



Stopping Abuse and Female Exploitation (SAFE) Zimbabwe Technical Assistance Facility

VAWG prevention in a time of COVID-19:
A case study of Trócaire Zimbabwe's
COVID-19 SASA! Faith programme adaptations

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April 2021

Acknowledgements:

This report was produced by the Stopping Abuse and Female Exploitation (SAFE) Zimbabwe Technical Assistance Facility (TAF) and was written by Elisabet Le Roux.

Significant thanks are due to the following people who were crucial to the research process:

- All of the research participants who were willing to share their time, experiences and reflections. You are inspiring in how you continue to prioritise your VAWG prevention work even in the most challenging of circumstances.
- Sarah McCan, Tatenda Chipindura, Yvonne Muto, Laurelle Mbaradza and Donna Nyadete from Trócaire Zimbabwe; Deirdre Campbell from Trócaire Ireland; Nozithelo Mapholisa from Emthonjeni Women's Forum; Batsirai Zhou from the Diocese of Mutare Community Care Programme; Céline Mazars from Ecorys; and Maria Vlahakis and Sharene Wakefield from Social Development Direct and the SAFE Technical Assistance Facility. Your support, enthusiasm and (speedy) cooperation were pivotal to the process!

Suggested reference

Le Roux, E. 2021. *VAWG prevention in a time of COVID-19: a case study of Trócaire Zimbabwe's COVID-19 SASA! Faith programme adaptations*. Research report. SAFE Technical Assistance Facility.

About Trócaire

Trócaire turns the compassion of the Irish people into life-changing support for some of the world's poorest people. We work in partnership with communities in over 20 countries to relieve poverty and tackle injustice.

The logo for Trócaire, featuring the word "Trócaire" in a bold, blue, sans-serif font. The letter 'ó' has a red accent mark above it.

We do this thanks to the support of people all over Ireland, as well as with the help of our institutional partners

SAFE Zimbabwe is funded with UK aid from the UK Government. The programme aims to prevent and respond to Gender Based (GBV) in Zimbabwe.

The SAFE TAF provides rapid and contextually relevant support to Zimbabwean stakeholders. The TAF is fully funded by FCDO, and accessible to a wide range of humanitarian and development actors working in the country.

SAFE Communities implemented by ECORYS (in partnership with Social Development Direct and SAFAIDS).

Disclaimer:

This material has been funded by UK aid from the UK government; however the views expressed do not necessarily reflect the UK government's official policies.

Executive summary

Introduction

Trócaire Zimbabwe has rolled out two violence against women and girls (VAWG) prevention programmes that use SASA! Faith, an initiative in which religious leaders, members and faith communities come together to prevent VAWG and HIV. Implementation of the two programmes was on-going when COVID-19 struck Zimbabwe, forcing programming to respond not only to increasing VAWG, but also COVID-19 prevention and response measures that do not allow in-person engagement. Trócaire Zimbabwe wished to document learning about the adaptations, particularly the shift to remote modalities. They approached the SAFE Zimbabwe Technical Assistance Facility (TAF) to assist them in this matter and a case study was conducted to capture lessons learnt.

Findings

A range of adaptations were rolled out over the past year, including the use of WhatsApp to do the SASA! Faith sessions; engagement via Twitter, Facebook and text messages; distribution of short video dramas; sessions on local radio stations; mobile awareness campaigns; distribution of dignity kits; tollfree phone lines offering referrals and counselling; focused media campaigns; and shelters that include emergency COVID-19 testing. Monitoring and evaluation had to be adjusted, and in-person sessions (when allowed) adhered to COVID-19 prevention protocols. In responding and adapting to COVID-19, partner organisations, Community Activists and Community Action Group members felt supported by Trócaire Zimbabwe and the SASA! Faith team.

In the process of implementing the different adaptations, it has emerged that each of the different adaptations have certain strengths and challenges. Overall, a major strength of the adaptation process was that it capacitated the different partner organisations and their staff, which will be to their benefit during COVID-19 recovery and beyond. The gulf between those who have ready access to devices and the internet and those who do not (i.e. the digital divide), remains a considerable challenge to the move to remote modalities. There also continues to be fear that, although some of the remote modalities do provide continuous, repeated engagement, the overall use of remote modalities does not do so with enough people and/or at the level that SASA! Faith requires. Monitoring and evaluation of the adaptations, and thus of SASA! Faith, is also a considerable challenge.

In reflecting on the future of SASA! Faith in Zimbabwe, but also more generally on VAWG prevention programmes that need to adjust to remote modalities, the research participants emphasised that SASA! Faith roll-out should continue in Zimbabwe even with adaptations. Emerging best practices include: an emergency response plan as a standard component of SASA! Faith implementation; the 'right' adaptation depends on the context; in Zimbabwe, SASA! Faith should continue by using both in-person and remote modalities, and WhatsApp engagement should be strengthened in order to maximise the benefits of this form of engagement; remote modalities that do not require devices or internet (such as radio and television) should also be pursued; survivor services should be prioritised; and that the SASA! Faith manuals and tools (designed by Raising Voices and Trócaire) should offer guidance for remote modalities.

Conclusion and recommendations

In emergency situations, all actors' expectations of VAWG prevention programming should be adjusted – what Trócaire Zimbabwe and partners were able to deliver during COVID-19 is in

itself a major success. WhatsApp sessions have revealed the potential of this form of engagement, which should be recognised and leveraged to SASA! Faith's benefit. The ability to respond and adapt depends on having the right partners, people and relationships.

Recommendations for Trócaire Zimbabwe on using SASA! Faith in the context of COVID-19 include:

- Continue with SASA! Faith in a flexible and adaptable way
- Develop WhatsApp group sessions further, maximising on the advantages of this form of engagement by developing guidelines based on practice-based learning
- Continue with tollfree phone lines, including offering remote counselling over the phone
- Explore further options for bridging the digital divide, while also paying attention to the gendered nature of the divide
- Advocate to ensure that essential emergency VAWG services continue to be provided during COVID-19, especially during hard lockdowns
- Rethink and adapt M&E plans and procedures, so they are able to measure the adapted activities
- Consider additions to the SASA! Faith manual designed by Raising Voices and Trócaire.

