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Gender Analysis Report

Takunda Resilience Food Security Activity

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List of Acronyms

AGRITEX	Agriculture Extension
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DDC	District Development Coordinator
FGD	Focus Group Discussion
FTLRP	Fast Track Land Reform Program
GA	Gender Analysis
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GMB	Grain Marketing Board
GoZ	Government of Zimbabwe
HH	Household Head
HIV	Human Immune Virus
ICT	Information Communication Technology
IGA	Income-generating Activity
ILO	International Labor Organization
LFCLS	Labor Force and Child Labor Survey
MP	Member of Parliament
NGO	Non-Governmental Organization
SADC	Southern African Development Community
SDG	Sustainable Development Goal
SGBV	Sexual and Gender-Based Violence
TREE	Training for Rural Economic Empowerment
ZDHS	Zimbabwe Demographic and Health Survey



May 26, 2021: Shamiso Matava, a Youth Officer at Takunda, conducts an in-depth interview with a program participant in Chivi district. © Gift Bvekwa/ CARE.

Executive Summary

This report presents the findings of the Gender Analysis of the Takunda Resilience Food Security Activity. Takunda seeks to promote sustainable, equitable, and resilient food, nutrition, and income, directly impacting 301,636 people in Manicaland and Masvingo provinces in Zimbabwe. The overall objective of the Gender Analysis is to identify gender gaps, potential risks, and opportunities for women, men, female and male youth (disaggregated by sex, age, and life stage). The Analysis investigated socio-cultural norms, behaviors, and religious practices that influence patterns of power, decision-making, access to and control of assets, and intra-household role distribution, and how these impact household food securities, nutrition, and the ability to cope with stressors and shocks. Findings will inform adjustments to the Theory of Change and the design of Takunda's Gender Strategy, which will include an action plan to respond to gender equity gaps and negative gender stereotypes. The Gender Analysis (GA) was conducted using participatory, qualitative, mixed methods with diverse groups of community members in selected districts of Mutare (Manicaland), Zaka, and Chivi (Masvingo).

Key Findings by Thematic Area and Recommendations

Gender and generational inequalities characterize social relations between women and men and the young and old generations in the three studied districts. These inequalities are rooted in patriarchal, cultural, and religious values, beliefs, and practices. The inequality manifests in all spheres of life, including household decision-making; access to and control over household and community assets; gender roles and responsibilities; participation in public decision-making; GBV; access and utilization of services; resilience to disasters, shocks, and stressors; and migration patterns. The situation was

worsened by COVID-19 that followed a dire humanitarian crisis linked to drought, floods, crop failures, and macroeconomic challenges. The COVID-19 national lockdown led to the closure of companies and mobility restrictions resulting in loss of employment and livelihoods. Gender and generational inequality have serious implications on income-generating and resilient livelihoods capacity, nutrition, maternal and child health, hygiene, and community resilience to disasters, shocks, and stressors. The population groups most negatively impacted by gender and generational inequality are women in general, young married women, adolescent girls, and other female and male youth, including persons with disabilities. While the study findings confirm what is known and already published, it had a deeper dive on issues that unearthed unique and new information not known to the public domain. Below is a summary of key findings by gender domain.

Gender Roles, Responsibilities, Mobility Constraints, and Time Use

- While the general picture shows women (young and older) getting involved in daily routine work relating to domestic roles and household chores with men mostly engaged in productive activities that generate income (as providers of financial resources), women in Mutare revealed that men's involvement in women's roles increases with the use of technology where they may have to use the wheelbarrow or scotch cart when fetching water and firewood. In some contexts, men who engage in family and childcare activities suffer from stigma and discrimination and are usually labeled weaklings. Adult men in Mutare and Zaka Districts revealed that a few fathers knew about the needs of teenage girls (such as access to sanitary pads) because a majority of men view these as women's role. Role distribution continues to shift and expand for women due to widowhood, seasonal and long-term migration for men in search of greener pastures. This has continuously increased women's time poverty as they become more involved in productive activities as well. In Zaka, widowed and unmarried women thatch houses and dig wells because they lack resources to hire labor or there is no adult male figure in the household to perform the task. The expansion of women's roles is also owed to gender equality and women empowerment work, spearheaded by government and Non-Governmental Organizations where women are deliberately targeted for community development initiatives.
- Mobility constraints and gender roles and responsibilities for women have continued to limit their participation in profitable markets. In Mutare, women experience challenges accessing transport and its associated costs when taking their grain to the nearest Grain Marketing Board depots. At times it takes several days for the selling process to be completed, and therefore women with young children find it difficult to be away from their children for days. This forces them to resort to local markets where prices are not competitive.

Patterns of Power and Decision-making in the Home

- Overly, the husbands' decisions always prevail regarding high-value assets (scotch carts, plough) and large livestock (cattle). In most male-headed households, household decision-making is done jointly by husband and wife. In cases where there is no agreement on a particular decision, the husband or wife's decision takes precedence depending on the livestock and crops they are culturally associated with. Elderly men in Mutare district conceded that their wives yield more decision-making powers than them, attributing the shift of decision-making powers to their grown-up and working children who always support their mothers against their fathers when disputes arise. Since the elderly men are dependent on these children for financial support, they opt to relinquish their decision-making powers to their wives so that financial support continues to flow in. Positive changes in trends were noted among young couples in Chivi, where young married women make joint decisions with their husbands on major issues around household income. The young men even allow their wives to buy assets like cattle and register them in their names. This change is tied to transformative gender awareness and male engagement activities implemented by several NGOs operating in the district, including CARE International under the Enhancing Nutrition Stepping Up Resilience and Enterprise (ENSURE) activity.

- Women in polygamous families from the Apostolic and non-Apostolic sects have the flexibility to make decisions on land use, livelihoods, and income-generating activities compared to those in monogamous marriages since the husband takes it as a complex task to make such decisions on the big family considering the number of wives some apostolic sect men of 'Johanne Marange' can have (ten wives or more). The husband usually makes decisions on household income.
- In de-jure female-headed households, women independently make all decisions as they are not accountable to a male figure. It is easier for these female-headed households to seek election into committees, make decisions to participate in training programs, and decide on selling or acquiring household assets. The position is unique with married women who may want to seek permission from their husbands to participate in training.
- Young people across the three districts felt systematically excluded and marginalized from participating in household decision-making by the older generation because they lack resources, citing unemployment and limited opportunities to engage in meaningful economic activities as primary reasons for their limited resources. The young people also indicated that the older generation has a monopoly on household assets, including land. Middle-aged participants appreciated the need to involve children and young people in household decision-making.

Access to and Control over Productive Assets and resources

- One's roles and responsibilities in the household determines the assets they control. While men have control over high-value household assets, women have control over assets of lesser value. The pattern differs for poorly resourced households where men want to control decisions involving assets that are generally considered to be women's (goats and chicken, household utensils, etc.). In such instances where there are no high productive assets and resources in the home, the available assets cease to be individualized.
- Most women with control over cattle have received the 'motherhood cow' (mombe yehuMai), which comes as part of the bride price for their daughter who is getting married. There is a general belief of 'ngozi' (avenging spirit-mishaps) that comes with this cow if culture is not procedurally followed. Ultimately men avoid accommodating the cow into the family kraal forcing the wife to send it to her relatives. There is also a culture of a woman's belongings being taken to her relatives when they are deceased, leaving the children with nothing. This has grossly contributed to some men not permitting their wives to own assets of high value.
- Young people's access and control of productive assets and resources varied with age and sex. The younger the child, the less access and control over household resources, and the opposite is true with older children. The situation is worse for young women who are expected to get married and start their families. Perceptions around negligence, level of maturity, and responsibility have caused younger children to access household resources under the strong supervision of an adult. In Chivi, adult men indicated that some young boys, when entrusted with assets like scotch carts to ferry firewood or water, will abuse the asset by speeding on rough roads, and this affects its lifespan. As children grow older, they are allowed to access household assets like farming equipment, even for personal use.
- As is for decision-making, patterns of access and control of assets and resources also differ with the household type. Female-headed households are independent and easily have control over productive assets and resources.

Access to Services, Participation in Leadership and Decision-making in Public Spaces

Access to Markets and Extension Services

- Gender roles have shaped the organization, structure, and infrastructure in public spaces, e.g. (WASH facilities and market infrastructure in the public domain. Across the three districts, public spaces have been designed from a masculine perspective and promote an aggressive and masculine environment with no gender-sensitive structures.
- While women dominate local markets, more men access external markets. Persons with disabilities and the elderly who suffer from mobility constraints send men to external markets to market their produce on their behalf.
- Women's and youth's lack of control over productive assets affects their access to loans. The situation is worse for the apostolic sect women because they do not possess identity cards. The government of Zimbabwe has established the Women's Bank and Empower Banks to ease access to loans by women and youth, but none of the respondents had received any loan support from financial institutions by the time of the study. Barriers included the size of the loan that is allocated specifically for the youth, which cannot sustain a viable business enterprise. At the time of the study, the loan size was at a tune of ZWL 1,000 (approximately USD 10) with over a month repayment period. The loan can also be in the form of equipment or machinery and requires collateral security. Group collateral is another option provided by the banks; nevertheless, most women and young people's groups cannot raise the amount which warrants a loan. Alternatively, women had formed VSL groups as a way of raising capital, but these groups were rendered dysfunctional due to COVID-19 restrictions that diminished the sources of income for the VSL activities.
- AGRITEX provides agricultural extension services to both female and male farmers in the form of technical support, training, and mentoring. Generally, AGRITEX extension officers are accessible, but they experience transport challenges that sometimes limit the frequency of their visits to farmers. While most districts save for Buhera have more female extension workers than males, concerns were raised around young married women at times having difficulties in accessing agriculture extension services specifically one on one mentoring sessions due to rumors of suspected sexual relationships with the male extension officers.
- Unmarried youth are not much into farming, and the majority are usually represented by their parents.

Maternal Health and Nutrition

- COVID-19 had impacts on access to maternal health services by women of the reproductive age group.
- Maternal health services are available in clinics, but in times when there are shortages, adolescent and young mothers are requested to bring certain medications and supplements (razors, detergents, and cotton wool) from home. Some could not afford it, resulting in home deliveries.
- Due to poverty and food shortages at household level, some pregnant mothers avoid waiting at the mother's shelter at health centres. The reason being that food that is supposed to cater for one household is now divided to cater for two households and in most cases resources do not permit.
- There were perceived institutional and attitudinal barriers on the part of health staff limiting men from participating in maternal and child health care activities. Men also felt SRH, and maternal and child health issues are 'women's issues' since a majority of clinic and community health workers are women. The absence of men's spaces who would have accompanied their wives for pre- and post-natal care is also a source of discomfort for most men since they are forced to mingle with women whilst their partners are being attended to.

Access to ICT

- While the main form of ICT accessible to men, women, and youth is the mobile phone, some elderly people did not have it because they lacked knowledge on how to operate the phone. They rely on other family members for communication. While most lines were for mobile money transactions, young people with smartphones use them to access social media and the internet. Some women had their mobile lines registered in their husbands' names as the husbands were the ones that had applied for the lines. Network challenges and sometimes high tariffs were cited as barriers to the effective use of phones.

Leadership and Decision-making in Public Spaces

- Participation in public decision-making platforms is skewed towards adult men across all three districts, with women, young people, and people with disabilities being the least represented. Most governance and decision-making positions that include District Development Coordinators (DDCs), Members of Parliament (MPs), councilors, and traditional and religious leaders are held by men. However, the participation of both women and young people in decision-making platforms has improved over the years. In Chivi and Zaka, some churches have played a significant role in promoting female and youth leadership through their participation in both women and youth ministries and their involvement as deacons or elders of the churches.
- Generally, youths, especially unmarried young women and men and married young men, do not participate in community development meetings since they do not receive meeting invitations because of the mobilization structure of the traditional leadership and councilors that tend to target adults. For the few that attend, their voices are stifled since they are not supposed to argue with adults. Youth are also demotivated by the perception adults have on them that they are lazy and immature. This is worsened by the attitudes of youth that adults do not want to work with them.

Gender-Based Violence Prevention and Mitigation Including Early/Child Marriages

- Child marriage has been a problem across the districts and was exacerbated by the COVID-19 pandemic. Most marriages among the apostolic sect are on religious grounds, arranged and for convenience.
- The GA established that GBV cases increase towards and during the agricultural marketing season since men would want to take over and lead in the marketing of the agricultural produce, which women and children would have labored for. Fears are around the potential misuse of the income by men; hence women would want to directly get involved in the marketing of the produce.
- During the COVID-19 lockdown, women and girls became vulnerable to sexual exploitation from resourced men in exchange for food.
- Access to GBV services was constrained by the COVID-19 restrictions.
- Some people are knowledgeable of the components of the referral pathway for survivors of sexual abuse, and there is tangible evidence that service providers (Childline, Musasa, ZWLA, Legal Resources Foundation) into GBV programming and key government department (Social Welfare, Ministry of Health and Victim Friendly Unit of the police) continue to coordinate and collaborate to handle cases.
- During the COVID-19 lockdown, some of the boreholes broke down and were not serviced by the District Development Fund because of the skeletal staff that was available in government departments resulting in the scarcity of clean and safe water. This impacted heavily on women and girls since they had to travel for long distances to fetch water for their SRH and domestic needs. Lack of financial resources due to the restriction had an impact on women's access to menstrual hygiene kits as well.

- There is a general feeling of insecurity from men regarding women controlling the means of production (land, draught power, farming equipment), resulting in GBV.

Gendered Impacts of Disasters, Shocks, and Stressors

- The effects of disasters, shocks, and stressors, as well as the coping strategies, were different for men, women, and young people due to their different gender roles, different resource access and control profiles, and cultural expectations. The chronic drought resulted in poor harvests, and the economic crisis coupled with COVID-19 made food unaffordable for poor families. The burden of putting food on the table during disasters falls on women. Women and girls also walk for long distances in search of clean and safe water. Men, especially the young and middle-aged, migrate to search for opportunities and, in the process, leave their families behind, increasing the work burden for women since they are now expected to cover the gap left by their husbands. Male outmigration was common in Zaka and Chivi. Although both men and women use migration as a coping strategy, men tend to migrate for longer periods than women. Other coping strategies for young men and young women include drug abuse, engagement in unsafe and dangerous occupations like illegal mining and commercial sex work.

Key Learnings

- Most jobs and self-employment opportunities, including household enterprises, are in the informal sector, and hence access to finance, specifically tailored to meet the needs of young people and women, is pivotal yet woefully inadequate.
- Women and youth can own productive assets, develop a source of income, and take leadership roles, but they may choose not to take advantage of such opportunities because of socio-cultural constraints and feelings of inadequacy that continue to impact them.
- Takunda's strategy needs to be constantly informed by a regular gender equality risk analysis to take into consideration changing social, political, economic, and humanitarian/disaster contexts as to appropriately mainstream gender to address the emerging gender inequality challenges. Awareness creation on generational equality should also be a key priority of the gender strategy.
- Takunda acknowledges the different levels of partnership that need to be strengthened during activity roll out including collaborating with relevant government ministries to achieve sustainable outcomes.
- Youth participation during data collection was low. The activity needs to reflect and critically think through ways that can enhance the participation of both married and unmarried youth participation, ensuring that their diverse views, needs, and priorities are adequately captured and addressed. This might call for alternative youth-friendly mobilization strategies.
- Whilst the apostolic sect of Johanne Marange is a secluded group, findings show great opportunity the activity can ride on to influence norm change amongst members of the sect, starting with those already practicing positive gender behaviors.

Recommendations

IO 1.1.1: Adoption of improved agricultural technologies and practices increased

- Zimbabwe has made strides in Mutare and Chivi to promote gender equality and women empowerment in the ward based agritex extension staffing program. Whilst there are more female than male extension workers in all the target districts save for Buhera (*statistics drawn from literature review*), there are concerns around married young women at times not accessing extension services especially one on one mentorship sessions. There is need to engage agritex extension staff in gender dialogues riding on the FFBS platforms to influence positive behaviour and create safe spaces for women and men to fully participate in agriculture and markets

extension activities. Engage men and women in collaborative problem solving and critical reflections on gender inequalities that may impede meaningful participation.

IO 1.2.2: Increased formal and informal employment:

- Leverage the TVET opportunity to strengthen existing women's artisanal skills sets (thatching and well digging), including those of the apostolic sect (baking), making them more lucrative for income generation. Allow transfer of skills to youth through a mentorship program.

IO 1.2.1: Participation in diversified formal and informal enterprises (IGA) increased:

- Work with young women and men to build assets and engage with older people, exploring opportunities for mentorship. Train them on transformative behavior change, building their agency, relations, and leadership competencies. Make women's low-value assets and crops lucrative business enterprises allowing opportunities to transition them to having control and ownership of high-value assets and crops. Engage men (young and old) as allies to support women's economic empowerment. Identify and work with men from the apostolic sect to strengthen male engagement. Train women, men, and young people, including the leadership/members of the apostolic sect, on ending child marriages and on GBV prevention and mitigation. Disseminate the Gender-Based Violence response virtual referral system for different service providers, including Musasa and Childline WhatsApp numbers and toll-free lines to enhance access to GBV services (Psycho-Social Support, health care, and legal aid). Leverage COVID -19 GBV essential service provision for connecting communities to GBV outreach services. Promote joint ownership of household assets and resources by family, not individuals. Partner with relevant organizations to raise awareness on wills and inheritance riding on the Takunda community gender awareness activities. Include learning modules for men and boys on positive masculinity to support women's access to land and means of production. Engage youth in ICT and green energy solutions.

IO 1.1.3 Access to markets and business services increased:

- Engage women in local producers' organizations and strengthen the local market system to make it viable and profitable for women and other people who suffer from mobility constraints (*persons with disabilities, apostolic sect women, the elderly*). Identify exemplary women that are doing well and work with them to influence change of behavior for men who do not permit their wives to participate in markets. Use the Farmer Field Business School model to engage men on the value of women's and youth participation in markets and decision-making. Identify and work with youth champions who hold power in the home/community and are pro-women empowerment to support women in Takunda. Increase anti-GBV activities during the marketing season. Use Takunda's leverage to work with financial institutions to advocate for the Government of Zimbabwe Women Empower Bank (*created for women and young people to easily access loans*), to constantly review the amount of loan allocated to youth for income-generating activities. Strengthen the social group collateral (group guarantor) approach making the model lucrative for loans, and extend the model to the Youth Savings and Loans (YSL) groups. Consider strategic partnerships with stakeholders, including those in the health sector, to promote gender-sensitive and inclusive infrastructure (e.g., market infrastructure or infrastructure at clinics). Facilitate the sharing of market information through mobile phones to enhance access to e-markets that present better opportunities for women and young people.

IO 2.1.1: Availability of diversified nutritious foods at HH level increased

- Make use of the Chivi model young couples who own high-value assets and engage in joint decision-making to raise awareness on the importance of family dialogue or joint decision-making in maternal health and nutrition.

IO 2.1.2: Adoption of improved IYCF, Maternal and Adolescent girl care practices increased

- Use couples' dialogue platforms to engage polygamous women of the apostolic sect and non-apostolic sect who already have decision-making powers over non-financial issues at a household level to influence the expansion of decision-making around household income. Leverage existing platforms, such as the men's forum in Zaka to engage in equitable decision-making around nutrition. Engage with individual religious leaders, relevant government ministries, and other stakeholders, including the Union for Development of Apostolic and Zionist Churches in Zimbabwe (UDACIZA), whose leadership has an influence on what happens at grassroots levels within the apostolic sect religion, to influence positive norm change around child marriages, maternal health, and nutrition. Takunda should leverage the Ministry of Health and Child Care already established Village Health Workers platforms that have individuals from the apostolic sect as members and the community based Apostolic Women Empowerment Trust to influence change of behavior around intra-household decision making and asset control towards improved maternal health and nutrition.

IO2.2.1: Adoption of promoted MNCH practices increased

- Build on efforts by the Ministry of Health and Child Care to promote male participation in maternal and child health care. Advocate for parallel health services for men like screening for prostate cancer/SRH education (*HIV/ STIs*) to encourage men to accompany their pregnant and lactating women for pre- and post-natal care. Combine this with education on child health and nutrition, especially for pregnant and lactating mothers/women and men from the apostolic sect. Deliberately target women of the reproductive age group, including pregnant and lactating mothers, for Takunda interventions like cash for assets/VSL and FFBS to enhance their access to income.

IO 2.2.2: Adoption of improved WASH practices increased

- Inventory to establish the boreholes that broke down during COVID-19 in the target areas and were not repaired due to resource constraints. Where possible, partner with the local authorities on borehole rehabilitation to increase access to clean and safe water for communities, especially women and girls of the reproductive age group with SRH needs. Work with model men who support the menstrual hygiene needs of girls as agents of change.

IO 3.1.1: Household mechanisms/strategies to manage climate shocks, market failures, and macro-economic context enhanced

- Enhance household capacity to accumulate assets that can be disposed of for cash or exchanged for food during climate shocks and market failures through life-skills training that enables young people to accumulate financial, human, and social capital. Deliberately target young men and young women for Takunda Cash for Assets interventions and register them as plot holders in the Takunda Community gardens. Target the apostolic sect households and groups (*Apostolic Women Empowerment Trust*) for transformative dialogues to enhance economic empowerment and equitable decision-making on household income.

