not only lists the priorities, but ranks them in the order of importance.

GBV is not consistently addressed in the national planning documents reviewed for each country. GBV is not included in the overall priority areas of any of the country planning documents reviewed.

The overall priorities tend to be broad and general, such as "to promote a stable macro-economic framework" or "to improve governance and security." The social priorities or policy objectives are also broad, such as "to improve the quality of life of the poor," "to improve equity and participation," "to strengthen human resources and the social sector and to facilitate the integration of vulnerable groups into the economy".

Since GBV is sometimes discussed under the gender sections of the planning documents, this review examined the priority given to the gender section as it related to other sections in the documents, as well as to GBV within the gender or other sections where it was addressed.

Gender is usually treated as a cross-cutting area. When discussed under the cross-cutting gender section, GBV does not stand out as a priority. In the section about gender, Uganda's current NPA (developed in 2005) is the only such document that acknowledges domestic violence as a problem and discusses actions being taken to reduce it. Although Zambia's NPA acknowledges GBV as a significant, invisible threat and a critical problem that affects many women and children, it is only addressed in the chapter on Social Protection, and not given prominence in the country's overall priorities.

Through word searches on GBV and its forms, including domestic violence, the reviewers identified specific sections within documents where GBV might or might not be addressed. Most often, GBV is only covered under one sector or in the cross-cutting gender section. When addressed, GBV was found under several different sections or sub-sections including improving the socio-legal status of women, public safety, law and order, education and literacy, empowerment, good governance, and human rights.

Zambia is the only country that discussed GBV as a health issue in its first PRSP (sexual violence in the context of reproductive health) and in its NPA (in the context of HIV/AIDS). Rwanda's PRSP and Uganda's most recent NPA discuss GBV in the context of sexual harassment in schools. In Rwanda's PRSP, GBV is not addressed in the context of health or reproductive health under the section on "Quality of life and human resources."

Although GBV is addressed in the narrative portion of the documents, in most cases, the implementation plans for these strategies are very weak. For example, although Kenya's interim PRSP discusses the introduction of human rights training to sensitize law enforcement officers to women who are victims of rape and other forms of violence, the implementation matrix does not have specific interventions listed to address this. Uganda's current NPA also has several references to GBV across sectors. However, the commitments or strategies proposed in the narrative are not explicitly translated into measurable priority actions and indicators for GBV in the implementation matrix.

Linking HIV/AIDS and GBV

This review confirms that the link between HIV/AIDS and GBV is rarely explicit in policy documents, including PRSPs and NPAs. Several of the documents acknowledge the increased vulnerability of women and girls to HIV/AIDS, but don't link this with GBV.

The PRSP for Cameroon stresses that "fighting AIDS" is a government priority. The document acknowledges that there are more HIV infections among women, stresses the need for adults to adopt responsible sexual behavior, and references the multisectoral nature of the Government's Strategic Plan (2000–2005) to combat HIV/AIDS. However, none of the specific strategies highlighted in the interim and first PRSPs address the linkages between HIV/AIDS and GBV.

The Malawi NPA (2006–2011), makes minimal reference to the linkages in one sentence stating "the abuse of human rights or gender-based violence is tilted towards women and children and has accelerated factors in their disfavor such as spread of HIV and AIDS." The implementation matrix includes one action, in the section addressing Orphans and Vulnerable Children, to "provide victims of abuse, violence, exploitation or trafficking with appropriate services."

Zambia's PRSP and NPA acknowledge the increased vulnerability of women and girls to HIV. In the PRSP, a great deal of attention is given to outlining first and second level priority intervention programs, none of which address GBV. In the NPA, the link between HIV/AIDS and GBV is made in both the Social Protection and Youth sector plans, but is absent from the implementation matrix or strategies listed in these sector plans, and importantly from the health sector plan.

Sexual harassment and abuse in schools

Sexual harassment and abuse in schools is rampant in Africa and has certainly not been addressed adequately in the national planning documents. Almost all the education sections of these documents discuss universal primary

education and improving transition from primary to secondary schools as a priority, especially for girls. The following documents address GBV as a barrier to improving access and equity of school education for girls: Malawi and Rwanda PRSP, and Uganda NPA.

Rwanda refers to sexual harassment by staff as being a possible reason for more girls than boys attending private secondary schools under two different sections related to education in the document. The solutions proposed include actions such as "all teachers will be trained in gender sensitivity" or "promote gender sensitive campaigns and community-based discussions to highlight the benefits of educating girls," "improved school environment for girls, i.e., separate dormitories, toilets."

The Malawi PRSP discusses GBV and insensitive school environments as constraints to access and equity of primary education for girls. Although the strategies listed were important—such as the development of gender awareness teaching materials for equitable participation of both boys and girls or social mobilization campaigns targeting girls, orphans, and children with disabilities—little attention was given to strategies that directly addressed aspects of school-related GBV.

Have DHS findings on domestic violence informed policies and programs in national planning documents?

DHS findings on domestic violence do not appear to inform policies and programs related to GBV in national planning documents. While some countries do cite DHS data for other health indicators, data from the DHS domestic violence module are not cited in any of the national planning documents of countries that could have benefited from the available data. Since domestic violence modules have only recently been added to the DHS of sub-Saharan African countries, the review found that most of the first generation PRSPs had been developed before the DHS findings were available, thereby not providing the opportunity for inclusion in these strategy documents.

In the development of the more recent NPAs, three countries (Kenya, Malawi and Zambia) could potentially have used DHS findings to inform their strategies. None of these countries cite DHS data from the domestic violence module. In fact, the NPAs of Kenya and Malawi were extremely weak in addressing GBV—even though their predecessor documents that were prepared before the DHS domestic violence module was implemented—did make several references to GBV.

Although Zambia's NPA addresses GBV under the sections of social protection, HIV/AIDS, law and enforcement, and youth, neither the words "domestic violence" nor the data from the 2002 domestic violence module are cited. This suggests that DHS data has not been maximized in informing strategies. The Zambia NPA cites data from the DHS relevant to HIV/AIDS and nutrition.

Uganda's 2005 NPA was prepared before the domestic violence module was implemented in 2006. Cameroon, Kenya, Rwanda, and Zimbabwe still have the opportunity to use DHS findings on domestic violence to inform their NPAs that are currently being developed. Kenya's NPA is at the end of its 2003–2007 time period and would benefit from the inclusion of DHS domestic violence data.

With respect to the use of DHS data for other health indicators, Kenya's NPA does not cite any DHS data from previous surveys, but cites it as a data source to monitor the priority indicators included in the NPA. Malawi and Zambia both cite data for a few health indicators from the same survey that contained the domestic violence module. However, as discussed earlier, both of the planning documents do not cite specific data from the domestic violence module.

4 Discussion

The results of this analysis open innumerable avenues—not the focus of this work—for further in-depth analysis on GBV. It is important to restate here that the focus of this desk review is to:

1. Assess the levels of domestic violence in sub-Saharan Africa by critically reviewing the findings from available, comparable national DHS reports; and
2. Examine whether the evidence generated by these DHS findings has been used to inform policies and programs as reflected in the country growth and development strategies, such as the first and second generation Poverty Reduction Strategy Papers (PRSPs).

4.1 Review of DHS reports with a domestic violence module

Much progress has been made in capturing the occurrence of domestic violence at a national level through the DHS household-level population-based surveys. Given the increasing evidence that much of the violence experienced by women is inflicted by their husbands or partners, DHS findings offer the best quantitative data at a national level to measure domestic violence in many countries. This report recognizes, however, that there are other forms of domestic violence—such as physical and sexual abuse of children, violence against men[i] and the elderly—that are not captured in this review.

The DHS findings from the seven sub-Saharan countries concur with findings from literature that among women whose husbands were violent, one-quarter to one-half had experienced sexual violence; and the vast majority were subjected to physical violence.

The findings also show that physical violence experienced by women 15–49 years of age, is essentially perpetrated by husbands, way above any other perpetrator. Across all seven countries, high percentages (27–59%) of women have experienced physical and/or sexual violence by their husband. Differences according to background characteristics are generally not large. Finally, the data clearly shows the correlation between alcohol use and/or abuse and domestic violence.

These types of data should prompt action from lobbyists, advocacy groups, policy makers and program managers looking for answers on the nature and extent of the problem in order to develop policies and programs to address the issues.

4.2 Review of national planning documents

It is important to reiterate that the review deliberately focused on examining the inclusion of GBV in national PRSPs and NPAs. Unless governments include GBV in these documents, it is highly unlikely that the problem will become nationally recognized as an issue that requires government commitment and resources. The review of national planning documents finds that GBV is not receiving the attention it requires to encourage reduction, as it is not seen as a national priority in any of the documents reviewed.

i The Uganda 2006 DHS survey did explore the use of questions about domestic violence against men.

Although the reasons why GBV is not given priority in these documents goes beyond the scope of the review, the authors correlate the low visibility in the public policy arena with stigma and denial that surround violence in societies, as well as the overwhelming view that GBV is a "normal" state of affairs and a "private matter" that does not warrant public interference.

In the introduction of this report, authors make reference to the fact that although GBV is present in most societies, it is shrouded in silence because it emerges in part from socially constructed gender roles. Usually these norms assume male superiority and domination as the "nature of things". In other words, GBV is often socially-sanctioned.[9,10]

It is important to disseminate the findings in this review to expose the magnitude of GBV and its health and well-being consequences. The use of quantitative data that challenges societal norms that view GBV as acceptable is vital so not to let GBV be framed by culture and tradition. The issue needs to be reframed as a public health problem and human rights violation.[11]

This review highlights the fact that although not addressed in all sectors, GBV is usually discussed under the cross-cutting gender or security and law enforcement sections. This finding is in line with—and has implications for—the first recommendation from the 2002 World Health Report on violence and health.[12]

> "Create, implement and monitor a national action plan for violence prevention. National planning to prevent violence should be based on a consensus developed by a wide range of governmental and nongovernmental actors. It should include a timetable and evaluation mechanism, and enable collaboration between sectors that might contribute to preventing violence, such as the criminal justice, human rights, education, labour, health, and social welfare sectors. Many countries currently do not have a national plan nor a coordinating agency or department that deals with violence comprehensively. To date, for example, in many countries the response is mostly focused on law and order, with only limited strategic cooperation with other authorities to help reduce violence. Formulating and implementing a coherent and multi-disciplinary national plan is the first step towards violence prevention."

As mentioned earlier, the reason the PRSPs and NPAs were chosen for this review is because they are multisectoral plans prepared by the governments through a participatory process that involves domestic stakeholders and external development partners. These plans lend themselves to a coordinated national response to address GBV, as the sectors that should be involved in the national GBV response (such as the health, education, legal, criminal justice, human rights, social welfare, youth and gender) are already involved and included in the development of these growth and development strategies.

The fact that GBV is being addressed in some of the documents, even if in a couple sectors, is a good first step. Continued advocacy should take place with the relevant sectors—and those responsible for development of the national growth and development strategies—to take a multisectoral and coordinated approach to addressing GBV in the national framework.

A possible next step is to examine sector specific strategies and action plans to reduce and combat GBV where available, and what is being done at the community levels along

with civil society participation. This examination should aim to determine what sectors are addressing GBV; what sectors could but have not yet addressed; to what extent the existing plans and strategies are being implemented; and what budget reviews are required to determine financial allocations to GBV.

Efforts should focus on the coordination of these different sector strategies and implementation plans and on advocacy to get GBV included in the national frameworks for growth and development, to improve the chances of increased national commitment and resources. It is important to examine if the policies and programs reflected in the sector plans and national action plans are informed by available DHS data, and if not, recommendations should be made as to how the data collected could be used to improve the existing policies and programs.

Obtaining online versions of sector specific plans and relevant gender policies, such as national gender plans and national plans of action on gender, is challenging since most governments do not upload this information to the Internet. Online searches need to be complemented with key informant interviews (e.g., staff at relevant Ministries) to obtain the most current documents. Representatives from civil society organizations, international agencies such as UNIFEM and/or UNDP who are involved with GBV activities, and individuals who are involved in the preparation of the national planning documents should also be involved in the process.

Another important finding is that too little emphasis is being given to GBV as a public health issue (including the linkages with HIV/AIDS and reproductive health) in the national planning documents. More effort is required to increase awareness about GBV as a public health issue, especially with the increasing associations of GBV with reproductive health risks and problems, chronic ailments, psychological consequences, injury and death, STD and HIV transmission, and other consequences that children might suffer either during the mother's pregnancy or during childhood from neglect or psychological abuse.

This review illustrates that the DHS findings from domestic violence modules were not referenced in national planning documents. Although domestic violence is sometimes addressed, different aspects—such as the prevalence, type, timing, and perpetrators—are not referenced when discussing the problem.

Also, no specific interventions geared toward the family or spouses and partners were found, suggesting that the available DHS findings on domestic violence are not being used to inform the related policies and strategies. This has implications for increasing efforts to disseminate and utilize DHS findings, and for packaging DHS findings for different stakeholders. Future reviews could also examine, in further detail, if DHS findings on domestic violence are informing the sector policies or national plans of action on GBV, and if not, why and what is required to increase utilization of this available and important quantitative data.