Recommendations for using remote modalities in VAWG prevention programming generally include:

- Realise that appropriate remote modalities will depend on the context, but also the purpose of the activity
- Further investigate the potential of remote modalities for reaching community members with disabilities alongside work to make in-person programme activities more inclusive
- Intentionally and creatively brainstorm around crossing the digital divide
- Develop an emergency response plan at the outset of programming roll-out
- Include some remote modalities within the programme so that, should unforeseen emergencies happen, only up-scaling is required
- Should disaster strike and emergency response be required, prioritise the support, capacitation and mentoring of partner organisations and project staff and volunteers.

Recommendations for future research include:

- A rigorous evaluation of the impact of remote modalities in social norms change interventions programming, as there is a need to understand if it works and, if so, under what circumstances
- Further research on the potential of WhatsApp sessions (and other forms of virtual group engagement) to create a safe faith-based space where all women's voices are heard and can participate equally, and to encourage more participation by men in VAWG prevention interventions.

Table of Contents

Contents

1. Introduction	4
2. Findings	5
2.1 SASA! Faith responses and adaptations	5
2.2 The strengths and challenges of the adaptations	8
2.3 Emerging best practices and reflections on the way going forward	10
3. Conclusion.....	12
4. Recommendations	13
4.1 Recommendations for Trócaire Zimbabwe on using SASA! Faith in the context of COVID-19.....	13
4.2 Recommendations for using remote modalities in VAWG prevention programming	14
4.3 Recommendations for future research	14
Bibliography	15
Appendix A: Methodology.....	16

Acronyms

CA	Community Activist
CAG	Community Action Group
HIV	Human Immuno-deficiency Virus
M&E	Monitoring and Evaluation
PPE	Personal Protective Equipment
SGBV	Sexual and Gender-Based Violence
SRHR	Sexual and Reproductive Health and Rights
VAWG	Violence Against Women and Girls

1. Introduction

Violence against women and girls (VAWG) is a pervasive problem in Zimbabwe.¹ According to a 2019 government study (ZIMSTAT, 2019), 39.4% of women between the ages of 15-49 have experienced violence since age 15, while 11.6% have experienced sexual violence in their lifetime. In the same study, 33.7% of women between the ages of 20-24 years indicated that they were first married or in a union before they were 18 years old. Trócaire, the International Development Agency of the Irish Catholic Church, has been working with partners and communities in Zimbabwe since the late 1970s.

It is against this background that Trócaire Zimbabwe developed and rolled out two VAWG prevention programmes that intentionally rely on engagement with faith and faith structures. According to the 2017 Inter-Censal Demographic Survey 84% of the population aged 15 years and older identify as Christian (ZIMSTAT, 2017). These two programmes (“Promoting Access to Inclusive SRHR and SGBV Information and Services in Zimbabwe” and “Empowered women and men in selected communities in Zimbabwe actively engaging and benefitting from sustainable and resilient livelihoods and living lives free from GBV”) each use SASA! Faith. SASA! Faith is an initiative in which religious leaders, members and believers come together to prevent VAWG and HIV, mobilising faith communities and relying on faith-based values to promote safe and free intimate relationships (Raising Voices, 2016).²

Roll-out of the two VAWG prevention programmes was on-going when COVID-19 struck Zimbabwe. The first COVID-19 case in Zimbabwe was reported on 21 March 2020, a national disaster declared on 27 March 2020, and a national lockdown started on 30 March 2020 (Martin & Ahlenback, 2020). In the year since then, lockdown measures have lifted at times, but have never been fully abolished, with a second full lockdown (lasting six weeks) initiated at the start of 2021.

COVID-19 has exacerbated VAWG in Zimbabwe and at the same time made it much harder for women and girls to access survivor services and referral pathways. With governmental COVID-19 prevention measures restricting women’s and girls’ movements, often confining them to their homes, and restricting their access to support, this increase in VAWG was inevitable. Furthermore, responses to COVID-19 are exacerbating pre-existing drivers of VAWG, such as patriarchal social norms and gender inequalities, and the reported numbers are probably an under-estimation of the real situation. Dominant social and gender norms also demand that women and girls shoulder the additional COVID-19 burden of caring for out-of-school children and sick family members. The economic situation of women in Zimbabwe has worsened, with movement restrictions and the closure of markets and borders significantly impacting informal workers – of which a large percentage are women. Furthermore, and especially in rural areas, women’s access to sexual and reproductive health services, including VAWG services, has been severely curtailed by COVID-19 response measures (Martin & Ahlenback, 2020).

Trócaire Zimbabwe’s two VAWG prevention programmes were therefore forced to respond, midway through implementation, to extremely challenging circumstances that not only increased VAWG, but made prevention and response measures difficult to implement. SASA! Faith relies heavily on repeated in-person engagement, leveraging gatherings of people within faith spaces. COVID-19 and the measures taken by the Government of Zimbabwe to contain and mitigate COVID-19 has caused Trócaire to rethink how SASA! Faith can be implemented in the target communities.

¹ Guided by internationally-accepted definitions, SASA! Faith and Trócaire define VAWG as “any act (physical, emotional, sexual, economic) directed at a girl or woman that causes harm and is meant to keep a girl or woman under the power and control of others.”

² SASA! Faith was developed in partnership between Raising Voices and Trócaire and is an adaptation of SASA! *An Activist Kit for Preventing Violence Against Women and HIV*. It is currently being used across the Horn, East, and Southern Africa.

In particular, the adaptations required a significant shift to remote modalities.³ Taking into consideration the continued presence of COVID-19 in Zimbabwe as well as in the rest of the world, and also the wish to explore the potential of remote modalities, Trócaire Zimbabwe approached the SAFE Zimbabwe Technical Assistance Facility (TAF) to capture learning about the adaptations, particularly the shift to remote modalities, to enable them to make decisions about future programming.⁴

Using case study methodology, a brief review was carried out on how Trócaire Zimbabwe has adapted SASA! Faith to respond to COVID-19. The review used case study design because it allows for multiple perspectives and sources of evidence, and their integration, as well as for in-depth understanding of the issue that is being studied (Lewis, 2003; Yin, 2009). A rapid review of eight Trócaire Zimbabwe programme documents were combined with twenty virtual key informant interviews. The interviews were conducted with different programme stakeholders, gathering information on the adaptations that were made, the challenges as well as emerging best practices, and reflections on the way forward for Trócaire Zimbabwe. This report captures these learnings.

