SAFE Impact Brief: Evidence and Impact from GBV prevention in Zimbabwe

This brief synthesises impact findings from the SAFE programme into a short summary, examining what has changed in relation to gender-based violence (GBV), particularly intimate partner violence (IPV), in Zimbabwe. It presents key insights on the outcomes and impact of combining economic and social empowerment approaches to GBV prevention and response. The brief is intended for practitioners, government stakeholders, policymakers, and donors seeking to understand the tangible effects of GBV prevention programming. It also provides valuable learning for those looking to strengthen economic empowerment initiatives by integrating social empowerment strategies that address gender norms and mitigate risks of conflict and violence.

Background

Violence against women and girls is widespread in Zimbabwe, particularly IPV. The Stopping Abuse and Female Exploitation (SAFE) programme, funded by the UK Foreign, Commonwealth and Development Office (FCDO) is a social and economic empowerment GBV prevention programme that also includes GBV response components. The SAFE programme consists of two consortia.

- **SAFE Communities,** led by Ecorys in partnership with Social Development Direct, is the consortium responsible for designing and implementing the programme alongside prevention and response implementing partners at district level and a disability technical partner at national level. SAFE Communities also collaborated with the World Food Programme (WFP) to pilot the programme alongside cash-based transfers in one of the three target districts.
- **SAFE Evaluation and Learning Unit (ELU),** led by Tetra Tech International Development and supported by Q Partnership, is responsible for strengthening the evidence base on what works to prevent and respond to GBV in Zimbabwe. The SAFE ELU was tasked with implementing research and evaluative studies across the life of the programme to support learning and adaptation and measure the impact and scalability of the programme.

Implemented over five years (2020-2025), SAFE aimed to increase family wellbeing and reduce IPV in three districts of Zimbabwe, including one urban district (Chiredzi) and two rural districts (Chikomba and Mwenezi). It did so by addressing economic insecurity and social norms as key drivers of intimate partner conflict and violence. SAFE worked at individual, relationship and community levels and was publicly framed as a family wellbeing programme named Toose (adapted from the Shona word 'Tose' meaning 'Together').

The SAFE programme

Implemented by:

UK International Development
Partnership | Progress | Prosperity

ECORYS · Social Development Direct · SAFAIDS
Knowledge for action: The power to make a difference!

Research and evaluation supported by the Evaluation and Learning Unit (ELU)

TETRA TECH International Development

Q PARTNERSHIP

SAFE's prevention and response model

toose

Toose, is based on an adapted GALS+ (Gender Action Learning System) approach that operates at three levels by promoting:

- Change at the household level.
- Change at the community level
- Survivors' access to services.

The SAFE programme

SAFE aimed to achieve the following objectives through the Toose intervention package:

1. **Improve economic security** of participating households through Toose Internal Savings and Loans (TISAL) groups.
2. **Improve social empowerment** of couples through a gender-transformative curriculum adapted from the Gender Action Learning System (GALS).
3. **Create an enabling environment for gender equality at the community level** and the reduction of violence through household and community level engagement through community diffusion of Toose messages.
4. **Facilitate the uptake of quality GBV response** services in targeted communities.

This was done through four programme components, including economic empowerment, social empowerment, community diffusion and GBV response. SAFE was implemented through an iterative learning and adaptation approach based on three separate cohorts of implementation in all three target districts, with learning and appropriate adaptations built into each subsequent cohort cycle. This integration of learning and adaptation cycles meant the programme could learn and course correct.

Economic empowerment

What:

- Group based savings and loans (TISALs).
- Challenges power imbalances.
- Integrates social and economic outcomes.
- Cultivates a family oriented approach and prioritises inclusive group information.

How:

- Focusing on shifting mindsets - moving beyond economic empowerment to happy families.
- Infuses visioning as a key strategy that encourages couples to reflect on reasons for saving.

1

Social empowerment

What:

- Layered on economic empowerment (cash-based transfers and TISALs).
- 9 session gender transformative and social empowerment curriculum.
- Adopts a phased and continuous engagement of couples allowing time for reflection.
- Facilitated over 4-6 months and equips couples with tools to promote harmonious families.
- Facilitates critical reflections and shared planning and visioning for the future.

How:

- A cascading and co-facilitation approach (trained experts and community cadres (Toose Peer Facilitators).
- Participatory, fun and infuses music, dance, drama to facilitate reflection.
- Modelling Toose behaviours and peer learning.
- Experimental learning brings together facilitators and participants lived experiences.