IO 3.1.2: Community-based planning and management systems for shared resources strengthened

- Work with model young people who can also be mentors working closely with adult champions where possible to change the community's negative attitudes towards them. Identify and work closely with middle-aged men and women who believe in the need to involve young people in decision-making processes despite their economic status.

IO 3.2.2: Household access to appropriate risk information and services improved

- Facilitate dissemination of early warning information using the mobile phone devices members of the community have.

1. Introduction and Background

1.1. Project Background

CARE International in Zimbabwe – along with partners FHI360, International Youth Foundation (IYF), Nutrition Action Zimbabwe (NAZ), Bulawayo Projects Centre (BPC), and Environment Africa (EA) – is implementing Takunda, a five-year, USD \$55 million Resilience Food Security Activity (RFSA), funded by USAID. Takunda is being implemented in two provinces: Masvingo (Chivi and Zaka Districts) and Manicaland (Mutare and Buhera Districts). Takunda seeks to promote sustainable, equitable, and resilient food, nutrition, and income, directly impacting 301,636 people. Target population groups include vulnerable adult women and men, adolescent mothers, male and female youth (aged 18-35), women of reproductive age, and children under five years (CU5), who are made vulnerable by socio-economic challenges, the impacts of climate change, and the COVID-19 pandemic. Gendered behaviors and social norms continue to shape power dynamics in decision-making between women and men (young and old) in the target communities, and this has significantly impacted household food security and nutrition, leading to deeply entrenched poverty.

The Takunda Theory of Change (TOC) directly responds to the underlying causes of food insecurity and malnutrition. These include poverty, limited financial resources, gender inequality, persistent negative social norms, cultural beliefs and behaviors, limited youth empowerment, and weak institutional/organizational governance and accountability. Activities addressing these causes fall under the following three purpose areas.

- **Purpose 1** – Increase incomes from on-farm, off-farm, and non-farm livelihoods activities.
- **Purpose 2** – Improve the nutritional status of children under five years of age, adolescent girls, and women of reproductive age.
- **Purpose 3**– Build institutional and local capacities among ultra-poor and chronically vulnerable households to cope with shocks and stressors and reduce risk.

Across all-purpose areas, gender equality and youth empowerment are cross-cutting themes aimed at reducing disparities regarding access, control over, and benefits obtained from resources, assets, and opportunities; reducing gender-based violence (GBV) and increasing the ability of women and girls to realize their rights, determine their life outcomes, and influence decision-making at the household, community, and institutional levels.

1.2 Context Setting

Gender Inequality and Discrimination in Food Security

The estimated total population of Zimbabwe is 15.6 million¹, with approximately 52 percent females and 48 percent males², while 62 percent are youth. About 65 percent of households in Zimbabwe are headed by males and 35 percent by females. Most women (about 86%) depend on land for their livelihood and food production for their families³. However, they faced with myriad challenges to this,

¹ <http://data.worldbank.org/country/zimbabwe>

² Zimbabwe Country Gender Assessment FAO Report 2017

³ National Gender Policy 2013-2017

including poor access to and control and ownership of the means of production (capital, labor, land, and mechanization, and irrigation infrastructure). They also have little or no control over resources and decision-making powers⁴.

Agriculture accounts for about 15-20 percent of the gross domestic product (GDP), and it provides the main source of livelihood for about 70 percent of the rural population⁵. Agriculture was previously dominated by large commercial farms until the Fast-Track Land Reform Program (FTLRP) of 2000. Now 90 percent of the farmers are smallholders, who work 73 percent of the agricultural land (Moyo 2011). Smallholder farming is characterized by low productivity, lack of access to markets, lack of competitiveness, limited extension services, and poor access to finance and inputs. Land tenure is a major constraint to production, especially among women. Only 20 percent of women involved in agriculture are landowners or leaseholders. This places them at a disadvantage in that they lack collateral in accessing credit (Chingarande 2009). These challenges have exacerbated Zimbabwe's food security situation to be "serious," according to the 2017 Global Hunger Index (where it ranked 108th out of 119 countries).

Between 2009 and 2014, an average of 1 million (8.3%) of the population was considered food insecure, of whom 38 percent were chronically food insecure. A five-year trend analysis of food security in Zimbabwe reveals that the number of food-insecure people has been increasing from 2,629,159 people in the 2015/16 season to 4,071,233 people in the 2016/17 season. A drop in the number of food-insecure population was witnessed in the 2017/18 season to 1,052,768 followed by an increase to 2,423,568 and 5,529,209 in the 2018/19 and 2019/2020 seasons, respectively (SADC 2019). Food insecurity is a complex problem with many direct and underlying drivers that span different sectors and contextual factors as espoused in the definition of the concept itself. The definition of food and nutrition security by the Committee on World Food Security (2012) is 'when all people at all times have physical, social and economic access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences and is supported by an environment of adequate sanitation, health services and care allowing for a healthy and active life. Diets are mainly cereal based, where food is available, which is not necessarily nutritious, and many suffer micronutrient deficiencies (iron, iodine, folate, vitamin A and zinc), and undernutrition and malnutrition rates are high, especially in rural districts where diets lack diversity (maize being the main staple) and are poor in essential nutrients (SADC 2019).

The Government of Zimbabwe (GoZ) embraces gender equality, women, and youth empowerment to achieve food security, development, and growth and partners with several organizations on agriculture and rural development to eliminate hunger and poverty. Additionally, the GoZ has signed and ratified numerous international and regional instruments promoting gender equality and women's empowerment. Zimbabwe's active National Gender Policy 2013–2017 (revised 2017 to align to SDGs among other new frameworks) places a strong emphasis on gender equality and equity and envisions a gender-just society in which men and women enjoy equity and benefit as equal partners in the development of the country. However, certain policy provisions are not adequately enforced, and limited gender considerations are present in some policy frameworks (e.g., on management and protection of the environment and natural resources (SDG 13)). Zimbabwe is ranked number 27 out of 188 countries on the Inter-Parliamentary Union's World classification of women in parliament and number four among Southern African Development Community (SADC) countries. However, a large

⁴ Zimbabwe Country Gender Assessment Report 2017

⁵ Zimbabwe Country Gender Assessment FAO Report 2017

majority of women are excluded from participating in governance and national development processes due to gender bias, gender inequalities, cultural norms, gender-based violence (GBV), and low economic status⁶.

Gender and Youth Unemployment

Youth unemployment is high in Zimbabwe, higher than the national average of 16 percent. In 2019, the national unemployment rate for youth was 21 percent and was higher for females at 22 percent than for males at nearly 20 percent⁷. Table 1 below shows the rate of youth unemployment by gender and location.

Table 1: Youth Unemployment Figures 2019, Zimbabwe

Nationally	21%
Males	20%
Female	22%
Urban	17.2%
Rural	24.6%

Source: LFCLS, 2019

Data from the 2019 LFCLS indicates that unemployment was higher in rural than in urban areas (24.6% and 17.2%, respectively). The unemployment rate in rural areas for females (24.1%) and males (24.9%) was almost the same, while there was a significant difference in urban areas where female unemployment at 21 percent was 7 percent higher than that of males (14.2%). This indicates that females face more hurdles compared to males when seeking employment in urban areas. Most of the Zimbabwe's youth, including those with good qualifications, fail to secure formal and informal work due to a lack of skills and work experience. Additionally, their education is often an inadequate match for the requirements of the labor market in terms of skills and experience⁸.

The Government of Zimbabwe came up with a draft National Youth Policy (2020-2025), which prioritizes skills development as well as employment and entrepreneurship as key areas of intervention. The efforts by Takunda to create opportunities for youth employment, entrepreneurship, and skills development to ensure the active involvement of young people in development processes are therefore relevant to the country context. The ministries of Women Affairs, Community, Small and Medium Enterprises, and Youth, Sports, Arts, and Recreation have been undertaking youth empowerment initiatives through the provision of loans to youth across the country. However, the loans were difficult to access for some young people as they were a preserve of politically connected and financially secure youth, thereby excluding some young people,

⁶ Zimbabwe has 36% women in parliament, 16% local government and 19% top party positions

⁷ Labor Force and Child Labor Survey, 2019

⁸ British Council 2020 Next Generation Zimbabwe

especially young women, some of whom complained about sexual exploitation to access the loans (ZAYIMO, 2018, Youth Empowerment Bank, 2019). Development partners such as the International Labor Organization (ILO) have also been working with the government to implement the Training for Rural Economic Empowerment (TREE), YES JUMP, and the Green EnterPRIZE programs through the provision of training and post-training support to improve young people's economic opportunities and income security. These programs had a strong gender component through targeting young women for involvement and supporting the crossing over of young women into traditionally male-dominated trades.

As a result of high unemployment levels, most of the economically active youth are likely to be in jobs they did not train for, while others end up in "precarious occupations" in the transport and mining sectors characterized by uncertainty, low income, and limited social benefits and statutory entitlements. The LFCLS indicates that 65 percent of youth (age 15-35 years) in precarious employment were males in both rural (69.8%) and urban areas (59%). Young women are the most affected by unemployment because of restrictive social norms that confine women to domestic or unpaid care work within and outside their homes. Their male counterparts are primarily found in precarious employment because they are pressured by social norms to venture into dangerous occupations such as artisanal mining to demonstrate that they are 'men.' Young men are often pressured by social norms to demonstrate the ability to fend for themselves and implicitly, their future family.

Youth unemployment has forced some youth to go beyond the borders to seek employment, some of them doing so illegally. The draft Zimbabwe Labor Migration Policy states that most of the labor migrants are largely young men. Due to their irregular status, they fill the "three-D" jobs: dirty, dangerous, and degrading; where decent work deficits abound, characterized by absence of employment contracts and social protection, exploitative wages and long working hours, lack of unionization (cannot join labor unions) and thus often lack representation and support from the home country (Chingarande and Guduza 2011). In crossing borders irregularly, young women are more at risk compared to young men as they are vulnerable to sexual abuse by both security personnel and criminal gangs roaming across the borders.

Youth unemployment results in several risky behaviors that are gendered, such as drug abuse among young men as an avenue for countering boredom in the pretext of temporarily forgetting their troubles and transactional sex among young women and men. Drug abuse is also closely linked to high crime rates. Among women, youth unemployment is associated with having multiple sex partners in exchange for money and having inter-generational sexual partners. Age mixing (that is, young girls and teenagers having sex with men at least ten years older than them) as a source of livelihood has become common. For example, in 2015, 17% of young women aged 15-19 reported having sex with a man ten years older in the past 12 months (ZDHS 2015). This presents the risk of contracting HIV and sexually transmitted infections (STIs). This partly explains the high HIV prevalence for women, particularly adolescents and young women. In 2018, around a third of all new HIV infections in people above the age of 15 in Zimbabwe were among young people under the age of 24. There were 9,000 new infections among young women, more than double the number of new infections among young men, which was pegged at 4,200.⁹

⁹ Ministry of Health and Child Care 2019 Zimbabwe Population Based HIV Impact Assessment

The challenge of providing adequate, quality, and decent employment for most young people in the SADC region, and particularly in Zimbabwe, is certainly daunting and multifaceted. Most jobs and self-employment opportunities, including household enterprises, are in the informal sector, and hence access to finance, specifically tailored to meet the needs of young people, is pivotal yet woefully inadequate. Meanwhile, the agrarian nature of the Zimbabwean economy presents unique opportunities to harness the potential of young people to (a) innovate in the face of climate change and explore the potential for creating green jobs (especially at the nexus of energy and agriculture) that will contribute to overall sustainable growth; and (b) identify opportunities in agro-processing, and service provision in specific value chains.

Owing to youth unemployment and its related challenges, coupled with the fact that Zimbabwe's population is youthful (a broad-based population pyramid), government policy and development initiatives across all sectors place emphasis on the socio-economic empowerment of young people. The 2013 Constitution in Section 20:1c stipulates that youth shall be afforded opportunities for employment and other avenues for economic empowerment. The Draft National Youth Policy (2020-2025) has major objectives focused on: (i) achieving equitable access to relevant education and skills development for all youth; and (ii) increasing the employment and entrepreneurship opportunities of young people as well as steering coordinated responses by relevant stakeholders (government and non-government) involved with youth socio-economic empowerment. In addition, the country has a standalone Ministry whose remit is to implement the youth policy and coordinate different programs at national and sub-national levels, including the setting up of enterprises and availing of targeted funds¹⁰. However, the challenge is the lack of implementation of the progressive policy provisions.

Gender-Based Violence in Zimbabwe

Sexual and Gender-Based Violence (SGBV), teenage pregnancies, and child marriages are widespread in Zimbabwe, and their acceptance impacts Government commitments to end violence and advance equality. A 2012 GBV costing study revealed that the country was losing close to 2 billion dollars per year towards GBV related services.¹¹ In 2019, 39.4 percent of women and girls aged 15-49 experienced physical violence since age 15, and the perpetrators were current husbands or partners (71.6%), former husbands or partners (21.2%), and other relatives (4.6%). Relating to sexual violence, in the same year, 11.6 percent of women experienced this type of violence; the majority of whom fall into the 40-49 age group (14.8%), followed by the 30-39 age group (13.8%), and then the 20-24 age group (12.5%). The following table (Table 2) shows the percentage of women aged 15-49 years who have experienced any form of violence since age 15 between 2005 and 2019; it indicates an upward trend in GBV cases.

¹⁰https://www.afdb.org/fileadmin/uploads/afdb/Documents/Environmental-and-Social-Assessments/ESMP_Summary_-_Zimbabwe_Youth_and_Women_Empowerment_Project.pdf

¹¹SIDA, Report on GBV Zimbabwe, 2012.

Table 2: Percentage of Women aged 15-49 who experienced any form of violence from 2005 - 2019¹²

Age	Year			
	2005-2006	2010-2011	2015	2019 ¹³
15-19	29.4	22.7	27.9	25.3
20-24	40.3	34.9	34.8	41.4
25-29	38.3	33.3	42.4	45.8
30-39	37.4	28.7	36.7	49.8
40-49	35.4	30.7	32.7	47.9

An increase in GBV cases has been recorded over the years for the 15-19 and 30-39 age groups. About 50 percent of women aged 15-49 years had experienced emotional, physical, or sexual abuse committed by a current or previous husband or partner in their lifetime¹⁴. However, this could reflect reporting patterns, given that since the enactment of the Domestic Violence Act, utilization of the law has remained limited mostly due to the dependence of women on men in many facets of their lives; meaning that many survivors are unable to leave the perpetrator. The challenge of lack of reporting and withdrawal of cases by victims to preserve the family honor continues to stand out. Statistics from the Zimbabwe Women Lawyers Association revealed that in 2012 there were 13,173 cases of sexual violence reported to the police. Of these, 5,000 were withdrawn by the survivor at the police station, and 1,000 were withdrawn by the survivors at the court. Since 2012, there has been an upward trend in withdrawn cases. In 2016, 21,755 cases were reported nationwide to the Victim Friendly Unit. Of these cases, 9,000 were withdrawn at the police station by the survivor, and 1,944 were withdrawn at the court.

In recent years Zimbabwe has experienced an increase in short-term shocks or disasters that have had an impact on SGBV, teenage pregnancies, and early marriages. In 2016, the country experienced the El Nino-induced drought, followed by a cholera outbreak in 2017 and later the political, economic, and financial crisis that started in 2017, spilling into 2018 and 2019. In March 2019, Zimbabwe experienced Cyclone Idai that caused significant loss of lives and left about 270,000 people in urgent need of humanitarian assistance, causing widespread property and infrastructure destruction. Currently, the country is experiencing an economic crisis, a long-term stressor stemming from both a widening fiscal deficit that has affected the provision of most basic and social services and the effects of COVID-19 both on the economy and service delivery. On the micro-level, these emergencies have resulted in more fragile and less resilient family units and have compounded SGBV, teenage pregnancies, and early marriages because of loss of livelihoods and capacity to access basic goods and services. Evidence continues to show that disasters are likely to increase in Zimbabwe, particularly those that are weather-related, due to climate change, with a projected overall temperature increase and more extreme dry and wet periods, resulting in more droughts and floods.

COVID-19 has led to a spike in SGBV, teenage pregnancies, and child marriages in Zimbabwe. This is mostly because the pandemic has come against the backdrop of a dire humanitarian crisis linked to

¹²ZDHS, 2005/6; 2010/11; 2015.

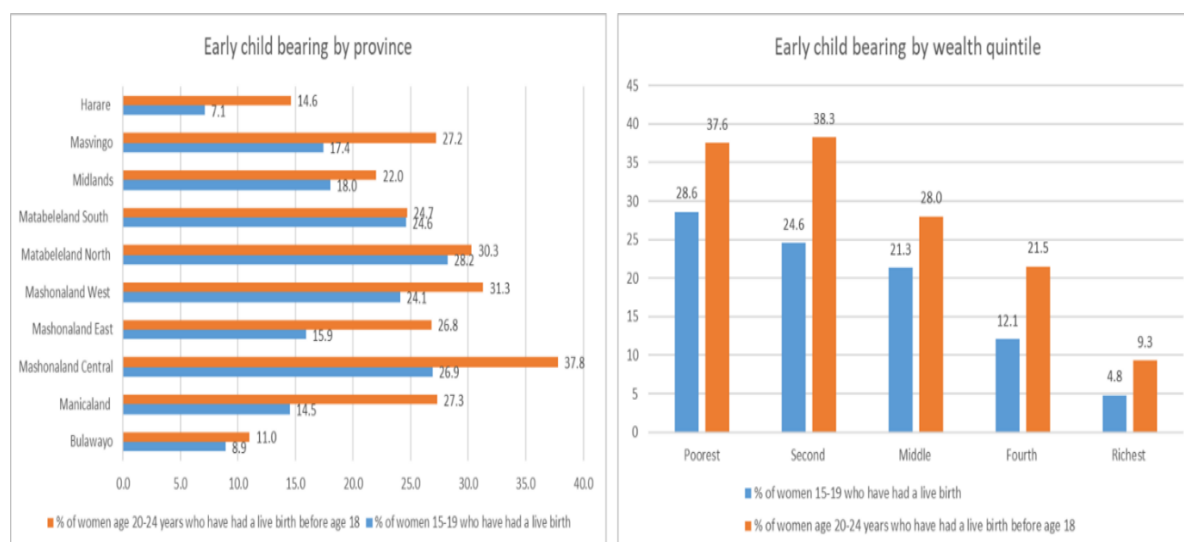
¹³ Makes reference to physical or sexual violence, excluding emotional violence an indicator in MICS, 2019

¹⁴ Multiple Indicator Cluster Survey (2019)

drought, floods, crop failures, and macroeconomic challenges combined with austerity measures. Measures taken by the government to contain and reduce the spread of coronavirus have led to the spike in SGBV cases, teenage pregnancies, and early marriages, as shown in the following sections. The national lockdown resulted in the disruption of livelihoods and lost time for economic engagement, especially for women and men in the informal economy; the temporary closure of borders also affected cross border traders, a majority of whom are women, resulting in price hikes of basic commodities especially food items; access to the full scope of health services was disrupted, as health facilities concentrate on emergency cases, with most of the cases being referred to provincial hospitals due to limited or no capacity to handle COVID-19 related cases; and schools and tertiary institutions were closed¹⁵. All this resulted in an increase in SGBV as men and women in abusive relationships are locked together with their perpetrators in a tense environment. The national GBV hotline recorded a total of 5,306 GBV calls from the beginning of the lockdown on March 30, 2020, until 7 October. This is roughly a 60% increase compared to pre-lockdown trends.

Regarding child marriages, 2019 statistics show that within urban areas, 2.1 percent of women are married before the age of 15, and 21.3 percent are married before the age of 18. In rural areas, 6.4% are married before age 15 and 40.0% before age 18. Thus, more women in rural settings enter into early marriages than their urban counterparts¹⁶. Child marriages are linked to early childbearing. Girls who get pregnant are not physically (or emotionally) equipped to have a healthy pregnancy and baby because they are still growing themselves. The risk of stunting in their babies is much higher than in older women. The percentage of women 15-19 years who have had a live birth is 9.5 percent for those in urban areas and 21.7 percent for those rural areas. For women aged 20-24, this percentage increases to 15.7 percent in urban areas and 30.9 percent in rural areas (Figure 1). Teenage pregnancy varies across provinces ranging from 7.1 percent in Harare to 28.2 percent in Matabeleland North among women aged 15-19 years and from 11 percent in Bulawayo to 37.8 percent in Mashonaland Central for those aged 20-24 years. Teenage pregnancy is also determined by the wealth quintile, with the rate being highest among the poorest women¹⁷.

