

# SAFE Learning Brief: What Works in GBV Prevention in Zimbabwe?



*This brief brings together and synthesises programme learning about what works to prevent gender-based violence (GBV), particularly intimate partner violence (IPV), in Zimbabwe. It presents 12 key lessons on effective GBV prevention programming when combining economic and social empowerment approaches. The brief is targeted towards practitioners, government stakeholders, policy makers and donors supporting GBV prevention in Zimbabwe and in similar contexts. It is also of value to stakeholders wanting to strengthen economic empowerment programmes by layering social empowerment approaches that mitigate the risks of conflict and violence that may arise when gender norms are not addressed.*



## 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:



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



## 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.<sup>1</sup> 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 response

### 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

<sup>1</sup> In 2024-2025, a fourth cohort has been implemented only in Chiredzi. Learning from Cohort 4 is not included in this brief.

# Methodologies



The findings presented in the learning brief are synthesised from five SAFE ELU studies and complemented with SAFE Communities programme monitoring data and secondary analysis of the national and global GBV prevention literature.

Qualitative deep dive study	Process level study	Qualitative longitudinal study	Community impact study	Endline impact study
<p><b>Objective:</b> 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.</p> <p><b>Method:</b> 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.</p> <p><b>Date:</b> 2022</p>	<p><b>Objective:</b> 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.</p> <p><b>Method:</b> 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.</p> <p><b>Date:</b> 2023</p>	<p><b>Objective:</b> To evaluate the impact of the social and economic empowerment components of the SAFE programme.</p> <p><b>Method:</b> Longitudinal tracking of a baseline sample of 220 participants from Cohorts 1 and 2 of the programme. This includes women and men in couples and women in female-headed households, with 223 participants (138 women and 85 men) sampled at endline.</p> <p><b>Date baseline:</b> 2022 <b>Date endline:</b> 2023</p>	<p><b>Objective:</b> To evaluate the preliminary impact of the community diffusion activities on attitudinal and behavioural change.</p> <p><b>Method:</b> 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.</p> <p><b>Date:</b> 2023</p>	<p><b>Objective:</b> To evaluate the impact of the programme on attitudinal and behavioural change.</p> <p><b>Method:</b> 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.</p> <p><b>Date baseline:</b> 2022 <b>Date endline:</b> 2024</p>





# What we learned



## 1. Complement economic activities with appropriate support to maximise their potential.

The programme evaluation data found that one of the factors for success in the implementation of TISAL groups was the addition of activities to strengthen their delivery. The introduction of seed funding allowed TISAL members to start taking out loans immediately, and TISAL training built members' capacity in financial literacy, bookkeeping and how to establish and manage group constitutions. Selection, Planning and Management (SPM) training for TISALs also supported members to strengthen their income generating activities. These additional activities were instrumental in setting up TISALs for success.

## 2. In highly food insecure locations, consider layering economic and social empowerment programming onto cash-based transfers.

Layering TISALs and Toose onto cash-based programming in highly food insecure locations can reinforce the economic benefits of the programme. Cash-based programming improved food security and allowed households to use vouchers or cash to purchase food, strengthening their ability to direct money into TISAL savings that could then be converted into loans and the development of income-generating activities. When working with cash-based programming, it is important to monitor any potential backlash or increase in economic violence, as per other types of economic interventions. This may include men or other family members attempting to control the use of cash or spend it on items that do not benefit the household.

## 3. Building strong linkages between economic and social empowerment elements or intervention components strengthens the achievement of outcomes.

The ELU studies found that SAFE's approach of combining social and economic empowerment components was effective in building complementary and mutually reinforcing outcomes at household level. This was most visible through new income streams from TISALs and cash-based transfers, creating opportunities for couples and other household members to practice what they were learning in the Toose social empowerment curriculum, including joint decision-making, planning and visioning for the future. A key adaptation that further enhanced these mutually reinforcing outcomes was bringing the concept of visioning, originally introduced in the

Toose social empowerment curriculum, forward into TISALs. This supported the development of visions of success for TISALs and TISAL members' income-generating activities.