2

Community diffusion

What:

- Promoting broad community level diffusion through modelling Toose behaviours and values and sharing critical tools.
- Promoting community discussions and conversation on Toose.
- Facilitates critical thinking and reflection around key Toose messages.

How:

- Organised/ structured diffusion through trained Toose Peer facilitators.
- Unstructured diffusion through Toose champions. Community level advocacy by GBV response community cadres (GCBCs).
- Using local level platforms like churches, council meetings, village meetings, etc.

3

GBV reponse

What:

- It is an ethical and moral consideration of the Toose package.
- Contributes to the delivery of a quality package of care through shelters, mobile one stop centres, psychosocial support, legal support, etc.

How:

- Direct services - mobile one stop centres, shelters safe spaces, survivor accompaniment.
- Community based cadres - basic counselling, referrals to specialised services, accompaniment.

4

[1] In 2024-2025, a fourth cohort was implemented only in Chiredzi. Learning from Cohort 4 is not included in this brief.

Methodologies

The findings presented in the impact brief are synthesised from the ELU Endline impact study, the Qualitative logintudinal study and the Community impact study, and complemented with SAFE Communities programme monitoring data and secondary analysis of the national and global GBV prevention literature. The ELU impact studies measured impact, outcome and output indicators using a theory-based evaluation design.

Qualitative deep dive study

Objective:
To understand the extent to which TISAL groups reduce household economic stress and the effectiveness of linking them to social empowerment and other economic empowerment interventions.

Method:
20 participatory workshops with TISAL members and their partners, 12 in-depth interviews with Toose facilitators and 14 in-depth interviews with TISAL leads, covering Cohorts 1 and 2 of the programme.

Date: 2022

Process level study

Objective:
To evaluate on the effectiveness of intervention design and implementation, the internal and external factors influencing intervention delivery, and what worked (or not) and why for different target groups.

Method:
63 key informant interviews with implementing partners, programme stakeholders and peer facilitators, and 21 focus group discussions with Toose graduates and community GBV response cadres, covering all three Cohorts of the programme.

Date: 2023

Qualitative longitudinal study

Objective:
To evaluate the impact of the social and economic empowerment components of the SAFE programme.

Method:
Longitudinal tracking of a baseline sample of 220 participants from Cohorts 1 and 2 of the programme. This includeswomen and men in couples and women in female-headed households, with 223 participants (138 women and 85 men) sampled at endline.

Date baseline: 2022
Date endline: 2023

Community impact study

Objective:
To evaluate the preliminary impact of the community diffusion activities on attitudinal and behavioural change.

Method:
31 key informant interviews and 14 focus group discussions with key programme stakeholders, community members and Toose participants, covering all three Cohorts of the programme.

Date: 2023

Endline impact study

Objective:
To evaluate the impact of the programme on attitudinal and behavioural change.

Method:
Quantitative survey with 958 women from Cohorts 1 and 2, tracked longitudinally from baseline, and qualitative interviews with 30 women and 30 men from Cohort 3 and 14 community GBV response cadres.

Date baseline: 2022
Date endline: 2024

Evidence of Change: SAFE's Contributions to GBV Prevention in Zimbabwe

The SAFE programme's impact evidence presents a complex picture, highlighting both significant progress and some persistent challenges in addressing GBV and promoting household wellbeing. The findings align with key components of the programme's Theory of Change, particularly in two critical areas: a) household wellbeing and collaborative relationships and b) GBV, women's empowerment and social norms.

Understanding change: pathways of change

Overall, the evidence suggests that the pathway of change linked to household wellbeing has led to stronger and more consistent positive outcomes, particularly in economic and social empowerment. However, the evidence on progress in gender norms and women's empowerment is more variable.

First, the programme led to strong positive impacts on household wellbeing, with notable improvements in economic and social empowerment outcomes. Households participating in the programme experienced an increased ability to meet essential needs, stronger shared household visions, greater joint decision-making among couples, and increased contributions by men to domestic labour.

Qualitative insights show that households feel more financially resilient, with greater stability in income sources, improved financial planning, and more strategic spending decisions that balance immediate needs with long-term investments. They also suggest that couples are engaging in more open discussions about roles and responsibilities, fostering a more participatory household environment.