The fact that only eleven countries in sub-Saharan Africa have DHS data on domestic violence also has implications for USAID missions and host government investments. Future rounds of the survey should include greater efforts to determine the magnitude of the problem and use of the data to plan for appropriate policies and programs.

5 Conclusion and recommendations

Gender-based violence is a universal problem, irrelevant of levels of wealth, education, religion, economic or social status. Domestic violence as experienced by women, is just a small window of the total gender based violence in any given society, but its measurement in DHS reports provides us with sound quantitative data on GBV.

The domestic violence module that is part of the recent DHS survey process of the countries included in this review represent important available evidence that governments can use to determine and address priorities in their national planning documents.

In the countries considered in this report, domestic violence experienced by women not only exists but is high in all countries: physical violence is reported by one-quarter to one-third[i] of women in Malawi, Rwanda, and Zimbabwe; half the women in Cameroon, Kenya, Zambia, and 60% of women respondents in Uganda. Such proportions indicate a public health problem that needs to be recognized at the national level, in PRSPs and NPAs, in order to ensure budgetary allocations to address the issue.

The review of PRSP and NPA documents indicates that the issues of GBV, including domestic violence, are not considered priorities in any of the countries. Not only is the issue neglected as a public health priority, it is not even addressed within a multisectoral perspective.

Although some national plans address GBV, the implementation matrix with specific actions, strategies, and indicators is usually watered-down with very few specific actions that address violence.

Although HIV/AIDS is clearly treated as a priority in each of the countries' national plans, the linkages with GBV are either non-existent or minimally addressed without corresponding strategies and actions.

Despite the existence of robust population-based quantitative data on domestic violence in the DHS surveys, national planning systems do not appear to be using the data to determine priorities and develop evidence-based policies and programs. This finding has serious implications and raises the question on the optimum use of available data in the development process of this national priority-setting document.

Although national budgets have not been studied, it is reasonable to estimate that the government budget allocation for GBV in each of these countries must be close to insignificant, based on the lack of attention GBV is given in these documents. This review calls for continued investments of time and resources in the areas of advocacy and political pressure for governments and decision makers to recognize the magnitude of GBV and to have a coordinated multisectoral response; and the need to continue to build the knowledge and evidence base for GBV, its magnitude, and effective ways to prevent and respond to GBV.

i Proportion of all women reporting violence inflicted by anyone since age 15.

Recommendations

For national governments

- Considering the proportions of domestic violence in each of these countries based on the DHS findings, governments need to acknowledge that domestic violence is a public health problem and needs to be officially recognized and addressed, via public policy and appropriate budget allocation.

- National growth and development strategies such as the PRSPs and NPAs are works in progress and are revised every 3–5 years. This presents a great opportunity for governments to recognize and address GBV using the GBV data available in the DHS reports. These national policy documents could and should address GBV in future versions to reflect national realities that impact the development and productivity of roughly half the population.

- The national GBV response should be multisectoral both at the policy and program levels involving at least health (including HIV/AIDS, reproductive health, and mental health), education, legal, criminal justice, human rights, social welfare and gender sectors.

- HIV/AIDS is a government priority in all national planning documents, but much remains to be done to emphasize links between HIV/AIDS and GBV and the need to integrate GBV into HIV/AIDS efforts, rather than as an "add-on". Specifically, clear policy frameworks should address GBV across the HIV/AIDS prevention, treatment, and care and support spectrum.

- All African governments should include the domestic violence module in all future surveys (i) to establish the evidence-base for the magnitude of the problem in their countries, (ii) to be able to use these findings to inform the required policies, strategies, and programs and (iii) for continued monitoring of the issue. Countries also need to make a greater effort in using the data to inform their national growth and development priorities and strategies.

For USAID and other donors

- In countries that did not include the domestic violence module in the last DHS survey, USAID should advocate for its inclusion in the next DHS survey. All African countries should have at least one DHS survey that includes this module to have a clear baseline of where the country stands.

- Each USAID mission in Africa can play a key role in facilitating the dissemination of results from the DHS domestic violence module to in-country advocacy groups, national civil society and government officials, and donors and NGOs.

- USAID should coordinate GBV efforts among its own implementing mechanisms.

- USAID should coordinate its own GBV efforts with other donors.

For civil society organizations and advocacy groups

- Women's associations, men's groups against violence, youth groups, NGOs and civil society organizations should use the DHS findings to encourage governments to recognize gender-based violence as a priority issue in the country's development strategy.

- These groups should use the information from the DHS reports on domestic violence to insist on the need for the governments to allocate resources to address this issue.

- Increase awareness about GBV using the media and public forums to talk about why GBV is a multisectoral issue, including why GBV is a major public health concern.

- Clearly demonstrated contributing factors for GBV, such as alcoholism, are amenable to interventions, and are potential obstacles to development that need to be addressed while tackling the public health priority of domestic violence in these countries.

- Specific evidence-based advocacy materials targeted towards policy makers and those involved in preparing the national plans of action should be developed. Examples are (i) country-specific chart books summarizing key DHS findings from the domestic violence module, and (ii) a guide on how countries can address GBV as a multisectoral issue in policy and strategy documents. Guidelines for using these materials are also desired.

For researchers

- Further country-specific analyses could be done on DHS data to elucidate the relationships between characteristics such as women's employment or women's education and levels of domestic violence.

- To link commitments to action, further research needs to be done in each of these countries to ascertain the budgetary allocation for issues relating to gender-based violence. Also, the scope of this review needs to be broadened to examine how GBV is being addressed in sector-specific strategies and budgets, especially health, education, gender, and legal sectors and at the community level. This can contribute to country-specific evidence-based advocacy efforts.

- More in-depth study is needed to examine if DHS findings on domestic violence are informing the sector policies or GBV action plans, and if not, why not and what is needed to increase utilization of this important quantitative data that is now becoming increasingly available.

6 Country notes

6.1 Cameroon

6.2 Kenya

6.3 Malawi

6.4 Rwanda

6.5 Uganda

6.6 Zambia

6.7 Zimbabwe

6.1 Cameroon

1. Review of DHS reports with a domestic violence module

In the Cameroon 2004 DHS survey , physical and sexual violence experienced by a woman at the hands of her husband/partner was ascertained through asking:

Does your husband or partner ever:[i]

1. Push you, shake you, or throw something at you?
2. Slap you or twist your arm?
3. Punch you with his fist or with something that could hurt you?
4. Kick or drag you?
5. Try to strangle you or burn you?
6. Threaten you with a knife, gun, or other type of weapon?
7. Attack you with a knife, gun, or other type of weapon?
8. Physically force you to have sexual intercourse with him even when you did not want to?
9. Force you to perform any sexual acts you did not want to?

If the respondent said "yes" to one of the last two questions, she was regarded as having experienced sexual violence. "Yes" to one of the remaining questions reflected having experienced physical violence.

Emotional violence was ascertained through the following questions:

Does your husband or partner ever:[i]

1. Say or do something to humiliate you in front of others?
2. Threaten you or someone close to you with harm?

All women were asked whether they had experienced violence by anyone:

1. From the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?

Those who answered "yes," were asked who had done this and how often it occurred in the past 12 months.

The domestic violence module was administered in every other household. If more than one woman in a selected household was eligible to be asked these questions, one of these women was randomly selected.

i Among women who were no longer married, the question was phrased "did your last husband/partner ever..."

Table 6.1.1 presents the percentage of women who have ever experienced violence inflicted by anyone, as well as in the past 12 months before the interview. The findings are presented according to current marital status.

Table 6.1.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Cameroon, 2004.

	Among women 15–49 years, the percentage who experienced physical violence by anyone		Number of women 15-49 years
	Ever	In the past 12 months	
All women	52.5	45.1	3,290
Ever-married women	54.7	54.1	2,453
Currently married women	55.4	55.2	2,160
Separated/divorced women	(includes widowed)	(includes widowed)	(includes widowed)
Never married women	46.2	18.7	837

Specific acts of violence

One-third of the Cameroonian women said "yes" to the question of whether their arm had been twisted or if they had been slapped (table 6.1.2). 19% of women reported having been pushed or thrown to the ground, 17% were punched, and 10% were kicked or dragged on the ground (10%). 1–3% of women said they had been attacked or threatened with a weapon, strangled or burned. 13% said they had been physically forced to have intercourse when they did not want to, and 3% said they had been forced to perform other sex acts when they did not want to.

Table 6.1.2 Among women, the percentage who reported each act of violence. Cameroon, 2004.

Act of violence	Percentage of women
Slapped or twisted arm	36
Pushed, mistreated or thrown to the ground	19
Hit by a fist	17
Intercourse when did not want to	13
Kicked or dragged on the ground	10
Strangled or burned	3
Sex acts when did not want to	3
Threatened with weapon	2
Attacked with weapon	1

Physical and/or sexual violence for various population subgroups

Table 6.1.3 shows the percentage of ever-married women who have experienced physical and/or sexual violence in various population subgroups.

Table 6.1.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Cameroon, 2004.

	Percentage of women
Urban-rural place of residence	
Urban	45
Rural	40
Woman's current age group	
15–19 years	33
20–29 years	43
30–39 years	44
40–49 years	43
Woman's employment	
Employed for cash	49
Employed, not for cash	34
Not employed	38
Woman's level of education	
No education	30
Primary education	47
Secondary or higher education	48
Husband's level of education	
No education	31
Primary education	48
Secondary or higher education	48
Controlling behavior by husband	
0 (minimum)	27
1–2 points	35
2–3 points	54
5–6 points	72
Husband's use of alcohol and drunkenness	
Does not drink	33
Drinks, but never gets drunk	37
Gets drunk sometimes	56
Gets drunk very often	73

2. Review of national planning documents

Cameroon prepared an interim PRSP in August 2000,[13] its first PRSP in April 2003[14] and the NPA was under development when this review was conducted. The documents reviewed therefore include the interim and first PRSPs.

Is GBV Addressed in the national planning documents?

The interim PRSP makes no reference to GBV. The first PRSP has a single reference to violence when discussing the government's commitment to enhance the socio-legal status of women. Other actions and strategies listed include mainly finalizing draft strategies and laws that are aimed at promoting gender equity in general.

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

The interim PRSP identifies three primary objectives, namely: (i) to promote sustainable and vigorous growth, (ii) to introduce sectoral and targeted poverty reduction policies, and (iii) to strengthen good governance in order to maximize the potential impact of growth on poverty. Gender is only addressed in the chapter titled "Policies for the Effective Inclusion of Disadvantaged Groups in Economic Networks" which discusses two strategies to improve women's access to economic opportunities:

> "promote women's access to the factors of production in order to improve their productivity and reduce the harshness of their work.
>
> improve the legal/institutional framework for women by accelerating the development of an equitable family code and strengthening the training structures for women by creating and/or putting new life into training centers suitable for improving women's inclusion in economic life"
>
> *(Cameroon Interim PRSP 2000; page 19)*

Although the interim PRSP does not address GBV specifically, it acknowledges that poverty affects women more than it does men and in the introduction/executive summary section, commits to promoting gender equality and the rights of women by eliminating the gender gap in primary and secondary education by 2005. This commitment is made as one of several others to align the government's strategy with major commitments (that it has endorsed) undertaken by the international community to bring about sustainable development and reduce poverty. Under "Gender Issues" in the Action Matrix, one of the measures/actions listed for the 2001–2002 time frame is to "draft a family code that is equitable to women."

In the first PRSP, effective April 2003, the Government of Cameroon identified seven medium-term strategic priorities for attacking poverty. Priority 6, "strengthening human resources and the social sector and facilitating the integration of vulnerable groups into the economy," refers to the rights and social protection to vulnerable groups and to women's rights, and emphasizes "enhancing the socio-legal status of women". The document makes reference to the Government's Plan to produce its Social Development Strategy in 2003 which will define the:

> "Short-and medium-term actions in the areas of: (i) social protection and national solidarity, (ii) the promotion of gender equity and equality; (iii) social education; (iv) employment; and (v) the satisfaction of basic needs."
>
> *Cameroon PRSP 2003; page 83*

Under the sub-section on "Women", the PRSP discusses its plan to produce a Women Development Strategy by December 2003, whose priorities are:

> "(i) enhancing the socio-legal status of women; (ii) improving women's living conditions; (iii) promoting gender equality and equity in all sectors of national life; and (iv) enhancing structures and institutional mechanisms"
>
> *Cameroon PRSP 2003; page 84*

The single reference to violence in the PRSP is made in this section in the following way:

> "374. The plan of action aimed at enhancing the socio-legal status of women would lead to less women being the victims of violence and discriminatory practices, and to a better protection of women's rights and dignity. It includes: (i) heightening awareness of the legal provisions on the rights and duties of women in Cameroon; (ii) improving women's access to justice; and (iii) disseminating and enforcing national and international legal instruments for the development and well-being of women."
>
> *Cameroon PRSP 2003; page 84*

The implementation matrix identifies the following actions with corresponding performance indicators:

> • Finalize the social development strategy
> • Finalize the strategy for promotion of women
> • Adopt a law for protection of the rights and dignity of women
> • Promote the information education of women and girls
> • Strengthen resources of field agents in the area of promotion of women within specialized institutions
> • Finalize the Code of Persons and Families
> • Adopt a law on the protection of children"
>
> *Cameroon PRSP 2003; page 154*

Linking HIV/AIDS and GBV

The PRSP stresses that "Fighting AIDS" is a government priority, acknowledges the rapid increase in HIV/AIDS among women, the need for adults to adopt responsible sexual behaviors, and makes reference to the multisectoral nature of the government's Strategic Plan to combat HIV/AIDS (2000–2005). However, none of the specific strategies highlighted in the interim and first PRSP address the linkages of violence against women and girls and HIV/AIDS.[i]

i Although not a part of the review, examination of the actual HIV/AIDS Policy (2000-2005) [Available at: http://siteresources.worldbank.org/INTHIVAIDS/Resources/ 375798-1151090631807/2693180-1151090665111/2693181-1155742859198/Cameroon.pdf] document confirms that the strategies do not link GBV and HIV/AIDS. It discusses the prevention of HIV/AIDS in schools, in communities, the vulnerability of women, but never mentions GBV as a problem. The document discusses increased vulnerability for women only through the lens of prostitution, sex for financial favors, and submission to husbands/partners leading to inability to negotiate use of condoms.