Figure 1: Early childbearing by province (left) and by wealth quintile (right) - MICS 2019



¹⁵ Care (April 2020) Rapid Gender Analysis for COVID-19

¹⁶ Zimbabwe Multiple Indicator Cluster Survey, 2019, ZIMSTAT

¹⁷ Zimbabwe Multiple Indicator Cluster Survey, 2019, ZIMSTAT

The rural-urban risk factors underlying child marriages remain consistent with the MICS 2014 findings¹⁸, where Mashonaland Central still had the highest rates of child marriages at 50 percent, followed by Mashonaland West at 42 percent and Masvingo at 39 percent¹⁹. The situation was also compounded by COVID-19. Statistics show that there has been a spike in child marriages and teenage pregnancies in most provinces in Zimbabwe (Table 3). The highest numbers were recorded in Mashonaland Central. Between the beginning of January and February 5, 2021, the country recorded 4,959 teenage pregnancies and 1,774 child marriages. Of the teenage pregnancies and early marriages recorded in the country, 90.2 percent (4,475) and 81% (1,436) respectively were from Mashonaland Central.

Table 3: Pregnancies registered between January 1st and February 5th 2021

Province	Teenage Pregnancies	Child Marriages
Mashonaland West	27	85
Masvingo	61	49
Matabeleland South	290	65
Bulawayo	1	0
Harare	0	0
Manicaland	13	13
Mashonaland East	26	28
Matabeleland North	0	24
Midlands	66	74
Mashonaland Central	4,475	1,436
Total	4,959	1,774

(Source: Parliament of Zimbabwe Hansard)

A baseline study conducted by Plan International Zimbabwe revealed that some parents accept child marriages. The study showed that 44 percent of male parents surveyed believed that the acceptable age of marriage could be below 18 years²⁰. Major drivers of child marriages remain connected to poverty and teenage pregnancies. This reflects early sexual debut and lack of information on and access to contraceptives in an environment of risky and unprotected sex. These challenges are further compounded by inadequate service delivery, policy, and regulatory frameworks²¹. Despite

¹⁸ Extended Analysis of Multiple Indicator Cluster Survey (MICS) 2014: Child Protection, Child Marriage and Attitudes towards Violence. UNICEF ZIM 2016

¹⁹ Plan Int. Zimbabwe Country Strategy, 2018-2020

²⁰ Plan Int. Zimbabwe (2019). Baseline Report for the Strengthening Civil Society to end Child Marriage in East and Southern Africa Project: Mutare and Mutasa Districts, Zimbabwe

²¹John Hopkins Bloomberg School of Public Health (2015). ASHR Strategic Plan Review. Commissioned by the UNFPA on behalf of the Steering Committee of the National ASHR Strategy

much lobbying, engagements, events, and programs conducted across all sectors (i.e., CSOs, Parliament, the Judiciary, and the Executive), harmonized legislation outputs and other instruments to end child marriages remain outstanding²². Child marriages often result in children forgoing education, thereby affecting their career development and lifelong choices. Food and economic insecurity also drive violation of young girls' sexual and reproductive health rights. A 2019 assessment by Plan International confirmed that some negative household coping mechanisms include marrying off girls to get food and other forms of support from their new (often well-up) in-laws. Experience also shows that adolescent girls who marry early often face domestic violence²³.

The country has in place the National GBV Strategy (2015-2020), the National Plan of Action Against Rape, the National Plan to end Child Marriages, and the National Gender and HIV Implementation Plan (2017-2020), which guides action against GBV. The GOZ and its partners are implementing programs aimed at improving awareness of the laws, including GBV issues integration into the school curriculum, establishing One Stop Centres to allow survivors to access medical, psycho-social, legal, and counseling services under one roof as well as establishing Victim Friendly Units across the country. However, not all police stations have these, and not all police officers are trained in GBV issues.

The Government of Zimbabwe (GoZ) has shown commitment to promoting gender equality and women's empowerment through enacting laws and policies as well as ratifying international and regional gender legal frameworks. These include the Convention on all Forms of Discrimination Against Women (CEDAW), the SADC Protocol on Gender and Development, the Solemn Declaration on Gender Equality in Africa, the Beijing Platform for Action, United Nations Resolution 1,325 on Women, Peace, and Security, and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. In addition to the National Gender Policy, Zimbabwe has passed 17 pieces of legislation to advance gender equality and equity objectives – along with an institutional framework to pursue these objectives – namely the national gender machinery coordinated by the Ministry responsible for women affairs, a Gender Commission, the Anti-Domestic Violence Council, the Zimbabwe Women's Parliamentary Caucus, UN agencies, donor agencies, and civil society organizations.

Gendered Impacts of COVID-19

The COVID-19 pandemic, on top of the already existing drought and economic meltdown, induced greater food insecurity, with approximately 5.5 million people in rural areas and a further 2.2 million in urban areas facing severe food insecurity because of the national lockdown. The GoZ forced informal markets in towns and cities to close with the intent of containing the spread of the virus, and these measures landed a heavy blow on the informal sector of Zimbabwe. This sector employs up to 90% of Zimbabweans, with women and youth making up the greatest percentage of informal traders. Individuals working in this sector suffered a sudden loss of income given their inability to work remotely and lack of savings to cushion the impact of the economic downturn. Additionally, Zimbabweans who are formally employed are often still involved in informal part-time jobs to supplement low salaries or participate in cross-border trading, which abruptly stopped and remained severely curtailed as movement was restricted and borders remained closed. Increased levels of food insecurity were noted, especially among the very poor, with households adjusting the number of meals per day from three to as low as one meal. Given the limited access to vitamin supplements

²²Parliament of Zimbabwe (2017). Ending Child Marriages in Zimbabwe, Tying the loose ends. Policy Brief no. 5

²³ Plan International Zimbabwe (2019) Rapid Assessment of the Situation of Children

coupled with the increase of unbalanced diets, malnutrition with those under-5, pregnant and lactating women, and people with chronic illness (such as HIV) faced the greatest hardship.

1.3 Objectives and Research Questions

The overall objective of the Gender Analysis was to identify gender gaps, potential risks, and opportunities for women, men, male youth, and female youth (disaggregated by sex, age, and life stage). The Analysis investigated socio-cultural norms, behaviors, and religious practices that influence patterns of power, decision-making, access and control of assets, and intra-household role distribution, and how these impact household food security and nutrition. Findings will inform adjustments to the Theory of Change and the design of Takunda's Gender Strategy, which will include an action plan to respond to gender equity gaps and to negative gender stereotypes. Key research objectives for the Gender Analysis are as follows:

1. Examine and analyze gendered vulnerabilities around socio-cultural norms, behaviors, and religious practices that influence patterns in power of decision-making, access, and control of assets, intra-household role distribution, and how these impact household food security and nutrition.
2. Investigate gender-power relations by age differences and life stage, across different groups of men, women, and youth (lactating or pregnant women, teenage mothers, girls, and boys), religious groups, and gendered HH types; to put together gender strategies that support equitable power distribution in HH decision-making and planning around maternal health and nutrition.
3. Identify opportunities, entry points, institutions, key stakeholders, and existing practices in project interventions that can be leveraged to help inform and build on interventions for Takunda and challenge harmful socio-cultural norms and beliefs that hinder the achievement of set objectives identified as important in the purpose area TOC (e.g., those dictating child feeding practices; early marriages/teenage pregnancies).
4. Identify potential risks in relation to negative or unintended consequences due to changes in household and community gender dynamics and relations (gender-based violence, community backlash) to inform gender-responsive and targeted interventions that reduce gender barriers to food security and nutrition outcomes; including how Takunda mechanisms mitigate risks during successful program implementation.

2. Design and Methods

2.1 Design

The Gender Analysis (GA) for Takunda was informed by CARE's Good Practice Framework for Gender Analysis, complemented by the USAID's ADS Chapter 205 Framework. The study employed a cross-sectional qualitative research design aimed at gathering deep cross-cultural insights into gender dynamics in the targeted districts and implications of these gender dynamics on the three purpose areas of the activity. The Analysis also adopted a participatory mixed-method, or a pluralist method approach, to integrate data from different data gathering methods. The use of mixed methods offered diverse perspectives on the gender dynamics in the targeted districts, promoted the participation of different and diverse groups of targeted project participants and stakeholders, allowed multiple voices to be heard, provided a more holistic picture of the gender issues in the districts, and allowed for triangulation of data for reliability and validity as data from different sources were compared and any inconsistencies were followed upon. The qualitative methods of data collection that were employed included key informant interviews (KII), in-depth interviews (IDIs), focus group discussions (FGDs), observations, and desk review.

2.2 Study Sites

The GA was conducted in three districts of Mutare (Manicaland), Chivi, and Zaka (Masvingo). Mutare District in Manicaland Province was prioritized over Buhera District because the two districts have similar socio-cultural and religious characteristics that could have produced similar findings; results and lessons from Mutare will be used to inform Activity interventions in Buhera District. In addition, the Activity will capitalize on the participation of the Buhera District in ENSURE while seeking to understand the gender dynamics in Mutare as a new district under the USAID-funded RFSA program.

The study was conducted in six wards, with two wards having been selected per district. Being a qualitative study, the GA sought to have an in-depth understanding of the gender dynamics in each district; hence the focus was on a few wards to allow for the in-depth conversations instead of having a larger and more widespread, and therefore less comprehensive/detailed, sample. The following (Table 4) are the specific wards that were sampled in each district:

Table 4: Sampled Wards in each district

District	Sampled Wards
Mutare	17 and 19
Chivi	13 and 19
Zaka	14 and 21

2.3 Study Population

The GA study population included the following population groups:

- Key stakeholders and partners from relevant institutions in the respective districts, including from ministries of Women Affairs, Agriculture, Youth, Health/Nutrition, District Development Fund (DDF)-department of WASH, Environment, District Development Coordinator, Rural District Councils, Technical and Vocational Training Centers, etc.
- Traditional and religious leaders
- Adult men and women over 35 years
- Married young men and women 35 years and below (employed and unemployed)
- Unmarried young men and women 35 years and below (employed and unemployed)
- Pregnant and lactating women
- Adolescent mothers
- Adult women and young men and women in leadership positions
- Women and men from the apostolic faith religious organizations

2.4 Process and Methods of Data Collection

Process

The GA was conducted by a team of 19 people (13 females; 6 males), comprising two independent consultants, four gender specialists/advisors, and 13 program officers from the Takunda program. The program officers were responsible for different components of the program, including youth, nutrition, economic empowerment, and gender. A three-day training of the GA team was conducted in Mutare to familiarize the team with the GA approach, methodology, and tools. The methodology and training tools were piloted in Mutare before being further refined for the actual data collection process.

The GA team spent three days in each district, with the first two days being mainly focused on data collection in the two sampled wards, while the last day was reserved for key informant interviews

and debriefing. All interviews, except for the government stakeholders KIIs, were conducted in the local language (Shona) that encouraged active participation. Upon completion of data collection in each district, a debrief session was convened where the data collection teams discussed highlights of the fieldwork, focusing on challenges encountered and key issues emerging from the data collection process. A final debrief session was conducted in Chivi District, where the data collection teams presented key findings emerging around different thematic focus areas of the GA. The presentations were compiled and were part of the data that was analyzed in producing this report. Two weeks were set aside for verbatim transcriptions that incorporated all the notes, observations, and voices for the interviews and FGDs.

Data collection methods

The GA employed the following data collection methods:

(a) Desk Review

A review of program documents, reports, and relevant literature was conducted to enable the GA team to understand Takunda's objectives and implementation framework. Further documents reviewed also included literature on gender equality and youth empowerment in Zimbabwe, including some relevant policy and legal frameworks. Information from documents complemented that which was collected through other methods such as IDIs, key informant interviews, and FGDs. The purpose of the desk review was to identify through secondary data the gender inequality context in Zimbabwe, the gendered and youth vulnerabilities, and underlying religious, socio-cultural, legal, and institutional practices and gaps that affect livelihoods, food and nutrition security, and resilience outcomes in Manicaland and Masvingo provinces; as well as to analyze and adapt positive trends and best practices on gender, youth, and social dynamics integrated at the local level, leveraging lessons from programs and policy-related frameworks relevant to livelihoods, food security, and nutrition.

(b) Key Informant Interviews

In each district, KIIs were conducted with officials from key institutions that include stakeholders and partners in the implementation of Takunda. KIIs were conducted with district heads of the following key government departments: Gender, Youth, District Development Fund, Agriculture, District Development Coordinator's Office, Rural District Council, Environment and Health/Nutrition; traditional and religious leaders, women, and male and female youth leaders. The key informants were interviewed to enable them to provide their perspectives on (1) gender issues and dynamics within their respective districts and areas of specialty; and (2) how these gender dynamics can have an impact on the outcomes of Takunda. All the interview audio was recorded and later transcribed into English. A total of 34 key informants, out of a target of 32, were interviewed during the GA, representing a 106 percent achievement of the target.

(c) In-Depth Interviews

These were conducted with individuals from the targeted population groups to establish an in-depth understanding of life experiences regarding gender-related issues and dynamics from an individual perspective. The in-depth interviews were conducted with purposively selected individuals in each district representing grandparents, young and adolescent mothers, young fathers, unmarried young men, unmarried young women, and the Apostolic sect members. The purpose of the IDI was to gather detailed gender-related experiences of individuals representing different population groups targeted by Takunda and to determine how these experiences can impact the three purpose areas of the program. Out of the 96 targeted IDIs, only 69 were conducted, representing an achievement rate of 72 percent. The failure to reach the target was mainly a result of difficulties in mobilizing young women and young men owing to the perception they have around community development work being for adults. Others reported not being interested in participating in community meetings and

activities, preferring to spend their time engaged in income-generating activities such as artisanal mining. In addition, the target apostolic members of the 'Johanne Marange' sect are mostly dominant in Mutare and not the other districts where the study was conducted.



May 26, 2021: Shamiso Matava, a Youth Officer at Takunda, conducts an in-depth interview with a program participant in Chivi district. © Gift Bvekwa/ CARE.

(d) Participatory Focus Group Discussions

Participatory FGDs were conducted with separate groups of adult women and men, married young women and young men, and unmarried young women and young men in each of the targeted districts. The purpose of FGDs was to develop a broad understanding of community perceptions of cultural values, beliefs, practices, and gender norms and how these impacts the gender equality situation in the districts as well as on the three purpose areas of the Takunda program. The participants were purposively sampled into separate groups by age, sex, and marital status to capture specific gender dynamics that are influenced by these demographic variables. A total of 28 out of 24 targets FGDs were administered, representing a response rate of 117 percent. The overachievement is owed to groups of adult men, young married men, and young married women who came in large numbers in Zaka Ward 21. In such large numbers, the research team had to divide them into smaller groups to manage the risk associated with COVID-19 spread. The team also capitalized on the mining activities taking place at the research site to reach out to the young population. Table 5 provides a summary of the target respondents reached by the KIIs, IDIs, and FGDs.

Table 5: Survey respondents reached by method of data collection

Focus Group Discussions		Adult women	Adult men	Married male youth	Unmarried male youth	Married female youth	Unmarried female youth	Total FGDs	% Achievement
	Targets	6	6	3	3	3	3	24	
	Achieved	6	7	7	1	5	2	28	
Key Informant Interviews (KIIs)	Gender/Youth/WASH/Health/Agriculture/Environment/ TVET Principal/District Development Coordinator/Rural District Council Officials etc.	Traditional leaders	Religious leaders	Young men in leadership positions (elected youth leader, youth clubs/networks, or youth organization)	Young women in leadership positions (elected youth leader, youth clubs/networks, or youth organization)	Women in leadership positions/elected women leader / community leader		Total KIIs	
	Targets	8	6	6	3	3	6	32	
	Achieved	12	9	6	3	0	4	34	
In-depth Interviews	Grandparents	Young mothers and adolescent mothers	Young unmarried men	Young unmarried women		Members of the Apostolic sect (women, men, male and female youth)	Young fathers	Total In-depth Interviews	
	Targets	18	18	18	18	6	18	96	
	Achieved	19	22	6	10	5	7	69	

During FGDs, participatory Social Analysis Tools such as the gender box, Venn diagrams, access and control matrix, GBV tree, pile sort, and the activity calendar were employed to enable meaningful participation and open and frank discussions amongst the target groups. **The Daily Activity Calendar** explored factors that shape gendered divisions of labor and their impact on food and nutrition security outcomes, looking at areas like (a) gender roles and responsibilities; (b) productive and reproductive chores divided among men, women, boys, and girls; (c) the variations across seasons, during shocks and stressors; and (d) the variations across gendered household types. **The Access, Control, and Benefits Matrix** was employed to assess access to and control over different types of assets and resources at the household level by women, men, male and female youth, and how different household members have different power or authority to make important decisions on assets and resources in the home. The Analysis focused on assets and resources such as land, labor, finance/credit, knowledge/skills, information, technology, employment, income, and household utensils. **The Gender Box** tool was used to establish the social norms that define women, men, girls' and boys' behavior, activities, and interactions in society. **The Venn Diagram/Social Mapping** tool was used to identify institutions, services, and social networks available to men, women, male and female youth at the community level; including social norms and practices that fuel the inequality that acts as a barrier to women, girls, men, and boys' access to services and capacity to respond to shocks and stressors. **The GBV tree** explored GBV root causes, common forms, contributory factors, and impacts on different groups of people in the studied districts.



May 31, 2021: A participatory focus group discussion with women in Chivi district. © George Zimbizi/ CARE.

Each FGD was conducted by at least two people, including a moderator and a note-taker. The moderator was responsible for guiding the discussion, while the note-taker was responsible for recording the interviews using a voice recorder. Once recordings were obtained, they were triangulated with notes to ensure that a verbatim final transcript was obtained for data analysis. Informed written consent was sought from study participants before the start of the FGD.

(d) Observation

During field visits, the GA team made observations of gender-related behavioral patterns and activities within the community during community entry processes and meetings. The observations were documented and are discussed in this report.

2.5 Data Management, Coding, and Analysis

Primary data collected and transcribed was reviewed and coded into themes around each research question. After the coding, data under each code or thematic area was then analyzed using the content. Content analysis identified the most common responses to questions under each thematic area, identifying data or patterns to answer research questions, and finding areas for further exploration. The data was further analyzed to establish relationships, common trends and emerging issues, diversity of perception or experience, similarities or differences among the focus groups, and opinions or positions that appear to be outliers. Meaningful conclusions were then drawn from the analyzed qualitative data.

2.6 Quality Assurance Measures

By employing mixed methods and gathering data from different data sources, the GA findings were triangulated for consistency, validity, and reliability. Triangulation is a process for comparing, contrasting, verifying, and substantiating various views and perspectives on information. Mixed methods sought to overcome the bias that comes from single informants, single methods, single observer, or single theory studies. Data gathered using one method was compared and triangulated with that collected through another method as a data quality assurance measure. As part of the data quality assurance measures taken during the study, the research assistants (data collectors) were comprehensively trained in the methodology. In addition, the data collection tools were pre-tested before the beginning of the field data collection exercise. Furthermore, the consultants and gender specialist from CARE International/Takunda conducted routine quality checks during the data collection and transcription processes for completeness and consistency.

2.7 Ethical Guidelines and COVID-19 Context

In the context of the COVID-19 pandemic, the methodology was designed to ensure the safety of both the researchers and research participants. Some of the KIIs were conducted remotely to minimize physical contact, while others, including FGDs and IDIs, followed the COVID-19 protocols during data collection (i.e., wearing protective masks, washing hands, and maintaining social/physical distancing). Ethical considerations during the research included obtaining informed consent from participants, anonymity, confidentiality, respect for community socio-cultural values, and do-no-harm principles.

2.8 Limitations

The main limitation of the GA was the general unavailability of young unmarried women and men and married men across the districts to participate in some of the interviews. Community leaders noted that this group is generally difficult to mobilize because young people are mobile, and they spend most of their time engaged in livelihood activities like artisanal mining. There is also the belief amongst unmarried young men and women that community development work is for adults, and hence they give less priority to community meetings and activities. In Zaka Ward 21, the GA team had to visit some of the young people in their mining places to access them. Where unmarried young people did not reach enough for meaningful FGDs to be conducted, in-depth interviews were held instead. Lessons drawn from the low participation of young men and women in the Gender Analysis will be used to inform better strategies to effectively mobilize the youth in other Takunda studies. There is a need to reflect and critically think through ways that can enhance their participation in the

formative studies and the activity moving forward, ensuring that their diverse views, needs, and priorities are adequately captured.

In wards where more discussion participants came than expected, no participant was turned away. In line with community etiquette and respect for the time invested in the meetings, the team innovatively split participants of the same characteristics into manageable sub-groups, with each group focusing on specific thematic areas rather than discussing all the themes with one group. This process, however meant that some of the participants had to wait for their turn to participate in the discussions for much longer than initially planned.