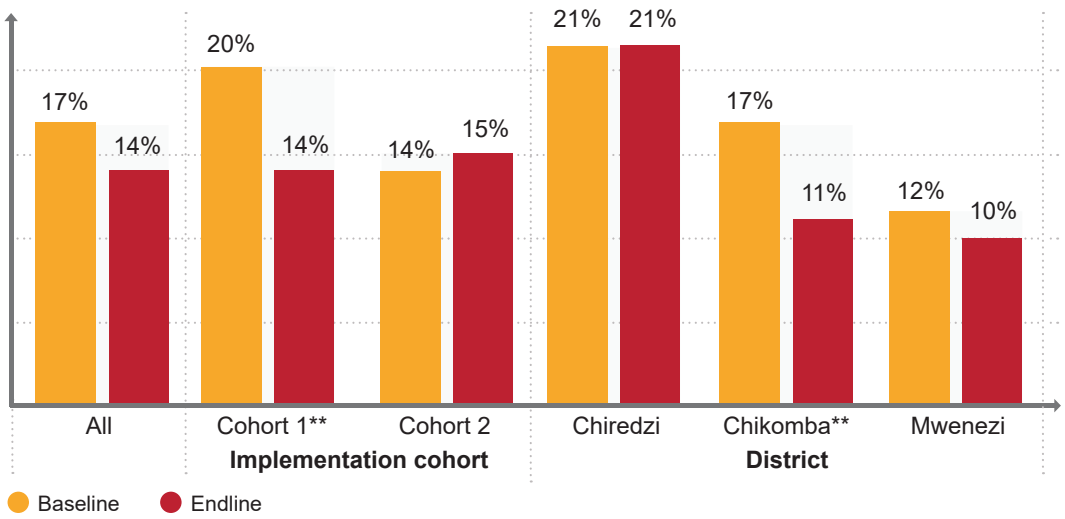
> *We are now able to talk to each other and agree on one thing. He now spends quality time with me and our children. We can discuss issues peacefully (..) Even my neighbours are wondering if I gave him a love portion.*
> (Woman in a couple, Chikomba)

At the same time, progress was more modest in some aspects of collaborative relationships, such as joint economic planning. However qualitative evidence shows that discussions around household finances have become more inclusive, with more households engaging in collective decision-making, particularly in male-headed households, where children are increasingly contributing insights based on their exposure to financial tools and market trends.

Second, some women experienced significant reductions in IPV severity. However, the programme did not impact overall levels of IPV prevalence, controlling behaviours, and corporal punishment against children. Encouragingly, there were improvements in gender-equitable attitudes and growing opposition to early marriage. Qualitative insights reinforce these findings, and suggest that reductions in IPV severity may be linked to improvements in economic stability and reductions in some of the key drivers of violence, such as household financial stress and alcohol use.

> *In the past I used to be harsh and could hurt my wife but now since participating in [the programme], I have changed into a peaceful man.*
> (Man in a couple, Mwenezi)

Baseline and endline past-year severe IPV by cohort and district[2]



Source: *(SAFE ELU Endline Study)* ***Legend:*** **p=<0.05; **p=<0.01; *** p=<0.001 (strength of statistical significance)*

Yet some challenges persist. For example, women's agency in decision-making did not improve and physical IPV continues to be justified in some cases among SAFE participants. Qualitative studies also show that sexual IPV remains a concern: while awareness of sexual violence has increased, entrenched norms around men's conjugal rights and women's sexual obligations continue to shape household dynamics, with sexual coercion often linked to concerns about infidelity or other perceived threats to male authority. Additionally, more survivors are aware of available support, yet some still face normative barriers to seeking help, such as concerns about family stability or social repercussions.

In parallel, qualitative studies show that while acceptance of emotional IPV has declined, this has not always translated into more equitable gender norms. Instead, these shifts seem to prioritise household harmony over challenging gendered power imbalances. Nonetheless, the programme's focus on power dynamics has contributed to meaningful changes in household relationships, particularly in how men engage with their children. There have been notable improvements in how men perceive and exercise power within their families, leading to greater reflection on non-violent approaches to conflict resolution and discipline.

These findings highlight both the programme's successes and the ongoing need for targeted efforts to further shift social norms and support sustainable change in IPV.

Understanding change: influencing factors

Evidence from the endline evaluation study highlights a nuanced picture of change, with variations across districts and key economic and programmatic factors shaping outcomes. These insights offer valuable learning for strengthening GBV prevention and response efforts in similar contexts.