Sexual harassment/abuse in schools

The education strategy in the PRSP focuses on

- universal primary education
- improved access and equity at the other levels of education
- improved quality and relevance of the curricula
- improved management and governance

It does not refer to sexual harassment in the schools by teachers as a possible reason for low enrollment for girls. The PRSP discussed implementing the following policies: (i) policy decision to drastically reduce repetition rates by eliminating repetition within sub-cycles of the primary school system, (ii) a new policy regulating transition from primary to secondary education, and from lower secondary education to higher secondary education, and (iii) a new teacher recruitment policy.

Did the DHS findings on domestic violence inform policies and programs in the national planning documents of Cameroon?

The interim and first PRSPs were prepared in 2000 and 2003 respectively, before the module on domestic violence was included in the DHS 2004 survey in Cameroon. The timing did not provide an opportunity to inform the development of the PRSP. The Government commissioned analytical work to assess poverty and its determinants through an in-depth quantitative analysis of two Cameroonian Household Surveys (ECAM I and II) that were conducted nationwide in 1996 and 2001 and the results from these are referenced in tables on key poverty indicators throughout the PRSP document. Although the PRSP did not reference the previous DHS to discuss the extent of other health indicators, the list of "Core Poverty Monitoring Indicators" intends to use the DHS as a data source for reporting on the health and nutrition indicators.

This suggests that there is a good platform to use DHS data on domestic violence not only to inform the NPA expected in early 2008, but also to include GBV indicators in the core list of indicators to monitor the NPA and to continue to monitor the problem through the DHS. The Government considers the PRSP to be an "evolving document that will be fine-tuned as new sector strategies are being prepared and implemented." It is recommended that future national planning documents address GBV across sectors in a systematic, measurable way including the health, education, and legal sectors to ensure that adequate resources can be committed to effectively and sustainably address an issue that continues to affect over half of the women in Cameroon (52.5% of women report having ever experienced physical violence).

6.2 Kenya

1. Review of DHS reports with a domestic violence module

The 2003 Kenya DHS survey included questions about physical, sexual, and emotional violence experienced by women and inflicted by anyone, including her husband/partner. There were more questions asked in reference to violence by her spouse/partner than by violence inflicted by others. The women were asked:

Does your husband/partner ever:[i]
1. Push you, shake you, or throw something at you?
2. Slap you or twist your arm?
3. Punch you with his fist or with something that could hurt you?
4. Kick or drag you?
5. Try to strangle you or burn you?
6. Threaten you with a knife, gun, or other type of weapon?
7. Attack you with a knife, gun, or other type of weapon?
8. Physically force you to have sexual intercourse with him even when you did not want to?
9. Force you to perform any sexual acts you did not want to?

Respondents were asked how many times incidents had happened in the past year for each question with a "yes" answer. "Yes" to either of the last two questions was regarded as evidence of sexual violence. Evidence of physical violence was based on an answer of "yes" to any of the remaining questions.

The following two questions were used to assess whether a respondent had experienced emotional violence:

Does your husband/partner ever:[i]
1. Say or do something to humiliate you in front of others?
2. Threaten you or someone close to you with harm?

All women were asked whether they had experienced violence by anyone:
1. From the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?

Those who answered "yes" were then asked who had done this, and how often it had happened in the past 12 months.

i Among women who were no longer married, the question was phrased "did your last husband/partner ever..."

Table 6.2.1 presents the percentage of women who have ever experienced violence inflicted by anyone, as well as in the past 12 months before the interview. The findings are presented according to current marital status.

Table 6.2.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Kenya, 2003.

	Among women 15–49 years, the percentage who experienced physical violence by anyone		Number of women 15-49 years
	Ever	In the past 12 months	
All women	48.7	25.1	5,878
Ever-married women	52.4	28.3	4,116
Currently married women	52.9	31.0	3,508
Separated/divorced women	64.4	19.6	348
Never married women	40.1	17.7	1,762

Specific acts of violence

One-third to about one-quarter of Kenyan women said that they had been slapped or that their arm had been twisted and/or that they had been pushed, shaken or thrown down. One-in-six and one-in-nine women, respectively, said that they had been punched, and kicked/ dragged. About 2-6% said that they had been threatened or attacked with a weapon; or strangled or burned.

Physical and/or sexual violence for various population subgroups

Table 6.2.2 shows the percentage of ever-married women who have experienced physical and/or sexual violence in various population subgroups.

Table 6.2.2 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Kenya, 2003.

	Percentage of women
Wealth quintile	
Poorest	**46**
Second	**47**
Middle	47
Fourth	42
Highest	**35**
Woman's current age group	
15–19 years	**30**
20–29 years	41
30–39 years	46
40–49 years	**47**
Woman's employment	
Employed, for cash	46
Employed, not for cash	48
Not employed	**36**
Woman's level of education	
No education	41
Primary education	45
Secondary or higher education	**37**
Husband's level of education	
No education	40
Primary education	36
Secondary or higher education	**40**

2. Review of national planning documents

The Kenyan government prepared its interim PRSP in July 2000 and produced a draft PRSP in November 2002, which was not submitted formally on account of the December 2002 elections. The new government of Kenya developed its own national plan of action (NPA) referred to as the Economic Recovery Strategy for Wealth and Employment Creation (ERS) for 2003–2007, drawing heavily on the interim PRSP. For this review, we examined the interim PRSP and the NPA/ERS.

Is GBV Addressed in the national planning documents?

The interim PRSP addresses GBV to a limited extent, specifically in the context of maintenance of law and order. The document also discusses discrimination against women and lack of their legal protection, but not within the context of violence. Kenya's current NPA does not address GBV at all.

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

The interim PRSP[15] prepared in July 2000 does acknowledge violence against women and children and domestic violence in the context of "Public Safety, Law and Order" (Section XIII). Of the five basic policy objectives or priorities on which the interim PRSP is based, improving governance is second and improving equity and participation is fifth. The strategies listed in Section XIII address these two objectives, and the document states that appropriate strategies are needed for "balanced development which will reduce inequalities of access and opportunity, whether based on location, sex or occupation." It also treats equity and participation as cross-cutting issues to be given highest priority and says that sector policies and priorities will also attempt to address equity and participation. There is no separate section on gender issues, but the national gender policy and other gender commitments are also discussed as sub-sections in the section on Public Safety, Law and Order.

The document recognizes that maintenance of law and order is key to socio-economic development and that Kenyan women do not have adequate legal protection. To address this, it outlines the Government's key priorities in this sector include:

- "the promotion of "security/protection of life and property"
- "promote the administration of justice and the rule of law"
- "review, harmonize and enforce laws especially laws relating to commerce and industry, criminal and civil procedures, gender and family protection, vulnerable groups, land, agriculture, water and environment."

In outlining the government's plans to address their commitment to improve discrimination against women and the improve human rights, the PRSP refers to the National Gender Policy and uses the words "domestic violence," "violence against women and children," and "victims of rape" in the introduction to section, 13.1 and in two following sub-sections: 13.6 on Gender and 13.8 on Security.

> "13.1 The maintenance of law and order is key to any meaningful socio-economic development. Thus the decline in public safety, law and order, as manifested by increased incidences of cattle rustling, drug trafficking, ethnic tension, general crimes, domestic violence and other forms of

violence against women and children, corruption and mal-administration of justice, has largely been responsible for the decline in investments and the growth of poverty.

13.6 *Gender:* It is recognized that women in Kenya face discrimination before law and suffer from lack of legal protection, notably in their rights and control over resources. The Government will therefore review and release the National Gender Policy and set in motion necessary steps to implement its recommendations. The objective of this Policy is to guide mainstreaming of gender in all areas of development. In regard to the land rights, the newly appointed Land Law Commission will address this issue.

In addition, the Government has through a Task Force headed by Lady Effie Owour reviewed legislation that pertains to women's standing before the law. This Report is ready. Its recommendations will be made public and implemented starting with tabling of the relevant Bills in Parliament—Affirmative Action, Family Protection and the Equality Bills.

13.7 *Security:* …

13.8 Government regards the improved performance of the police and other law enforcement agencies and a significant reduction in the rate of crime as a high priority. A review will be undertaken urgently of existing training programmes and the state of equipment and facilities in the police force with a view to recommending necessary improvements. Human rights training will be introduced to encourage the observance of human rights and humane treatment of members of the public and prisoners and the need to be sensitive while dealing with women who are victims of rape and other forms of violence. A code of ethics for law enforcement services will be developed by December 2000."

Kenya Interim PRSP, 2000; Section XIII. Public Safety, Law and Order

While the interim PRSP uses the terms "domestic violence" and "violence against women", the implementation matrix in the Annex is quite weak. There is no corresponding section or monitoring indicators for "Security" in section 6.1, annex 8. i.e., there is no operationalization of the plan to conduct sensitization or human rights training for police officers to assist rape victims.

Under the section on "gender" in the matrix (section 6.2, annex 8), the following monitoring indicators of interest to this review are included to achieve the objective of "gender main-streaming/gender equity" in the 2000–2003 timeframe, all in the context of setting the legal framework to improve the situation of women:

- An approved National Gender Policy
- Establishment of Gender Commission
- Affirmative Bill passed by Parliament
- Publication and dissemination of Lady Effie Owour Report
- Family Protection Bill tabled
- Equality Bill tabled

Unfortunately, Kenya's current NPA, the Economic Recovery Strategy for Wealth and Employment Creation (ERS 2003–2007)[16] does not address GBV at all. The ERS's first priority is economic

growth as a condition for the achievement of all other developmental objectives. Equity and Poverty Reduction and governance are the two other main pillars of the ERS. Under each of these pillars, the strategies are organized under sub-sections. For example, sub-sections on Human Development, Education, Health and HIV/AIDS falls under Equity and Poverty Reduction; and Public Safety, Law and Order falls under Governance. The sub-section Gender and Women is discussed under the two pillars. The sections on Gender, Health, Education, Vulnerable Groups, and Public Safety Law and Order do not address GBV, domestic violence or rape. The Family Protection Bill that is referenced in the interim PRSP also was not included in the ERS.

In the chapter titled Situational Analysis of the Economy and Poverty in Kenya, a brief reference is made to traditions that favor male dominance, and efforts are being made to mainstream gender in the NPA, but no specific mention of GBV is made in this context. Similarly, in the chapter on Equity and Poverty Reduction, under "Mainstreaming Special Groups in Employment", negative social attitudes towards women is listed as a factor contributing to gender disparities in employment and the document acknowledges the lack of gender responsive policies and programs in this context.

> "*Gender Dimensions of Poverty:* Social factors and cultural norms emphasize the unequal power status of men and women. Some traditions favour male dominance, resulting in low social status of women. Special efforts are needed to empower women to make them less vulnerable. Efforts are ongoing to mainstream gender in the Economic Recovery Strategy. Constraints, however, include lack of gender-disaggregated analysis, except for the fields of basic education and some areas of healthcare. In addition, gender specific targets for defining improvements in the economic, social and legal situation are still lacking. The macroeconomic framework that forms the core of the Economic Recovery Strategy is still analyzed in gender neutral terms."
>
> *Kenya NPA/ERS 2004; pages 10–11*

> "*Women:* Gender disparities in employment opportunities have remained wide in many sectors of the economy. … Factors contributing to these disparities in employment opportunities include negative social attitudes towards women; inadequate capacity on the part of many women in terms of their knowledge and skills; in access to productive resources; and lack of gender responsive policies and programmes. This has led to increased unemployment, underemployment, poverty and powerlessness among many Kenyan women. To reduce the marginalization of women, the Government policy is to remove barriers and promote the education and training in order improve their effective participation in the labour market. Measures will be put in place to assist women to gain access to more productive resources. These will be through intense sensitization campaigns among key decision-makers in policy and programme implementation positions in various sectors. The Government will further strengthen units of gender issues in various line ministries."
>
> *Kenya NPA/ERS 2004; page 55*

Linking HIV/AIDS and GBV

The interim PRSP highlights fighting HIV/AIDS as a government priority and as being central to an effective poverty reduction strategy. However, it does not discuss the increased vulnerability of women and girls to HIV/AIDS in general, and no linkages are made between HIV/AIDS and GBV in either discussing the epidemic in the country or in the strategies outlined in the implementation matrix.

The NPA discusses gender as one of several vulnerability factors for HIV infection, but not in the context of GBV.

> "*HIV/AIDS:* The government is implementing a comprehensive multi-sectoral national strategy in the fight against HIV/AIDS"
>
> *National Strategic Plan on HIV/AIDS, 2002–2005*

> "At the same time the government is committed to continue its focus on the prevention of new HIV infections among the 90 percent of Kenyans who are not infected. In order to achieve this, the government plans to pay particular attention to the empowerment and protection of the most vulnerable. The government recognizes that vulnerability factors for HIV infection, including those related to poverty, gender, discrimination, educational attainment and socio-cultural factors, are diverse and complex and can only be coherently addressed when the multi-sectoral dimensions of the response to HIV/AIDS are significantly strengthened. The government also plans to intensify advocacy campaigns and education to mitigate stigma and discrimination; coordinate the strategies for prevention, treatment and mitigation; develop a roll-out plan for the increasing amount of resources devoted to treatment; intensify prevention activities; develop capacity building plans for private and public agencies involved in HIV/AIDS programs; and develop a creative and strategic approach for caring for and supporting the rapidly increasing number of orphans."
>
> *Kenya NPA/ERS 2004; page 53*

Sexual harassment/abuse in schools

Sexual harassment in schools as a possible reason for low enrollment of girls in schools is not discussed in either the interim PRSP or NPA. The section on education in the interim PRSP gives minimal emphasis on low completion rates among girls and states that bursaries will be provided for school children from poor households to cover user charges and be expanded with improved targeting and special emphasis on girls. The NPA discusses universal primary education for all, including reducing the gender disparities in access to primary and secondary education to reduce poverty and in the context of women's unequal participation in the labor force, and child labor.

Did the DHS findings on domestic violence inform policies and programs in the national planning documents of Kenya?

The implementation matrix of the interim PRSP identifies as an objective "Encourage regular surveys and adequate data information" by carrying out surveys including the Multiple Indicator Cluster Survey (MICS), and Welfare Monitoring Surveys (WMS) and a Nutrition Survey. There is no mention of the DHS in this list, nor is there a survey included here that targets gender-based violence. However, the NPA states the Kenya DHS (KDHS) as a potential data source throughout its implementation matrix, but does not cite any data from the 2003 DHS data, including from the domestic violence module.

6.3 Malawi

1. Review of DHS reports with a domestic violence module

The 2004 Malawi DHS survey included questions about physical, sexual, and emotional violence experienced by women and inflicted by anyone, including her husband/partner. There were more questions asked in reference to violence by her spouse/partner than by violence inflicted by others. The women were asked:

Does your husband/partner ever:[i]
1. Push you, shake you, or throw something at you?
2. Slap you or twist your arm?
3. Punch you with his fist or with something that could hurt you?
4. Kick or drag you?
5. Try to strangle you or burn you?
6. Threaten you with a knife, gun, or other type of weapon?
7. Attack you with a knife, gun, or other type of weapon?
8. Physically force you to have sexual intercourse with him even when you did not want to?
9. Force you to perform any sexual acts you did not want to?

Respondents were asked how many times incidents had happened in the past year for each question with a "yes" answer. "Yes" to either of the last two questions was regarded as evidence of sexual violence. Evidence of physical violence was based on an answer of "yes" to any of the remaining questions.

The following two questions were used to assess whether a respondent had experienced emotional violence:

Does your husband/partner ever:[i]
1. Say or do something to humiliate you in front of others?
2. Threaten you or someone close to you with harm?

All women were asked whether they had experienced violence by anyone:
1. From the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?

Those who answered "yes" were then asked who had done this, and how often it had happened in the past 12 months.

i Among women who were no longer married, the question was phrased "did your last husband/partner ever..."

Table 6.3.1 presents the percentage of women who have ever experienced violence inflicted by anyone, as well as in the past 12 months before the interview. The findings are presented according to current marital status.

Table 6.3.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Malawi, 2004.

	Among women 15–49 years, the percentage who experienced physical violence by anyone		Number of women 15-49 years
	Ever	In the past 12 months	
All women	28.1	14.5	9,701
Ever-married women	29.1	15.3	8,053
Currently married women	28.3	15.9	6,856
Separated/divorced women	42.2	16.5	832
Never married women	23.1	10.8	1,647

Specific acts of violence

One-in-seven women said that they had been slapped or that their arm had been twisted (table 6.3.2). 5–8% said "yes" to questions of whether they had been pushed, shaken, or thrown; punched; kicked or dragged. 1–2% of women said they had been strangled or burned; threatened or attacked with a weapon. 13% reported having been physically forced to have intercourse when they did not want to; and 4% said that they had been forced to perform other sexual acts.

Table 6.3.2 Among women, the percentage who reported each act of violence. Malawi, 2004.

Act of violence	Percentage of women
Pushed, shaken or thrown	7
Slapped, arm twisted	16
Punched	8
Kicked, dragged	5
Strangled, burned	2
Threatened with weapon	1
Attached with weapon	1
Forced to have intercourse	13
Forced to perform other sexual acts	4

Physical and/or sexual violence for various population subgroups

Table 6.3.3 shows the percentage of ever-married women who have experienced physical and/or sexual violence in various population subgroups.

Table 6.3.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Malawi, 2004.

	Percentage of women
Urban-rural place of residence	
Urban	26
Rural	27
Woman's current age group	
15–19 years	25
20–29 years	28
30–39 years	26
40–49 years	23
Woman's employment	
Employed for cash	30
Employed, not for cash	27
Not employed	25
Woman's level of education	
No education	24
Primary education	29
Secondary or higher education	22
Husband's level of education	
No education	29
Primary education	29
Secondary or higher education	25
Husband's use of alcohol and drunkenness	
Does not drink	24
Drinks, but never gets drunk	33
Gets drunk sometimes	34
Gets drunk very often	51

2. Review of national planning documents

The two policy frameworks for poverty reduction/growth and development reviewed include the Malawi Poverty Reduction Strategy (MPRS), which came into effect in 2002 and the subsequent NPA, referred to as the Malawi Growth and Development Strategy 2006–2011 (MGDS), which is designed to have more government ownership and other stakeholder input compared to the MPRS.

Is GBV Addressed in the national planning documents?

It is interesting to note the way GBV has been addressed in both documents: in the predecessor MPRS, GBV is addressed comprehensively, whereas a much more watered down approach to GBV is reflected in the NPA/MGDS.

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

The 2002 PRSP/MPRS[17] does not list priorities, but is organized under four pillars:

1. Sustainable Pro-poor Economic Growth
2. Human Capital Development, specifically ensuring the poor have enough of a health status and education to lift themselves out of poverty
3. Improving the Quality of Life for the Most Vulnerable—providing sustainable safety nets for those who are unable to benefit from the first two pillars
4. Good Governance—ensuring that public and civil society institutions and systems protect and benefit the poor. HIV/AIDS, Gender, Environment, and Science and Technology are treated as cross-cutting issues.

GBV is covered extensively under the cross-cutting section titled "Gender and Empowerment." A definition for GBV is provided as a footnote, and the results of a 1999 GTZ study on domestic violence is cited (DHS domestic violence module was done in 2004).

> "In addition, Gender-based Violence (GBV)[64] has remained a persistent problem, leading to physical, psycho-socio consequences such as drug and alcohol abuse, sexual abuse, unwanted pregnancies, HIV infection and homicide all of which deplete labour productivity, create health care expenses and reduces the capability of men and women to be empowered and to be productive."
>
> *Malawi PRSP 2002; page 89*

This section specifies four objectives, including to "eradicate GBV". This objective is to be implemented in the context of the National Gender Policy and clearly states:

> "4. *Eradicate Gender-based Violence:* Government will prevent occurrence of GBV and further establish and strengthen institutional capacity of all relevant stakeholders. This will involve expanding victim support units in police stations (see Pillar 4), expanding community based action groups, formation of victim support shelters, sensitizing the public on monitoring and reporting on GBV, and incorporating GBV issues into the curriculum of training institutions. Secondly, Government and other stakeholders will provide counseling services for victims and perpetrators of GBV and set up a databank on GBV in all documentation centers."
>
> *Malawi PRSP 2002; page 90*

There is a costing plan attached and clear activities listed in the implementation plan identifying the

lead institution and other responsible institutions. The activities are shown in table 6.3.4 because this was the only PRSP, of those reviewed, that provided such clear actions for GBV specified in the implementation plan ranging from sensitizing the public on all forms of GBV, monitoring of GBV by community groups, to involving the police.

Table 6.3.4 GBV related activities from the implementation matrix of Malawi's PRSP

Strategy (in order of priority)	Activity (in order of priority)	Lead institution	Other responsible institutions
Eradicate Gender-based Violence			
Establish and operationalize a mechanism for victims of violence	Expand victim support units to all police stations and substations	Police	
	Continue sensitizing the public on all forms of gender-based violence and the effects on victims	MoGYCS	
	Expand community based groups on gender-based groups on gender-based violence monitoring	MoGYCS	CBOs
	Conduct orientation sessions for community-based groups	MoGYCS	CBOs
	Continue providing resource reference materials to all community-based groups	MoGYCS	CBOs
	Set up a network between community groups and the police	MoGYCS	CBOs, Police, MOHA
	Create linkages for an integrated service delivery	MoGYCS	
	Incorporate gender-based violence issues in the curriculum of all relevant training institutions e.g., Police College, Magomero college, Teachers Training College etc.	MoGYCS	Training institutions
	Train various cadres in Management of gender-based violence at district level	MoGYCS	DHRMD
	Set up a mechanism within the MoGYCS to coordinate GBV activities	MoGYCS	
Provide counseling and support services for victims of gender based violence	Develop and print counseling manuals	MoGYCS	
	Develop and print counseling manuals	MoGYCS	CBOs, Police, NGOs, MOHP
	Provide counseling to victims of gender-based violence	MoGYCS	CBOs, Police, NGOs, MOHP
	Monitor counseling activities and support services rendered	MoGYCS	
Set up a databank on GBV in all documentation Centers	Commission a nationwide research on social cultural and traditional norms that legitimize and promote GBV	MoGYCS	Research institutions
	Conduct workshops to disseminate research and develop forward looking strategies on GBV	MoGYCS	

Source: Malawi PRSP 2002; page 39

The sections on Security and Access to Justice and Human Rights do not specifically address GBV, except for acknowledging the need for gender responsive justice systems. The implementation matrix includes an activity to "raise awareness and sensitivity to negative cultural practices that violate human rights." The negative cultural practices could include female genital mutilation or cutting, and other forms of GBV, but this has not been made explicit.

The more recent NPA (the MGDS)[18] does not have a similar explicit emphasis on eradicating GBV. This document has six priority areas namely: (i) Agriculture and food security; (ii) Irrigation and water development; (iii) Transport infrastructure development; (iv) Energy generation and supply; (v) Integrated rural development; and (vi) Prevention and management of nutrition disorders, HIV and AIDS.

In priority area five, under theme three on Social Development is sub-theme three which makes a single reference to GBV by stating:

> *5.3.3* "Gender issues are an integral part of the overall national development agenda…The abuse of human rights or gender-based violence is tilted towards women and children and has accelerated factors in their disfavor such as spread of HIV and AIDS. In addition, the coordination and implementation of gender related policies is weak in Malawi."
>
> *Malawi NPA/MGDS 2006; page 51*

The action plan cites an increase in GBV and weak coordination of gender-related policies as constraints in achieving the long term goal "to mainstream gender in the national development process to enhance equal participation of both sexes for sustainable development" which include "reduced gender inequalities (as measured by disaggregated access to services included in other parts of the strategy)" as a medium term expected outcome. The implementation matrix under this sub-theme includes the following actions:

- Strengthen institutional capacity for effective co-ordination of gender policy implementation
- Undertake affirmative action to increase women decision makers in high levels of the public and private sectors
- Promote gender equality through advocacy programmes
- Break the cultural/traditional factors that create and perpetuate gender inequalities
- Establish gender-based violence support units.

Malawi NPA/MGDS 2006; page 166

The chapter on Social Development discusses health (including HIV/AIDS and reproductive health rights) and education (including retaining more girls to complete the primary education cycle), without any reference to violence against women and girls. The MGDS also discusses its commitments to improved human rights in the general context of "vulnerable groups" and except for one action to "advocate women and children rights as provided in the CEDAW and CRC," none of the other actions are specific to women or girls. The sub-themes on "developing a strong justice system and rule of law" and "security" address outcomes such as increased public confidence in the legal system and strategies including improving the responsiveness of police officers to community security needs. However, none of these are gender specific or in the context of GBV.