2. Findings

2.1 SASA! Faith responses and adaptations

All of the participants felt that COVID-19 had a major impact on the roll-out of SASA! Faith. As SASA! Faith relies on repeated in-person meetings and discussions, chiefly within faith-based spaces, measures introduced by the Government of Zimbabwe to contain and mitigate the virus, particularly those that restricted travel, movement and in-person gatherings, were a major blow to the programmes. This, combined with community members' own fears of contracting COVID-19, has meant that SASA! Faith roll-out could not proceed as planned. As candidly admitted by a project staff member, at first project staff were overwhelmed: "I think for the first month or so we were just sitting and not knowing how we're going to proceed" (Project staff member 1, female). However, after realising that COVID-19 was not going to pass quickly, brainstorming started around possible adaptations that would allow continued roll-out. Trócaire Zimbabwe's Women Empowerment Unit, partner organisations, and Community Activists (CAs)⁵ all came up with ideas. The SASA! Faith team also sought input from faith community members after the first roll-out of adaptations.

The majority of adaptations related to shifting to remote modalities. The main adaptation (in terms of having the largest roll-out) was to use **WhatsApp to hold the SASA! Faith sessions**. CAs put together a WhatsApp group, consisting usually of, faith community members and carried out the session virtually. This form of roll-out was first tested by Trócaire Zimbabwe in June 2020, who then designed guidelines for running such groups. The guidelines were shared with partner organisations, who in turn trained the CAs. However, there were no hard rules for these groups and sessions, as how the groups were formed and how they functioned differed significantly depending on the group and their needs: some CAs had one group, while some had multiple; some CAs teamed up to host groups, while others did it individually; some groups had 15 members, while some groups had 340 members; some groups were age and/or gender specific, some were mixed; some groups consisted only of faith community members, while some groups had a different collective identity (e.g. a group of teachers); some groups met twice a week, while some groups met every fortnight; some group sessions lasted 25-30 minutes, while some had 1 hour sessions; and some CAs only opened the group for messaging during the session, while others kept the group open at all times. All groups agreed on their own rules and regulations, and no

³ 'Remote modalities' is a catch-all term used for any form of engagement that does not require in-person engagement.

⁴ Stopping Abuse and Female Exploitation (SAFE) is an FCDO and SIDA funded programme which aims to prevent and respond to GBV (Gender Based Violence) in Zimbabwe. SAFE provided technical support in response to the COVID-19 pandemic between May 2020 and April 2021 through a GBV Technical Assistance Facility (TAF).

⁵ Community Activists are regular men and women from the faith community who have become the heart of SASA! Faith, as they implement most of the SASA! Faith activities (community conversations, sessions and referrals to service providers) and bring a unique wisdom based on their close connection to community life.

groups used group calls or group video calls, as it uses too much data. Typed messages were the most common form of engagement during these WhatsApp sessions, with some groups agreeing that voice notes can also be used.

All groups agreed beforehand on a set date and time for a session. However, the session's content would depend on the CA. CAs ran the groups differently; some even ran different sessions differently. For example, some CAs used a visual aid (e.g. a power poster, or a video drama) to introduce the discussion topic, with members then commenting and reflecting. Other CAs would prepare a series of questions in addition to questions already on the different SASA! Faith materials to elicit group participation and discussion. WhatsApp groups were also formed for the SASA! Faith team⁶ to engage with CAs, for Community Action Group (CAG)⁷ members to engage with each other and with the SASA! Faith team, and for CAs to be debriefed by professional counsellors.

Other virtual platforms, including **Twitter** and **Facebook**, were already being used by the programmes prior to COVID-19, especially in relation to a specific campaign. The use of these platforms was then scaled up during COVID-19, although neither Twitter or Facebook were used to the same extent as WhatsApp. **Text messages** were also used, both in the form of bulk text messages (using the Telerivet platform) being sent to the programmes' entire database, or by CAs in reaching out to faith community members who only have basic mobile phones.⁸ Some CAs also prepared **short video dramas** on a specific SASA! Faith issue, which they recorded on their phones and shared on WhatsApp, Twitter and Facebook.

However, not all adaptations relied on mobile phones or the internet. The SASA! Faith methodology already calls for **radio** engagement through the radio story ideas, but in response to COVID-19 the two Trócaire programmes dramatically increased this form of engagement. Project staff bought time on local radio stations and CAs, CAG members and/or religious leaders would serve as phone-in guest speakers, preparing and presenting on a pre-decided SASA! Faith topic. VAWG referral pathways and contact information for any VAWG concerns was shared and sometimes callers were invited to phone in on-air with their questions.

Especially at the start of COVID-19, **mobile awareness campaigns** were used by the two programmes to spread SASA! Faith messaging. Appropriately socially distanced on the back of a moving truck, speakers would share information on a number of related issues, including SASA! Faith topics, while driving slowly through the community. Furthermore, during hard lockdowns,⁹ as well as when movement between communities were severely curtailed, some partner organisations **distributed dignity kits** within communities, as the government recognised this activity as an essential relief service.¹⁰ This meant that the partner organisations continued being present within the communities, using this opportunity for in-person interaction with women and girls to identify those at risk for VAWG and to share referral pathways and the remote services, including the tollfree counselling number.

⁶ The SASA! Faith team is the core group that oversees the implementation of SASA! Faith. Both Trócaire staff and staff from partner organisations that are responsible for SASA! Faith, are on the team. Its primary responsibilities include: planning the activities for each phase, supporting those who are facilitating the activities, and monitoring/assessing progress to see if the intended outcomes are achieved.

⁷ Community Action Group members are faith-based professionals, institutions and organizations with broad social influence. These CAG members give critical support to women experiencing violence and/or HIV within the project.

⁸ A basic phone is a mobile phone that can make calls and send text messages, but cannot install third-party apps or access the internet.

⁹ With a hard lockdown, only essential services may continue operating and the government restricts all non-essential movement and travel for all people except essential workers.

¹⁰ Dignity kits contain hygiene and sanitary items tailored toward the needs of women and girls of reproductive age.