3. Gender Analysis Findings

3.1 Gender Roles, Responsibilities, Mobility Constraints, and Time Use

The GA sought to understand the extent of division of labor and time use and its implications on off-farm and on-farm livelihoods and income generation and use (Purpose Area 1) as well as nutrition, maternal health, and hygiene (Purpose Area 2). The findings show that gender roles are culturally and demographically defined in all the studied districts. There are cultural expectations that men and women, old and young, perform specific gendered roles in the household. Men are culturally regarded as heads of the families. This is rooted in patriarchal norms and values that determine family power structures in the studied districts. Men, and some women too, justified men's dominant position over women from both a traditional and religious perspective. Traditionally, men are expected to provide for the family through involvement in productive tasks outside the home and completion of tasks that are believed to pose security risks to women (e.g., herding cattle far away from the community); while women are expected to support men at home by looking after the family by performing domestic tasks such as caretaking and feeding of infants and young children, cooking, washing, and fetching water and firewood. These gender roles are said to be informed by the biological differences between men and women that are reinforced through socialization. Men are believed to be physically stronger than women and are therefore expected to perform physically demanding tasks that expose them to various risks, while women are believed to be physically weak and therefore deserve to perform "light" tasks in safe and protected home environments. The vulnerability of women is also age-specific – the younger the woman, the more vulnerable they are believed to be, and the lighter the tasks the woman is expected to perform within the confines of women's roles. Additionally, grandfathers interviewed in Chivi District pointed out that men are also responsible for disciplining children to ensure that they help their mothers. Adult boys have authority in the household over their siblings, particularly female siblings. The older son serves as a father figure in the absence of the father.

Gender roles are more distinct in male-headed households and blurred in female-headed and polygamous households, where women tend to exercise some form of autonomy. A key informant interview with a community leader in Ward 13, Mubaiwa Village Chivi, revealed that if the household has both husband and wife, the husband is responsible for very laborious activities while the wife is responsible for household duties such as washing, cooking, breastfeeding, and taking care of the children. While participants in an FGD with young married women in Mutare revealed that men's involvement in women's roles increases with the use of technology in performing the task (*fetching water and firewood using the wheelbarrow*), some roles, like those having to do with childcare, were still regarded as belonging to women across the districts with men mostly involved in providing financial resources.

In Zaka, some widowed and unmarried women thatch houses and dig wells because the husband is not there or there is no adult male figure in the household (Zaka community leader KII). While it is difficult for them to do such hard labor, they do so because they do not have an option, especially in the absence of resources to hire labor.

In Chivi and Zaka, in some households, husbands accompany the wife or carry the child to the health facility, but it is still rare for husbands to take children to the clinic on their own without the wife. The action by some men to accompany their pregnant or lactating wives to the health centers is prompted by the Ministry of Health and Child Care's thrust to incentivize those partners by serving the couple first before everyone else. This is also complemented by NGOs education around male engagement in child health and nutrition, which is seen to have yielded fruit in some contexts. Such change remains isolated owing to the stigma that comes with it and the belief that pre and postnatal care activities are a women's role. In some communities, husbands provide support in the form of transport money to enable their wives to access maternal health care from nearby clinics. In Mutare District, young men generally were not comfortable with accompanying their wives when they go for pre-and post-natal care, arguing that this is a "woman's responsibility," and when a man is seen accompanying their wife, it can be misconstrued by the community as a sign of weakness.

Mothers also play a critical role in children's vaccinations and the health and wellbeing of teenage girls. Adult men in Mutare and Zaka Districts revealed that a few fathers knew about the needs of teenage girls (such as access to sanitary pads). Some fathers do not even budget for it, '*so the mother has to be firm, even to the extent of stealing some money to buy sanitary wear for the child*'. In terms of hygiene, women are generally responsible for keeping the home environment clean. Men provide hygiene structures such as toilets and garbage pits. Children assist their mothers in keeping the environment clean.

It also emerged that age, disability status, marital status, employment or economic status, and household composition determine the roles that men and women play. Unmarried and unemployed young people were regarded as contributing less to the household economy; hence their roles involve supporting their parents in their various roles, and therefore, they participate less in community development activities compared to their married counterparts. In female-only households, the females perform selected male tasks, and in households where the wife is deceased, an adult female who is a relative is temporarily brought in to perform tasks traditionally done by women until the widower remarries. In the three districts, very few isolated cases of men who stay alone, performing domestic tasks by themselves, were reported to be in existence.

Household size, the stage of the life cycle of that family/household, and the gender composition of the household also determine the gender division of labor in that household. Households with more men than women find the men are more heavily involved in women's gender roles. In some cases, larger households result in more tasks, but this makes women more likely to delegate some of their domestic chores to household members. In young families and households, women are burdened with domestic responsibilities, but as the household grows, some chores can be performed by children. For example, grandmothers delegate tasks to their grandchildren and daughters in law as they take up the responsibility of caring for grandchildren while the daughter-in-law juggles productive, domestic, and community management roles.

Gender roles have, over the years, limited women's access to public spaces and their appreciation of how these spaces are organized and structured. They have also shaped the organization, structure, and infrastructure in public spaces (like public markets), as these spaces have been designed from a masculine perspective and promote an aggressive and masculine environment with no gender-sensitive infrastructure. At the same time, men's appreciation of the domestic (or so-called women's space) has also been limited by their gender roles that have restricted them to public spaces. The gendered division of labor also extends to tasks performed by men and women in agriculture, the livelihood mainstay of the three districts, where women dominate production, processing, and household nutrition; yet they are not significant players in decision-making in the household food supply chain, that is, decisions on what to plant, where and how to market products as well as what to do with sales. Young women assist their mothers in their various roles in production, processing, and household nutrition, while young men work with their fathers to handle what they described as laborious tasks in production, such as clearing land through cutting down trees. Similar to young

women, young men across the three districts indicated that they participate in crop harvesting by cutting down the stalks and ferrying the harvest home. Processing was regarded as a women's task, and it was mostly done manually.

On nutrition, men are less involved in household nutrition and community nutrition programs even though they play a pivotal role in determining household nutrition outcomes by dominating the marketing of the produce and decision-making in the household food supply chain. External marketing of produce was considered a responsibility for men while women dominated local markets because of their domestic roles that required their presence around the home. In all three districts, marketing of major crops such as maize outside the communities is seen as a responsibility for adult men because they are believed to be well informed about market forces and strong enough to navigate the marketing ecosystem, which is dominated by brokers. Women find it difficult to go to external markets since, in some cases, people must spend a week or more away from home, marketing their produce. Restricting women to local markets only deprive them of the benefits of external markets, which are high-value markets that could bring in better income. Both men and women reported that COVID-19 had worsened the access to the market due to market closures. However, men faced the greatest economic impact because of mobility restrictions that affected their access to external markets. In all the districts, female-headed households, people with disabilities, and the elderly send men to such external markets to market their produce for them in return for cash or agricultural produce.

Commenting on whether chores for women differ between women from a wealthy household and those that come from a poor household, community leaders in Chivi and Zaka concurred that women who come from poor households spend most of their time on 'food for work' projects or looking for casual work while chores in their households are left unattended. On the other hand, life is generally smooth for a woman from a wealthy household because she can afford hired labor and labor-saving technologies.

The gender roles and division of labor explain: (a) the resources, assets, and equipment that men and women use; (b) the ownership patterns and gender gap in the public sphere; (c) the limited income that women, regardless of age, generate; (d) women's limited access to markets and information; (e) the financial exclusion that women experience; and (f) women's dominance in savings groups since they can access group members easily and locally. The resources women use in the savings groups come from the sale of their crops and other off-farm activities. Analysis of these findings shows that owing to their various childcare and productive roles; women have acquired diverse knowledge and skills in areas of nutrition, natural resources, savings, and management of multiple tasks that are relevant to Takunda.

Women's roles were reported to have expanded over the years owing to gender equality and women empowerment campaigns, government gender equality initiatives, increased NGO work targeting women, climate change, and changing household demographics due to migration, death, or the life cycle stage of the household. Most women in the studied districts are now involved in both productive tasks outside the home and domestic tasks at home, resulting in the 'double burden' or 'second shift' phenomenon that describes the workload of people who work to earn money and are, at the same time, responsible for significant amounts of unpaid domestic labor. In Zaka District, both women and men reported that this sometimes affects the number of women that attend meetings and training. There is also a risk that the water, energy, food shortages, and increased health risks resulting from climate change intensify time-consuming domestic roles that are often the domain of women, limiting their time to engage in decision-making, income-generating, and community activities, thereby restricting their opportunities for empowerment or strategic change. In Zaka, older women concurred with a woman who remarked on the sharing of household workloads.

“For a woman to get time to rest, it requires everyone at home to help out with the house chores. Helping each other with the chores gives the mother more time to rest. If all the household chores are left to the mother, the workload becomes too much for her, and her resting time is lessened, but if people help out, the workload becomes less, and the resting time is extended. In some households where the husband assists with fetching water and watering the garden, women find time to rest.” (Participant in FGD with older women in Zaka)

Social norms around gender are still prevalent in all the studied districts, as exemplified by statements like ‘*kutongwa nemukadzi* (control of men by women)’ and *kudyiswa* (being given some love portion to silent the men).’ In some areas, task sharing is conditional. In Mutare, some of the young married men in an FGD revealed they could not do chores like cooking and washing clothes unless the wife was not feeling well. If a man has to participate in women’s roles, there has to be a strong and valid reason that the community will appreciate, such as the woman not feeling well, having a pregnancy that is nearly due or have traveled. In a different ward in Mutare, young married men revealed that they used to make sure that tasks like cooking, ironing, and meal planning were done by women, but this is now changing. They revealed that although most men in their area are not helping their wives, it is encouraging that through awareness campaigns (radio programs and church services, especially in orthodox and Pentecostal churches), some men are beginning to appreciate the importance of helping women and the benefits thereof to the household economy.

Regarding mobility, married women, both old and young in the three districts, highlighted that they do not travel to faraway places without their husbands’ permission because culturally, they are under the custodian of their husbands. In addition, because their gender roles demand their availability at home most of the time, their travel to faraway places must be cleared with a plan in place outlining who will perform their gender roles in their absence. This equally affects young women of the apostolic sect of Johanne Marange, who are not allowed to participate in distant markets because of religious beliefs that limit their movement. Nevertheless, they are allowed to engage with other women in community development initiatives. This is what one young woman of the apostolic sect had to say:

‘As women under religious churches, we are allowed to interact with VSL groups and community clubs. Our husbands now allow us to work with the other farmers. However, we need to operate within reasonable hours during the day since our husbands are sensitive to time’.

Unmarried young people seek the permission of their parents, especially the father, to travel to faraway places. There are limited mobility restrictions for travel within the vicinity of the village. On the other hand, men do not seek the permission of their wives to go anywhere; they just inform them of their intention to travel. COVID-19 lockdown restrictions have further reduced the mobility of women due to transport challenges, whereas men can afford to travel even under the harsh circumstances of limited public transport availability.

3.2 Patterns of Power and Decision-making in the Home

The GA sought to establish patterns of power and decision-making within the home in terms of off-farm and on-farm livelihoods and income generation and use (Purpose Area 1) and in terms of nutrition, maternal health, and hygiene (Purpose Area 2). The analysis assessed decision-making power patterns in different types of households, including those headed by male and female adults (M&F), female no adult male (FNM), adult male no adult female (MNF), Child No Adults (CAN), and polygamous households. It further assessed the role of young married and unmarried men and women as well as children in household decision-making.



May 26, 2021: A program participant presents the results of a household decision-making pattern assessment made by members of her community on a chart. © Tariro Chuma/ CARE.

Across all districts, the main source of livelihood for most households is agriculture and related value chains. Other sources of household income include illegal mining, cross-border trading, remittances from abroad, casual labor on farms, and piece jobs. The major household income decisions for most households are thus centered on agriculture-related activities.

Those with assets and resources tend to make household decisions. The GA established that power dynamics within households varied with the type of household, age, economic status, and level of women’s assertiveness, among other factors. The social structure in all three districts is patriarchal, implying that generally, men wield more power than women, who society expects to be subordinate and submissive.

In male-headed households, decisions on household incomes are generally made jointly between husband and wife. These decisions include crops to grow in a particular season, hectareage to be

planted, marketing of crops, and use of income. Across all the three districts, women concurred that they make joint decisions on household livelihoods and income. However, in cases where there was no agreement on a particular decision, the husband or wife's decision takes precedence depending on the nature of the decision to be made. If the decision involves small assets such as chickens or goats or crops such as groundnuts that are regarded as women's crops, men, in most cases, allow the decisions of their wives to prevail. If the decision involves high-value assets such as land and cattle or high-value crops such as maize, tobacco, or cotton, the husband's decision will prevail should there be differing decisions.

Women in all three districts conceded that husbands' decisions always prevail when it comes to high-value assets. This is the norm based on the literature and evidence that exist. However, the gender analysis also focused on the access and control patterns for poorly resourced households, and the finding was that, in resource-poor households, men even tend to want to control decisions on assets that are generally considered to be women. Such resources as goats and chickens; since in these households, these assets are regarded as assets for the family not only belonging to women. The patterns of control thus vary depending on the value placed upon an asset or decision by a particular household. Religion and culture were used as justification why men's decisions should override their wives,' should there be a disagreement.

In all three districts, women tended to gain more decision-making powers within the household with age. Decision-making powers for older women have increased because of their maturity and increased agency after having participated and interacted with previous programs that seek to promote gender equity and women empowerment. The engagement of men in gender sensitization meetings and security of men to share decision-making with their older wives has equally contributed to this, including women's economic empowerment through VS and L activities which have brought some financial independence and commanded respect because women can now afford to bring something on the table. At the same time, depending on household power dynamics, decision-making by women may not translate to women's empowerment if there is limited control of the income by women at the household level. Findings show that ownership of assets enhances participation in decision-making and access to services; hence economic empowerment should be linked to asset acquisition and control.

Some cultural differences also come into play between older women and younger women when it comes to decision-making patterns. Older women revealed that they are now able to make decisions within the households that previously would have been left to the husband because they are now more respected by their husbands than they were when they were younger. One woman in the older women's FGD group in Mutare had this to say:

"When we were young, our husbands would make all the decisions. We grow cotton here, and they would take the cotton after harvest and sell it without you being involved, even though you will be the one who would sweat in the fields together with your children. They would spend all the money, and you could not say anything. These days it's now different because we sit down and plan together. They respect us, and they respect our decisions even if we differ. The problem is now with the young generation; they do not listen to their wives." (Participant in FGD with older women in Mutare)

Some elderly men expressed concern that their wives yield more decision-making powers than them now. They attributed this shift in decision-making powers to grown-up and working children who

always support their mothers against their fathers when disputes arise. Because elderly men are dependent on their children for financial support, they feel vulnerable and relinquish their decision-making powers.

The level of decision-making influence among young married women varied from district to district. In Mutare and Zaka Districts, the young married women complained that their husbands impose important household decisions should there be a disagreement. The young married men, on the other hand, justified their monopoly of major decisions arguing that they are the heads of households and therefore they have the right to make decisions such as the types of crops to grow, how to market the crops, and the type of income-generating activity the household should embark on.

“The issue is that we marry our wives; they do not marry us. When we get married, they leave their families to come and stay with the husband’s family, and they come with nothing. I, as the man, own the land, and I am a breadwinner for my family, and therefore I have a right to decide on how best to look after my family. Besides, it is clearly stated in the bible that women should be subordinate to us. We can consult, yes, but if we do not agree, then my decision prevails. That’s what I personally do.”
(Participant in FGD with young men, Mutare)

The young married women in Mutare attributed the control that their husbands wanted to impose on them to a lack of education.

“The problem we have is that we were married by very dull people who have not gone to school. Our husbands are lazy, and at the same time, they want to control what we do and the little money that we get from piece jobs. They don’t bring any income, but when I bring home my little money, they want to get it and spend on beer and women.” **(Participant in an FGD with young married women)**

In Zaka District, **young married women** expressed concern that their husbands do not allow them to engage in income-generating activities outside their communities where they have the potential to fetch more money. Young women involved in garden projects noted that they would have wanted to sell their produce at Zaka Centre, where they fetch higher prices, but their husbands do not allow that to happen for fear that their wives might engage in extra-marital affairs, or they would become “big-headed” or arrogant should they start earning more money than them.

“The challenge is that we know these wives of ours. You think that they are going to Jerera to sell their vegetables, but they will go there to sell everything, even their bodies. We have had cases like that. And if they make money there, you will not tell them anything. That is why most men are not comfortable to let their wives travel to faraway places.” **(Participant in FGD with young married men)**

The same sentiments were also shared by a community leader in a key informant interview as below:

“The men are not working but do not allow their women to work. Men are afraid that if women go to work, they will start cheating on them; I am not sure if it is called infidelity, married women dating other men. So, there is oppression here; I used to do this long ago. I didn’t want my wife to go to work, but I later realized it’s unfair as women want to buy their own stuff, and they can even help the husband in feeding the family. You see. So, there is some level of oppression here. Even if the women get employed, they are sexually harassed and abused at workplaces as the employer’s demand sex in return, so it is difficult for women in these companies. The woman will be left with no choice because of poverty, she ends up being involved in external marriages, and they start dating other men, which is not right. So, there is a problem here.” **(Key informant interview with a Community Leader, Mutare).**

The young married men in Zaka expressed frustration at the lack of employment opportunities which have resulted in them failing to fulfill their roles as breadwinners for their families. This makes them want to assert control over their wives for fear that they could become economically independent and abandon them.

In Chivi, **young married women** revealed that they make joint decisions with their husbands on major issues around household income. Should there be disagreements, they would try and convince each other by presenting persuasive arguments. The young married men also acknowledged that they make joint decisions with their wives, and they even allow them to buy big assets such as cows and register them in their own names. The household power dynamics in Chivi District seem to have been influenced by gender awareness activities implemented by a number of NGOs operating in the district, including the male engagement model that deliberately targeted men to create safe spaces for gender equality and women empowerment conversations. There is a great opportunity to identify these young women and men role models in Chivi and work with them to influence patterns of decision-making among young couples in Takunda activity sites.

In **polygamous households**, particularly among the apostolic faith sects, although the man has overall decision-making when it comes to major decisions such as selling livestock, powers are sometimes delegated to individual wives who make decisions regarding their households. The wives make decisions on crops to plant, harvesting, marketing of the crops, and other income-generating activities. One apostolic faith sect woman noted that:

“If women are in a polygamous marriage, they can own and control land, but if from a monogamous household you cannot own land as you will be the only wife in the household.” (IDI with an apostolic woman, Mutare)

Women in polygamous families from both the apostolic and the non-apostolic sect appeared to have more leeway compared to married women in monogamous marriages when it comes to household decision-making related to land use, livelihoods, and income-generating activities. The flexibility comes after the man takes it as too much work for him to be making decisions on such a big family, considering that other men within the apostolic sect of ‘*Johanne Marange*’ have more than ten wives. The husband usually appears on decisions to do with the use of the income generated, and, in most cases, he has the final say. This is what one male key informant of Apostolic sect said:

‘Practically, it would be burdensome for the husband to make household decisions for all the wives as some of the men have up to ten wives.’

In **de-jure female-headed households**, women have more flexibility in making decisions as they are not accountable to a male figure. The women make decisions related to agriculture production, income-generating activities, and participation in community development activities. It is easier for these female-headed households to seek election into committees, make decisions to participate in training programs, and decide on selling or acquiring household assets because they do not have to seek permission from a male figure.

“Sometimes you see that single women or widows do better than married women because they can make decisions that are good for their children without interference from a man. For us married women, if you want to sell a goat to pay for school fees, you have to first seek permission, if you want to participate in training, you also have to seek permission, and in some cases our husbands are jealous, and they would not allow you to participate even when you can see that I can benefit from this training. At times you can see that being widowed has advantages (laughter)”. (Participant in an FGD with young married women, Mutare)

In **de-facto female-headed households**, the husbands, in most cases, are working in towns or neighboring countries such as Botswana and South Africa and are gone for long periods of up to a year without coming back. In such circumstances, the wives become de-facto household heads, and they can make most of the decisions pertaining to agricultural productivity and disposal of small assets as well as livelihood activities. However, these de-facto female household heads still need to seek permission from their husbands on major household decisions such as acquiring and disposal of high-value assets such as cattle or productive assets such as ploughs and scotch carts. The women also need to seek permission to attend training programs outside the community. In some cases, the de-facto household heads fail to reach their husbands on time and will wait to get feedback from their husbands before implementing decisions. Making decisions without consulting the husband was regarded as a sign of lack of submissiveness that can result in gender-based violence

Younger de-facto **female household heads** have limited household decision-making powers compared to their older counterparts. This is mainly because most are left in the care of their in-laws, who act as their husbands in terms of control and decision-making. The younger women have to seek permission from their in-laws to attend training and other community meetings and to participate in income-generating activities such as Village Savings and Loans (VSL) groups that involve the participation of large groups of people and attending meetings outside their homes. However, they make decisions on what to plant, management of low-value assets such as chickens and goats, and marketing of their produce.

The level of participation of **young people in household decision-making** largely depended on age, gender, and level of income contribution. Across the three districts, gerontocratic tendencies amongst elderly respondents were evident, with older people generally not appreciating the need for involving young people in household decision-making. There was a perception among older people that young people are lazy, want quick money, and are disrespectful of their elders, and hence there is no need to involve them in decision-making.

