



# Speak It Loud: Volunteering for Development (VfD) and movement building to achieve access to Health Rights for women and girls and to end Gender-Based Violence (GBV)

Project in Zimbabwe

**Name:**

Speak it Loud!

**Location:**

Mashonaland West, Mashonaland Central and Manicaland, Zimbabwe

**Funded by:**

UN TRUST Fund to End Violence Against Women

**Dates:**

2020-2022

## Background

The Zimbabwe Health Programme focused on scaling up integrated sexual, reproductive, maternal, and child health and rights interventions. The Speak it Loud Project was built on the successes of the previous VfD programme and was funded by the United Nations Trust Fund (UNTF) UN Trust Fund to End Violence against Women. Knowledge and capacity gaps were identified among health care workers regarding the provision of comprehensive SRMNCAH, especially in the context of COVID-19. There was documented increase in SGBV cases due to the socio-economic dynamics of the COVID-19 pandemic. The project utilised the existing Speak It Loud national volunteers who are experts in Social Inclusion and Gender, Social Accountability, Monitoring and Evaluation and Advocacy and Communication. The VfD project investment catered for the gap in provision of SRMNCAH information and services for women

and girls which the Speak It Loud project did not address. The project is being implemented in three provinces of Zimbabwe with the highest prevalence of GBV – Mashonaland West, Mashonaland Central and Manicaland; and working with women-led organizations from January 2020 to December 2022. The project’s primary targets are adolescents and youth 10-24, women and girls living with HIV/AIDS, women in detention, women and girls with disabilities, and women and girls at risk of sexual exploitation. The secondary targets were women, men, local authorities, health care workers, education workers, people with disabilities, and young people living with HIV.

## Objectives

The project outcomes were as follows.

- Outcome 1: Improved SRMNCAH outcomes around equitable access to information and services, and positive health seeking behaviours for young people and communities in Mbire District, Mashonaland Central and Bikita District, Masvingo provinces of Zimbabwe
- Outcome 2: Skilled and resilient front-line health workers providing comprehensive SRMNCAH at 6 primary care facilities and 2 district hospitals in Mbire District, Mashonaland Central and Bikita District, Masvingo provinces of Zimbabwe
- Outcome 3: Increased community advocacy on access to SRMNCAH information and services for young people in Mbire District, Mashonaland Central and Bikita District, Masvingo provinces of Zimbabwe

- Outcome 4: Increased access to knowledge products that enhance continuous reflection, learning and adaptation through evidence generation.

### Key intervention approaches/models used

VSO's Volunteering for Development methodology consisted of social inclusion, gender, and social accountability strategies to reach marginalized women and girls in eliminating SGBV and ensuring access to FP (Family Planning) services. Through expert volunteers, the project amplified voices of marginalized women and girls on women's rights and building their agency. The social accountability approach ensured the development of spaces and processes for engagement, facilitating platforms for women's rights groups and duty bearers to find joint solutions to end GBV in their communities. Volunteers focused on enhancing networking, knowledge-sharing, strengthening capacity in evidence-informed advocacy tools to monitor interventions to end GBV and improve access to SRMNCAHR services.

Some of the key intervention approaches included the following.

- Capacitation of health facility staff and community volunteers** (peer educators and village health workers) to ensure community ownership and sustainability of actions.
- Community engagement activities** to ensure the agency and empowerment of communities in accessing SRMNACH information and services.
- Advocacy engagements** with national level government ministries and departments to integrate evidence being built by the project at local level.
- Radio broadcasts and peer-led actions** through peer educators provide communities with SRMNCAH, SGBV and COVID-19 education and increase service demand
- Male-engagement** approaches addressing SGBV attitudes and beliefs

### Key results and link with the global Theory of Change (ToC)

- **Reach:** a total of **79,998 young people** were reached directly, and 55,024 young people indirectly during the course of the programme, and an **estimated 3 million listeners** reached through community radio.

### Improved community attitudes, knowledge, practice, and behaviour

1. Through the interventions of Women Rights Groups

and Civil Society Organisations (CSOs), the level of GBV and SRHR awareness in communities has improved, leading to increased reporting and referral of cases through trained individuals and institutions on legal rights and constitutional provisions.

2. Community led dialogues with women and men across the 3 provinces has given voice to communities to speak out against violence and to strategize community led solutions to curb the rise of cases of SGBV. This includes raising awareness through cascading of information to community women and men.
3. A total of 3 Multi-Stakeholder Dialogues were conducted with 119 (63 men and 56 women) people have created an opportunity for increased advocacy and joint initiatives in responding to VAWG (Violence Against Women and Girls).
4. Through the radio shows norms, attitudes and cultural behaviours that perpetuate VAWG were challenged. Toll-free line was also shared on these platforms to encourage reporting of SGBV cases. The radio stations have a reach of 3 million listeners.

### Adolescents and Youth able to demand for their (SMNCAHR) health rights

1. Women and girls who have been living with stigma and discrimination and other violations welcomed the Psychosocial Support Groups Initiative. Support groups have been formed to benefit survivors of violence with disabilities. These support groups offer offer a space to connect with those with similar experiences, while getting time to support their handcrafts have shared similar experiences and to learn from each other while getting quality time to support their handcrafts.

### Increased capacity of the health workforce to deliver on inclusive health

1. Community Service Organizations staff and volunteers acquired new knowledge and skills on social inclusion and gender which they are now applying in their programmes and activities. People Living With HIV/AIDS are now being deliberately targeted in those programmes as part of social inclusion as they also suffer from GBV.

### Key partner:

