



OCTOBER - DECEMBER 2010

A Quarterly e-newsletter for CARE Zimbabwe employees who care about organizational growth and responsive socio-economic development in the communities they impact.

## NOTE FROM THE EDITOR

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### PLEASE GIVE FEEDBACK ON:

- This issue's main topic.
- What you would like to see discussed in next quarter's issue.
- Suggestions for the CARE Zimbabwe Gender policy.
- The poll question.
- Any announcements you may wish to make!

Dear Readers,

Didn't the last quarter just fly by?! Here's hoping that it was productive and you have made a positive impact where you work and live.

BC has gone global! The Editor (Ed) would like to welcome to our readers from across the borders. It is the Ed's sincerest wish that this will be of some value in your work/communities and will present a near accurate picture of the CARE Zimbabwe work, vision and family.

Between 18-20 October CARE Zimbabwe had its Program Quality: Long Range Strategic Planning Workshop. Approximately a year ago, Gender and women's empowerment were on the agenda and it will be interesting to see what progress has been made, and what the future plans are.

The month of November commemorates International Day Against Violence Against Women on the 25th, and the 16 Days of Activism Against Gender Violence are between 25 November to 10 December. This quarter's issue appropriately touches on Gender-Based Violence (GBV), a controversial and predominant issue in society. A lot of people will argue 'what's the big deal' and others will justify forms of violence on cultural or religious aspects—or on the victim's behaviour. While it may not affect some of you directly, please take a moment to read and reflect as it may be of help to you when a neighbour comes to you. If the topic seems too distant to you, put your daughter, sister or mother's face on a victim of GBV.

Thanks to all those who wrote or took time to chat to the Editor, your responses and feedback are included in this issue.

Email the Editor: [editorbc@carezimbabwe.org](mailto:editorbc@carezimbabwe.org)

**DISCLAIMER:** Some of the opinions and views reflected in this publication are those of the Editor or respondents, and do not necessarily reflect the official position of CARE Zimbabwe as an organization. In these instances, it will be specified. Further, all information contained in this newsletter has been verified and authorized by the ACD-Programmes prior to the newsletter being sent out.

## FEEDBACK FROM THE READERS

The little feedback that reached the Ed was immensely valuable. Issues that came up consistently or were identified as in need of clarification are outlined below.

**Q: Who exactly is the newsletter intended for?**

The newsletter is intended to reach CARE Zimbabwe staff who are interested in issues relating to Gender. The introductory email outlined this and that Beyond CARE-ing (BC) also looks at issues outside the workplace, issues that affect us in our homes, with our families, communities...as implied by the words 'beyond CARE(ing)'. The newsletter's audience and scope is therefore broad yet well defined.

The newsletter is also sent out to other CARE offices around the world and Gender practitioners so they have an appreciation of what programming and gender developments are taking place in the CARE Zimbabwe country office.

**Q: Isn't CARE Zimbabwe already 'walking the talk' in terms of gender sensitivity & balance, after all, the top 4 positions in CARE Zim are occupied by women?**

Indeed, CARE Zim is making strides and the top 4 positions at CARE Zim are occupied by women however, regardless of position, women form ONLY 19% of the total labour force at CARE Zim. Personally speaking, the Editor would be happy to see the top 4 positions occupied by men if the trade-off would be for 50% representation of both sexes, at all tiers (except the top 4 of course which the Editor has already given up!). In any case, while the top 4 are women, the next tier of Coordinators is occupied by 4 men, other influential positions such as project managers have 8 men and 3 women.

Other than having four women 'at the top' what else is CARE Zim doing in terms of employment for women? What should it do? Ensuring women equal opportunities at employment and the working conditions thereafter. That response can be provided by a comprehensive Gender Policy which, sadly, only one reader attempted to do. This reader's feedback is presented briefly in the subsequent section.

**Q: What's the *real* issue with getting more women employed at CARE?**

The purpose is NOT to sack all the male employees and replace them with women. After a long chat with Dr. Sanchez, there was some agreement that there are barriers for both men and women to take up field posts at CARE—but especially for women.

It is a huge sacrifice for the men as well to be away from their families, out in remote districts. It is the barriers and opportunities that need to be analyzed.

**Q: Women's Empowerment and existing social interactions, how to strike a balance?**

Women's empowerment is bigger than who does the housework. It is concerned with affording women the same opportunities (as men) for example, educating both boys and girls and creating opportunities and an enabling environment for women to be all that they aspire to be (e.g. able to take up positions as Project Field Assistants at CARE!).