Linking HIV/AIDS and GBV

The PRSP discusses an increase in HIV-infection among women. The linkage between HIV/AIDS and GBV is not made explicit, but is generally referred to in the context of the need to "integrate gender and HIV/AIDS issues into training programs at a district level and to design programs that address gender equity with regard to decision making and access to and control of resources." The text in section 4.5.2 on Gender and Empowerment briefly addresses HIV as a consequence of GBV, which is the only direct link made in the entire document, including in the specific strategies outlined in the implementation matrix.

The NPA focuses on the important interaction between nutrition and HIV/AIDS. There are no such explicit linkages made with HIV/AIDS and GBV. The implementation matrix for HIV/AIDS Prevention and Management has one action under the strategies for OVCs and widows which is to: "provide victims of abuse, violence, exploitation or trafficking with appropriate services."

Sexual harassment/abuse in schools

In discussing strategies in the implementation matrix on improving access and equity of primary school education for girls, the PRSP acknowledges gender-based violence, cultural factors to girl's education, gender-insensitive school environments and ineffective implementation of gender-based policies as constraints. The strategies listed did not directly address the violence aspect and included the development of gender awareness teaching materials for equitable participation of both boys and girls and carrying out a social mobilization campaign targeting orphans, girls, out-of-school youths and children with physical and learning disabilities.

The implementation matrix for the NPA on making primary education more accessible to girls outlined several strategies but only two gender specific activities, both of which don't explicitly address violence: "Review policies related to girls and special needs" and to "provide block grants to schools to address equity issues.

Did the DHS findings on domestic violence inform policies and programs in the national planning documents of Malawi?

The first PRSP was completed in 2002, two years before the 2004 domestic violence module was included in DHS. The first PRSP planned to conduct a DHS every 5 years in the M&E Implementation Matrix and use the DHS as a data source for the health indicators and overall mortality and morbidity indicators. It also cited the Malawi DHS 2000 data used for showing trends in nutrition indicators for stunting and the percent of households who have access to potable water.

The 2006 NPA makes minimal reference to the Malawi DHS 2004 in a table summarizing select health indicators and refers to the estimated HIV prevalence rate from this survey once. So although it has used the DHS 2004, it does not cite data from the domestic violence module. In fact, the term domestic violence is not used at all in the document.

6.4 Rwanda

1. Review of DHS reports with a domestic violence module

In the Rwanda 2005 DHS survey, physical and sexual violence experienced by a woman at the hands of her husband/partner was ascertained by asking:

Does your husband/partner ever:[i]
1. Push you, shake you, or throw something at you?
2. Slap you or twist your arm?
3. Punch you with his fist or with something that could hurt you?
4. Kick or drag you?
5. Try to strangle you or burn you?
6. Threaten you with a knife, gun, or other type of weapon?
7. Attack you with a knife, gun, or other type of weapon?
8. Physically force you to have sexual intercourse with him even when you did not want to?
9. Force you to perform any sexual acts you did not want to?

If the respondent said yes to one of the last two questions, she was regarded as having experienced sexual violence. "Yes" to one of the remaining questions reflected having experienced physical violence.

Emotional violence was ascertained by the following questions:

Does your husband/partner ever:[i]
1. Say or do something to humiliate you in front of others?
2. Threaten you or someone close to you with harm?

All women were asked whether they had experienced violence by anyone: "From the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?"

Those who answered "yes" were then asked who had done this, and how often it had happened in the past 12 months.

The domestic violence module was administered in every other household. If more than one woman in a selected household was eligible to be asked these questions, one of these women was randomly selected.

i Among women who were no longer married, the question was phrased "did your last husband/partner ever..."

Table 6.4.1 presents the percentage of women who have ever experienced violence inflicted by anyone, as well as in the past 12 months before the interview. The findings are presented according to current marital status.

Table 6.4.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Rwanda, 2005.

	Among women 15–49 years, the percentage who experienced physical violence by anyone		Number of women 15-49 years
	Ever	In the past 12 months	
All women	30.7	19.4	4,066
Ever-married women	37.2	24.9	2,506
Currently married women	36.9	25.5	1,963
Separated/divorced women	46.0	32.4	375
Never married women	20.2	10.5	1,560

Specific acts of violence

One-in-seven women said that they had been slapped or that their arm had been twisted (table 6.3.2). 5–8% said "yes" to questions of whether they had been pushed, shaken, or thrown; punched; kicked or dragged. 1–2% of women said they had been strangled or burned; threatened or attacked with a weapon. 13% reported having been physically forced to have intercourse when they did not want to; and 4% said that they had been forced to perform other sexual acts.

Table 6.4.2 Among women, the percentage who reported each act of violence. Rwanda, 2005.

Act of violence	Percentage of women
Pushed, mistreated or thrown to the ground	16
Slapped, arm twisted	26
Hit by fist	14
Kicked, dragged on the ground	8
Strangled, burned	2
Threatened with weapon	2
Attached with weapon	1
Forced to have intercourse	12
Forced to perform other sexual acts	6

Physical and/or sexual violence for various population subgroups

Table 6.4.3 shows the percentage of ever-married women who have experienced physical and/or sexual violence in various population subgroups.

Table 6.4.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Rwanda, 2005.

	Percentage of women
Urban-rural place of residence	
Urban	33
Rural	34
Woman's current age group	
15–19 years	26
20–29 years	33
30–39 years	32
40–49 years	38
Woman's employment	
Employed for cash	30
Employed, not for cash	32
Not employed	30
Woman's level of education	
No education	31
Primary education	32
Secondary or higher education	21
Husband's level of education	
No education	37
Primary education	35
Secondary or higher education	22
Controlling behavior by husband	
0 (minimum)	23
1–2 points	37
2–3 points	54
5–6 points	40
Husband's use of alcohol and drunkenness	
Does not drink	24
Drinks, but never gets drunk	17
Gets drunk sometimes	35
Gets drunk very often	72

2. Review of national planning documents

Rwanda prepared a PRSP in 2002 and its NPA was still under development at the time this review was conducted. Therefore, only the first PRSP was reviewed.

Is GBV Addressed in the national planning documents?

The 2002 PRSP[19] addresses GBV within the context of sexual harassment by staff in schools, HIV as a consequence of rape being used as a weapon, and introduces the National Gender Policy and the plans for full implementation of CEDAW, including the reduction of violence against women through the introduction of appropriate legislation and training of paralegal staff.

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

Rwanda's PRSP clearly articulates its six priority areas in the order of importance as being: (i) Rural development and agricultural transformation, (ii) Human resource development and improving the quality of life, (iii) Economic infrastructure, (iv) Governance, (v) Private sector development, and (vi) Institutional capacity-building. Gender is handled as a cross-cutting section.

GBV is not addressed under the "Human resource development and improving the quality of life" priority, which includes a sub-section on health and reproductive health. However, under the sub-section on "Education and literacy" within this same priority area, the PRSP acknowledges "sexual harassment by staff was a problem experienced by girls in secondary schools in various parts of the country" as a possible reason for more girls than boys attending private secondary schools. This is again referred to under "Sectoral Actions" section under 4.2.10 Girls Education. The following relevant actions are specified:

- All teachers will be trained in gender sensitivity
- Promote gender-sensitive campaigns and community-based discussions to highlight the benefits of educating girls
- Increase the number of trained female teachers to act as role models
- Improve school environment for girls, i.e., separate dormitories, toilets, etc.

Rwanda PRSP 2002; page 51

Under cross-cutting, there is a sub-section on "Gender" which states that the Government of Rwanda has ratified the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), and it introduces the National Gender Policy.

> "254. The Ministry of Gender and the Promotion of Women (MIGEPROFE) will assist sectoral ministries in ensuring that the objectives of the National Gender Policy are mainstreamed and monitored in each sectoral strategy. It will be mandatory for all ministries to follow this policy. The Gender Action Plan was adopted in August 2000. The main areas of action are:
>
> Legal framework: full implementation of CEDAW, the implementation of the Gender Legal Action Plan that was prepared in partnership with civil society, reduction of violence against women through the introduction of appropriate legislation and the training of paralegal staff; and encouraging couples to legalise their marriage status."

Rwanda PRSP 2002; page 70

Under the "Governance" priority area, there are actions listed under the sub-sections on Security, Human Rights, Criminal Justice System and National Police. However, none of these are directed towards GBV. For example, under Human Rights, the document states that:

> "...the Government is committed to establishing a culture in which human rights are respected and abuses are reported and punished" and that "the Human Rights Commission's 4-year plan of action includes materials and skills development, civic education and sensitisation, and monitoring and reporting of human rights including investigating allegations of abuses since May 1999."
>
> *Rwanda PRSP 2002; page 155*

Linking HIV/AIDS and GBV

The PRSP discussed the dramatic increase in HIV prevalence during the mid-1990s, partly because of the war and genocide. The document also makes the linkage between HIV and rape within this context, but does not specify strategies to address these linkages in the implementation plan.

> "The experience of violence, including the systematic use of rape, has traumatised a high proportion of the population whose physical and mental health continue to be severely affected. The prevalence of HIV has increased dramatically in part as a consequence of large-scale population movements and the use of rape as a weapon."
>
> *Rwanda PRSP 2002; page 7*

Within the context of gender mainstreaming the objectives of the National Gender Policy, the following actions were included:

> "HIV/AIDS and reproductive health: prioritize the reduction of maternal morbidity and mortality; make health services gender-sensitive; increase resources for women's health: promote multi- sectoral approach to fight HIV/AIDS".
>
> *Rwanda PRSP 2002; page 70*

Sexual harassment/abuse in schools is discussed in the previous section.

Did the DHS findings on domestic violence inform policies and programs in the national planning documents of Rwanda?

Rwanda's PRSP was prepared in 2002, before the module on domestic violence was included in the 2005 DHS survey. The timing, therefore, did not provide for the opportunity to inform the development of the PRSP. The Government acknowledges the 2000 DHS survey as an important data source for the preparation of the PRSP, specifically for health indicators, including data on women's fertility and health. The document cites data from the 1992 and 2000 DHS survey for child mortality, the use of modern contraceptives, the use of cooking fuel and for a table summarizing indicators of economic development and poverty in Rwanda.

The PRSP states that regular surveys, including the household living conditions (EICV), the Population Census, the Core Welfare Indicators Questionnaire (CWIQ), and the Demographic and Health Survey (DHS) will be conducted to monitor the PRSP and the list of "Poverty Monitoring Indicators" specifies the DHS as a data source for reporting on the health and nutrition indicators. This suggests that there is a good platform to use DHS data on domestic violence not only to inform the next PRSP, but also to include GBV indicators in the Core list, which can be continued to be monitored through the DHS.

6.5 Uganda

1. Review of DHS reports with a domestic violence module

The 2006 Uganda DHS survey questionnaire included questions about violence—physical, sexual, and emotional—perpetrated by anyone, including the respondent's husband/partner. More detailed questions were asked regarding spousal/intimate partner violence than about violence by others. Questions, based on a modified Conflict Tactics Scale (CTS) were adapted for use. Women were asked:

Does your husband/partner ever do any of the following things to you:[i]

1. Slap you?
2. Twist your arm or pull your hair?
3. Push you, shake you, or throw something at you?
4. Punch you with his fist or with something that could hurt you?
5. Kick you, drag you or beat you up?
6. Try to choke you or burn you on purpose?
7. Threaten or attack you with a knife, gun, or any other weapon?
8. Physically force you to have sexual intercourse with him even when you did not want to?
9. Force you to perform any sexual acts you did not want to?

For each of the questions, when the respondent answered "yes", she was asked how many times the act had taken place in the past twelve months. A "yes" answer to one of the last two questions was taken as an indication that the respondent has experienced sexual violence. A "yes" answer to any of the remaining questions was seen as a reflection of her having experienced physical violence.

Emotional violence experienced by ever-married women was assessed through the following questions:

Does your husband/partner ever:[i]

1. Say or do something to humiliate you in front of others?
2. Threaten to hurt or harm you or someone close to you?
3. Insult you or make you feel bad about yourself?

The approach outlined above gives women several opportunities to provide information about violence that they have experienced, it is not dependent on a single question, e.g., of whether they have ever experienced violence.

In addition to the questions described above, which were asked only to ever-married women, all women were asked, "Since the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything to hurt you physically?"

i Among women who were no longer married, the question was phrased "did your last husband/partner ever..."

Those who answered "yes" were then asked who had done this, and how often it had happened in the past 12 months.

All women were also asked, "At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?" If the answer to this question was "yes", the interviewer asked how old the respondent was when this first happened and who the perpetrator was. As pointed out in the Uganda 2006 DHS Country Report, there could be under reporting of violence—especially of sexual violence—in a survey setting.

One in every three households was selected for inclusion in the questions about violence to women. If more than one woman in a selected household was eligible to be asked these questions, one of these women was randomly selected. Ethical considerations and safeguards are discussed in the Uganda 2006 DHS Country Report, including the use of informed consent and special training for the interviewers.