“Why should they be involved in decision-making when they spend most of their time drinking and not wanting to work. We can only involve them when we know they are serious and when they contribute something to the household income. Otherwise, how could I consult someone who has nothing and doesn’t want to work and comes home drunk all the time.” (Participant in an FGD with older men, Chivi)

Participation in household decision-making for young people was therefore largely based on their household income contribution and age. Those young people bringing income to the household had increased chances of participating in household decision-making compared to those that had no assets and were contributing nothing. Unmarried young men seemed to be better involved in household decision-making compared to unmarried young women. The latter are less involved because of the patriarchal assumption that they will be married and will eventually go and live with their husband’s families and therefore cannot make decisions when they are bound to leave their family.

Young people across the three districts felt that the older generation is systematically excluding them from household decision-making because they are not resourced. The young people cited the high unemployment rate in the country and limited opportunities for them to engage in meaningful economic activities to contribute to household income as the primary reasons for their limited

resources. The young people complained that the older generation is marginalizing them because they are not employed and because they have a monopoly over household assets.

“As young people, we are not given the opportunity to contribute to household decisions, especially when you are not married, and you do not bring in anything. Most young people resort to heavy drinking due to frustration because of a lack of employment opportunities. The older people view this as delinquency, and they shut doors on us. They own productive assets such as land, which at times, they are reluctant to share with us. That is why you see that in this community, very few young people come for community meetings because we feel not wanted, we feel excluded.”
(Participant in an FGD with young people, Mutare)

Discussions with middle-aged participants revealed an appreciation for the need to involve children and young people in household decision-making. There was an appreciation that children and young people in households have a right to contribute to decisions that affect them even when they are not able to contribute to the household economy economically.

Household Decision-making on MCHN

The GA also sought to establish household decision-making patterns around nutrition, hygiene, and maternal health. Women are largely responsible for the provision and choice of nutrition for the households. Empowered women can: input on intra-household food allocation (including with children/ child feeding); what to save for home consumption and what to grow, what to sell from the agricultural produce farms, what to purchase from markets; all of which will impact nutrition. Traditionally, women are responsible for the provision of food for the family, going to great lengths to ensure that the family is fed. In times of food crisis, the whole family looks up to the mother to provide food. During FGDs, women complained that although traditionally men were breadwinners for their families, that role has gradually been relegated to women as most men are unemployed and women have to make sure food is put on the table.

“Long back, men were viewed as breadwinners. That was possible then because there were jobs, and men were employed in towns and would send back remittances that the families would use to buy food with. Today this is no longer the case as most men are unemployed, they are failing to play their breadwinner role, and that role has been left to women. If there is a food crisis, it is the mother who will go to do piece jobs to feed the family. Men are too proud to do these piece jobs. So even if they left home when there was no food, they expect to find food on the table when they come back home, and if this food is not there, that can lead to a fight. And you wonder where they expect me to have got the food when they left the house knowing that there was no food. So, what it means is if you, the mother of the house, don't look for food, your children will starve. And when the children cry because of hunger, they don't go to the father; they look you in the face.”
(Participant in an FGD with young women, Mutare)

To a large extent, the nutrition available to a household is based on the ability of women to access food. In Mutare District, it emerged that grandparents have a large say in the type of nutrition that their grandchildren have access to. Elderly grandmothers were opposed to letting their grandchildren consume modern child supplementary foods such as baby formula milk and cereals such as “Cerevita,” arguing that these modern foods will make their grandchildren grow as weaklings. The grandmothers preferred traditional foods such as “soaked porridge,” which they argued enabled their grandchildren to grow healthy. Young women, on the other hand, wanted to feed their children

on the modern supplementary feeds because they believe that these are more nutritious than the traditional “soaked porridge” that the grandmothers insist on. A young mother reflected on this issue.

“The problem we have when it comes to child nutrition is that our mothers-in-law are very old and old-fashioned. They do not want us to feed our children with Cerevita or other supplements such as yogurt because they think this will make the children become weak as they grow. But these are the kind of foods that are recommended when we go to the clinics. So, what we do is we buy these foods and hide them and feed our children secretly without the grandmothers noticing. If they ever see you do this, they will be very angry, and they report you to your husband. They will also threaten you by saying, ‘if that child ever gets sick, don’t ever come to me for help. Even if the child dies, don’t ever tell me because I have told you not to give the child these types of foods. And with such threats, sometimes we are forced not to feed our children with the most nutritious foods”. (IDI with young mother, Mutare).

FGDs also revealed that culturally, children were not supposed to eat eggs because it was believed that doing so would cause children to “hallucinate.” Although this cultural belief is being dissuaded and is gradually fading, there are some communities that still hold onto these beliefs, particularly in some parts of the Mutare District. Young mothers complained that this limits the range of nutritious foods that are available to their children.

Although women are the main providers of food in the household across the three districts, in times of food crisis, they are the last to eat as preference is first given to children and then the husband. Mothers will make sure that their children are fed; first, the husband comes next, and they come last, in some cases eating less food in terms of quantity or leftovers. Among the apostolic sects, wives in a polygamous union compete for the attention of the husband by providing him with the best food at the expense of the children and the wives themselves. This compromises their health status, particularly for pregnant and lactating mothers, as well as the health status of their children.

Among the other apostolic sects outside the ‘Johanne Marange,’ decisions on child and maternal health care are generally made by husbands who determine the type and source of maternal health services that their wives can access. Women in the ‘Johanne Marange’ apostolic sect is not allowed to access modern health services and therefore cannot visit clinics for pre-and post-natal care. The women usually give birth at home, are not allowed to use modern contraceptive methods, and receive severe reprimands, including divorce, should they go against the church doctrine. Children are also not allowed to be immunized or receive any form of modern medical services. FGDs in Mutare revealed that the church doctrine has led to high maternal and child mortality rates among the sects, with some of the deaths not officially reported and victims secretly buried.

Elderly women have a key role in making decisions regarding the maternal and child health of their daughters-in-law and grandchildren. The elderly women are highly regarded as experienced and offer advice on what herbs to take, when to go to the clinic, and what cultural practices to follow before, during, and after giving birth. However, some of the advice given to pregnant and lactating mothers by these elderly women is regarded as unhealthy by health professionals. Herbs prescribed can lead to infections, and the traditional practice of healing ‘nhova’, ‘fontanelle’, which health professionals regard as dehydration in children, can cause irreparable damage to the health of children. Young women, however, often follow the advice from their mothers-in-law on maternal health as a sign of respect expected of a daughter-in-law.

3.3 Access to and Control of Productive Assets and Resources

Access and control over critical productive resources and assets are gendered in all the Takunda districts. One’s roles and responsibilities in the household determine the assets they control,

regardless of the amount of income they bring to the household. Table 6 below shows household and community resource access and control patterns typical in all the districts.

Table 6: Patterns of Household Asset Access and Control and Access to Community Resources in the Takunda districts

	Resources women typically access	Resources women typically own and control	Resources men typically access	Resources men typically own and control
Household assets	<ul style="list-style-type: none"> • Chickens • Ducks • Money realized from the sale of vegetables from gardens • Land • Cattle • Donkeys • Sewing machine • Bed • Kitchen utensils 	<ul style="list-style-type: none"> • Chickens • Ducks • Money realized from the sale of vegetables from gardens • Bed • Kitchen utensils • Sewing machine 	<ul style="list-style-type: none"> • Land • Cattle • Money • Sheep • Goats • Land • Houses • Oxcart and ploughs • Bicycle • Axe • Chickens • Ducks • Money realized from the sale of vegetables from gardens • Bed • Kitchen utensils 	<ul style="list-style-type: none"> • Land • Cattle • Money • Sheep • Goats • Land • Houses • Oxcart and ploughs • Bicycle • Axe
Community assets	<ul style="list-style-type: none"> • Clinics • Water points (when water is for household use) • Dams • Schools • Community/nutrition gardens • Business centres 		<ul style="list-style-type: none"> • Dip tanks • Dams • Business centres • Clinics • Water points (when water is for household use) • Schools • Community/nutrition gardens 	

Both men and women have access to both household and community assets. Young people's access and control of resources vary with age and sex. The younger the child, the less access and control over household resources and vice versa. Usually, children have access to household resources under the strong supervision of an adult due to the perceived lack of maturity attached to their age. For example, in Chivi, adult men revealed that some young boys, when given scotch carts to use to ferry firewood or water, will abuse them by speeding on rough roads, thereby affecting the lifespan of that asset. It was revealed that as young people grow older, they are entrusted with household assets. Some are even granted access to agriculture equipment for personal use by parents. However, access

to household and community assets by young people is dependent on perceptions of their level of maturity and responsibility.

Gender and age are both important factors that contribute to the exclusion of young women from access to and control over resources and assets. Across all three districts, there is a general perception of young people being labeled as irresponsible, especially unmarried individuals. After marriage, young people acquire status as adults and are entrusted with responsibilities, and are allowed to acquire assets. The perception of young people as irresponsible and immature has resulted in their financial exclusion, especially when asset-based collateral is required to access loans.

Due to patriarchy, young women are excluded from ownership and control of key productive resources and assets. Regarding land, unmarried young people in all the districts revealed that most of the land is owned and controlled by elders who usually parcel it out to their sons upon getting married. They complained that when one is still single, they are not considered an adult, and hence they are not prioritized in the allocation of communal land. Married young men are regarded as heads of households and breadwinners and therefore are expected to own and control resources and large assets that will enable them to adequately provide for their families. For this reason, within the family setup, preference is given to young married males over unmarried young women and men. Although young men have access to land through the arrangements described above, total control of the asset rests with the elders. For unmarried young women, the situation is different because the expectation is that they get married and will utilize their husband's land. Women, especially young women (both married and unmarried), are more disadvantaged than their older female and male counterparts in terms of access to land and access to household productive tools and equipment. Unmarried young people noted that their parents' unwillingness to relinquish control of the land significantly constrained their ability to exploit opportunities in agriculture. When resource competition intensifies, the least powerful, which are typically young men and women, are the most vulnerable to exclusion. This affects the viability of their on-farm and off-farm activities.

This justifies the need to enhance household capacity to accumulate assets that can be disposed of for cash or exchanged for food during climate shocks and market failures through life-skills training that enables young people to accumulate financial, human, and social capital. It was revealed that the situation for young women is worse than that of young men as they face double exclusion related to both gender and age. A key stakeholder from the Ministry of Women Affairs remarked,

“Women’s lack of control over resources has affected their access to finance because of lack of collateral; they have therefore not been able to access loans as men. Owing to this, the government has established the Women’s Micro Finance Bank to assist women with access to funds.” (KII, Chivi)

While the Government of Zimbabwe established the Empower and Women's Banks to ease access to loans by women and young people, there are still structural challenges like lack of collateral that impact the loan size. At the time of data collection, the amount loaned was as small as ZWL 1,000 (approximately 10 USD), which is not adequate to sustain a viable business enterprise. No one amongst the interviewed participants was confirmed to have benefited from the loan. Available options include the loan in the form of equipment or machinery; however, it also depends on the

capability of women and young people's groups to meet collateral requirements. While group collateral is acceptable, most groups cannot afford to raise the amount enough to secure a loan. Traditional innovative financing mechanisms that include the guarantee fund mechanisms, micro-credit, credit enhancement, third party ownership/payment, pre-paid, rental and lease finance need to be introduced and strengthened, paying special attention to the financial and technical needs of women and youths.

In all districts, the study established that in **male-headed households**, both young men and young women have limited access to resources of production, but young men control certain resources, particularly those that are traditionally regarded as belonging to men. Married young men are regarded as heads of households and breadwinners and therefore should own and control resources and large assets that will enable them to adequately provide for their families. In the three districts, the productive assets owned and controlled by young male heads of households are still few and on a small scale, including farming implements such as ploughs, scotch-carts, and large livestock such as cattle; women cannot lend these in the absence of the man. Small livestock (e.g., chickens) and kitchenware belong to women in general. Given this, young married women have access to and control of this small livestock and therefore have the flexibility to dispose of them without needing to consult or acquire permission from their husbands.

Generally, as noted above, men have control over high-value household assets, while women have control of assets of lesser value. In all the districts where women have control over cattle, they are mostly older women who have received the 'motherhood cow' (*mombe yehuMai*), which comes as part of the bride price when their daughter is getting married. This control comes as a result of the fact that there is a general belief of 'ngozi' (avenging spirit) that comes with this cow; hence men generally do not want to attract misfortunes by controlling this cow. In all districts, men were clear that the best way to handle this cow is not to accommodate the cow in the family kraal but that the woman send it to her relatives.

A grandfather in Zaka district remarked,

"Culture dictates that the kitchen belongs to the wife, and if there is no round hut, her relatives will say our child does not have a house here because the kitchen is important to them. This culture was introduced by our ancestors, but even though we are now Christians, people still believe in our traditions, and if you do not respect these traditions, you will suffer the consequences. The challenge with letting the woman own big assets is that when she dies, all these things are taken by her relatives. It is a tradition that when a woman dies, her relatives take everything believed to be hers, leaving the children with nothing." (IDI Grandfather, Zaka)

Limited access to and control of land by **young people** also extends to community gardens and irrigation schemes where most adult women are in control of the small plots and can make decisions on what is produced and advanced on the small piece of land. In most instances where young people have access to community gardens, it is typically because they are renting, or they are related to the plot owner. Regarding other community assets, access is open to everyone, although it is generally skewed to those who use the asset the most. For example, schools, clinics, and water points are mostly frequented by women due to their gender roles. Dip, tanks, and dams, which are aligned with men's gender roles, are mostly accessed by men.

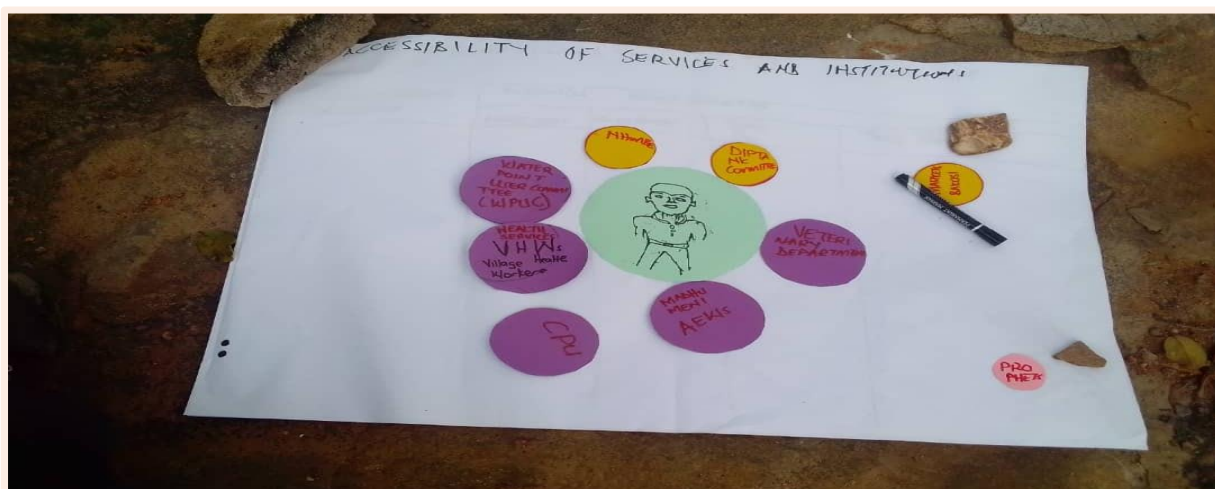
Dynamics are also seen within the polygamous families of the apostolic sect of Johanne Marange. While husbands overly own the land, each wife is allocated a plot which she controls and manages on her own. The husband also allocates himself land, which is managed and maintained by his wives, meaning the wives provide all the labor requirements needed on the piece of land. The husband then decides on what to do with the harvest, and sometimes the product contributes to the family's food security and nutrition needs. Is used to provide for the whole family. One woman had this to say:

'Men, especially those in polygamous marriages, need training on managing their families since most are being looked after by women. Even though they allow us to work, they also need to support the wives in IGAs'.

3.4 Access to Services, Participation in Leadership and Decision-making in Public Spaces

3.4.1 Access to services

During the GA, access to services by different population groups was assessed. The assessment focused on access to employment opportunities, agricultural extension services, health services, ICT services, and other social services that the communities are entitled to.



May 20, 2021: This image shows the results of a participatory mapping of service availability and access measured as the distance community members need to travel to gain access. © Gift Bvekwa/ CARE.

Employment Opportunities: Across all three districts, formal employment opportunities were noted to be very limited for all the targeted groups, including old and young women as well as old men and young men. Most of the young people are now resorting to artisanal mining, particularly in Mutare and Zaka; others are engaged in cross-border trading, and some do piece jobs within their communities such as fetching firewood, digging wells, and brick making. Some of the young people are running small agro-based projects such as horticulture and poultry. Young women in Chivi were engaged in catering, detergent making, and gardening, while in Zaka and Mutare, they were selling

food and drinks to artisanal miners working in the illegal mines. Some were doing laundry at growth points, mostly for civil servants working in the district.

Employment opportunities in the formal sector are very limited, and the informal sector presents opportunities for both women and men, old and young. Although entry requirements into the formal sector for the identified economic areas are difficult for both men and women, women face extra huddles because of their gender. In the artisanal mining sector, the high level of violence that is characteristic of these mining areas and the tough conditions that the miners endure and make it difficult for women to participate in the sector as they will become highly vulnerable to gender-based violence. At an artisanal mine in Zaka, women were not allowed to participate in mining activities or to have mining claims because of the belief that if they do, the “gold will disappear.”

“We are not allowed by men to go near their mining pits because they believe that if we do so, their gold will disappear. So, we only come here to sell food to the miners, but we can’t participate in the actual mining. Since I came here, I have never been to the pits because we are not allowed. But in other districts such as Chivi, we know that women are also allowed to participate, but we don’t know why we are not allowed here” (IDI with a young woman selling food at an artisanal mine, Zaka)

The above gender discrimination means that women cannot benefit the same as men from artisanal mining, which at times can be lucrative. Without necessarily going through the physical rigors of mining, women should be allowed to own claims and access machinery that can make them successful miners.

Another key challenge for women and young men was the unavailability of startup capital to support their income-generating projects. In all three districts, none of the respondents indicated that they had received any loan support from any institution. It is even worse for some of the apostolic sect women because they do not possess identity cards. *‘I cannot access any loans for I do not have a national identity card.’* Women had formed VSL groups as a way of raising capital, but these groups were rendered dysfunctional upon the onset of the COVID-19 pandemic, which curtailed the economic activities that the women were engaged in to support the VSL group lending mechanism.

Informal opportunities are also available for the women and men (old and young) of the apostolic sect of Johanne Marange. Some of the skills include building and welding for young and old men and firewood selling petty trading for women (curtains and second-hand clothes. One KII had this to say, ‘young married women of the Apostolic sect have their groups where they come together to engage in buying and selling activities. However, the groups are still very few. Challenges experienced by young women of the apostolic sect include the need to comply with their husbands’ controlling attitudes and behaviors.

“Sometimes it’s a challenge to continue with your own business enterprise and aspirations as you are supposed to abide by the husbands’ laws’.

ICT Access

In all three districts, the main form of ICT accessible to men, women, and youth is the mobile phone. Most of the male and female youth, as well as young married men and women, owned mobile phones. Although a significant number of the older men and women had mobile phones, some of the elderly did not have one. The elderly women noted that they do not know how to operate the phones and

hence rely on family members for communication. Compared to older people, there were more young people with smartphones, which they used to communicate via social media while others had access to the internet. In households of young married couples, the husband was likely to have a smartphone while the wives had basic phones (although, in some cases, they would also have smartphones). Some of the women had their phone lines registered in their husbands' names as the husbands were the ones that had applied for the lines.

In all three districts, network connectivity was a major challenge. This made accessibility to social media and the internet difficult. Most of the respondents with mobile phones reported that their lines were registered for mobile money use. Although mobile money was used for financial transactions, there were concerns that the charges were too high. The utilization of ICT across the three districts was limited for all the targeted groups owing to limited connectivity and high tariff charges.

Communities also accessed services from several service providers, including AGRITEX (for agricultural extension services), Ministry of Health (health services including maternal and child health), Police, Traditional Leaders, Rural District Councils, Schools, Grain Marketing Board, and other service providers from the government and NGOs. The service providers that were ranked as the most important were health facilities, AGRITEX, Department of Social Services, and schools. Under Purpose 1 and 2 of the Takunda project, AGRITEX and the Ministry of Health are key institutions that provide services in the three districts.

Access to Markets and Agricultural Extension

AGRITEX provides agricultural extension services to farmers in the communal areas. These include technical support and advice, training, and mentoring. Across the districts, AGRITEX extension officers were said to be easily accessible, with the main challenge being their lack of mobility as some of them do not have motorbikes. The extension officers were accessible to both men and women. While the government of Zimbabwe has made progress in ensuring gender equality on Agritex Extension staffing in the target districts, literature has shown Buhera lagging behind with 13 female and 43 male extension staff. Mutare, Chivi and Zaka have (41 Female: 28 Male), (54 Female: 37 Male) and (55 Female :49 Male), respectively. While, female extension workers, are more than men in most districts, concerns were raised that it was at times difficult for young women to access services in their individual capacity as women as that could fuel rumors of sexual relationships with the male extension officers. This was particularly difficult for married women, who might face resistance from their husbands to attend training programs led by male extension officers. This ultimately limits the availability of extension services to married young women, in particular one-on-one mentoring sessions.