Empowerment: "it is the sum of all changes required...". Social interactions play a huge role in empowerment; for example, if both the son and daughter are sent to school then who is going to fetch firewood, collect water and do other household chores? While these changes essentially start with a mindshift, a lot of different actors can play a role in empowering the girl child in the above scenario - without necessarily disrupting social interactions.

Government can make funds/resources available and mandate schools to provide afternoon school sessions/flexible learning times; the girl's chores could be made lighter: the Government and NGOs could assist in ensuring people do not have to walk long distances to access water; different types of fuel could be introduced.

Often there are cases of absolute poverty, and families see no immediate value in sending children to school. Girls (and/or boys) are forced to abandon their education to try to make a living for their families. An organization called American Assistance for Cambodia started a program called "Girls be Ambitious" which *bribes* families to keep girls in school by paying the family \$10 every month that their daughter has perfect attendance at school. This is also being done in schools in Mexico. The \$10 makes such a difference to poor families and at the end of the girl's education she is employable and can support her family properly.

The point is, those afraid of 'women's empowerment' need to realize that girls and women's empowerment can be beneficial to the whole family, community, nation in the long-run. Social interactions can be dealt with tactfully so that empowerment is not seen as a nuisance.

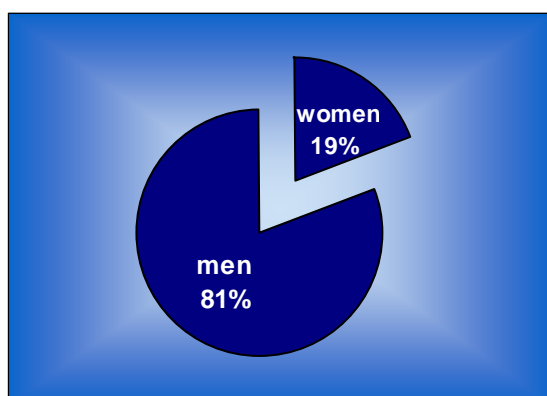
## CARE ZIMBABWE GENDER POLICY SUGGESTIONS

One CARE-ing reader gave these useful and insightful suggestions

“In the end, whatever the policy looks like it should take into consideration ‘child protection’ components and be family-centered. Whichever way you look at it, it is the mother who is involved with the children’s well being (at home and at school). It is the mother who attends school consultations (open) days/attends to calls from the school that their child is sick or disciplinary matters. Women employees are mothers who struggle to balance work life and family responsibilities because of CARE’s rigid working times; women employees face difficulties being mothers.

The policy should be holistic and empower both men and women—even consider giving men paternity leave to support their wives and bond with their children. The policy should address the real needs of the employee”.

## GENDER – EMPLOYMENT WATCH



As of 28 September 2010, CARE Zimbabwe had a total of 233 employees (excluding short-term contracts, e.g. enumerators). Of this number, 45 are women and 188 are men. Therefore approximately 19% of the workforce is comprised of women.

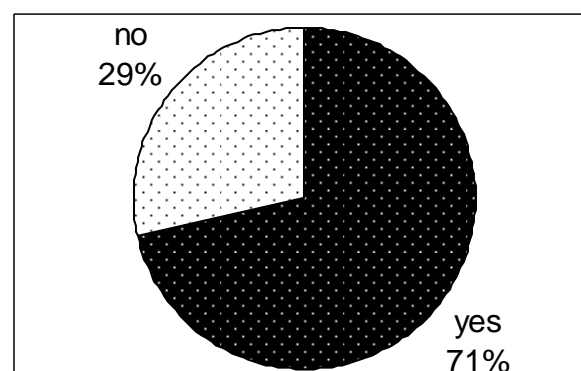
### Changes :

A total increase by 19 employees.

2% increase of women employees—from 17 to 19%

## POLL RESULTS

**Poll question :** *In your opinion, are the majority of the male employees at CARE Zimbabwe truly welcoming of the introduced Gender/women’s empowerment approach (at CARE Zimbabwe?)*.



Some readers had a little more to say than a ‘yes’ or ‘no’ to the poll question Below are two of the most polarized comments:

**YES:** “For me, I had some doubts maybe due to different cultural backgrounds and beliefs. As of now- I really support the Gender/Women’ Empowerment Approach that has been initiated. Keep on, keeping on –though it might be very cumbersome –but there is always a light at the end of the tunnel”.

**NO:** “it is reflected in some of the male supervisors’ attitudes towards female employees. Very patriarchal and don’t want women standing up for themselves, women should not challenge and no contribution is valid unless made by a male employee”. This respondent also added that “...Even the women at CARE are not ready for their own empowerment– the entire CARE team is not ready. More sensitization and reorientation is needed”

The Ed will also let the readers in on another interesting fact. While names cannot be disclosed, all the women responded ‘No’ to the question and all the men responded ‘yes’.