In the Uganda 2006 DHS survey, questions about violence were also asked of men. They were asked the same questions as the women. However, the country report does not discuss whether these questions have been validated to elucidate violence experienced by men.

Table 6.5.1 presents the percentage of women who have ever experienced violence inflicted by anyone, as well as in the past 12 months before the interview. The findings are presented according to current marital status.

Table 6.5.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Uganda, 2006.

	Among women 15–49 years, the percentage who experienced physical violence by anyone		Number of women 15-49 years
	Ever	In the past 12 months	
All women	59.9	34.4	2,087
Ever-married women	62.2	35.5	1,598
Currently married women	61.9	38.1	1,304
Separated/divorced women	(with widowed)	(with widowed)	(with widowed)
Never married women	52.4	30.9	489

Specific acts of violence

Two in five Ugandan women said that they had been slapped (table 6.5.2). Around one-quarter answered "yes" to questions of whether they had been pushed or shaken; kicked, dragged or beaten up; or if something had been thrown at them. 20% said they had been punched; and 14% said that their hair had been pulled, or their arm twisted. About 7% said that they had been threatened or attacked with a knife, gun, or other weapon; and/or that someone had tried to choke or burn them on purpose. About one-third of women reported being physically forced to have intercourse when they did not want to; and/or forced to do a sex act when they did not want to.

Table 6.5.2 Among women, the percentage who reported each act of violence. Uganda, 2006.

Act of violence	Percentage of women
Pushed, shook, threw something at her	25.2
Slapped	39.7
Twisted arm, pulled hair	14.5
Punched w/ fist or something that could hurt her	20.3
Kicked, dragged, beat her up	23.0
Tried to choke or burn her on purpose	6.7
Threatened or attacked with knife, gun, other weapon	7.7
Physically forced her to have intercourse when did not want to	35.5
Forced to do sex acts when did not want to	30.0
Sex initially was with current/most recent husband and was forced	17.5
Said/did something to humiliate her in front of others	48.6
Threatened to hurt/harm her/someone close to her	24.2
Insulted her or made her feel bad about herself	21.8

Physical and/or sexual violence for various population subgroups

Table 6.5.3 shows the percentage of ever-married women who have experienced physical and/or sexual violence in various population subgroups.

Table 6.5.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Uganda, 2006.

	Percentage of women
Urban-rural place of residence	
Urban	45
Rural	62
Wealth quintile	
Poorest	65
Second	66
Middle	60
Fourth	59
Highest	47
Woman's current age group	
15–19 years	63
20–29 years	58
30–39 years	65
40–49 years	50
Woman's employment	
Employed for cash	57
Employed, not for cash	64
Not employed	44
Woman's level of education	
No education	59
Primary education	63
Secondary or higher education	45
Husband's use of alcohol and drunkenness	
Does not drink	49
Drinks, but never gets drunk	43
Gets drunk sometimes	64
Gets drunk very often	78

2. Review of national planning documents

Uganda's overall framework for poverty reduction, the Poverty Eradication Action Plan (PEAP), is currently in its third version (2004). We reviewed the 2000 and 2004 versions and treat the 2000 version as a PRSP and the 2004 version as the NPA in this review.

Is GBV Addressed in the national planning documents?

A review of the available sections of the 2000 PRSP show no references made to GBV. However, the 2004 NPA addresses GBV, especially domestic violence in the context of the gender, human rights, justice, legal, and education sectors.

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

Uganda's 2000 PRSP[20] is established on four major pillars:

1. Creating a framework for economic growth and transformation
2. Ensuring good governance and security
3. Directly increasing the ability of the poor to raise their incomes
4. Directly increasing the quality of the life of the poor

We were able to access the "Summary and Main Objectives" of this document and the corresponding goals, targets and indicators on the IMF website. The word search showed that there was no discussion about GBV in the context of women's rights, human rights or good governance and security. There were no gender-specific indicators even in the broader context of gender mainstreaming included in the goals, targets and indicators. The only mention of gender in the available information reviewed was under one of the principles of the PRSP stating that "all government policies should reflect the importance of distributional considerations, of gender, of children's rights, and of environmental impacts."

Although the document acknowledges that "unequal sharing of resources within the household reflects not only cultural factors, but unequal access to education and physical assets such as land, in which women are disadvantaged," there is no further discussion on the gender differences in education and the strategies suggest that priority is articulated as providing free education to all children, especially to children from poor households. The indicators for primary and secondary education do not have any gender disaggregation specified and the only gender-specific indicator appears under tertiary education whose goal is described as:

> "Access: increase in enrollment from 25,000 to 50,000 by 2003 of which 40% female: access to districts leveled and access to lower socioeconomic groups increased (ESIP)"

The corresponding monitoring indicator is:

> "Total enrollment in tertiary education, and gender breakdown."
>
> *Uganda PRSP 2000; Annex Table 1*

The recent NPA (PEAP 2004/5–20007/8)[21] gives more priority to GBV than the previous version

and discusses the issue under several sections including: gender, empowerment, education, good governance, human rights, and justice, law and order.
The five pillars of the revised PEAP are:

1. Economic management
2. Production, competitiveness and incomes
3. Security, conflict-resolution and disaster-management
4. Good governance
5. Human development

Gender is covered as a cross-cutting issue (as is the environment and HIV/AIDS), under the "Human Development' pillar. Although GBV is not included specifically in the list of the five priorities, the executive summary acknowledges that "domestic violence is recognized as a problem and actions are being taken to reduce it."

The government attributes the increase to poverty and inequality since 2000 to several reasons including: slower growth in agriculture; declines in farmer's prices; income diversification and population movement in a context of agricultural slowdown and insecurity; fertility and mortality; the uses of public expenditure; asset distribution; and social and cultural factors. It is under the social and cultural factors that the next reference to domestic violence is made in the context of increase in alcohol consumption.

> "Recent research indicates that high alcohol consumption is perceived by women as a serious and increasing problem.[15] The reasons for this problem include the availability of a wider range of drinks and the effects of past conflict and trauma on some of the population. A high share of alcoholic drinks in expenditure and in consumption is associated with poverty[16] and domestic violence.[17]"
>
> *Uganda NPA/PEAP 2004; page 18*

In Section 2.6 on Empowerment, the government discusses the three core elements of empowerment as being the ability to define one's goals and act upon them; gender awareness; and self-esteem and self-confidence. It recognizes that "vulnerability varies with gender, age, ethnicity, occupation, and social status" and states that the government has taken several steps through various social policies and programs for disadvantaged groups including women, widows, neglected children and orphans, refugees. In this context, it makes reference to domestic violence again in the following way:

> "... women remain disempowered by the unequal ownership of assets, by the widespread practice of bride price, and by the occurrence of domestic violence. Ending these forms of inequality represents a major challenge. Displaced people also represent an important, relatively disempowered group."
>
> *Uganda NPA/PEAP 2004; page 30*

Chapter 6 addresses "Good Governance." Under the sub-section on Human Rights in Uganda in

this chapter, domestic violence and violence against women is again made reference to:

> "Human rights are also violated by bodies other than Government. Some of the most serious violations are by other forces; the continued abductions by the LRA, totaling 31,000 people between 1990 and 2001; a number of appalling recent massacres by rebel forces in early 2004; occasional abuses by religious cults such as that of Joseph Kibwetere which burned 1,000 of its followers to death in 2000: and some inter-ethnic violence in Kibaale; and sexual abuse, neglect, prostitution and trafficking of children."
>
> *Uganda NPA/PEAP 2004; page 119*

> "Domestic violence is a widespread problem, which the legal system does not always adequately address. Contributory factors include the limits on women's empowerment posed by bride price, limited ownership of assets, lack of custody rights in the case of separation, discriminatory divorce rights, and widespread acceptance of the normality of the practice of domestic violence in society and even in some parts of the legal system. A survey in 2002 identified the most frequently mentioned human rights abuses as: domestic violence, sexual harassment, unlawful detention, denial of education to girls, ritual killings and corruption."
>
> *Uganda NPA/PEAP 2004; page 119*

Section 6.2 on Justice, Law, and Order also has references to forms of GBV. Under "access to justice," the document makes reference to the fact that the Local Council level, the lowest court, is popular and a good avenue to sort out local disputes and some petty criminal matters. However, the document acknowledges the concerns that these courts are "not always adequately responsive to cases of domestic violence and sometimes adjudicate matters beyond their jurisdiction."

> "They are generally appreciated, although there are complaints that they are sometimes gender-biased, especially when dealing with domestic violence, where there is often a strong preference to leave the matter to be settled privately within the household. In some communities women disputed men's views that the LC1 is important in dispute settlement and provision of security and complained that the LC1 is corrupt and biased against them. In Wakiso district, barmaids reported: 'Violent drunkards pay LC1 officials some money and our cases are dismissed.'
>
> The LC courts handle many children's cases, but their knowledge of children's rights and record-keeping is inadequate. Further training is needed, especially because office bearers change at election time."
>
> *Uganda NPA/PEAP 2004; page 124*

The Social Development Sector (section 7.5) refers to the role of the community to protect children from violence, abuse, neglect and discrimination. Orphans and vulnerable children are clearly targeted as a government priority under "Social Protection for Vulnerable Groups."
In the "Gender mainstreaming and empowerment of women" sub-section, under the Social Development section, the government articulates its commitments to mainstreaming gender across sectors acknowledging that despite past efforts to mainstream gender in the national development process, "the overall level of gender responsiveness still remains low." The priority actions that the

PEAP commits to towards mainstreaming gender takes GBV into consideration within the context of a paralegal program:

> "In view of the above, the SDS plans to undertake the following interventions towards mainstreaming gender and rights of the poor and vulnerable in the national development process:
>
> a) Implement the Revised National Gender Policy;
>
> b) Implement a paralegal programme focusing on gender-based violence and basic rights of the poor and vulnerable in 24 districts;
>
> c) Undertake capacity strengthening activities for enhancing gender and RBA skills of decision-makers and planning/implementing officers to mainstream gender and rights in at least 5 priority sectors (Education, Health, Water, Agriculture and Roads) and in all sub-counties in half of the districts;
>
> d) Conduct monitoring missions focusing on assessment of progress in implementing gender and basic rights mainstreaming;
>
> e) Conduct gender and equity budgeting analyses for selected sector and district BFPs;
>
> f) Provide inputs to the review of domestic relations laws;
>
> g) Produce and disseminate gender disaggregated data for development planning, monitoring and evaluation;
>
> h) Provide training programs on capacity building of women and youth leaders in LCs, NYC, and NWC at district and sub-county levels, as well as PWD organizations Countrywide;
>
> i) Develop a Gender Management System to review and audit government policies, plans and programmes for gender/equity responsiveness.
>
> *Uganda NPA/PEAP 2004; page 179*

Linking HIV/AIDS and GBV

HIV/AIDS is a clear priority for the country and discussed in the section on AIDS in Uganda as well as under the Education section of the NPA. The document acknowledges the increased vulnerability to the epidemic of certain groups including children, women, OVCs, refugees in the following way:

> "HIV/AIDS also affects development at the micro level. Particular social groups like children, OVC, women, refugees and internally displaced people have been specially hit by the epidemic due to their disadvantaged position and low incomes. It is estimated that Uganda has over 2 million orphan children, around 50% of whom are due to AIDS. This number is expected to increase over the next decade, increasing the risk of children becoming street children, or a target for abuse and exploitation."
>
> *Uganda NPA/PEAP 2004; page 151*

The section on HIV/AIDS and education does not make any linkages between the epidemic and

GBV and hence does not discuss specific strategies to address these linkages – another missed opportunity. It would have been appropriate to include a sub-section on GBV and HIV/AIDS either under the sections on "AIDS" or "Gender" or ideally under both.

Sexual harassment/abuse in schools

In the section on universal primary education, "harassment by teachers" is listed as a cause of drop outs along with poor quality, distance from schools, and lack of appropriate facilities in schools. Although the 2005 NPA has several references to GBV across sectors, the implementation matrix suggests that the commitments are not effectively been translated to priority actions that can be measured. For example, the only violence specific policy actions that are included in the implementation matrix include:

> "4.2 Improved human rights: In line with the UN Convention on Rights of the Child and the Children's Statute, UHRC will support and coordinate data collection on abuse, neglect and exploitation of children.
>
> 4.3 Strengthened legal and justice systems – Enact pending bills (criminal laws, Local Council Courts, Magistrates Court, and Domestic Relations & Sexual Offences Bill)
>
> Develop and implement National Strategy for Gender and Juvenile Justice, including operationalization of Family and Children's Courts and rehabilitation of regional juvenile remand centers."
>
> *Uganda NPA/PEAP 2004; pages 232-233*

Did the DHS findings on domestic violence inform policies and programs in the national planning documents of Uganda?