The AGRITEX officers that were interviewed all concurred that few youths come to them to access extension services. They attributed this to a general lack of interest in agriculture by young people who regard it as unprofitable, particularly in rural areas where there is reliance on rain-fed agriculture that is susceptible to droughts. The extension officers also concurred that there is a need for more female officers so that they can assist other female farmers without causing marital conflicts.

Married women complained that when AGRITEX officers come for meetings, men in most cases opt to go, but they do not share the information that they get with their wives even though it is the women who spend the most time in the fields. If there are meetings with veterinary officers, men are the ones who mostly go because they own most of the livestock. Single or widowed women benefit a lot from these extension services because they attend these meetings in their capacities as heads of households.

Farmers sell their grain through the Grain Marketing Board (GMB), which is the sole official buyer of grain in the country. Previously, the board used to come to communal areas to collect grain from farmers, but currently, farmers have to deliver the grain to the GMB depots using their own transport. Women in Mutare complained that transporting their grain to the nearest depots is a challenge not only in terms of transport costs but also in terms of their gender roles and responsibilities. At times it takes several days for the selling process to be completed, and therefore, women with young children find it difficult to be away from their children for days. There are also security concerns for women when they are away from their homes. Women end up either giving the responsibility of selling their grain to men or they sell locally at a much lower price than they would get if they sold to the GMB. This means that women end up getting less value for their produce.

Nutrition, Maternal, and Child Health Care Services

Nutrition and maternal health services are accessed by adolescent and young mothers from the local health clinics where they offer prenatal, delivery, and post-natal care. The health centers provide education on good nutrition for children and share the maternal health services that are available to women. Adolescent and young mothers confirmed that services are available at the local clinics, but at times, there are no medications or supplements and other commodities such as razors, detergents, and cotton wool, and they are often asked to bring these items from home. Some women cannot afford to buy these items leading to these women delivering at home. In some wards, health centers were said to be located far away, thereby making it difficult for pregnant and lactating women to travel these long distances. A Key Informant from Chivi district highlighted that due to poverty and hunger in the home, some pregnant mothers avoid waiting at the mother's shelter at health centres. The argument is that food that is supposed to cater for one household is now divided to cater for two households (home and health facility) and in most cases resources do not permit. Women from some of the apostolic faith sects are not allowed to access services from hospitals, and therefore, they lose out on the nutrition and maternal health services and information that other women obtain from the local health centers. There were reports in Mutare District that most of the apostolic sect women were delivering at home, and some died during delivery, but the deaths were kept a secret by the church leaders. While the apostolic religion does not permit children's vaccination, the empowered few women secretly go to the hospital to get their children vaccinated and access family planning services like depo provera without the husband knowing.

Participation of men in maternal and child health care is limited in the three districts. However, there are some men who now actively support their wives when they seek nutrition, maternal, and child health services, in response to the Ministry of Health and Child Care's male engagement in the maternal health program, which incentivizes serving couples first before everyone else. Issues around nutrition and maternal and child health are generally regarded as the women's domain, and men are reluctant to support because they will be regarded as weak and controlled by their wives.

Men's lack of knowledge on maternal health issues was noted to be one of the challenges resulting in their limited support for women during pregnancy. A key informant in Mutare noted that,

"Yeah, men do not understand what women will be going through when they are pregnant. I think it's a lack of knowledge; they must know that a pregnant woman needs support, even love. The performance of the child while in the womb can be affected. Men think that pregnant women are troublesome, yet it is not the case. This fuels cases of Gender-Based Violence. When a woman is pregnant, her attitude changes, so men should understand that." (KII, Mutare)

At times, the lack of resources for transport forces men to forego accompanying their wives to clinics as they would rather give the little resources available to their wives to go for pre- and post-natal care.

“Even if you want to accompany your wife for clinic checkups, sometimes it is not possible because you will not have transport money for the two of you to go, so you would rather give that money to your wife to go for health services. Most men will be busy engaging in income-generating activities to fend for their families, and hence they will not have time to accompany their wives. And there are also those men that still think it’s embarrassing for a man to accompany his wife to the clinic because that might show that “wakadyiswa¹.” **(Participant in an FGD with young married men, Mutare).**

It also emerged that men are reluctant to accompany their wives to clinics for fear of getting tested for HIV. In most cases, men are considered as “vectors” of HIV transmission by their partners and they, therefore, fear being blamed when the HIV test comes out positive.

“It is difficult to convince our husbands to go with us to the clinic. Many people fear being tested for HIV when we get to the clinics, and thus, they give excuses for not wanting to go with you. They know about their risky sexual behaviors and therefore would not want to be tested. They will argue that there is no need for them to get tested because “if you test negative (the wife), it also means I am also negative.” **(Participant in an FGD with young married women in Chivi).**

The traditional practice of “*kusungira*²⁴” makes it mandatory for a pregnant wife to give the first birth whilst with her parents. This means that as the date of delivery nears, the husband will have to go and leave his wife with her family, who will take over in terms of assisting and preparing her for delivery. After delivery, the wife will continue staying with the family for weeks while she is being taught how to look after the baby. For this period, the husband will not be involved in the maternal and child health services of his wife and child because of this traditional practice.

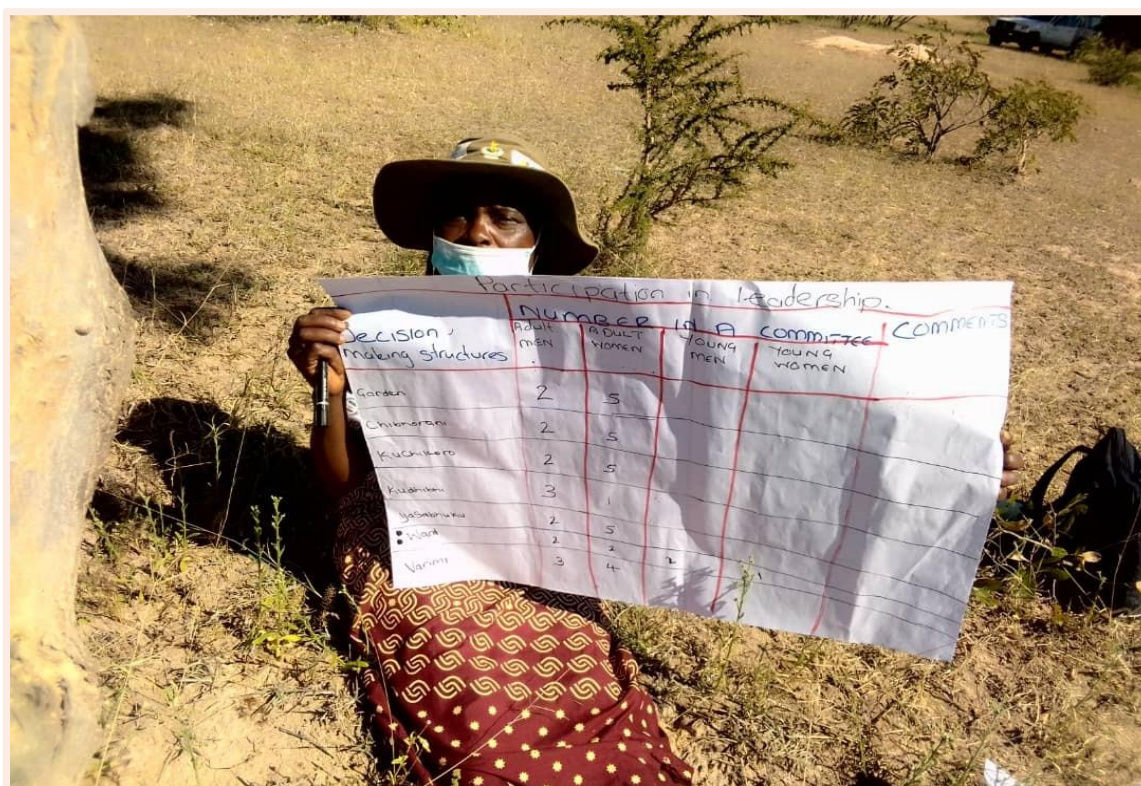
There were perceived institutional barriers for men’s participation in maternal and child health care. In all three districts, men saw the clinics’ design and layout as potentially inappropriate and uncomfortable spaces for men. For example, there are shades for “waiting for mothers” and no such shades for waiting fathers, and this makes it uncomfortable for men to be mingling with women while waiting for their wives to be attended to. Long waiting times at health facilities were viewed as a waste of time. Men felt “redundant and bored” while they waited for their partners as they would not have anything to do. They noted that there are no parallel health services for men that they could also access, such as prostate cancer screening while their wives are being attended to. Men believed health care workers have negative attitudes towards men who accompany their spouses. The majority of clinic and community health workers are women, making it difficult for men to participate in

²⁴ A traditional practice where the newly married wife, when about to give birth, goes to her family to deliver whilst in the hands and care of her family

discussions regarding SRHR and maternal and child health with these female health workers and they regard these meetings as “women’s meetings.” Male health champions or male-only meetings were recommended. Male engagement and awareness creation on the need for men to support their wives in seeking nutrition and maternal and child health services is key in promoting men’s participation.

3.4.2 Participation in Leadership and Decision-making in Public Spheres

The Beijing Declaration and Platform of Action (1995) points out that women’s equal participation in decision-making is not only a demand for simple justice or democracy but can also be seen as a necessary condition for women’s interests to be considered. Achieving the goal of equal participation of women and men in decision-making will provide a balance that more accurately reflects the composition of society and is needed to strengthen democracy and promote its proper functioning. To this end, the GA assessed the participation of women, men, and youth in leadership and decision-making.



May 20, 2021: Participation in leadership and public decision-making matrix. © Tariro Chuma/ CARE.

The findings reveal that most governance and decision-making positions in all the districts that include District Development Coordinators (DDCs), Members of Parliament (MPs), councilors, and traditional and religious leaders are held by men. Participation in public decision-making platforms is skewed towards adult men across all the Takunda districts. Leadership positions are dominated by older men, with women, young people, and people with disabilities being the least represented. In all the districts, however, respondents revealed that the participation of both women and young people in decision-making platforms has improved over the years. Interviews with religious leaders in Chivi and Zaka Districts revealed that some churches had played a significant role in promoting female and youth leadership through their participation in both women and youth ministries and their involvement as deacons or elders of the church.

Women and young people who can read and write and are able to attend meetings wherever they are members of decision-making platforms dominate filling of the secretary positions, responsible for taking minutes. For women, this confines women to their traditional gender roles and does not transform gender relations.

The participation of women, young people, and other marginalized groups in public forums was regarded as not meaningful; final decisions are made by older men, some of whom have a tendency to disregard the contributions made by these groups of people. The ineffective participation of women in meetings was attributed to their low self-esteem.

Participation by young men and young women in public meetings is limited in all three districts. They argued that they do not receive meeting invitations because of the mobilization structures of the traditional leadership and councilors that tend to target adults. When they attend meetings, culturally, they are expected to not argue with adults; therefore, when in meetings with adults, their voices are stifled. In addition, even if they make contributions, their participation in these public forums is not meaningful as the final decisions are made by older men who tend to disregard the contributions made by young people and women. However, when in their own spaces, young men and women contribute actively in meetings.

FGDs with older men and women revealed the attitudes of these older people towards the participation of youth in decision-making meetings. In all the districts, young people were accused of not being serious with their lives, immature and irresponsible, and therefore not worthy of being involved in decision-making. In addition, the mobility of young people was blamed for their exclusion from decision-making platforms. In Chivi, older men revealed that when they roped in young people to committees, they make sure to give them less powerful positions (e.g., committee member) in consideration of their high levels of mobility so that if they relocate to another place the committee and its business are not severely affected. The FGDs revealed an ideological gap between young people and older people. The gap is both political and generational and has caused friction between these two generations, leading to the limited participation of young people in decision-making processes in all the districts.

The findings of this Gender Analysis reveal that there is unanimous agreement that there are serious challenges related to youth participation in development processes. Paul Bennell (2007), for example, notes that “youths are viewed as presenting problems which need to be solved through the intervention of old people.” This perception has informed the limited participation of youth in governance and decision-making. This confirms the findings of the Zimbabwe Youth Development Report (2015) on the major challenges faced by young people in relation to their participation in development processes stated as follows:

- Economic, social, and political forms of exclusion that hamper their optimum growth and development into responsible adults.
- Systematic marginalization from national development processes through a gerontocratic value system and structures that ensure domination by older people in economic, political, and social spheres.
- Young women are less likely to participate in decision-making (private and public) than their male counterparts.

3.5 Gendered Impacts of COVID-19

The outbreak of the COVID-19 pandemic caused a disruption in service access. The lockdown restrictions that were put in place by the government to contain the spread of the virus disrupted economic activities such as agriculture and IGAs as people found it difficult to market their products and continue with the IGAs as they were restricted to their homes.

“COVID affected both men and women. People failed to go back to work. Some used to order their stuff for resale in places such as Mozambique, where they used to order clothes for resale. Some were going to South Africa. Some were even going to Jerera to sell vegetables. All these places were no-go areas during COVID. People were told to stay at home to avoid the spread of COVID, and this led to hunger.” (Participant in an FGD with young married men, Zaka).

“Yes, people watered their vegetables, but there was nowhere to sell them. Vegetables and tomatoes were rotting because there was nowhere to sell since no one was allowed to move around. So, gardens were affected more by COVID. For women to get money for milling mealie meals, they depend on selling tomatoes. But due to COVID, there was nowhere to sell them. You just sat seeing them rotting.” (FGD participant, Chivi)

Accessing services, including agricultural extension services and maternal and child health care, also became increasingly difficult owing to the movement restrictions and the limited number of service providers available as some of the government service providers were asked to stay at home. For example, cattle were no longer selling due to COVID-19, which resulted in a loss of large numbers of cattle in the three districts. Public transport was also restricted, and this made it difficult for women to travel to clinics to access pre-and post-natal services. There were reports of home deliveries in the targeted districts because of the lack of transport to get expecting mothers to the health centers. Because of the need for social distancing and decongesting health institutions, health centers were admitting a limited number of expecting mothers, and some of the mothers had to deliver at home because of limited services at the clinics.

3.5 Gender-Based Violence Prevention and Mitigation Including Early/Child Marriage

KII, FGDs, and IDI conducted across all the districts confirmed that GBV is highly prevalent in the districts. The primary forms of GBV identified were sexual abuse, including rape, and sexual, physical, emotional, and economic abuse. District Officers from the Ministry of Women Affairs also confirmed that they have high GBV prevalence rates in the district, as reflected below:

“I would say we are number one within the province in terms of GBV, although I do not have the statistics with me right now. But I know that GBV within this district is rife and especially sexual and physical violence. The district is patriarchal and male-dominated, and there are masculine ideas that fuel GBV every month at these local police station, we receive at least two cases of rape and many more are not reported due to various reasons” (KII, Zaka).

While the GBV referral system is a critical component for communities to be knowledgeable about, it does not translate to effective GBV response by service providers. Other factors hindering effective

response include non-reporting of GBV cases due to lack of economic security by women making it difficult to report their abusive husbands who are the household bread winners, pressure from perpetrator victims not to report the abuse, long distances to the nearest police station, and the perception that the police and justice system is corrupt and therefore it is of no use to report the GBV cases.

Several reasons were put forward as the main drivers of GBV in the districts. These include poverty, where couples fight over control of assets and the limited financial resources; patriarchal religious and cultural norms, beliefs, and practices that promote and justify GBV as a form of disciplining married women; drug abuse by young people that increases their level of violence against women; and conflict over conjugal rights. For the latter, women were refusing to allow their husbands to enjoy their conjugal rights for a number of reasons, including accusations of infidelity and fear of contracting HIV and STIs; tiredness because of the heavy burden of performing their reproductive and productive roles; withdrawal of conjugal rights as punishment to men for failing to adequately provide for the family; and the cultural belief that if women continue to have sex after menopause, they will develop complicated false pregnancies. When men fail to fulfill their breadwinner role, they are easily frustrated and irritated when their wives ask them about household provisions.

Below are perceptions of causes of GBV by men and women in the Mutare and Chivi Districts

“Poverty is the main cause of domestic violence. If resources and supplies of food in the household are low, there is bound to be some misunderstandings. If poverty increases in the household, even if you ask about where the wife is going, she can answer you in a rude manner, she will no longer give you that respect as the head of the household, and that often leads to conflicts.” (FGD with adult men, Mutare)

“The problem is that I can go and do my piece job, or I sell my vegetables to get money for the household. The husband is not even willing to assist me. When I come back, the husband will demand to get part of the money to go and drink beer, and we resist that, and this can lead to violence.” (Participant in an FGD with young married women in Chivi)

The GA established that GBV cases increase towards and during the agricultural marketing season. This is mainly because, although most of the labor in the fields is provided by women and children, men want to take the lead in marketing the agricultural produce. This often leads to conflicts as women want to be involved in the marketing process for fear that the income obtained might be spent recklessly by their husbands.

“People here grow cash crops such as cotton and tobacco as well as grain such as maize, and as you know, it's labor-intensive. In most cases, women and children are the ones that provide most of the labor, and men rarely participate when it comes to labor. But when it comes to selling, they want to be at the forefront, and we know that they do this because they want to control the income, which, if you are not careful, will all be spent on beer. So, when women insist that they want to get involved in the marketing process, men resist, and that always leads to conflicts and fights” (Participant in FGD with young married women, Mutare).

Young married women blamed their mothers-in-law for fueling domestic violence. The young women expressed concern that when they have conflicts with their mothers-in-law, these mothers-in-law report to their sons, in some cases exaggerating the blame on the daughter-in-law to encourage the son to “discipline his wife.” When the young married women complain to their mothers-in-law about the abuse that they are subjected to by their husbands, the mothers-in-law and even the relatives of the women encourage them to stay in the marriage as that was also the case when they were newly married.

“At times, our mothers-in-law are to blame for the beating that we receive from our husbands. These old women might feel jealous that you are doing well in your IGAs, and they can go on and lie to their sons that “your wife is making money from prostitution.” Our husbands believe their mothers so much that they can just start beating you without first hearing your side of the story. When you are being beaten, you can tell that the mother-in-law is enjoying it, and they often say, “it also used to happen to us, so stay strong.” **(Participant in an FFG with young married women, Mutare)**

GBV, particularly Intimate Partner Violence (IPV), was noted to have increased after the onset of the COVID-19 pandemic. The increase was attributed to several factors: (a) increasing poverty levels as IGAs of households were halted due to lockdown restrictions; (b) spending most of the time in the house in a stressful environment easily ignited conflicts; (c) GBV victims being locked down with abusers and unable to travel to report the abuse cases; and (d) limited access to GBV services because of public transport shutdowns.

In all three districts, child marriages were reported to be common and, in fact, increased after the outbreak of the COVID-19 pandemic. Child marriages were spurred by: (a) religious practices among the apostolic faith sects who encourage girls to be married young whilst there are still “pure”; (b) poverty which forces parents to marry off their daughters in anticipation of economic benefits or children seeing marriage to escape from poverty; and (c) idleness during the lockdown period as schools remain closed leading to children experimenting with sex. Although specific figures were not available, teachers interviewed reported that there was an increase in girls dropping out of school because of pregnancy or getting married during the lockdown period. Some parents blamed children’s access to the internet where they can view pornographic material that can motivate them to indulge in sexual activities leading to pregnancies and subsequently early marriages. There were also concerns from some parents that the Sexuality Education that children were receiving from schools could motivate them to engage in sexual activities.

It emerged during the GA that some adults were condoning child marriages for various reasons. Some argued that once a girl gets pregnant, it is better for them to get married so that the responsible man can look after the girl and her child. If the girl child is prevented from marrying the man who impregnated her, they reasoned, the girl will fall into poverty and will end up engaging in sex work which will expose her to HIV infection and other social ills. Other respondents argued that since girls are becoming sexually active at an early age (such as 13 years), the legal age of marriage should also be reduced as well.

“We saw it during the COVID time when children were not going to school. In this community, a lot of young girls got married because they had nothing else to do except sleep with boys. They end up being pregnant, and the parents would send them to their boy’s homes. There is something that is happening on how we were created by God. The time of maturity or puberty when the girl child starts her menstrual cycles and also the boy is capable of impregnating a woman, it used to happen around 22 years, but these days at 13 years the girl will have feelings for a man. So, it is better than the age of maturity, which is pegged at 18 years should be adjusted to 13 years. It is difficult for a person to stay alone when he/she is ready for reproduction for seven years. It’s actually difficult. It’s a God-given talent because already she will be mature. She will be feeling the desire. You can deny her, but she will be ready for that. (Participant in an FGD with Adult men, Mutare).”