A number of Trócaire Zimbabwe's programme adaptations were focused on assisting VAWG survivor access to services. The first was to support Connect¹¹ in setting up a **tollfree counselling phone line**. This allowed Connect to counsel clients and be reachable even during hard lockdown, also to those without smart devices, data or airtime. From the start of the pandemic, Connect noticed a significant increase in clients, as well as an increase in depression and anxiety. Second, Musasa¹² launched an intensive **media and social media campaign**, being unable to reach women and girls in-person to inform them of their tollfree line and the referral services and shelters they provide. While some people did reach out to them via WhatsApp and Facebook, the overwhelming majority used the tollfree line. Furthermore, Musasa lobbied for VAWG services, including their shelters, to be recognised as essential services, as this would allow continued operation during hard lockdowns. Trócaire Zimbabwe joined in this advocacy campaign, but also lobbied around the continued provision of emergency clinical services like post-exposure prophylaxes, screenings for sexually transmitted infections, and medical examinations. They also advocated for accelerated provision of clearance letters for all VAWG frontline staff, as this was needed to allow their movement during hard lockdown and other travel restrictions. Musasa was under severe strain during hard lockdowns, with an increased demand for shelter services. To respond to this reality, they **equipped the shelters** with personal protective equipment (PPE), carried out emergency COVID-19 testing and debriefed staff more often to help shelter staff deal with this taxing workload. Third, the SASA! Faith team arranged that support service representatives present **special sessions on the SASA! Faith WhatsApp groups** for community members, explaining about the services they offer and how they can be reached. The SASA! Faith team also had special sessions with religious leaders, emphasising their important role in identifying and supporting survivors during COVID-19 and referring them to the appropriate support services.

Monitoring and evaluation (M&E) of SASA! Faith activities had to be adjusted to measure the adaptations. For example, the Activity Reporting Template was adapted; SASA! Faith team members monitored the WhatsApp sessions conducted by CAs; CAs submitted their reports via WhatsApp or email; CAs exported and shared WhatsApp session conversations with the SASA! Faith team; the SASA! Faith team would periodically check the text message log of CAs with basic phones; and M&E staff would randomly phone people who had been sent the bulk text messages, asking them if they received it and what they thought of the messages.

While governmental regulations did change during the year, at times allowing for in-person meetings, these meetings were still highly regulated. This meant that **adjusted in-person SASA! Faith sessions** were allowed at certain times during the pandemic. Trócaire Zimbabwe briefed partner organisations and CAs on infection prevention and control measures and standard operating procedures, which the partner organisations followed when carrying out in-person meetings. CAs were equipped to run such meetings safely, by receiving PPE and other hygiene equipment (masks, sanitiser, buckets and soap) and receiving guidelines on how to conduct meetings safely (all participants wearing masks, sitting appropriately spaced, preferably outdoors, and meeting in numbers lower than the government-prescribed maximum). When in-person trainings of CAs recommenced, it followed the same protocols, with project officers travelling to the CAs' communities and meeting with them in small groups.

Research participants from partner organisations felt that Trócaire Zimbabwe supported them well in rolling out all of the adaptations. This support included developing guidance notes for adapted activities, organising tailored capacity building virtual workshops, allowing for budget realignment, allowing the adjustment of programme outcomes, providing extra monetary and resource support to their activities, assisting in monitoring the WhatsApp sessions conducted by CAs, and facilitating some of the mobile awareness campaigns. Overall, there was a general feeling that Trócaire Zimbabwe was supportive and

¹¹ Connect is the Zimbabwe Institute of Systemic Therapy, focused on providing counselling and therapeutic services. It is also a partner organisation of Trócaire Zimbabwe in the implementation of one of the VAWG prevention programmes ("Empowered women and men in selected communities in Zimbabwe actively engaging and benefitting from sustainable and resilient livelihoods and living lives free from GBV").

¹² Musasa is a Zimbabwean NGO focused on addressing VAWG, especially through assisting survivors. It is also a partner organisation of Trócaire Zimbabwe in the implementation of one of the VAWG prevention programmes ("Empowered women and men in selected communities in Zimbabwe actively engaging and benefitting from sustainable and resilient livelihoods and living lives free from GBV").

quick in responding to their needs and challenges, consistently providing the needed mentoring and support.

CAs, in turn, also felt supported by the SASA! Faith team. This support included data and airtime to conduct sessions; doing practice sessions on WhatsApp and sharing ideas for how to do such sessions; responding immediately to questions or problems raised on WhatsApp; attending WhatsApp sessions to provide support if needed; and providing the needed PPE. Overall, the general feeling was that, whilst in-person mentoring and support would always be the preferred option, the project staff nevertheless gave CAs the skills, resources and drive to carry on doing SASA! Faith through remote modalities: “They made us feel that yes, we are getting supported, we are getting mentored. And that is actually what gave us the zeal..., that power to go on (with SASA! Faith) in our own faith-based groups” (Community Activist 1, female).

Reflecting on the challenging circumstances and the various adaptations that all the different stakeholders had to make, it is heartening to note that all research participants felt it was – to them personally – worthwhile doing so. Even where they found it challenging, or not as effective or personally rewarding as pre-COVID SASA! Faith activities, they nevertheless believe it was needed work that had to be done. For many, it gave them purpose and satisfaction even in challenging COVID-19 times.

2.2 The strengths and challenges of the adaptations

While the previous section reflects on how COVID-19 impacted SASA! Faith implementation, this section considers the strengths and challenges of specific adaptations, but also the adaptation process overall. The major adaptation during COVID-19 was to use WhatsApp for SASA! Faith sessions – and a number of **advantages to using WhatsApp** have emerged from doing so. It allows SASA! Faith sessions to continue, despite hard lockdowns and other movement restrictions. If group members miss the live session, they can always review it later; group members can also revisit content at a later stage, with the WhatsApp group becoming an “information kiosk” (Project staff member 2, female) for its members. Service providers can present sessions where they explain their services and support, reaching and connecting with a wider audience. WhatsApp groups need less time and effort to organise than in-person groups, requiring no travel or arrangements from members. WhatsApp sessions also bring in new members, expanding the reach of SASA! Faith beyond the target districts of the two programmes, and being accessible to people who are uncomfortable with coming to in-person groups, as well as those not going to church. According to a number of the research participants (none of whom are believed to have a disability¹³) WhatsApp groups work particularly well for some people with disabilities (especially hearing or speech impairments). Some CAs also found that women and girls speak out more easily on WhatsApp, due to the relative anonymity of the group and not being physically confronted with others who may differ from them. Furthermore, some research participants believe that WhatsApp increased male participation in SASA! Faith, which in turn enriched the group discussions. WhatsApp is also a quite sustainable form of engagement, because its use is so normalised within the target communities.

Of all the adaptations, the research participants found WhatsApp to be the most interactive, to the extent that it allowed for social and gender norm transformation. A number of community members have shared (with CAs and the SASA! Faith team) how the WhatsApp groups have helped them and changed their thinking. In some groups, the CAs could also see how a member’s attitude and tone changed over time: “After conducting several sessions... you can actually see and then would laugh and say “Can you see that that guy? What he is commenting today or posting today is totally different from the beginning” (Project staff member 1, female).

At the same time there are of course also **disadvantages to using WhatsApp**. The major challenge is access to the platform: some do not have smartphones, some do not have data, and the network often fades or disappears for lengthy periods. Second, with WhatsApp sessions body language is absent and CAs struggle to know when to offer more explanations, when to probe, and when to query a silent member. Both CAs and members found it difficult and slow to type their contributions, leading to many

¹³ Disability disaggregated data was not collected from interview participants. However, based on Trócaire Zimbabwe’s knowledge of the participants it is not believed that any of the research participants had a disability.

members being passive readers of the session, rather than active participants. The CAs find this frustrating, as they are not able to 'read the room' and cannot have the fun interactive interludes that bring energy to a session. Paradoxically, they can sometimes also be overwhelmed with questions (especially in big WhatsApp groups), unable to type quickly enough or pay enough attention to properly facilitate the session. Group members, including the CA, can easily be distracted, with other WhatsApp messages and even calls coming in during a session. This is why CAs continue to prefer in-person sessions, feeling that the effectiveness and impact of such sessions are much higher:

(WhatsApp sessions are) not like having a physical interaction, it is challenging just because you won't even know if you have made that impact on people or people actually really understood... You have to convince them more and more for them to participate. (Unlike) a physical session, where it will be interactive naturally. (Community Activist 3, Male)

Reflecting on the other adaptations, **radio sessions** work well in reaching a bigger and wider audience, especially those in rural areas. They are good at creating a better understanding of what SASA! Faith is, and at sharing information, especially on VAWG service providers, referral pathways, and contact information. The challenge of this modality is its lack of interaction, the lack of continuous engagement, and uncertainty around who was reached and whether they understood the messaging.

Remote counselling (using phones) has the considerable advantage that those at risk can access the counselling they need and that counselling services are also available to those who cannot reach counselling centres. The tollfree line was instrumental to the uptake of remote counselling. Nevertheless, it was challenging for counsellors to assist clients without being able to rely on non-verbal communication. Sessions were also challenging due to network unreliability, disruptions from the counsellor's home, and as the safety of clients could not be assured (e.g. the perpetrator may hear them, or they share a phone with the perpetrator).

Reflecting on the demand for **referrals and shelter services**, the importance of tollfree lines again emerge. The vast majority of people reached out to Musasa via the tollfree phone line. Their efforts to keep shelters running and COVID-19 free was much needed, due to the increase in demand.

The **video dramas** by CAs were effective in sharing SASA! Faith messaging very widely. While these video dramas are not interactive, when combined as the theme of a SASA! Faith WhatsApp session it was effective in sparking conversation and discussion.

The **mobile awareness campaigns** allowed SASA! Faith information to reach across the digital divide, spreading the message community-wide. However, listeners can often not hear the full message and could not interact.

The **distribution of dignity kits** worked as project staff could continue in-person engagement with women and girls at a time when community engagements were not allowed, enabling identification of those at risk for VAWG, and share information on referral pathways and tollfree lines. The disadvantage of this form of engagement was that it was sporadic and usually one-off.

Simply from the act of being forced to respond to COVID-19 and adopt remote modalities, partner staff believe they have been **capacitated in a range of areas**. Relying on remote modalities (especially in social media engagements) forced them to rethink their messaging, to ensure that it is simple, short and jargon-free, which they believe has made their messaging much more effective. Furthermore, the forced move to information and communication technology, while challenging, now allows faster communication and handling of problems. The support and mentoring they received from Trócaire Zimbabwe emerged as very important to their ability to respond and adapt. The same is true of CAs, who explained that the support and guidance from the SASA! Faith team is what allowed them to adjust and continue.

The major challenge to remote modalities has been the **digital divide**, i.e. the gulf between those who have ready access to devices and the internet, and those who do not. Many community members, but also CAs, do not have smartphones or even basic mobile phones. Trócaire Zimbabwe and partner organisations enacted a number of activities specifically meant to overcome this challenge. Bulk text

messages with SASA! Faith content were sent in order to reach those with basic phones. The upscaling of radio sessions and the mobile awareness campaigns were done to reach those without smartphones. CAs with basic phones received airtime (rather than data), so they could call or text community members. Some CAs also did home visits (when it was allowed) to reach community members without phones, sharing SASA! Faith messaging with the entire household. The community members on SASA! Faith WhatsApp groups were encouraged to share the information from the WhatsApp sessions with someone else (e.g. a neighbour). Nevertheless, the majority of the research participants felt that these activities were not comprehensive enough to reach across the digital divide.

In reflecting on the move to remote modalities, the following **general challenges** were experienced:

- SASA! Faith relies on continuous, repeated engagement with community members. With remote modalities, this kind of engagement was not assured. Even when people belong to the WhatsApp groups, it cannot be certain that they will attend and engage. Most of the other adapted activities happened at random and could not realistically expect to again reach the same people (e.g. mobile awareness campaigns; radio sessions; distribution of dignity kits). A number of the research participants voiced their concern that some community members were being left behind as they are not being reached continuously, which jeopardises the SASA! Faith work done before COVID-19.
- When relying on online or telephonic platforms, the lack of non-verbal cues makes the engagement much harder.
- CAs and CAG members felt that, as free movement in communities are curtailed, they are less aware and informed of who is experiencing or at risk of VAWG.