The DHS survey is not referenced at all in the 2000 PRSP and the 2005 NPA refers to the 1995 and 2000/2001 DHS survey for health indicators. Since the domestic violence module was only included in the 2006 survey, the DHS domestic violence findings has not had the opportunity for inclusion in either of the two documents. The use of previous DHS surveys in the 2005 PEAP suggests that there is a good platform to use DHS data on domestic violence not only to inform the next NPA, but also to include domestic violence indicators in the core list, which can be continued to be monitored through DHS surveys.

6.6 Zambia

1. Review of DHS reports with a domestic violence module

The 2001-2002 Zambia DHS included questions about physical, sexual, and emotional violence experienced by women and inflicted by anyone, including her husband/partner. There were more questions asked in reference to violence by her spouse/partner than by violence inflicted by others. The women were asked:

- Has your husband/partner ever slapped you, hit you, kicked you, thrown things at you, or done anything to physically hurt you?

All women were asked whether they had experienced violence by anyone: "From the time you were 15 years old, has anyone slapped you, hit you, kicked you, thrown things at you, or done anything else to physically hurt you?" *Those who answered "yes" were then asked who had done this, and how often it had happened in the past 12 months.*

All women were asked a question to ascertain whether they had experienced sexual violence:

- Have you ever been forced by a man to have sexual intercourse with him when you did not want to?

Those who answered "yes" were then asked who had done this, and how often it had happened in the past 12 months. If more than one woman in the household was eligible to be asked these questions, one of these women was randomly selected.

Table 6.6.1 presents the percentage of women who have ever experienced violence inflicted by anyone, as well as in the past 12 months before the interview. The findings are presented according to current marital status.

Table 6.6.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Zambia, 2001–2002.

	Among women 15–49 years, the percentage who experienced physical violence by anyone		Number of women 15-49 years
	Ever	In the past 12 months	
All women	53.2	23.5	5,029
Ever-married women	57.2	24.3	3,791
Currently married women	55.8	25.9	3,057
Separated/divorced women	66.8	22.3	489
Never married women	41.0	21.1	1,237

The country report did not include specific acts of violence.

2. Review of national planning documents

The PRSP for Zambia was prepared in April 2002 about the same time as the DHS survey 2001–2002 survey with the domestic violence module was conducted. The NPA or Fifth National Development Plan (FNDP 2006–2011) for Zambia was released in December 2006. This is a comprehensive document that not only outlines the goals and strategies of the FNDP, but also includes the actual sector strategies in the same document allowing for more streamlined linkages between the development plan and the actual implementation of these plans within sector implementation plans. A costing plan for core FNDP and non-core FNDP programs follows each sector plan.

Is GBV Addressed in the national planning documents?

While the PRSP gives minimal recognition to GBV, the subsequent NPA addresses GBV quite thoroughly across multiple sectors with detailed implementation plans including inclusion of GBV indicators in the list of "Key Performance Monitoring Indicators."

In what sections is GBV addressed in the national planning documents, and is it included in the list of priorities?

Zambia's 2002 PRSP[22] listed the following overall priorities: (i) Agriculture, (ii) Industry, (iii) Tourism, (iv) Mining, (v) Education, (vi) Health, (vii) Water and Sanitation, (viii) Energy, (ix) Transport, Communications and Roads. Gender is treated as a cross-cutting area, as are HIV/AIDS and Environment.

The PRSP gives minimal recognition to GBV, but is the only PRSP reviewed that makes reference to violence in the context of Public Health. Under 10.3.5 Public Health Priorities:

> "Integrated Reproductive Health—which includes family planning, safe motherhood, adolescent health, abortion and post-abortion care, infertility, and (sexual) violence against women."
>
> *Zambia PRSP 2002; page 88*

The PRSP discusses gender as a cross-cutting issue and introduces the National Gender Policy, whose goal is to "eliminate the gender imbalance that places a heavier burden of poverty on women at the household, community, and national levels." Most references to gender are made within the broader context of "promoting gender balance, to ease the burden of poverty, especially of women at the household, community and national levels."

The discussion and objectives focus on improving economic opportunities and land access for women, and GBV is not addressed, The following paragraph is an example from the sub-section on "Institutional and Legal Framework."

> "In order to implement the measures described above, the government will review and

harmonize laws and practices with international, regional, and sub-regional conventions and instruments dealing with gender. It will also review and amend laws that hinder women's access to, and control over, factors of production such as land, credit, technology, and information."

Zambia PRSP 2002; page 115

Zambia's NPA (FNDP)[23] does not have a list of overall priorities, but in the chapter that introduces the "theme" and "strategy" focus of the plan, the document acknowledges that specific interventions need to happen to realize the FNDP goals. The interventions are grouped under five types of policies: macroeconomic, social, rural sector, urban sector, and structural. Gender mainstreaming is listed as one of the five cross-cutting areas along with mainstreaming HIV and AIDS, ensuring environmental sustainability, improved land management, and promoting good governance.
Similar to Malawi's PRSP, Zambia's NPA addresses GBV in a more comprehensive manner compared to all other countries included in this review. The terms "gender-based violence" or "violence against women" appear primarily in the section on Social Protection, but are also used under Youth and Child Development, Gender and Development (in the context of HIV/AIDS, the national gender policy which addresses GBV, and putting in place a gender responsive legal framework). This document is also the only one of those reviewed which includes corresponding GBV indicators in the list of "Key Performance Monitoring indicators." However, GBV is not addressed in the sections under health or education and can be considered missed opportunities to reinforce the multisectoral nature of the problem.

The chapter on "Social Protection" introduces the issue of GBV as the most significant invisible threat, cites violence against women as a risk factor for vulnerable groups, discusses the government's commitments to international declarations such as CEDAW and the Convention on the Rights of the Child, and discusses the expansion of Victim Support Units. It also lists "support for victims of sexual abuse" as one of a number of key policy and institutional reforms that have been put in place.

"Key risk factors can either be co-variant, affecting an entire community, such as natural disasters, HIV and AIDS, and macroeconomic shocks or idiosyncrasies, affecting individuals or defined groups of people through life cycle events, such as sickness, death of breadwinner and old age. Key risks for the most vulnerable groups in society include lack of sustainable livelihoods in rural areas; inadequate access to social security, education and training; inadequate health services; HIV/AIDS; violence against women and children; and lack of legal entitlements for refugees…"

Zambia NPA/FNDP 2006; page 210

"GBV, including sexual, physical, economic or psychological abuse, has been identified as Zambia's most significant invisible threat, and as a critical problem that affects many women and children, in particular. The most vulnerable victims are those who have low capacity to deal with the situation or to escape from it, such as the poor and uneducated and are voiceless. The Government has responded to this risk through legal means by signing to a number of international conventions that encompass concerns with GBV. The Zambia Police Service has promoted the expansion of Victim Support Units (VSUs). The Convention on the Rights of the Child and the Convention on the Elimination of Discrimination against Women are also

key international covenants related to low capacity households. There is, however, lack of compliance and domestication of the provisions of international charters."

Zambia NPA/FNDP 2006; page 211

Several general gender-related strategies were identified including: capacity building for gender mainstreaming, economic empowerment of women, gender management information systems. However, the strategies that could contribute to addressing GBV include:

"To put in place gender responsive legal framework: a) Facilitate the review and amendment of discriminatory laws and procedures; b) Facilitate the dissemination of regional and international instruments on gender; c) Domesticate regional and international instruments on gender; d) Strengthen collaboration with stakeholders; e) Strengthen the Penal Code on gender-based violence; f) Strengthen the Bill of Rights for women in the Constitution; g) Facilitate enactment of gender based violence bill; h) Review customary law and align with statutory law."

Zambia NPA/FNDP 2006; page 316

In the list of key indicators for the Social Protection sector, the following indicator is included: "The proportion of cases of Sexual and Gender Based Violence", but the baseline for 2005 and the targets for 2010 were missing.

In the chapter on "Gender and Development", the document makes references to the commitments to domesticate the CEDAW into Zambian law, cites GBV as a driver of increasing numbers of HIV/AIDS among women, introduces the National Gender policy which includes GBV as one of its components, and discusses the establishment of a gender consultative forum which is aimed at advising the Government on emerging issues and ensuring that policies being formulated and programmes being implemented are gender responsive.

"The Government has also embarked on the process of addressing negative cultural beliefs and practices such as early marriages and property grabbing. A cultural policy has been developed to ensure that the traditions and customs do not discriminate against women. In addition, the Government has commenced the process of domesticating the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) into the Zambian law. Further, the constitutional review process afforded women the opportunity to address issues in the constitution which were discriminatory. Gender based violence is a critical area of concern particularly in cases relating to girls' and women's rights and its contribution to the spread of HIV. The major cause of gender based violence is unequal power relations. With regard to gender based violence, Government established the victim support unit (VSU) in the Zambia Police Service to address the issue."

Zambia NPA/FNDP 2006; page 314

"34.3 Policies and Key Reforms: The Government adopted the national gender policy in 2000

and launched the strategic plan of action (2004 to 2008) in 2004. The national gender policy highlights a number of policy areas which include poverty, health, education, decision making, gender based violence, land, agriculture, environment, science and technology, legal reforms, natural resources, commerce and trade and labour and employment. The national gender policy takes into account the issues and concerns contained in strategic documents such as the Convention on the Elimination of all forms of Discrimination Against Women (1979); the Beijing Declaration and Platform for Action (1995); the SADC Declaration on Gender and Development (1997); and the Millennium Declaration and Development Goals (2000). In 2003, the Government established the gender consultative forum aimed at advising Government on emerging issues and ensuring that policies being formulated and programmes being implemented are gender responsive. At the provincial and district level, gender sub-committees were established as part of the process of strengthening the institutional framework of the national gender strategic plan in 2005. The Government is preparing the land policy in which it seeks to address, among other things the constraint encountered by women in accessing titled land. Out of the many objectives of this policy is the allocation of at least 30 percent of the available land to women."

Zambia NPA/FNDP 2006; page 314

In the list of Key Indicators the following GBV relevant indicators are included for the Gender sector:

"Declarations and conventions domesticated, Ratio of boys to girls at (a) Primary (b) Secondary (c) Tertiary levels of education; and (d) Percentage reduction in number of cases of gender violence."

Zambia NPA/FNDP 2006; page 378

In the chapter on "Youth and Child Development," GBV is discussed in the context of OVC's increased vulnerability to abuse, exploitation and risk of HIV. It also states that the youth policy "underscores the need to promote a gender-inclusive approach to the development of youth in public and private sectors and in civil society. The policy seeks to promote gender equality, including working to eliminate of all forms of gender discrimination and violence. The child and youth policies also provide for the mainstreaming of HIV and AIDS in children and youth programmes."
In the Review of Past Performance section of this chapter, the document cites the following two relevant activities: f) "Support provided to gender and development activities to combat discriminatory practices arising from gender bias; g) Government and civil society organizations have made strides towards the eradication of violence against women and children, e.g. the establishment of the Victim Support Unit in the Police Service. The relevant GBV strategy for this sector included achieving the objective of promoting the rights of children and youth for their survival, protection and development was to "Protect children and youth from all forms of exploitation and abuse."
The chapter on Health is a missed opportunity for additional emphasis on GBV. There are sections on HIV/AIDS, Integrated Reproductive Health, and Mental Health Services, all of which are important entry points to address GBV, but no references or links are made to GBV within the sub-sections on health and therefore no corresponding indicators and strategies for the same. This reinforces that GBV is not seen as a public health issue, but is seen more as a gender, human rights and security issue. The references to gender in this sector are only in the context of gender

mainstreaming.

> "Gender mainstreaming is another challenge facing the health sector. Zambia still shows major gender disparities in some health outcomes such as HIV/AIDS prevalence. Overall, the issue of gender differences in access to health care and the impact on health outcomes does not seem to have received the attention it deserves. Currently, the participation of men in reproductive and family health is still relatively low; gender policies are not transformed into concrete action plans; there is no collection of gender-disaggregated data within the health management information system (HMIS) and there are fewer women in management positions at all levels of the public health system. Mainstreaming gender in the health sector has been hampered by inadequate conceptual understanding of gender and technical expertise and inadequate appreciation of linkages between gender and health."
>
> *Zambia NPA/FNDP 2006; page 165*

Linking HIV/AIDS and GBV

The first PRSP acknowledges the increased vulnerability of women to poverty and lists the increased vulnerability to HIV/AIDS as one of the three main reasons women are more vulnerable to poverty.

> "Third, women are at a much higher risk than men of contracting HIV/AIDS and other opportunistic infections due to factors relating to gender differences with respect to biology, roles, resources, and cultural norms."
>
> *Zambia PRSP 2002; page 24*

In addition to in the health section, HIV/AIDS is also discussed in detail separately as a "Cross-Cutting" issue where first and second level priority intervention programs are discussed, none of which acknowledge or address the linkages between HIV/AIDS and GBV.

In the NPA, the link between HIV/AIDS and violence is made in the Social Protection and the Youth sector plans, but as discussed above is absent from the health sector plan. The implementation matrix or the strategies listed also do not address the specific link.