Besides poverty at home, some young girls get married to flee from domestic violence at home. If there is continuously no peace at home, the girl child will consider marriage as an escape route. There are also some girls, abused by step-parents, who will run away from the abuse by getting married early.

Young apostolic women’s FGD highlighted that most marriages are on religious grounds. The relationships are not based on true love. It is marriage for convenience. ‘In my case, I have now realized what love is from seeing other women with their husbands; due to our polygamous setting, one gets to be intimate with own husband for a limited number of times in a month. For example, we are six wives, and I can only be intimate with my husband twice a month’. They argued that arranged child marriages would never come to an end as mothers are sometimes greedy to marry off their daughters. They indicated that child marriages are secretly arranged between families. The aspiring husband visits the young girl and impregnates her, after which she then comes back and joins the husband’s family secretly. That as it may, the apostolic sect leader no longer condones child marriage. He has since built a secondary school (St Noah) in Marange to promote the education of both boys and girls.

Access to GBV services varied from one district to another. In all the districts, clinics and hospitals provided clinical services to survivors of GBV. In Marange, clinics were nearby in the ward that was visited during the GA, and in Zaka, survivors had to travel long distances (up to 50-60 km) to access the health and police services. This was also the same with police Victim Friendly GBV services and GBV One Stop Centres. Long distances traveled to access the services means that some survivors would abandon their quest for GBV services, with the GBV incidence remaining a dark statistic because it would not have been officially recorded. There are efforts in all districts by NGOs and the Ministry of Women Affairs to sensitize communities on the GBV referral pathways and availability of GBV services. This has helped to create awareness, but the main challenge has remained – the long distances that must be traveled and the financial implications for the survivors. Additionally, traveling to seek GBV services has also been made difficult by the COVID-19 movement restrictions, although GBV services have been designated essential services. Public transport remains largely unavailable.

The GA also established that the level of awareness of GBV services is low in some communities, as captured in discussions with FGDs and KII participants:

“We hear that there are toll-free numbers to give a call anonymously, but we haven’t been educated about it. We are just hearing about it, and we are also afraid to click the toll-free numbers to call them that in this place, GBV is happening because we might be charged, and our names might be revealed. We need to be educated on this.” (Participant in an FGD with young married women, Chivi)

“GBV is very prevalent. Some people, especially women, do not know where to go (for GBV services). Even some men can be victims, but they also do not know where to report and or how to handle it (KII, Zaka)

Some of the young women that participated in FGDs noted that some GBV victims keep quiet because they do not have someone trustworthy enough to confide in regarding their predicament. Some were afraid of the lack of confidentiality, which could result in the whole community knowing about the GBV incident if they tell family or friends about the case.

3.6 Gendered Impacts of Disasters, Shocks, and Stressors

Disasters Experienced

The three districts experienced several natural, climate change, and man-made disasters over the past ten years. These disasters have had a negative impact on the communities’ livelihoods as well as on their nutrition, and maternal health, and hygiene. Disasters encountered from 2010-2020 included recurrent droughts caused by the El Nino phenomenon linked to global warming, two cyclones (Eline and Idai), a cholera outbreak in 2009, cattle disease outbreaks that almost wiped-out entire heads, HIV, an outbreak of Newcastle disease that wiped out chickens, outbreaks of crop pests such as armyworm and Quella birds, runaway inflation as the national economy almost collapsed, and most recently, the COVID-19 pandemic outbreak.



May 19, 2021: Identification of disasters experienced in the community over the past ten years in a participatory FGD. © Lynette Chipendo/ IYF.

Communities are warned about impending disasters through the radio, phone text messages, phone calls, Village Health Workers, Village Heads, and Councilors. Some of the participants reported that they get warnings of impending disasters from prophets. Given that more men have access to mobile phones and radios, they are likely to receive news of impending disasters first compared to women and youth. Women, in most cases, must rely on men to receive such information.

Gendered Impacts of the disasters and shocks

Participants in the GA concurred that although everyone in the community is impacted negatively by disasters, women bear the most burden. This is because disasters disrupt critical household food systems. Food is an urgent and emergency need in a disaster. Women bear the traditional role of providing food and nutrition to the family, and hence the burden of providing food during disasters falls on them. While men are traditionally regarded as breadwinners for their families, they might move away from their families in search of viable livelihoods and are therefore spared the pain of seeing their children going hungry. In whatever disaster, women stay with their children and engage in all means necessary to ensure that their children are fed. Cyclone Idai destroyed crops and gardens, while the recurrent droughts have resulted in poor harvests, and the economic crisis that the country experienced made food unaffordable for the poor families. When men migrate to look for jobs to support livelihoods, this leaves women heavily burdened with household duties and responsibilities. Male outmigration was reported to be common in Zaka and Chivi. Although both men and women use migration as a coping strategy, men tend to migrate for longer periods than women. Single women were regarded as having male tendencies when it comes to migration because of a lack of responsibilities around childcare. While there is a lot of outmigration in Chivi and Zaka for certain categories of women and men, the situation is different for women of the apostolic sect who are not allowed to migrate to other towns or cities to look for work. *'We must just maximize with the resources we have locally and always hope for non-governmental organizations to come and uplift us. Another apostolic sect woman had this to say 'Very few of our men here migrate to other areas in search of jobs; the majority of us stay with our husbands.'*

Apart from migration, for young men in all three districts, one of the coping strategies is drug abuse and engagement in unsafe and dangerous work such as artisanal mining, especially in Mutare District.

The COVID-19 outbreak impacted household food production and income generation as people were restricted within their homes under the lockdown measures imposed by the government. This all created household food deficit that women are generally expected to meet.

"I think this COVID is more straining for us women as we are the ones responsible for the day-to-day running of the home. It was painful in that you would see your children crying because of hunger, and you failed to provide for them. As women, we are the ones who see to it that our children get everything they need. The men can get something to eat somewhere, but the women will be suffering while at home without food. So, the woman is affected more compared to men." (Young Married FGD participants, Chivi).

Because they are the most affected, women embark on several coping strategies, some of which might be detrimental to their health and wellbeing. Some of the coping strategies adopted included

the selling of household assets, consuming less food (while still ensuring that children have enough to eat), and engaging in transactional sex to raise money for food. Some of the households resorted to sharing the little food that was available. During the COVID-19 lockdown, women and girls in the three districts became vulnerable to sexual exploitation from resourced men in exchange for food.

“During the COVID-19 lockdown, girls are the most affected compared to boys as they get taken advantage of by older men and engage in sex work in exchange for food and money which they need to buy essential necessities such as sanitary pads. This has caused early and unwanted pregnancies which then caused the girls-child to drop out of school.” (FGD with older women, Zaka).

In disasters, the ability of women and youth to cope is eroded by their limited access to resources. For example, during the first phases of the COVID-19 pandemic, women could not generate income from their gardens because of access and movement restrictions. They could also not participate in their ISAL groups as they had no capacity to generate income because of the lockdown and could not meet as groups since meetings had been banned. All these developments had a negative impact on nutrition and maternal and child health.

Limited access to nutrition gardens reduced the nutrition options for households, and this affected the nutrition status of pregnant and lactating mothers and their children. Some of the lactating mothers revealed during the FGDs that they gave birth to underweight babies because they mainly resorted to a diet of dried vegetables and “*sadza*” (thick porridge or a cooked pulverized grain meal that is the staple food in Zimbabwe) during the lockdown period. Others said their diet consisted of “*mutombera*” (salted water and *sadza*) and wild fruits, which all have limited nutritional value.

Expecting mothers had difficulties in accessing maternal health services from local clinics because of COVID-19 restrictions, as noted during FGDs with women:

“COVID-19 caused a lot of maternal deaths. A lot of women were pregnant during the COVID era, and they were not allowed to go and access waiting mother’s homes in hospitals; as such many resorted to home deliveries since vehicles were also not allowed to operate. Home deliveries could not cater for different complications that arose, and this caused a lot of both maternal and neonatal deaths. These are painful situations that were caused by COVID” (Participant in an FGD with married young women, Zaka)

Women are also traditionally tasked with the burden of maintaining household hygiene. They are therefore responsible for fetching water for bathing and cooking. During disasters such as droughts, cyclones, and COVID-19, some of the water infrastructures such as boreholes were destroyed or were not repaired, forcing women to travel long distances or fetch water from unprotected sources such as dams. During the COVID-19 lockdown, some of the boreholes broke down and were not serviced by the District Development Fund because of the skeletal staff that was available in government departments. Women and girls also had challenges in accessing sanitary pads because of movement restrictions and financial constraints. As mentioned under the section on GBV, there was a surge in GBV during the COVID-19 lockdown, and yet many services providers had limited capacity to mainstream GBV in disaster situations.

The GA established that communities in the targeted districts lacked the resilience capacity to absorb shocks and stressors during disaster situations. This was particularly the case for women and youth who had limited access to resources and assets that could be used to cushion them from the negative impacts of these disasters. With limited capacity to absorb shocks, communities embark on negative coping strategies such as disposal of productive assets, GBV, transactions shocks, child marriages, drug abuse (particularly among the youth), and engagement in unsafe and dangerous work such as artisanal mining.

The GA also established that institutions that provide essential services such as health, water, GBV, agricultural, and veterinary extension services had limited capacity to mainstream gender during disasters. This resulted in an increase in home deliveries leading to maternal and neonatal deaths; an upsurge in GBV with survivors having limited access to services; an increase in child marriages and girls dropping out of school; women having to travel long distances to fetch water or accessing water from unsafe sources because the water infrastructure had broken down and not been repaired; and loss of income due to restrictions in movement and loss of livestock (a key productive asset) because of suspension of dipping services. Women and youth were the most affected by this lack of responsiveness during disasters by responsible institutions.

3.7 Gender Capacity among Consortium Partners

The table below (Table 7) is a visual presentation of the capacity assessment of CARE International in Zimbabwe and the Takunda implementing partners. The color green denotes adequate capacity in that particular area, while red indicates capacity deficits in that area.

Table 7: Gender capacity assessment of Takunda partners

	Nutrition Action Zimbabwe	International Youth Foundation	Environment Africa	Bulawayo Project Center	FHI 360	Care International
Existence of gender policy						
Is policy implemented						
Gender balance in senior management						
Strategies in place to ensure gender balance						
Flexible working arrangements						
Sexual harassment policy in place						
Support for parenting and caregiving roles for staff						
Do advocacy, communications, and publication materials reflect gender equality values						
Are financial resources allocated for gender mainstreaming activities						
Is gender considered in project planning and design						
Is gender considered in project implementation						
Do staff have the technical capacity to mainstream gender						
Specific indicators for gender						
Gender disaggregated data						

Key

Yes		No	
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As the lead agency, CARE International in Zimbabwe has global experience, strategies, tools, and frameworks to mainstream gender equality in its programs. These include (a) the Vision 2030, the core focus of which is gender; (b) the Global Policy on Gender Equality; (c) organizational gender policy; (d) Gender Equality and Women's Voice Framework; (e) CARE Global Gender, Resilience and Governance Markers; (f) Gender and Climate Vulnerability Assessment tool and Gender Transformative Framework; (g) Social Analysis and Action tools among other instruments, frameworks, policies, and tools for promoting gender equality. The Human Resources and Recruitment Policy and the prevention of sexual harassment policy also reflect CARE's focus on women, girls, and gender equality. Efforts are being made at the organizational level to ensure that there is gender parity at all levels of the organization.

At the Activity level, CARE develops strategies for gender integration, and most of the programs are allocated budgets for gender integration actions. CARE Zimbabwe employs a Gender Advisor who provides guidance on mainstreaming gender into CARE's work. All staff members are trained on gender equity and diversity to ensure that they are gender-responsive and sensitive in conducting their work. At community levels, field officers and community leaders are trained and sensitized on gender-sensitive approaches and programming. The biggest challenge that CARE Zimbabwe faces, however, is that some donors do not have an appreciation for gender mainstreaming, leading to limited budgets for gender mainstreaming activities. CARE's policies are also largely silent on Lesbian, Gays, Bisexual, Transgender and Queer (LGBTQ) issues.

Most of the partners seem to be capacitated to mainstream gender as they have gender policies in place and staff has the technical capacity to mainstream gender. However, the project needs to do more and engage all the partners on CARE's gender-transformative approaches and tools to standardize implementation. Some of the partners are unaware of CARE's gender policies, frameworks, and key expectations in terms of gender mainstreaming and gender equality outcomes. There is a need, as part of the orientation process, to create awareness among CARE's partners on gender equality guidelines, policies, and expectations in terms of indicators, outcomes, impacts, and reporting so that all the IPs have a common understanding of CARE frameworks and expectations.

BPC needs further capacity strengthening in terms of Gender Responsive Budgeting and implementation of gender policies. Their capacity can be further strengthened by the involvement of partners in the Takunda consortium, who seem to have specific systems and structures in place for gender mainstreaming, including gender officers and specialists, and NAZ spearheading gender mainstreaming with Care International providing technical guidance.

4. Conclusions

Rooted in patriarchal, cultural, and religious values, beliefs, and practices, gender and generational inequality characterize social relations between men and women and the young and old generation in the three districts in which this GA was conducted. This inequality manifests itself in all spheres of life, including household decision-making; access to assets and control; gender roles and responsibilities; participation in public decision-making; GBV; access and utilization of services; resilience to disasters, shocks, and stressors; and migration patterns. Gender and generational inequality have serious implications for income-generating and resilient livelihoods, nutrition, maternal and child health, hygiene, and community resilience to disasters, shocks, and stressors. The most negatively impacted population groups, by these forms of inequality, are women in general, young married women, adolescent girls, and male and female youth. The gender and generational inequality gaps unearthed by this GA need to be adequately addressed to ensure that the Takunda

project can have a significant impact on the livelihoods of the targeted population groups in the three districts through the recommendations.

5. Key Learnings

- Most jobs and self-employment opportunities, including household enterprises, are in the informal sector, and hence access to finance, specifically tailored to meet the needs of young people and women, is pivotal yet woefully inadequate.
- Women and youth can own productive assets, develop a source of income, and take leadership roles, but they may choose not to take advantage of such opportunities because of socio-cultural constraints and feelings of inadequacy that continue to impact them.
- Takunda strategy needs to be constantly informed by a regular gender equality risk analysis to take into consideration changing social, political, economic and humanitarian/disaster contexts as to appropriately mainstream gender to address the emerging gender inequality challenges. Awareness creation on generational equality should also be a key priority of the gender strategy.
- Takunda acknowledges the different levels of partnership that need to be strengthened during activity roll out including collaborating with relevant government ministries to achieve sustainable outcomes.
- Youth participation during data collection was low. The activity needs to reflect and critically think through ways that can enhance the participation of both married and unmarried youth participation, ensuring that their diverse views, needs, and priorities are adequately captured and addressed. This might call for alternative youth-friendly mobilization strategies.
- Whilst the apostolic sect of Johanne Marange is a secluded group, and findings show great opportunity the activity can ride on to influence norm change amongst members of the sect, starting with those already practicing positive gender behaviors.

6. Recommendations

IO 1.1.1: Adoption of improved agricultural technologies and practices increased

Zimbabwe has made strides in Mutare and Chivi to promote gender equality and women empowerment in the ward based agritex extension staffing program. Whilst there are more female than male extension workers in all the target districts save for Buhera (*statistics drawn from literature review*), there are concerns around married young women at times not accessing extension services especially one on one mentorship sessions. There is need to engage agritex extension staff in gender dialogues riding on the FFBS platforms to influence positive behaviour and create safe spaces for women and men to fully participate in agriculture and markets extension activities. Engage men and women in collaborative problem solving and critical reflections on gender inequalities that may impede personal and economic development.

IO 1.2.2: Increased formal and informal employment:

Leverage the TVET opportunity to strengthen existing women's artisanal skills sets (thatching and well digging), including those of the apostolic sect (baking), making them more lucrative for income generation. Allow transfer of skills to youth through a mentorship program.

IO 1.2.1: Participation in diversified formal and informal enterprises (IGA) increased:

Work with young women and men to build assets and engage with older people, exploring opportunities for mentorship. Train them on transformative behavior change, building their agency, relations, and leadership competencies. Make women's low-value assets and crops lucrative business enterprises, allowing the opportunity to transition them to having control and ownership of high-value assets and crops. Engage men (young and old) as allies to support women's economic empowerment. Identify and work with men from the apostolic sect to strengthen male engagement. Train women, men, and young people, including the leadership/members of the apostolic sect, on ending child marriages and GBV prevention and mitigation. Disseminate the Gender-Based Violence response virtual referral system for different service providers, including Musasa and Childline WhatsApp numbers and toll-free lines to enhance access to GBV services (Psycho-Social Support, health care, and legal aid). Leverage COVID-19, GBV essential service provision for connecting communities to GBV outreach services. Promote ownership of household assets and resources by family, not individuals. Partner with relevant organizations to raise awareness on wills and inheritance riding on the Takunda community-based gender awareness activities. Include learning modules for men and boys on positive masculinity to support women's access to land and means of production. Engage youth in ICT and green energy solutions.

IO 1.1.3 Access to markets and business services increased:

Engage women in local producers' organizations and strengthen the local market system to make it viable and profitable for women and other people (*persons with disabilities, apostolic sect women, the elderly*) who suffers from mobility constraints. Identify exemplary women that are doing well and work with them to influence change of behavior for men who do not permit their wives to participate in markets. Use the Farmer Field Business School model to engage men on the value of women's and youth participation in markets and decision-making; identify and work with youth champions who hold power in the home/community and are pro-women empowerment to support women in Takunda. Increase anti-GBV activities during the marketing season. Use Takunda's leverage to work with financial institutions to advocate for the Government of Zimbabwe Women and Empower Banks (*created for women and young people to easily access loans*), to constantly review the amount of loan allocated to youth for business. Strengthen the social group collateral (group guarantor) approach making the model lucrative for loans, and extend the model to the Youth Savings and Loans (YSL) groups. Consider strategic partnerships with stakeholders, including those in the health sector, to promote gender-sensitive and inclusive infrastructure (e.g., market infrastructure or infrastructure at clinics). Facilitate the sharing of Market information through mobile phones to enhance access to e-markets that present better opportunities for women and young people.

IO 2.1.1: Availability of diversified nutritious foods at HH level increased

Make use of the Chivi model young couples who own high-value assets and participate in household joint decision-making to raise awareness on the importance of family dialogue or joint decision-making in nutrition.

IO 2.1.2: Adoption of improved IYCF, Maternal and Adolescent girl care practices increased

Use couples' dialogue platforms to engage polygamous women of the apostolic sect and non-apostolic sect who already have decision-making powers over non-financial issues at the household level to influence the expansion of decision-making around household income. Leverage existing platforms, such as the men's forum in Zaka to engage in equitable decision-making around nutrition. Engage with individual religious leaders' relevant government ministries and other stakeholders, including the Union for Development of Apostolic and Zionist Churches in Zimbabwe (UDACIZA), whose leadership has an influence on what happens at grassroots levels within the apostolic sect religion, to influence positive norm change around child marriages, maternal health, and nutrition. Ride on the Ministry of Health and Child Care already established Village Health Workers platforms that have individuals from the apostolic sect as members and the community based Apostolic Women Empowerment Trust to influence change of behaviour around intra-household decision making and asset control towards improved maternal health and nutrition.

IO2.2.1: Adoption of promoted MNCH practices increased

Build on efforts by the Ministry of Health and Child Care to promote male participation in maternal and child health care. Advocate for parallel health services for men like screening for prostate cancer/SRH education (*confidential HIV/ STIs programs*) to encourage men to accompany their pregnant and lactating women for pre- and post-natal care. Combine this with education on child health and nutrition, especially for pregnant and lactating mothers. Deliberately target women of the reproductive age group, including pregnant and lactating mothers/ women and men from the apostolic sect for Takunda interventions like cash for assets/VSL and FFBS to enhance their access to income.

IO 2.2.2: Adoption of improved WASH practices increased

Inventory to establish the boreholes that broke down during COVID- 19 in the target areas and were not repaired due to resource constraints. Where possible, partner with the local authorities on borehole rehabilitation to increase access to clean and safe water for communities, especially women and girls of the reproductive age group with SRH needs. Work with model men who support the menstrual hygiene needs of girls as agents of change.

IO 3.1.1: Household mechanisms/strategies to manage climate shocks, market failures, and macro-economic context enhanced

Enhance household capacity to accumulate assets through life-skills training, which will enable the HH to accumulate financial, social, and human capital. Deliberately target young men and young women for Takunda Cash for Assets interventions and register them as plot holders in the Takunda Community gardens. Target the apostolic sect households and groups (*Apostolic Women Empowerment Trust*) for transformative dialogues to enhance economic empowerment and equitable decision-making on household income.

IO 3.1.2: Community-based planning and management systems for shared resources strengthened

Work with model young people who can also be mentors working closely with adult champions where possible to change the community's negative attitudes towards them. Identify and work closely with

middle-aged men and women who believe in the need to involve young people in decision-making processes despite their economic status. Target young women and young men for resilient committees.

IO 3.2.2: Household access to appropriate risk information and services improved

Facilitate dissemination of early warning information using the mobile phone devices members of the community have.