Finally, the shift to remote modalities brought considerable **challenges to the M&E process**, which was not designed to assess remote activities. Activities such as bulk text messages, mobile awareness campaigns and radio sessions were difficult to assess in terms of the numbers reached and impact. The disaggregated attendance data and assessment of audience impact that should be gathered with CA sessions, was almost impossible in the WhatsApp format. For example, people often do not use their real names on their WhatsApp profiles, making it difficult to know how many men and how many women participated; audience impact is extremely difficult to assess when many audience members do not actively take part in a session. This has left M&E staff very frustrated: “I think the downfall of the adaptations is the M&E, it was so hard. What I can say is that the adaptations worked, but I don’t have the evidence” (Project staff member 2, female).

2.3 Emerging best practices and reflections on the way going forward

All of the research participants were asked to reflect on what they see as the appropriate way forward for SASA! Faith roll-out in Zimbabwe, but also more generally for VAWG prevention programmes that need to adjust to remote modalities. **All of the participants strongly supported the continued roll-out of SASA! Faith**, arguing that it is appropriate to and very needed in Zimbabwe, especially in the light of the increase in VAWG due to COVID-19 and considering that Zimbabwe is a predominantly Christian nation. They offered reflections and recommendations for how it should be done.

Keep the SASA! Faith ball rolling

The continuous, repeated engagement of SASA! Faith is crucial to its effectiveness, and SASA! Faith should not be allowed to ‘move back’ to the starting phase. Creative thinking may be needed to allow for in-person engagement, and the distribution of dignity kits was one such creative way of allowing organisations to continue a level of in-person engagement. While in-person engagement is the preferred option for the research participants, the various remote modalities are also important as it allows the momentum to continue when in-person engagement is not allowed or limited. This is important for any VAWG prevention programming that is faced with similar challenges – just keep the momentum going, even if it is not through the preferred activities:

The WhatsApp, Facebook, Twitter - the ball keeps rolling. Just sitting and saying ‘this has happened, so there’s no way forward’... it puts everything back to stationary. (With adaptations) the pace of the ball rolling (may) have been decreased to some extent, but still its rolled. (Community Activist 2, female)

Have an emergency response plan

A number of SASA! Faith team members highlighted the importance of SASA! Faith programmes having an emergency response plan in place. Such a plan would contain protocols that allow for rapid reallocation of funding, prioritisation and narrowing of activities, priority advocacy and lobbying issues, etc. In responding to COVID-19, Trócaire Zimbabwe and its partner organisations were forced to design their plans while being confronted with the challenges and stress of an emergency. It would have been of considerable help – and allowed for more rapid adjustment and adaptation – if emergency protocols and plans were already in place.

The 'right' adaptation depends on the context

In an emergency, it is advisable to use the channels that people are already using. In Zimbabwe, WhatsApp is commonly used and not data-heavy, making it an appropriate platform for SASA! Faith activities that all of the research participants thought should continue. This does not mean it will suit other contexts or all people. The 'right' remote modalities therefore depend on the context and people. Furthermore, adaptations need to constantly evolve and be sensitive to changing government regulations and public health advice. This is true of COVID-19 in Zimbabwe, and will also be true for emergency settings in other countries. Flexibility (including budgetary flexibility) is therefore very important. It should also be kept in mind that flexibility and adaptability is impacted by an organisation's networks and relationships. Trócaire Zimbabwe and its partner organisations had good relationships with each other, but also with government and other key stakeholders, prior to COVID-19. This allowed for quicker response and adaptation during COVID-19.

Use both in-person and remote modalities

In the light of COVID-19, all of the research participants advise that SASA! Faith should continue by using both in-person and remote modalities. While all of them feel that in-person meetings are most effective at reaching the SASA! Faith outcomes, such meetings are not possible for everyone, nor all the time. Remote modalities, although not necessarily functioning or impacting in the same way, can serve to fill the gap, with the preferred platform being WhatsApp – a platform which has specific advantages that are of benefit to SASA! Faith. All of the research participants believe that it has proven to be the most effective form of remote engagement, arguably because it is the most interactive of all the remote modalities employed, allowing for continuous, repeated engagement. However, other social media platforms, such as Twitter and Facebook, should also be used.

The digital divide remains a significant obstacle

The digital divide is a major challenge to the reach of remote modalities, particularly in relation to reaching women and girl survivors of violence. That is why the research participants argued that, while WhatsApp is the most impactful of the remote modalities, engagement via radio and even television is also important. As people are more housebound during COVID-19, they listen and watch more radio and television, and these become remote modalities with potential to reach across the digital divide. Nevertheless, considering that these platforms are one-sided in its communication, the digital divide continues to be troubling to the research participants. There remains a need for a remote modality that does not require mobile devices and internet data, but still allows for interactive, continuous engagement.

Prioritise continued survivor services

Women and girls in Zimbabwe are at increased risk of VAWG during COVID-19, and their access to support services are curtailed by COVID-19 mitigation, containment and response measures. Research participants from Trócaire Zimbabwe and its partner organisations have emphasised the absolute importance of continuing survivor services, even in hard lockdown, and putting in place measures to assist survivors in accessing such services. Tollfree helplines and tollfree remote counselling were seen as especially effective. However, more effort should go into ensuring that VAWG services are recognised as essential services, thus ensuring that such services can continue functioning even in hard lockdowns.

Adapt the SASA! Faith guides and tools

Finally, SASA! Faith project staff reflected on the need for SASA! Faith manuals and tools that reflect the inclusion of remote modalities. If the remote component of SASA! Faith is to continue, it would be of

significant value if the SASA! Faith Training Manual gives directions and guidelines for doing so safely and ethically. It should be noted that Raising Voices did design a Guidance Note on how SASA! Faith can be adapted to ensure continued implementation during COVID-19, including through remote modalities. The learning from this brief review of Trócaire Zimbabwe's adaptations and their usefulness in Zimbabwe could potentially inform future updates of global guidance. Furthermore, there is an urgent need for M&E tools that are appropriate for assessing remote modalities. A number of CAs reflected on how they struggle to report on their WhatsApp SASA! Faith sessions using the current activity reporting form, while M&E staff explained in detail how the existing M&E forms require information (e.g. information on body language) that cannot be provided by most remote activities. A general M&E plan for emergencies is needed, and a social media monitoring plan needs to be developed.