> "Gender based violence is a critical area of concern particularly in cases relating to girls' and women's rights and its contribution to the spread of HIV. The major cause of gender-based violence is unequal power relations. With regard to gender-based violence, Government established the victim support unit (VSU) in the Zambia Police Service to address the issue."
>
> *Zambia NPA/FNDP 2006; page 314*

> "The link between HIV and AIDS and poverty has worsened the problem, especially as it relates to orphans. It is estimated that over one million children in Zambia are in the category of orphans, disadvantaged and vulnerable children. These children are extremely vulnerable. Many suffer severe deprivation, quit school, fail to access training, fall prey to abuse, exploitation and risk HIV infection more than other children. This is especially the case among street children."
>
> *Zambia NPA/FNDP 2006; page 218*

Sexual harassment/abuse in schools

The Situation Analysis of the Education section in the PRSP does not specifically discuss sexual harassment of girls as a possible reason for high drop out rates:

> "…with children beginning to drop out of school as early as Grade 2 due mostly to the high cost of education. Other reasons for dropping out are long distances to school, opportunity labour costs, early marriages, and pregnancies.
>
> *Zambia PRSP 2002; page 76*

The NPA section on education stresses improving access and equity to education for girls at all levels and the strategies include efforts to increase access, participation and retention of girls students, including providing water and sanitation facilities with a view to provide equitable access to girls. The strategies listed focus on promoting equal participation of females and males in education through the following strategies:

> a) Put in place mechanism and facilities to encourage the retention of girls in the education system;
> c) Provide facilities in education institutions that are girl-friendly.
>
> *Zambia NPA/FNDP 2006; page 316*

While the "girl friendly" environments might indicate that GBV is an issue, it is not explicit.

Did the DHS findings on domestic violence inform policies and programs in the national planning documents of Zambia?

Zambia's PRSP only cites DHS data once, but states that the DHS survey will be relied upon to report on health indicators. The NPA cites data from the 2000/2001 DHS survey relevant to HIV/AIDS and nutritional status. It does not refer to data from the domestic violence module throughout the 402 page document.

6.7 Zimbabwe

1. Review of DHS reports with a domestic violence module

The 2005-2006 Zimbabwe DHS survey women's questionnaire included questions about violence—emotional, physical, or sexual—perpetrated by anyone, including the respondent's husband/partner. More detailed questions were asked regarding spousal/intimate partner violence than about violence caused by others. Women were asked:

Does your husband/partner ever do any of the following things to you:[i]

1. Push you, shake you, or throw something at you, twist your arm or pull your hair?
2. Slap you?
3. Punch you with his fist or with something that could hurt you, kick you, drag you, or beat you up?
4. Threaten you with a knife, gun, or any other weapon?
5. Attack you with a knife, gun, or any other weapon?
6. Physically force you to have sexual intercourse with him?
7. Force you to perform any sexual acts?

For each of the questions, when the respondent answered "yes", she was asked how many times the act had taken place in the past twelve months. A "yes" answer to one of the last two questions was taken as an indication that the respondent has experienced sexual violence. A "yes" answer to any of the remaining questions was seen as a reflection of her having experienced physical violence.

Emotional violence experienced by ever-married women was assessed through the following questions:

Does your husband/partner ever:[i]

1. Say or do something to humiliate you in front of others?
2. Threaten to hurt or harm you or someone close to you?
3. Insult you or make you feel bad about yourself?

The approach outlined above gives women several opportunities to provide information about violence that they have experienced, it is not dependent on a single question, e.g., of whether they have ever experienced violence.

In addition to the questions described above, which were asked only to ever-married women, all

i Among women who were no longer married, the question was phrased "did your last husband/partner ever..."

women were asked, "Since the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything to hurt you physically?"

In addition to the questions described above, which were asked only of ever-married women, all women were asked, "Since the time you were 15 years old, has anyone ever hit, slapped, kicked, or done anything to physically hurt you?"

Those who answered "yes" were then asked who had done this, and how often it had happened in the past 12 months. All women were also asked, "At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?" If the answer to this question was "yes", the interviewer asked how old the respondent was when this first happened and who the perpetrator was.

If more than one woman in the household was eligible to be asked these questions, one of these women was randomly selected.

Table 6.7.1 presents the percentage of women who have ever experienced violence inflicted by anyone, as well as in the past 12 months before the interview. The findings are presented according to current marital status.

Table 6.7.1 Physical violence by anyone among all women 15–49 years, ever-married women 15–49 years, currently-married women 15–49 years, separated/divorced and never-married women. Zimbabwe, 2005–2006.

	Among women 15–49 years, the percentage who experienced physical violence by anyone		
	Ever	In the past 12 months	Number of women 15-49 years
All women	36.2	(not in report)	6,293
Ever-married women	40.1	(not in report)	4,658
Currently married women	38.8	(not in report)	3,694
Separated/divorced women	55.0	(not in report)	495
Never married women	25.1	(not in report)	1,635

Specific acts of violence

Table 6.7.2 shows the percentage of women who answered "yes" to questions of whether they had experienced various acts of violence. About one-quarter of women said that they had been pushed or shaken, that something had been thrown at them, or that their hair had been pulled or their arm twisted. About the same proportion said that they had been slapped. About one in ten women reported that they had been threatened or attacked with a knife, gun, or other weapon; that they had been punched, kicked, dragged, or beaten; and/or that someone had tried to choke or burn them on purpose. Almost 20% said that they had been physically forced to have intercourse when they did not want to, and 10% that they had been forced to do other sex acts.

Table 6.7.2 Among women, the percentage who reported each act of violence. Zimbabwe, 2005–2006.

Act of violence	Percentage of women
Slapped her	29.5
Pushed, shook, threw something at her, twisted her arm, or pulled her hair	25.3
Punched with his fist or something that could hurt her; kicked, dragged, or beat her	12.0
Tried to choke or burn her on purpose	12.1
Threatened her or attacked her with knife, gun, other weapon	7.5
Physically forced her to have intercourse when did not want to	18.9
Forced to do sex acts when did not want to	10.5
Sex initially was with current/most recent husband and was forced	10.9
Said/did something to humiliate her in front of others	27.3
Threatened to hurt/harm her/someone close to her	10.7
Insulted her or made her feel bad about herself	9.7

Physical and/or sexual violence for various population subgroups

Table 6.7.3 shows the percentage of ever-married women who have experienced physical and/or sexual violence in various population subgroups.

Table 6.7.3 Among ever-married women, the percentage who ever experienced physical and/or sexual violence from their husband by various characteristics. Zimbabwe, 2005–2006.

	Percentage of women
Urban-rural place of residence	
Urban	33
Rural	41
Wealth quintile	
Poorest	42
Second	45
Middle	41
Fourth	37
Highest	28

continued on next page

Table 6.7.3 continued

	Percentage of women
Woman's current age group	
15–19 years	44
20–29 years	39
30–39 years	34
40–49 years	39
Woman's employment	
Employed for cash	40
Employed, not for cash	46
Not employed	35
Woman's level of education	
No education	42
Primary education	42
Secondary or higher education	29
Controlling behavior by husband	
0 (minimum)	22
1–2 points	35
2–3 points	60
5–6 points	74
Husband's use of alcohol and drunkenness	
Does not drink	24
Drinks, but never gets drunk	100
Gets drunk sometimes	99
Gets drunk very often	98

2. Review of national planning documents

Zimbabwe did not prepare a PRSP, but there is an NPA under preparation called the Zimbabwe Economic Development Strategy (2009–2013). Zimbabwe does have other national frameworks for poverty alleviation including the Poverty Alleviation Action Plan (PAAP) launched in 1994 with UNDP, the Zimbabwe Programme for Social Transformation ZIMPREST (1997). However, we have still not been able to obtain copies of these documents (despite communication with UNICEF, UNDP and USAID in Zimbabwe).[i]

i Email communication with UNICEF Country Representative, Dr. Festo Kavishe.

Appendix A: Definitions

Appendix A presents the commonly accepted definitions on GBV and its forms that are relevant to this document developed by different agencies working in this area.

Violence against women

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."

Article 1, UN Declaration on the Elimination of Violence Against Women, 1993[24]

Article 2 of the Declaration further specifies that violence against women should encompass, but not be limited to: Acts of physical, sexual and psychological violence whether they are in the family or the community. The acts of violence specified in this article include: spousal battering, sexual abuse of female children, dowry-related violence, rape including marital rape, traditional practices harmful to women such as female genital mutilation, non-spousal violence, sexual harassment and intimidation, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state, such as rape in war.

Article 2, UN Declaration on the Elimination of Violence Against Women, 1993[24]

Gender-based violence

"Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to physical, sexual, and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes that violence which is perpetrated or condoned by the state."[25]

UNFPA Gender Theme Group, 1998

Intimate partner violence

"Any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behavior includes:

- Acts of physical aggression – such as slapping, hitting, kicking and beating.
- Psychological abuse – such as intimidation, constant belittling and humiliating.
- Forced intercourse and other forms of sexual coercion.
- Various controlling behaviors – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance."

WHO, 2002[12]

Domestic violence

The most common usage is with reference to physical, sexual and emotional violence by the spouse or intimate partner (see definition above) and is sometimes used synonymously with intimate partner violence. However, the term can also include violence within the family including violence experienced by children and the elderly.

Physical violence/abuse

"A pattern of physical assaults and threats used to control another person. It includes punching, hitting, choking, biting, and throwing objects at a person, kicking and pushing and using a weapon such as a gun or a knife. Physical abuse usually escalates over time and may end in the woman's death."

UNFPA, 2001[26]

Sexual violence/abuse

"Mistreatment or the control of a partner sexually. This can include demands for sex using coercion or the performance of certain sexual acts, forcing her to have sex with other people, treating her in a sexually derogatory manner and/or insisting on unsafe sex. "

UNFPA, 2001[26]

Emotional and verbal violence/abuse

"Mistreatment and undermining of a partner's self-worth. It can include criticism, threats, insults, belittling comments and manipulation on the part of the batterer. "

UNFPA, 2001[26]

Psychological violence/abuse

"Use of various tactics to isolate and undermine a partner's self-esteem causing her to be more dependent on and frightened of the batterer. It can include such acts as:

- Refusing to allow the woman to work outside the home
- Withholding money or access to money
- Isolating her from her family and friends
- Threatening to harm people and things *she* loves
- Constantly checking up on *her*"

UNFPA, 2001[26]

Rape

"The use of physical force, or threat of force or emotional coercion, to penetrate an adult woman's vaginal, oral or anal orifices without her consent. In the majority of cases, the perpetrator is someone the woman knows. Rape can be a one-time occurrence or it can be ongoing. It many also involve the use of alcohol and drugs therefore making the victim more vulnerable."

UNFPA, 2001[26]

Sexual assault

"Non-consensual sexual contact that does not include penetration."

UNFPA, 2001[26]

School-related gender-based violence

"School-related gender-based violence results in sexual, physical, or psychological harm to girls and boys. It includes any form of violence or abuse that is based on gender stereotypes or that targets students on the basis of their sex. It includes, but is not limited to: rape, unwanted sexual touching, unwanted sexual comments, corporal punishment, bullying, and verbal harassment. Unequal power relations between adults and children and males and females contribute to gender violence. Violence can take place in school, on school grounds, going to and from school, or in school dormitories. It may be perpetrated by teachers, students, or community members. Both girls and boys can be victims as well as perpetrators."

USAID/EQUATE, 2007[27]

Appendix B: PRSPs and NPAs included in the document review

Country	DHS year (with domestic violence module)	PRSP (year)	NPA (year)
Cameroon	2004	Interim PRSP (2000): http://povlibrary.worldbank.org/files/cameroon%20iprsp.pdf 2003: http://www.imf.org/external/pubs/ft/scr/2003/cr03249.pdf	Under development during this review
Kenya	2003	Interim PRSP (2000-2003): http://www.imf.org/external/NP/prsp/2000/ken/01/INDEX.HTM	Economic Recovery Strategy 2003–2007: http://www.imf.org/external/pubs/ft/scr/2005/cr0511.pdf
Malawi	2004	2002: http://www.imf.org/External/NP/prsp/2002/mwi/01/043002.pdf	Malawi Growth and Development Strategy (2006–2011): http://www.malawi.gov.mw/News3/MGDS%20November%202006%20-%20MEPD.pdf
Rwanda	2005	June 2002: http://www.imf.org/External/NP/prsp/2002/rwa/01/063102.pdf	Under development during this review
Uganda	2006	2000 (summary and main objectives): http://www.imf.org/external/np/prsp/2000/uga/01/index.htm	Poverty Eradication Action Plan (PEAP) 2004: http://www.imf.org/external/pubs/ft/scr/2005/cr05307.pdf
Zambia	2001–2002	2002: http://www.imf.org/external/np/prsp/2002/zmb/01/033102.pdf	Fifth National Development Plan 2006–2010: http://www.imf.org/external/pubs/ft/scr/2007/cr07276.pdf
Zimbabwe	2005–2006	No PRSP developed to date and the documents listed below were unavailable online Zimbabwe Programme for Social Transformation (ZIMPREST) (1997) Poverty Alleviation Action Plan (PAAP)	Under development during this review

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