## WHAT'S THE BIG ISSUE?

## GENDER-BASED VIOLENCE



Every other day we hear of gruesome stories of physical abuse and violence between spouses or couples still dating. More often, these acts of violence end in loss of life, imprisonment and the breakdown of the family unit.

*Gender-based violence (GBV) is emerging as a serious global health, human rights and development issue. It is a symptom of underlying gender inequalities and power imbalances, and it is a worldwide phenomenon—one that transcends the bounds of geography, race, culture, class, and religion, touching virtually every community in every corner of the globe. Too often condoned by custom and reinforced by institutions, GBV thrives on impunity. Today, as in history, violence against women may constitute one of the “most universal and unpunished crimes of all” (UNIFEM, 2003). According to the 1993 World Development Report, violence is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill health than traffic accidents and malaria combined”! (WHO, 2005).*

The Interagency Standing Committee (IASC) Taskforce on Gender and Humanitarian Assistance defines GBV as a

*“term for any harmful act that is perpetuated against a person’s will and that is based on socially ascribed (gender) differences between males and females” (IASC, 2005).*

GBV encompasses a wide range of violence; while men and boys may be subject to certain forms of GBV, the term is often used to refer specifically to violence against women and girls.

Different types of GBV include:

- intimate partner violence, including act of physical aggression, sexual coercion, psychological abuse, and controlling behaviour in the context of marriage or other intimate relationships
- Rape and sexual assault
- Sexual coercion and harassment
- Sexual violence and exploitation in the context of armed conflict
- Child marriage
- Female genital mutilation/cutting
- Trafficking and sexual exploitation

## GBV in Zimbabwe

In the month of June this year, stories of different types of GBV were reported in the press in succession. On Monday the 14th, it was reported that a man axed his wife to death after he was informed that the son he was looking after was not his. On Tuesday the 15th, a 30 year old Harare gardener is reported to have raped a ten year old girl. And on Wednesday, a rural Zvimba polygamist is accused of forcibly marrying a 13 year old school girl and infecting her with HIV and AIDS. The stories are endless and space is limited.

The Swedish International Development Agency (SIDA) conducted a study on GBV in Zimbabwe which unearthed the costs of GBV which range from medical, justice, transport, school fees, STI and HIV infection, trauma, loss of childhood, opportunity loss in education, loss of household income, child care, counselling and not the least – the loss of many productive years of labour. If all these are quantified into money they run into millions of US Dollars that could have been channeled towards development. Various government departments also incur costs in administering court cases, and if the perpetrator is sent to jail there are also costs attached to it.

Zimbabwe is not doing too badly legislatively—in terms of protecting victims of GBV. The Domestic Violence Act of December 2006 is a comprehensive document that recognizes that rape **can and does** occur between intimate partners. GBV often thrives and is left unpunished in societies where it is enshrined in religious and cultural practices.

## GBV around Africa

Gender-based violence and forced sex are highly prevalent in the region:

In **Zambia**, 2007 District Health Survey (DHS) data indicate that 27 percent of ever-married women reported being beaten by their spouse/partner in the past year; this rate reaches 33 percent of 15-19 year-olds and 35 percent of 20-24 year-olds. 59 percent of Zambian women have ever experienced any violence by anyone since the age of 15 years (Kishor & Johnson, 2004).

In **South Africa**, 7 percent of 15-19 year-olds had been assaulted in the past 12 months by a current or ex-partner; and 10 percent of 15-19 year-olds were forced or persuaded to have sex against their will (South Africa DHS, 1998).

In **Kenya**, 43% of 15-49 year old women reported having experienced some form of gender-based violence in their lifetime, with 29% reporting an experience in the previous year; 16% of women reported having ever been sexually abused, and for 13%, this had happened in the last year (Kenya DHS, 2003).

In rural **Ethiopia**, 49% of ever-partnered women have ever experienced physical violence by an intimate partner, rising to 59% ever experiencing sexual violence (WHO, 2005).

In rural **Tanzania**, 47% of ever-partnered women have ever experienced physical violence by an intimate partner, while 31% have ever experienced sexual violence (WHO, 2005).

**Darfur (Sudan) and Eastern Congo** have been described as 'the world capitals of rape' by two writers: "Militias consider it risky to engage in firefights with other gunmen so instead they assault civilians. Frequently the Congolese militias rape women with sticks or knives or bayonets, or else they fire their guns into the women's vaginas. In one instance soldiers raped a three-year-old girl and then fired their guns into her. When doctors saw her, there was no tissue left to repair. The little girl's grief-stricken father then committed suicide". (Kristoff and WuDunn, 2009).

The above are excerpts from a book entitled "Half the sky: Turning oppression into opportunity for women worldwide". The Editor hopes to share these and more (on GBV) with you during the 16 Days of Activism Against Gender Violence 25 November—10 December.

## Women's education, empowerment and GBV

Literature holds differing opinions on the relationship of education to sexual/gender-based violence. The World Report on Violence and Health (Krug, Etienne, Dahlberg, Mercy, Zwi and Lozano 2002) cites South Africa and Zimbabwe studies that show a correlation between higher levels of female education and increased vulnerability to sexual violence.

The authors reason that female empowerment is accompanied by a resistance by women to patriarchal norms, which in turn provokes men to violence in an attempt to regain control (Jewkes, Penn-Kekana and Levin 2002).

However, the authors further suggest that female empowerment confers greater risk of physical violence only up to a certain level, after which it confers protection (Jewkes 2002). This theory is supported by evidence from the WHO multi-country study, which found that the protective effect of education started only when women's education progressed beyond secondary school (WHO, 2005).

## WHO are GBV victims and perpetrators?



## Profile of a Zimbabwean GBV victim

Here are some of the common generalizations: she is a rural, uneducated, unemployed woman with several children. She is a provocative woman, quarrelsome and suspected of engaging in numerous extra-marital affairs.

**WRONG!** You cannot profile the GBV victim. For starters, it is not always women who are victims. S/he could be a very educated person, accomplished, powerful and influential in their career, living anywhere in the world.

## Profile of a GBV Zimbabwean Perpetrator

He is a drunkard, non-Christian, in and out of employment, irresponsible, uneducated.

**WRONG Again!!!** GBV perpetrators are not always men neither are GBV perpetrators necessarily irresponsible people, they could be the most rational, God-fearing, respected people in society.

The fact is, you cannot profile GBV victims and perpetrators. They live among us silently inflicting harm, silently suffering.

### Final thought.

It's a little puzzling to think how and why someone—an adult, capable of communicating their frustrations, would act rationally at work, among friends and in the public eye and then when at home fail to engage their spouse in dialogue to effectively communicate whatever frustrations they may be feeling and resort to violence instead. Why is it that we can find channels to communicate our deepest frustrations to our bosses, people who have wronged us deeply and yet someone can stab their spouse 16 times because their food was not 'hot enough' when they arrived home, late and without sufficient notice to heat it up?

Fathers (and mothers) reassure your children from the time that they are old enough that they can always come 'home' if they are ever in any sort of trouble and never to accept abuse from anyone. That is our duty as parents, to protect our children. We also need to talk to our children never to express themselves violently so that they grow into healthy adults capable of engaging in verbal dialogue without the perceived need for physical action. Think about it, it would be a painful, tragic and avoidable situation to have to attend your daughter's funeral because her husband/boyfriend assaulted her to the point of death—because she arrived home late or whatever reason. Likewise, no one wants to be visiting the maximum security prison every now and again because their child was incarcerated for murder. While it doesn't always end in death, GBV is a ticking time bomb and with every offense by the victim the perpetrator feels they have to 'up their game' the next time.

One reason GBV thrives is because the victims feel they have nowhere to go, no one to turn to.

There is a song topping the local charts called "Musikana haarohwe" (you don't hit a girl) by Sniper, not only is this song catchy and up-beat, the message is very appropriate for today's youth:

"Musikana haarohwe, nyangwe akudhina, akubhowa..."

(You don't hit a girl—even if she has frustrated you, annoyed you)...

It was fitting to add this poem by talented HR Intern Petronella Nyakauru at the end of this section and not in the 'lighter side' section, after all GBV is no light issue and should never be an after-thought.

Thanks Petronella!

### TEARS IN THE DARK

She sits crouched in the dark

With no one to lean on

Shedding tears that stream endlessly  
from her tear bright eyes.

She trembles as a drop of blood falls on her lap

Oh Gosh, she's nose bleeding

Immediately pictures of the horror

of witnessing her father beat up her mother fleet through  
her mind.

She's afraid of men

Afraid of getting married

Afraid of life

She wonders why she is on earth anyway

She's broken, languishing in pain

She weeps until she can't weep anymore

Groans of pain fill the air

Who can she tell?

Who can she run to?

The society finds it's normal

For a husband to beat up his wife

She is one of his possessions no different to his property

Who is there to hear the plight of women?

Who is there to dry their tears?