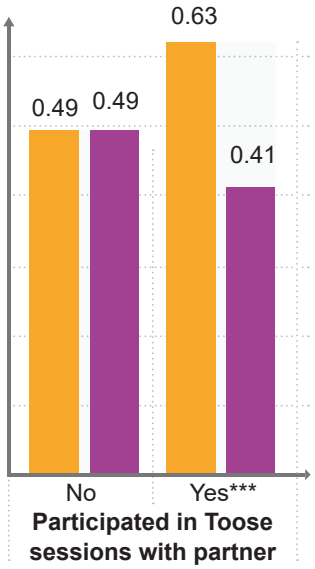
1. **Tailoring approaches to district-level contexts:** The impact of SAFE varied across districts, with encouraging trends in some areas and challenges in others. In Chikomba and Mwenezi, there were significant reductions in sexual and severe IPV, controlling behaviours, and corporal punishment against children. In Chiredzi, however, increases in IPV and controlling behaviours were observed. While the reasons for these increases are not fully clear, qualitative findings suggest that rising food insecurity and economic shock in Chiredzi may be at play. Encouragingly, in Chikomba, where IPV reductions were observed, there were also improvements in household economic stability and collaborative decision-making—suggesting that strengthening economic security and household relationships is an important pathway to change.
2. **Strengthening economic resilience to prevent IPV:** Economic security emerged as a significant factor in IPV outcomes. Women in households where food security improved or remained stable were less likely to report IPV, whereas those experiencing greater food insecurity at endline reported increased IPV across all measures. While SAFE's economic activity, TISALs, did not fully mitigate economic shocks, an association was found between women taking multiple loans and reduced severity of

[2] Severe IPV consists of past year experience of any of the four acts of severe physical IPV or any act of sexual IPV measured in the survey. See Chatterji, S. et al. 2023) Optimizing the Construction of Outcome Measures for Impact Evaluations of Intimate Partner Violence Prevention Interventions. Journal of Interpersonal Violence, 38(15-16): 9105-9131.

IPV—suggesting that access to financial resources may contribute to lowering stress-related triggers of violence. These findings reinforce the importance of integrating economic empowerment initiatives into GBV prevention programming.

3. **Engaging couples for stronger impact:** How women participated in Toose also influenced outcomes. Women who attended Toose sessions with their partners reported experiencing fewer acts of IPV, improved household economic stability, greater knowledge of conflict resolution, and more progressive attitudes toward child marriage. In contrast, when women attended with another family member rather than their partner, there was an association with worsened peaceful conflict resolution practices among men. These findings suggest that engaging couples together in gender-transformative discussions may be more effective in shifting relationship dynamics than engaging women separately.

Baseline and endline average number of forms of physical or sexual IPV by intervention exposure

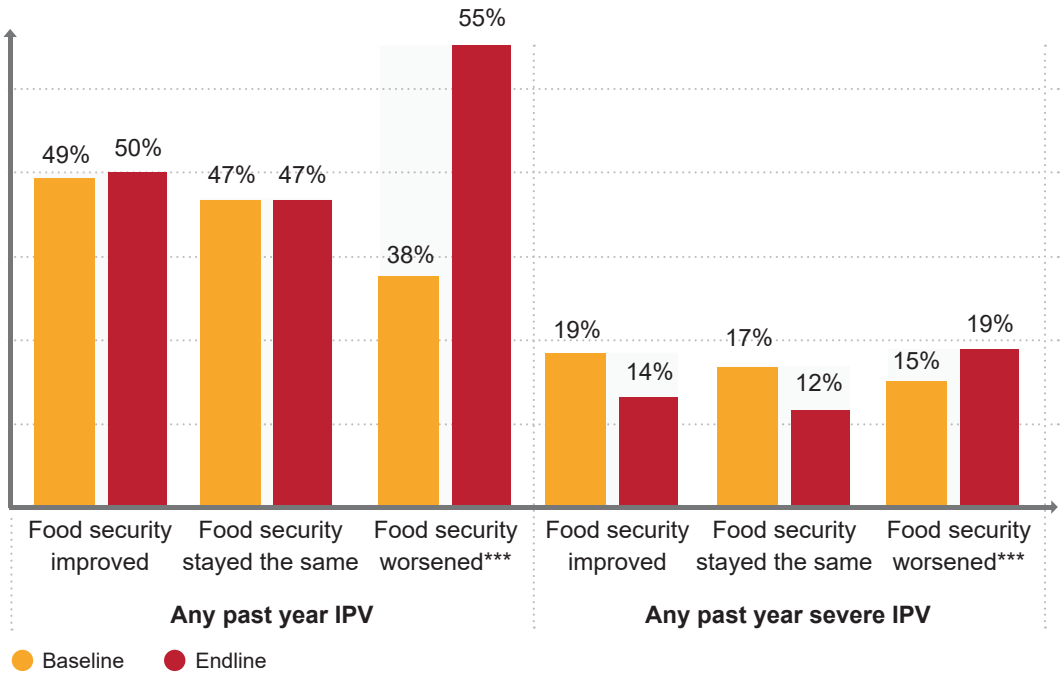


Source: *(SAFE ELU Endline Study)*
Legend: **p=<0.05; **p=<0.01; *** p=<0.001 (strength of statistical significance)*