## 4. Balancing an emphasis on family wellbeing and empowerment outcomes may lead to more gender transformative change.

SAFE was publicly framed as a family wellbeing programme, which supported community interest and buy-in to the programme. This focus on family wellbeing, coupled with the economic benefits of the programme, is likely one of the reasons for strong male engagement, which improved throughout the implementation cohorts. Other benefits of a focus on family wellbeing, identified in both programme monitoring data and ELU evaluation data, include reduced conflict, better quality communication and enhanced emotional bonds within the family.

Despite these benefits of the approach, the findings from several SAFE ELU studies suggest that a focus on family wellbeing rather than individual empowerment may have limited empowerment outcomes for women. The ELU also found that some change in behaviour was occurring through established patriarchal norms rather than positive shifts in gender norms. For example, some women described learning that they should be more submissive or acquiesce to men's demands to avoid conflict and violence. The programme strengthened Toose social empowerment content on IPV, with a more explicit focus on violence and power in the third cohort of implementation while maintaining the core 'family wellbeing' messaging of the intervention model. Balancing these elements in GBV prevention interventions may lead to stronger gender transformative change.



## 5. Integrating social empowerment curriculum content on different forms of power is an effective way of supporting critical self-reflection and gender transformative change.

Over the three cohorts, the Toose social empowerment curriculum included incrementally stronger content on the different forms of power. This content emerged as one of the most transformative elements of the programme. Toose participants described how the session on different types of power facilitated a deeper understanding of, and reflection on, power dynamics within households and the significance of joint decision-making. Where positive impacts of the programme have been observed, including in men's and women's acknowledgement of their own violent behaviours and reduction of IPV and corporal punishment against children, better understanding of the concept of 'power over' has been instrumental in driving change.

It is important to ensure better sequencing of curriculum sessions so that content on power and GBV are followed up with adequate opportunities for critical reflection and support translating new knowledge and skills into positive behaviour change.

## 6. Developing GBV prevention for alternative types of households and relationships requires appropriate adaptations in both content and modalities.

While the SAFE programme focused on women and men in couples at household level, it also sought to be inclusive of people from different types of households and relationships, including women in female-headed households, men and women in polygamous relationships and women with migrant partners working away from home. The programme found that these groups struggled to engage with the Toose social empowerment curriculum, which was not sufficiently tailored to different relationship and family structures, with facilitators needing to improvise approaches for inclusion and relevance. GBV prevention interventions seeking to be inclusive of alternative relationship and family structures need to ensure that appropriate adaptations are built in from the start.

They should also ensure that the right family members are invited to participate in social empowerment sessions based on whose attitudes and behaviours need to change to reduce GBV and increase women's empowerment.

## 7. Investing in the capacities of implementing partners and facilitators through ongoing training, mentoring and accompaniment on a journey of change is critical to success.

The SAFE programme drew from a peer facilitation approach whereby a selection of Toose participants became community peer facilitators who then facilitated future cohorts of the social empowerment curriculum alongside implementing partner facilitators. The SAFE ELU and wider programme data emphasized the importance of investing in implementing partner and facilitator capacities over time, including through experiential training, and mentoring to support a transformative journey of change. Some sessions on challenging topics such as GBV require more skilled facilitation to avoid doing harm, and the Toose social empowerment curriculum notes that these should be facilitated by experienced GBV prevention practitioners. Consequently, the limitations of peer facilitation need to be acknowledged and mitigated.

It is also important to ensure that programmes monitor how peer facilitators are sharing messaging about challenging topics and provide additional support as required. Several SAFE ELU studies found that male peer facilitators in particular found it challenging to engage in conversations with men about GBV and positive forms of masculinity. Developing men's peer groups that enable them to support one another may help to address some of these challenges.

## 8. Engaging community cadres in the implementation of GBV prevention and response can support impact, reach and sustainability, but needs to be accompanied by appropriate support.