Women need to be loved

Cared for

All they ask is a little more love

A little more care

A little more attention

It's not about justice only but it's about  
every man coming to his senses.

To work towards a world filled with equity.

## Special dates past...

### 19 August- World Humanitarian Day

The day was marked by staff getting together in the boardroom and reflecting on what it means to be a Humanitarian Aid worker: the risks, the sacrifices, the fulfillment it brings to know we are making a difference... and the loss of life during the war against injustice and poverty.

## Special dates coming up...

November 25—International Day Against Violence Against Women

25 November to 10 December—16 Days of Activism Against Gender Violence. This year's theme is "Structures of Violence: Defining the Intersections of Militarism and Violence Against Women."

December 10—International Human Rights Day

November 29—International Women Human Rights Defenders Day

December 1—World AIDS Day

Look out for supplementary BC editions from the Ed.

## POLL QUESTION

Please simply respond 'yes' or 'no' to the question below

**Question:** Are there any instances when it is acceptable/justifiable to physically beat one's spouse?

Send your response to : [editorbc@carezimbabwe.org](mailto:editorbc@carezimbabwe.org)

Okay, okay... the Ed appreciates that asking some of you to simply state 'yes' or 'no' is *torture*... those who wish to expand their responses are welcome to do so but PLEASE indicate 'yes' or 'no' before your justification!!!

## ACROSS THE SECTORS

**RELIEF**—Launched the Promoting Recovery in Zimbabwe (PRIZE) project on the 6th of October. CARE will be working in a consortium with CRS and ACIDI/VOCA.

**SEAD**—in this past quarter the Kupfuma Ishungu (KI) project team managed to set up a National Working Group on Internal Savings and Lending called "Community Managed Microfinance (COMMIF)" WG. CARE is the lead agency and an interim committee with 13 other organizations was set up.

**WASH**—CARE Zimbabwe and CARE Zambia mutually benefited from an exchange visit that welcomed a 4 member team from CARE Zambia. The team was specifically interested in Disaster Risk Reduction (DRR); and Cholera prevention and response such as Point of Use interventions and Urban water Catchment. CARE Zimbabwe is grateful to PSI Zimbabwe and IRD for facilitating field visits as well as Merilyn, Webster and team for facilitating things from Masvingo.

**ANR**—new European Commission-funded project starting in Gweru in October focused on urban agriculture. Agric-inputs are moving out to communities in October and November through vouchers!

An Underlying Causes of Poverty (UCP) study conducted by Q-Partnerships: The results will be used to help identify CARE's impact populations. More to come on this in the next issue!

Select CARE staff also attended an Emergency Preparedness Planning (EPP) workshop. 28-30 September.

Program Quality workshop. 18-20 October held in Vumba. We await feedback on the outcomes of the workshop.

### QUOTE:

"The mechanism of violence is what destroys women, controls women, diminishes women and keeps women in their so-called place".

—Eve Ensler  
A Memory, a Monologue, a Rant and a Prayer

**Contact the editor:**

[editorbc@carezimbabwe.org](mailto:editorbc@carezimbabwe.org)

## ADVERTISEMENTS AND ANNOUNCEMENTS



Here's wishing ALL employees celebrating their birthdays between October-December a VERY happy birthday!!!

**Including:** Tafadzwa & Aulline Chapisa's son Mukundi who turned 1 on the 19th of October :-)

Ashbel Handiringi - 28 November

Matinetsa Sagonda- 25 December

## Congratulations...

...to Leah Berkowitz (formerly HIV & AIDS Programme Co-ordinator: CARE SARMU). She is taking up a new position as the CARE Regional Coordinator for Women's Empowerment Impact Measurement Initiative.

...and welcome to all new appointees: Florence, Sehlule (Sash), Mollen, Wilfred just to mention a few...

and keep going strong to Mr. and Mrs. Matau who celebrated their 20 year anniversary on the 29th of September.

...and best wishes To Mr. and Mrs. Takaedza (pictured below) who were married on the 28th of August.



Remember, your various announcements are welcome. Simply send an email to [editorbc@carezimbabwe.org](mailto:editorbc@carezimbabwe.org) at least 2 weeks before the quarter's issue is due to be released.

Please keep your announcements as short as possible and please note they will undergo some editing before release of the newsletter.

## LIGHTER SIDE



search ID: form26

Even the Ed appreciates jokes on marriage...

- I married Miss Right. I just didn't know her first name was Always.

-It's not true that married men live longer than single men. It only seems longer.

-If your wife and a lawyer were drowning and you had to choose, would you go to lunch or to a movie?

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Looking forward to your feedback!

'Til the next communication...

...keep CARE-ing!!!