3. Conclusion

During COVID-19, Trócaire Zimbabwe and its partners had to make significant adaptations to their roll-out of SASA! Faith in order to meet the requirements of lockdown restrictions and other public health measures. These adaptations included transitioning to remote modalities, but also adapting the in-person activities that were allowed over certain periods during the last year. Relying on case study methodology, this report has captured the different adaptations, the strengths and challenges of these adaptations (especially the remote modalities) and reflected on the way forward for Trócaire Zimbabwe in the light of the continuing COVID-19 pandemic. In conclusion, this section offers a few final thoughts and questions that will hopefully spark further reflection.

What does success look like?

In emergency settings such as these, it is important to adjust your expectations of VAWG prevention programming – both of what can be done and what it should achieve. It is important to acknowledge this and in the process rethink and redefine what success looks like. What Trócaire Zimbabwe and partners were able to deliver in the past year should in itself be viewed as a major success – but this remains unrecognised if measured only against what should have happened under 'normal' circumstances.

Is it possible to leverage the advantages of both in-person engagement and remote modalities?

In-person engagement continues to be the preferred option for those involved in SASA! Faith. It is judged as being most effective in reaching the intended outcomes of the programming. At the same time, research participants believe that WhatsApp engagement has an important role to play, not only as substitute when in-person engagement is not allowed or limited, but as an additional or alternative means of engagement. The multiple advantages of this form of engagement should be recognised and leveraged to SASA! Faith's benefit. The research participants in Zimbabwe believe that the WhatsApp sessions achieved more than information sharing and was able to drive the transformational change that SASA! Faith aims to achieve – and they have anecdotal evidence to support this view. It is arguably time to be more open to the idea of virtual engagement (i.e. remote modalities that use a computer or device) around social norms for VAWG prevention, even in resource-poor settings like Zimbabwe.

What groundwork can be done?

It is clear that the ability to respond and adapt to COVID-19 challenges was greatly influenced by the partner organisations, staff members, and the CAs, as well as the relationships established prior to COVID-19. The care and effort taken in choosing the right people, and building trust and capacity, is reflected in how these people were able to adapt and the energy and drive they continued bringing despite very challenging circumstances. The importance of investing in the right people and organisations, but also to put effort into building good relationships and trust, should not be underestimated.

4. Recommendations

4.1 Recommendations for Trócaire Zimbabwe on using SASA! Faith in the context of COVID-19

Continue with SASA! Faith, being flexible and adaptable in responding to government directives in a constantly-changing environment. Try to maximise in-person sessions, always maintaining participant safety. Recognise that some activities will work better in-person (e.g. training of CAs) and postpone such activities until possible. Remote modalities have allowed SASA! Faith to reach non-faith spaces and community members, and this should be encouraged.

WhatsApp should not only be seen as a replacement modality whilst in-person sessions are limited or halted. rather should be developed and implemented as a component of SASA! Faith roll-out. **Develop WhatsApp group sessions further**, maximising on the advantages of this form of engagement by developing guidelines based on practice-based learning. Be intentional in identifying the goals of specific groups, and these goals should guide its size and type of engagements. While big groups are good at sharing information widely, the challenges of WhatsApp engagement appear to multiply on such platforms (e.g. passive members, overwhelmed CAs, teaching instead of discussion). Smaller groups (of approximately 15 members) appear to be more able to encourage interactive engagement, as well as allow CAs to track members' participation and involvement.

Continue with tollfree phone lines, as engagement with these lines significantly increased during COVID-19. In the communities being served, community members already experienced severe financial difficulties which have now been exacerbated by the pandemic, therefore this platform is much-needed. Remote counselling (via phone) should continue even beyond COVID-19, as it allows those who cannot reach counselling centres to also receive support. However, training needs to be given to counsellors to enable them to maintain privacy, safety and confidentiality.

Explore further options for bridging the digital divide, paying attention to the gendered nature of the divide. While a number of adaptations targeted those without smart devices and internet access, the reach and impact of these activities is unclear to those involved in its roll-out (and was beyond the scope of this research to assess). The reality is that large numbers of people, especially in rural communities, do not have smart devices. Furthermore, fewer women than men own mobile phones – women in low- and middle-income countries are 8% less likely to own a mobile phone, and women are 20% less likely than men to use the internet on a mobile phone (Bell, 2020). In Zimbabwe, network connectivity challenges are common, and many people cannot afford data. One possible way to overcome this challenge is to provide data for community members, although this does bring new challenges; another possibility is to partner with service providers so that certain domains are zero-rated, which means there are no data-costs to people accessing these domains. Some CAs have been creating information flyers, that they share with households when they do door-to-door visits. Such hardcopy materials could be one possible avenue, but more creative thinking is needed to reach those unable to access or use the Internet or mobile phones.

Advocate to ensure that essential emergency VAWG services continue to be provided during COVID-19, especially during hard lockdowns. Part of this task is to lobby government to explicitly explain with lockdown announcements that VAWG services are essential services that will continue. When such services are not available, referral pathways collapse. Also advocate around the acceleration of clearance letters that allow the movement of frontline VAWG services' staff.

Rethink and adapt M&E plans and procedures, so that they can measure the adapted activities. While adaptations were made to the activity tracking forms to enable them to be used for WhatsApp sessions, they are still not wholly adequate, and outcomes monitoring is hard as there are questions that simply cannot be answered (e.g. impressions of people in the group; number of active participants; disaggregated data). The increased engagement with social media has also highlighted the need to identify targets for social media engagement, and to develop a social media monitoring plan that goes beyond the analytics supplied by the platform itself. Finally, the past year has shown the need for

Trócaire Zimbabwe to develop a M&E plan for emergencies, which identifies the priority M&E activities and information to be gathered during such challenging times.

Consider **additions to the SASA! Faith manual** designed by Raising Voices and Trócaire (Raising Voices, 2016), so that it documents the adaptations and offers guidelines for these adapted activities. If remote modalities become part of the longer-term reality of SASA! Faith roll-out, the manual needs to offer guidelines for these activities and how they can be carried out safely and ethically. WhatsApp group sessions in particular would benefit from such additions to the manual.

4.2 Recommendations for using remote modalities in VAWG prevention programming

The **appropriate remote modalities will depend on the context**, but also the purpose of the activity. Explore remote modalities that allow for interaction and prioritise modalities that already have uptake within the communities engaged. Consult with partner organisations, staff and beneficiaries in the process of identifying appropriate remote modalities.