The engagement of community cadres in SAFE was a strong factor driving success, particularly in the community diffusion and GBV response elements of the programme. SAFE engaged various types of community cadres; for example, Toose peer facilitators to support the social empowerment curriculum and GBV community-based clubs (GCBCs) to support safe referrals and accompaniment for survivors to access services. Community cadres were grounded in their local communities and had the necessary expertise to navigate the social and cultural landscape of the programme and trouble shoot challenges. They were also able to make any necessary adaptations to approaches to align with

local norms, such as developing appropriate approaches to incentivise participant engagement. GCBCs were also selected by local community members in some districts and wards through a transparent voting process, enhancing trust and accountability. Another benefit of engaging community cadres in the implementation of interventions is that they are able to role model intervention concepts and behaviours, expanding the reach of messaging outside of the household. A key lesson learned by the programme was the importance of strengthening the longer-term sustainability of community cadres through both the provision of appropriate resources (e.g., bicycles for transport) and symbolic support to strengthen identity (e.g., branded clothing). As per the previous lesson, strong training and mentoring is also essential to ensuring that community cadres are confident and supported in their roles.

## 9. Invest in including people with disabilities right from the start.

SAFE developed a Leave No One Behind Strategy in the early phases of the programme to define and target its gender and social inclusion approach, deciding to focus strongly on disability inclusion. The programme made important steps forward in disability inclusion by engaging disability stakeholders and reducing barriers to participation. This was done through targeted profiling and recruitment of people with disabilities into the programme and provision of appropriate adaptations and accommodations to enhance participation and engagement. The programme did, however, struggle with adequate resourcing for its disability inclusive approach, in part due to challenges making appropriate accommodations for people with very different types of disabilities and reducing barriers to their engagement. This highlights the need to ensure that appropriate funding is integrated into prevention budgets right from the start of programmes.

## 10. Integrating quality GBV response services into any prevention programming is essential to doing no harm.

SAFE focused on two key strategies to support GBV response services: strengthening community-based response through GCBCs; and contributing to the delivery and quality of various GBV response activities delivered by Musasa, including mobile GBV services. Integrating an ethical, minimum standard GBV response package into any GBV prevention programme is essential. It ensures that increased demand for services generated from prevention programming due to greater awareness of GBV is met with adequate response, including access to health, psychosocial support, counselling, legal and other services. When working with community cadres to support GBV response, such as GCBCs, it is important to budget sufficiently for their support, including through fairly paid stipends.

## 11. Integrate opportunities for learning and adaptation to maximise impact and refine intervention approaches.

SAFE's iterative learning and adaptation approach was one of the most instrumental components of the programme that led to change as the programme could learn and course correct between the different implementation cohorts. The SAFE ELU's effectiveness and impact data showed clear trends in improvements across cohorts, including in the effectiveness of TISALs, the ability to create productive income generating activities and improve the quality of communication and relationships. This effectiveness and impact data, coupled with programme monitoring data and the experiences of implementing partners, strengthened the programme's learning and adaptation approach. While this kind of approach is resource intensive when done comprehensively across multiple cohorts, GBV prevention interventions can maximise impact and refine intervention approaches through targeted and strategic learning and adaptation approaches that are integrated into programmatic timeframes.

## 12. Support multistakeholder approaches to diffusion to expand reach and credibility of messaging, but ensure messages are coordinated.

The ELU found that using different actors to diffuse messaging around family wellbeing and GBV prevention can increase the reach and speed at which messages are diffused at the community level. The repetition of messages from different stakeholders is also effective because community members are often receptive to messages shared by certain types of stakeholders, including those of the same gender. It is important to ensure that there is coordination between stakeholders as inconsistency in messaging and the misinterpretation of messages can adversely affect diffusion.





# Where to Now?



In 2024 and 2025, Toose and CBT were implemented through a fourth Cohort in Chiredzi district, managed by WFP in partnership with Plan International and Musasa. As a result, a Toose adapted package was developed by SAFE and WFP. The SAFE ELU also completed an endline evaluation in 2025, the results of which are included in an [Impact Brief](#).

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

If you would like more information about the Toose implementation, please contact [gemma.ferguson@sddirect.org.uk](mailto:gemma.ferguson@sddirect.org.uk) (SDD) or [elizabeth.vanveen@wfp.org](mailto:elizabeth.vanveen@wfp.org) (WFP). If you would like more information about any of our research, please contact: [louise.cathro@tetrach.com](mailto:louise.cathro@tetrach.com)