7. Data collection tools

In-Depth Interview Guide

Name of Interviewer: _____
Name of Note Taker _____
Name of Respondent: _____
Position/designation: _____
District: _____
Place of Interview: _____
Date of Interview: _____
Time of Interview: _____

Gender Roles, Responsibilities, Mobility Restrictions and Time Use

1. How has role distribution in the home been affected by:
 - a) COVID 19
 - b) Migration
2. Looking at the time spent by women on their roles, do you think this varies with HH characteristics (e.g. HH size, number of young children, polygamous, level of poverty, etc.?)
3. What can be done to reduce women's time poverty? (probe areas of time poverty that can be minimized and any challenges)
4. What are the social norms and religious barriers limiting the participation of men and boys in maternal and child health and nutrition?
5. What opportunities are available to promote the participation of older and young men in maternal health and child nutrition and what is the motivation for them to want to participate?

Patterns of Power and Decision Making in the Home

1. What is the level of participation of the following groups of people in household decision making?
 - women,
 - youth,
 - boys and
 - girls

(Probe for differences between the Apostolic sect and people of other faiths)

2. What influences participation in household decision-making? (probe for differences in decision making patterns in different household types)
 -
3. List major decisions that are made by your household around
 - hygiene,
 - maternal health, and
 - nutrition?
 -

4. Explain the extent which men, women, male youth, female youth and adolescent mothers make decisions around each of the decisions you have listed? (probe for social norms and explaining the participation of these groups of people in the identified decisions)

Access and Control over Assets and Resources

1. How does access and control of the following productive assets and resources vary by sex, age and life stage and HH type (male-headed, female-headed, and polygamous HH)?
 - land,
 - tools,
 - finance,
 - inputs
2. What influences that?
3. What have been the benefits of having control over those resources?
4. What are the unintended negative effects if any, brought about by ownership of high value assets by women and youth?
5. To what extent has COVID-19 impacted access to community assets for women and youth?
6. What coping mechanisms did women and youth use to address these impacts? (probe for the role played by VSLs as a coping mechanism. Would you say women were able to count on VSLs at this critical time?)

Access to Services, Participation in Leadership and Decision Making in Public Spaces

1. What are the employment opportunities and challenges that exist for women and the marginalized groups in this community?
2. What are the challenges associated with access to the following services for women, men, female and male youth?
 - ICT
 - Extension services
 - Markets
 - Nutrition
 - Maternal health services

Thank you for your participation

Focus Group Discussion Guide

1. Welcome participants and Introduce yourself and the note-taker and invite participants to introduce themselves, after which you explain the purpose of the exercise.
2. Ensure the group consists of the right people (composition and maximum number of 12)
3. Ask for consent to participate in FGD, taking of pictures for use in the report and recording of the discussion and assure confidentiality
4. Describe focus group process and encourage openness and honest responses
5. Allow participants to set ground rules. These can include: no right or wrong answers, participation by everyone, participation through the facilitator and respect the opinions of others,
6. Discussions will last approximately 1 and half to 2 hours.
7. Be observant-always check who is talking and who is not and encourage all to participate.
8. Do not use suggestive questions.
9. Always probe and fully capture the discussion and observations

Name of Facilitator: _____
 Name of Note Taker _____
 FGD Participants (e.g. women only/ men only): _____
 District: _____
 Place of Interview: _____
 Date of Interview: _____
 Time of Interview: _____

Materials/Preparation: Flip Charts, Makers and Cards.

Access to and Control of Productive Assets and Resources (Land, Technology, Income, Capital, Farming Equipment, Large Livestock, small livestock, inputs, etc)

1. List the assets and resources at household and community levels. Who among women, men, young men and young women has access and control over it?

Household Assets	Access				Control				Who Benefits
	Men	Women	Young men	Young Women	Men	Women	Young Men	Young Women	
Community Assets (Community gardens, Dip tanks, Weir dams, Boreholes, Irrigation schemes, forests, etc)	Access				Control				Who Benefits
	Men	Women	Young men	Young Women	Men	Women	Young Men	Young Women	

2. Discuss why the above pattern of access and control is like that?

3. How does access and control of assets and resources vary by sex, age, life stage and household type, polygamous households, female headed and male headed households)
4. What are the benefits brought about by ownership of high value assets by women and youth?
5. What are the unintended negative effects brought about by ownership of high value assets by women and youth in this community?
6. What gaps in knowledge, skills and attitudes do youth, women, and men have about the sustainable management of productive resources and assets?

Intra-household decision making: Use Pile Sort

1. Prepare 10-15 different cards with household decisions listed on them. Prepare four title cards on men, women, young men, young women for each pile that the participants will make.

Types of decisions	Decision made by			
	Men	Women	Young Men	Young women
When to go to the health centre				
When to have the next child				
Number of desired children				
Children's schooling				
Purchase of large assets				
Selling of large assets				

-
- 2. Reflect on the information from the pile sort and explain why the decision-making patterns is like that
- 3. What influences such decision-making patterns at household level (probe for social and religious norms and economic factors).
- 4. What can be done to achieve equitable intra household decision making?

Access to Services, Participation in Leadership and Decision Making in Public Spaces

1. Using a venn-diagram, list the **services** and **institutions** related to **agriculture, maternal health and nutrition, markets, access to credit and finance, Early Warning Systems (EWS), Information Communication and Technology (ICT), and WASH** that are found in your community
2. Using a colored paper cut out circles and size them in order of importance.
3. What services and institutions are most crucial to you?
4. Why are they important?
5. What key functions do they play?

Accessibility of services and institutions

Instruction:

The facilitator draws a female/male/ young female and young male depending on the FGD type. Next to that person, place the circles in proximity to the person based on how easy it is to access the service and institution. The ones they access most easily or frequently would go closest to the person. The ones they access less frequently and with difficulty will go further away on the page.

1. What are the challenges associated with accessing services and institutions you have identified (Probe for mobility constraints and other challenges by age, religion, life stage, Household type-Polygamous and female headed, Male headed).
2. What social norms and religious barriers limit the participation old men and boys in maternal health and child nutrition?
3. What are the channels of communications currently used for Early Warning System messaging and how effective are these on different groups?
4. What can be done to foster access to extension services, maternal health and nutrition, Early Warning Systems, WASH, ICT.

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Participation Leadership

1. Can you list the decision making structures in your community BY LEVEL IMPORTANCE to you and complete the table below.

Decision Making Structures	Number in a Committee				Comments
	Adult Men	Adult Women	Young Men	Young Women	

2. What leadership positions are usually occupied men, women, young men and young women.
3. Why is the level of participation of men, women, young men and young women like that?
4. Between men, women and young people, who participates most in making decisions during meetings? Why? Who participates least and why?
5. What are the social and religious norms that influence participation and leadership of women and youth?
6. Between men, women and youth, whose opinions are most valued and whose are least valued? Please explain why.
7. In your view do decisions taken in meetings promote the interests of women and young people? Explain
8. What opportunities are there to meaningfully engage men, and traditional and religious leaders, and in promoting decision-making by women, youth and adolescent mothers at HH and community levels?
9. What could be done to support women and young people to better participate in leadership structures?

Gendered Impacts of Disasters, Shocks and Stressors.

1. In the last 5 years can you list the shocks that were impactful to you at individual, household and community eg (climatic, economic, and social shocks)

Timeline	Shock/Stress
2016	
2017	
2018	
2019	
2020	
2021	

2. How have these shocks affected you as a man/ as a woman/ as a young man/as a young woman?
3. How has the shock affected your nutrition, income and resilience?
4. How successful were you as individuals, households and communities in coping with the shocks and stresses and what contributed to that (probe for social networks, VSL, household assets etc).
5. What are the available social networks and social capital for women, men, and youth in the community?

Gendered Impacts of COVID-19

1. How has COVID-19 eroded assets of men, women and youth and have the numbers of those who have lost assets gone up, and if so, by how much? What are the differences between men, women and youth?
2. How has COVID-19 impacted access to natural resources and productive assets, especially women and youth? How has access for men, women and youth shifted compared to men?
3. How has COVID-19 impacted migration patterns for men, women and youth?
4. What shifts if any were experienced in women's, girls' and youth access to nutrition, health, hygiene services due to COVID-19 including their willingness to use services?
5. Who is mostly affected between women and girls and men and boys when it comes to access to services due to COVID 19?
6. What shifts in social norms have been observed amongst women and youth due to COVID-19?

Gender Roles, Responsibilities, Mobility Restrictions and Time Use

- Using the calendar below, agree on a typical daily schedule for males, females, and youth during the rainy and dry seasons. This exercise is based on what you think most people do.

Daily Activity Calendar for Men, Women and Young Men and Young Women during the Rainy Season

Time	Typical Day's Activity
4am-5am	
5-6	
6-7	
7-8	
8-9	
9-10	
10-11	
11-12pm	
12-1	
1-2	
2-3	
3-4	
4-5	
5-6	
6-7	
7-8	
8-9	
9-10	
10-11	
11-12am	
12-1	
1-2	
2-3	
3-4	

Daily Activity Calendar for Men, Women, Young Men and Young Women during the dry Season

Time	Typical Day's Activity
4am-5am	
5-6	
6-7	
7-8	
8-9	
9-10	
10-11	
11-12pm	
12-1	
1-2	
2-3	
3-4	
4-5	
5-6	

6-7	
7-8	
8-9	
9-10	
10-11	
11-12am	
12-1	
1-2	
2-3	
3-4	

2. Based on the above calendar, what do you think of this overall pattern? Does it vary with (e.g. HH size, number of young children, polygamous, level of poverty, etc.)?
3. What are your own perceptions of your time burdens and how do you prioritize your time? (For women’s FGDs)
4. On what aspects of work do you need support as women? (Women FGDs)
5. What activities can your husband never do? What can you as a woman never do and why? (Women FGDs)
6. In this community do we have men who support their women and how are they viewed?
7. If you had more time during the day, what would you use it for? (Women FGDs)
8. What aspects of work do you think women can minimize and how? (For FGDs with men)
9. On what aspects of women’s work do you think you can provide support to reduce women’s workload? How? (For men FGDs)
10. What activities can your wife never do? What activities can you as a man never do? Why? (Men FGDs).
11. How has role distribution in the home changed as a result of:
 - Covid 19
 - migration?
12. What can be done to reduce women’s time poverty? Could there be any challenges associated with these strategies to reduce women’s time poverty?
13. What strategies can the project leverage to reduce women's time poverty?

GBV Prevention and Mitigation Including Early and Child Marriage

1. What places make women and girls feel unsafe in the private and public spheres in this community and why?
2. What are the common forms of GBV mainly affecting women, men, girls and boys in this community?
3. What are the drivers of GBV and early/child marriages in this community (probe for the role of social norms, religion, culture and traditions)
4. What can the community, family, and adolescent girls mitigate child marriages?

Question Guide for Key Informants at Community Level

Name of Interviewer: _____
Name of Note Taker _____
Name of Respondent: _____
Organisation/Institution represented: _____
Position/designation: _____
District: _____
Place of Interview: _____
Date of Interview: _____
Time of Interview: _____

Questions

1. What are the key gender inequality issues in relation to food security and livelihoods, nutrition, employment, maternal health, natural resource management in this community?
2. What are the social and gender norms affecting men, women, young men, young women in relation to:
 - Access to finance
 - Nutrition
 - Maternal health
 - Income generation,
 - Asset ownership, control and use
 - Decision making at household level
 - Decision making at community level
 - Access to economic opportunities
3. What are the main drivers of gender inequality and exclusion in this community?
 - Social, Cultural, Traditional, religious, economic, political
4. What opportunities exist for youth and women to engage in economic activities in this community?
5. What challenges limit women and girls from participating in more profitable trades? (probe for skills and availability of training services)
6. What opportunities are there to meaningfully engage men, traditional and religious leaders, and in promoting decision-making by women, youth and adolescent mothers at household and community levels in this area

Question Guide for Government Stakeholders

Name of Interviewer: _____
Name of Note Taker _____
Name of Respondent: _____
Organisation/Institution represented: _____
Position/designation: _____
District: _____
Place of Interview: _____
Date of Interview: _____
Time of Interview: _____

Questions

1. What is your assessment of gender equality situation in this community/district? (probe for gender distribution of key positions in the district (MP, councillors, Heads of Government Ministries, Agritex officers?)
2. What are the main drivers of gender inequality and exclusion in this community/district?
 - Social, Cultural, Traditional, religious, economic, political
3. What are the key gender inequality issues in relation to food security and livelihoods, nutrition, employment, maternal health, natural resource management in this community
4. What are the main challenges that men and women of diverse backgrounds face in relation to?
 - a. Gender roles and division of labour
 - b. Livelihoods and agricultural production
 - c. Access to finance
 - d. Food and nutrition
 - e. Income generation, asset ownership, control and use
 - f. Decision making at both household and community levels
5. To what extent is the national policy environment and legal framework conducive to the promotion of gender equality and youth empowerment? What needs to be done to strengthen the policy and legal environment?
6. How prevalent is GBV in this district?
7. What GBV forms mainly affect women, men, girls and boys in this district?
8. What are the drivers of GBV and early/child marriages (Probe for social norms, religion, culture and traditions)
9. What GBV survivor support services are available in this area?
10. How accessible are the services to women and girls; men and boys?
11. What factors can contribute to uptake of GBV services in this area (probe for increasing knowledge of the GBV referral system, training of community members and leaders)
12. What opportunities exist for youth and women to engage in economic activities in this community?
13. What are the social and gender norms as well as other challenges that limit women and girls from participating in more profitable trades? (probe for skills and availability of training services)
14. Which governance structures exist in this community/district?

15. How inclusive are these structures to men, women and youth of diverse backgrounds?
Explain
16. How do you think the governance structures and systems impact on participation of diverse groups of people in the Takunda project and their access to programme benefits?
17. What needs to be improved and how?
18. How do the challenges you have identified impact on participation of diverse groups of people in the Takunda project as well as their access to programme benefits?
19. What has been done and by who to address gender related inequalities in this community/district?
20. What are the successes, gaps and entry points for promoting gender equality in the Takunda project?

Thank you for your participation

Question Guide for Takunda Implementing Partners

Name of Interviewer: _____
Name of Note Taker _____
Name of Respondent: _____
Organisation/Institution represented: _____
Position/designation: _____
District: _____
Place of Interview: _____
Date of Interview: _____
Time of Interview: _____

Questions

1. ORGANISATIONAL LEVEL

a. Gender Policy

This section focuses on the nature and quality of your organization's gender policy.

1. Does your organization have a written gender policy that affirms a commitment to gender equality?
2. Does your organization's gender policy have an operational plan that includes clear allocation of responsibilities and time for monitoring and evaluation?
3. Is gender taken into account during strategic planning for organizational activities?
4. Does everyone in your organization feel ownership over the gender policy.
5. Does management take responsibility for the development and implementation of the gender policy.

b. Staffing

This section focuses on the gender composition of staff in your headquarters and field offices.

1. Is there a good balance of women and men represented in senior management of your organisation.
2. Are there proactive strategies implemented to recruit or promote women and men into senior management positions?
3. Does management show respect for diversity in work and management styles in your organization?
4. Are gender issues included in discussions and decisions in the office ?

c. Human Resources

This section focuses on human resources policies and the level and extent of gender equality in hiring considerations and personnel related matters (performance assessment).

1. Does your organization have a written equal opportunity policy?
2. What is the representation of both women and men at senior management level? Give the numbers and positions?

Female	Male

3. Are there proactive strategies implemented to recruit or promote women/men into senior management?
 - a. Yes
 - b. No

If Yes

State the strategy	Is it working?	
	Yes	No

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4. Are there flexible work arrangements in your organization?
5. Is staff encouraged to take advantage of flexible work arrangements (alternate work hours, working from home, etc.)?
6. What is the practice in relation to supporting parenting and care-giving roles of staff (both female and male) e.g. maternity leave, paternity leave etc
6. Have there been any cases of discrimination and sexual harassment? How have they been dealt with?
7. Do job descriptions for professional positions include a skills requirement related to gender in development?
8. Do job descriptions for professional positions include a skills requirement related to gender in development?
9. Is gender a measure included in professional staff's job performance criteria?
10. Is there wage equity for similar positions and are measures put in place to deal with wage disparities?
11. Is there training of staff in gender awareness and sensitization?
12. Is there training of senior management to institutionalize gender equality in management?
13. Are all levels of the organization responsive and accountable to gender mainstreaming?
14. Is good performance in the field of gender rewarded in the organization?

d. Advocacy, Public Relations, and Communications

This section focuses on the quality and gender sensitivity in your organization's communication and advocacy campaigns.

1. Are advocacy campaigns and initiatives planned and informed by a gender equality perspective?
2. Is gender equality incorporated in your organization's communications, fund-raising and media strategies?
3. Is a gender perspective reflected in your publications, for example, brochures, articles, newsletters, books?

e. Financial Resources

This section focuses on the level of the resources in your organization that are budgeted specifically for gender equality.

1. What is your understanding of gender budgeting? (Interviewer to explain if respondent is unaware)
2. Do your budgeting mechanisms take into account the different needs of females and males(gender sensitive)
3. Has your organization budgeted adequate financial resources to support its gender integration work?
4. Are adequate financial resources allocated for implementation of your organization’s gender policy at all levels?
5. Is staff training on gender equality and gender analysis systematically and consistently budgeted for in your organization?

f. Organizational Culture

This section focuses on the level of gender sensitivity in the culture of your organization.

1. Does your organization encourage gender sensitive behavior, for example in terms of language used, jokes and comments made?
2. Does your organization reinforce gender sensitive behavior and procedures to prevent and address sexual harassment?
3. Is staff in your organization committed to the implementation of a gender policy?
4. Rate the staff attitudes on gender equality issues?

Not Sure	Poor	Good	Very Good	Excellent

Explain your answer.....

5. What do you think your organization should do to fully integrate gender equality (mainstream gender)?
6. Please describe any successes or challenges you have experienced in integrating gender in programming or other aspects of work in your organization.
7. In your view has there been a change in your organization’s view and work on gender and social inclusion issues in the past four years?

2. PROGRAMMING

a. Program Planning & Design

This section focuses on the procedures and methods used by your organization to conceptualize, design, and monitor programs and field projects.

1. Is gender mandated by your organization to be included in all programs/projects?

2. Are gender equality goals and objectives included in program/project designs?
3. For each program/project, is a gender analysis conducted?
4. Do you use best practices and lessons learnt for integrating gender into new programming in your organization?
5. Are questions or criteria related to gender included in your program/project proposal review and approval process?
6. Does your organization use participatory methods to incorporate the views and preferences of both male and female community members in project design?

b. Program Implementation

This section focuses on how projects actually operate in the field.

1. Do your project implementation plans include activities that specifically strengthen skills and provide women/girls with equal access to services and training?
2. Do your project implementation plans include activities that specifically strengthen skills and provide men/boys with equal access to services and training??
3. Do your project implementation plans take into account existing gender roles and interests of both female and male participants?
4. What are some of the obstacles to incorporating gender in planning, implementation and evaluation in your organisation?

c. Technical Expertise

This section focuses on the level of the staff's expertise in gender analysis and evaluation.

1. Is there a person or department responsible for gender in your organization? Does the person or department have clear TOR?
2. Are there staff who are assigned responsibility for gender integration in different departments throughout your organization?
3. Does your organization consistently draw upon a person or division within the organization who is responsible for gender programming?
4. Does staff in your organization have the necessary knowledge, skills and attitude to carry out their work to include gender?
5. Is adequate training in gender planning and analysis provided for project and program staff?

d. Monitoring and Evaluation

This section focuses on the extent to which gender-disaggregated data and information is incorporated in the monitoring and evaluation of your organization's projects and on program outcomes.

1. Is gender disaggregated data collected for projects and programs? Please probe for social inclusion data too e.g recording people with disability and age ?
1. Does baseline data collected and reports include sex-disaggregated data?
 - a. Yes

- b. No
- 2. Does every programme include a strategy to address gender gaps and ensure the measurement of advances using gender sensitive indicators?
 - a. Yes
 - b. No
 If Yes state strategy.....
- 3. Is your Organization contributing to closing gender gaps, addressing gender issues and promoting gender equality captured in monitoring and reporting?
 - a. Yes
 - b. No
 If yes explain how.....



- 2. Is the gender impact of projects and programs monitored and evaluated?
- 3. Does your organization have sector specific indicators that include a gender dimension?
- 5. To what extent does your organization's programs/projects contribute to increased gender equality in following areas:
 - a. material well being
 - b. access to resources including time
 - c. access to training
 - d. participation in decision-making
 - e. self-respect/legal status
 - f. control over benefits/resources

e. Partner Organizations

This section focuses on the level of gender integration in the organization's relations with partner or local NGO affiliate organizations.

- 1. Is commitment to gender equality a criterion in your organization's selection of partner or local NGO affiliates?
- 2. Is a gender policy included in the written agreements outlining your organizations relationship with partner or local NGO affiliates?
- 3. Does your organization provide training and tools on gender planning, analysis, and evaluation to partner or local NGO affiliate staff?