Remote modalities may be a way to **reach community members with disabilities** alongside work to make in-person programme activities more inclusive. Remote modalities should therefore not automatically be seen as only 'Option B', but rather as a potentially useful way to engage a more diverse group of people, including those who may be marginalised by more traditional programming.

Intentionally and creatively brainstorm around crossing the digital divide. Understanding the nature of the digital divide in the intervention setting is important (e.g. whether people have devices or data), as this impacts how it can be overcome. The reality may also be that the digital divide cannot be overcome, requiring recourse to remote modalities that do not require mobile devices or the internet.

Develop an emergency response plan (or disaster preparedness strategy) at the outset of programming roll-out, that details programmatic priorities and potential adaptations (including for M&E and advocacy), and also has simplified protocols in place that guides programme outcome adjustments, including budget reallocations.

Include **some remote modalities within the programme**, so that, should unforeseen emergencies like COVID-19 strike, only scaling up is required (and not the design and roll-out of completely new activities). A challenge in many communities in relation to remote modalities is people's resistance to the idea of engaging in such a manner. If this resistance has already been overcome in 'normal' programmatic activities, it allows for faster scale-up during emergencies.

Should disaster strike and emergency response be required, **prioritise the support, capacitation and mentoring** of partner organisations and project staff and volunteers. In such challenging times they need such engagement and, if provided, the organisations and individuals, and the relationships between them, will emerge stronger.

4.3 Recommendations for future research

There is a **need to rigorously evaluate the impact of remote modalities in social norms change interventions** programming. There is a need to understand if it works and, if so, under what circumstances (for example, whether it requires a specific demographic, specific technological access). There appears to be significant potential in some of the remote modalities, especially virtual engagement, but it has to be better understood and evaluated before it can be scaled-up.

The research for this case study found that reflection on the SASA! Faith WhatsApp sessions have indicated that it may create a faith-based space where all women's voices can be heard and where they can participate equally, and lead to increased engagement from men (which SASA! Faith has struggled with). More research is needed into whether this is the case and, if so, under what circumstances replication would be suitable.

Bibliography

- Bell, E. 2020. *Stopping Abuse and Female Exploitation (SAFE) Zimbabwe Technical Assistance Facility: Literature review to support the development of a communications strategy for SAYWHAT*. Research report. SAFE Technical Assistance Facility.
- Bryman, A. 2008. *Social research methods*. Oxford: Oxford University Press.
- Lewis, J. 2003. Design Issues, in J. Ritchie & J. Lewis, J. (eds). *Qualitative research practice: A guide for social science students and researchers*. London: SAGE Publications. 45-76.
- Martin, R. & Ahlenback, V. 2020. *Stopping Abuse and Female Exploitation (SAFE) Zimbabwe Technical Assistance Facility: Evidence Synthesis: Secondary impacts of COVID-19 on gender-based violence (GBV) against women and girls in Zimbabwe*. [Online]. Available: <https://www.sddirect.org.uk/media/2136/safe-zimbabwe-evidence-synthesis-on-covid19-10122020-for-publication-v2.pdf> [2021, 19 April].
- Raising Voices, 2016. *SASA! Faith: A Training Manual to prepare everyone involved in SASA! Faith*. [Online]. Available: <https://www.trocaire.org/sites/default/files/resources/policy/sasa-faith-training-manual.pdf> [2021, 19 April].
- Snape, D. & Spencer, L. 2003. The foundations of qualitative research, in J. Ritchie & J. Lewis (eds). *Qualitative research practice: A guide for social science students and researchers*. London: SAGE Publications. 1-23.
- Yin, R.K. 2009. *Case study research: design and methods 4th edition*. Los Angeles: Sage.
- ZIMSTAT, 2017. The 2017 Inter-Censal Demographic Survey. [Online]. Available: <https://zimbabwe.unfpa.org/sites/default/files/pub-pdf/Inter%20Censal%20Demography%20Survey%202017%20Report.pdf> [2021, 19 April].
- ZIMSTAT, 2019. *Zimbabwe Multiple Indicator Cluster Survey 2019, Snapshots of Key Findings*. [Online]. Available: <https://www.unicef.org/zimbabwe/media/2511/file/Zimbabwe%202019%20MICS%20Snapshots%20of%20Key%20Findings%202020.pdf.pdf> [2021, 19 April].

Appendix A: Methodology

This research study used a qualitative approach, as it provides rich, deep data that gives contextual understanding, and allows for the investigation of complex issues (Snape & Spencer, 2003:5; Bryman, 2008: 393-394). A case study design was used, for it allows for multiple perspectives and sources of evidence, and their integration, as well as for in-depth understanding of the issue that is being studied (Lewis, 2003:52; Yin, 2009:18).

Twenty interviews were conducted virtually with key stakeholders involved in different ways in the roll-out of SASA! Faith in Trócaire Zimbabwe's two VAWG prevention programmes:

Position	Number of interviews	Women	Men
Project staff members	6	6	0
Community Activists	6	4	2
CAG (community action group) members	4 (one interview had two participants from the same CAG)	2	3
Faith community members	4	2	2

The specific participants were selected by members of the SASA! Faith team, with oversight by the researcher.

All interviews were conducted over a period of nine days using MS Teams, although one interview had to move to WhatsApp partway through due to connection difficulties. All sessions were recorded. Comprehensive notes were taken by the researcher during each interview. Use was also made of the automatic transcription function of MS Teams, and research notes strengthened by drawing on the transcriptions, especially to capture (when needed) the exact wording of an interviewee.

Aside from the interviews, document review of eight programme documents was conducted:

Type of report	Number of documents
Mid-term evaluation report of the "Promoting access to inclusive SRHR and SGBV information and services in Zimbabwe" programme	1
Activity tracking report	1
Activity reports documenting adapted activities	5
Proposed adaptations to programme implementation (synthesised)	1

The analysis of the data was done in a hybrid deductive and inductive manner, allowing for a structured coding sheet based on research questions and priorities, but also flexibility that allows for key themes and issues to emerge from the data itself. Research notes (not interview transcripts) were analysed using ATLAS.ti8. Atlas.ti8 is a globally recognised gold standard for qualitative analysis.

The research project applied for and received ethical clearance from the Stellenbosch University Research Ethics Committee: Human (Non-Health) in South Africa. The stipulations of the clearance were strictly adhered to throughout the research process, including confidentiality and anonymisation of the interview participants.



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