4. **Empowering women while mitigating risks:** Findings on Toose sessions focusing on gender norms and IPV were mixed, requiring careful interpretation.
   - **Encouraging trends:** Participation in sessions on IPV and power dynamics was associated with improved conflict resolution practices between partners and a reduction in women's use of corporal punishment against children.
   - **Higher IPV reporting:** Some women who attended IPV-focused sessions in Cohort 3 reported increased experiences of IPV and controlling behaviours. While this could indicate a rise in violence, an alternative explanation is that women's increased awareness of IPV led to greater recognition and reporting at endline - particularly if violence was previously normalised or underreported. It is also possible that increased knowledge of IPV empowered women to challenge harmful norms, which in some cases may have triggered resistance from partners.

The findings highlight the importance of continued efforts to create enabling environments that support women's empowerment while engaging men to prevent potential backlash. **Overall, the evaluation demonstrates the value of SAFE's holistic approach, reinforcing that economic security, gender norms, and household dynamics are deeply interconnected.** Future programming can build on these lessons to refine strategies for sustainable change and enhanced impact.

Baseline and endline past-year any IPV prevalence and severe IPV prevalence



Source: *(SAFE ELU Endline Study)* ***Legend:*** **p=<0.05; **p=<0.01; *** p=<0.001 (strength of statistical significance)*

Recommendations for strengthening and scaling impact

1. **Balance household wellbeing and women's empowerment for greater impact.** The programme's strong focus on household wellbeing has contributed to improved family dynamics and economic resilience. However, to achieve more consistent reductions in IPV, future iterations of Toose could explore ways to integrate stronger women's empowerment strategies without compromising the broader wellbeing approach. This could include reinforcing women's agency and decision-making within the household while maintaining a collaborative focus on family wellbeing.
2. **Strengthen couple-focused participation and increase men's engagement.** Findings indicate that the most meaningful shifts in household relationships and IPV reduction occurred when women participated in Toose with their male partners. Encouraging joint participation and introducing additional strategies to foster men's engagement—such as peer-led discussions or mentorship models—could enhance programme impact.
3. **Ensure adequate time for transformative change.** The programme's current implementation timeframe—approximately eight months per cohort—may have limited opportunities for sustained behaviour change. Extending the intervention period could allow for deeper engagement, greater reinforcement of social norm shifts, and additional support to mitigate any potential risks, including IPV backlash.
4. **Expand and refine the Toose social empowerment curriculum.** Strengthening the sequencing and delivery of the Toose social empowerment sessions could enhance outcomes. For instance, restructuring content to allow more time between knowledge-building and behaviour change discussions could improve participant readiness to adopt new practices. Evidence from the What Works to Prevent Violence Against Women and Girls programme suggests that interventions with 40–50 hours of content spread over weekly sessions have the greatest impact.
5. **Continue investing in facilitator training and mentorship.** Well-trained facilitators play a key role in guiding gender transformative discussions. While the programme has made efforts to strengthen facilitation, ongoing investment in capacity building, mentorship, and peer support will help ensure high-quality delivery. Given that male facilitators may face challenges in engaging men on gender norms, additional support through men's peer groups or engagement with respected community figures could create a more receptive environment for change.
6. **Deepen the focus on social norms and behaviour change.** The SAFE programme has taken important steps in integrating gender transformative content, particularly in Cohort 3. However, findings suggest that short-term wellbeing-focused interventions may not be sufficient to drive significant shifts in social norms. Future interventions could explore ways to more effectively challenge harmful gender norms while ensuring a supportive environment for sustainable change.

Where to Now?

In 2024 and 2025, Toose has been implemented through a fourth Cohort in Chiredzi district, in partnership with WFP and Plan International. The SAFE ELU also completed an endline evaluation in 2025, the results of which are included in a Learning Brief.

For more information about the Toose intervention and to access relevant materials, please visit: https://intdev.tetratecheurope.com/projects/safe-zimbabwe/

For more information about the SAFE Evaluation & Learning Unit or to access any of our other learning products, please visit: https://intdev.tetratecheurope.com/projects/safe-zimbabwe/

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