

ALiGN

**Advancing Learning and
Innovation on Gender Norms**



Gender-based violence and women in artisanal mining in Zimbabwe

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Contents

About Tariro Youth Development Trust (TYDT), Zimbabwe	2
Acknowledgements	2
Key findings	3
Introduction	5
Background	5
Research objectives / rationale	6
Methodology	6
Survey	6
Focus group discussions	8
Key informant interviews, consultation with organisations and desk research	8
Findings on gender-based violence in Zimbabwe’s small-scale mining sector	9
Prevalence of gender-based violence	9
Common forms of gender-based violence	10
Causes of gender-based violence	11
Impact of gender-based violence on women and girls	12
The nexus of gender-based violence, gendered power relations and decision making	14
Challenges facing women and girls in the sector during the COVID-19 pandemic	15
Conclusion	16
Recommendations	16
Government	16
Civil society	17
Donors	17
Private sector	17
References	18
Annexes	19
Annex 1. Districts, organisations and focus areas of key informants	19
Annex 2. Key actors working on gender-based violence at provincial and national level	20

About Tariro Youth Development Trust (TYDT), Zimbabwe

Established in 2015, TYDT is a registered not-for-profit and youth-led organization that advances the rights of young people and gender equality. We strive for a just, gender-equal and inclusive society in which all children, youth and other vulnerable groups in society are empowered to reach their full potential and exercise their rights; be healthy, resilient and productive citizens. Specifically, our interventions are catalysts of change that improve the health and well-being of children, young people and marginalised groups with a specific focus on sexual and reproductive health and rights, resilient livelihoods, skills development, research and advocacy. For more information, visit www.tydt.org.

Acknowledgements

The TYDT team would like to extend gratitude to all those who made the study a success. Firstly, we are greatly indebted to the ODI for creating the Advancing Learning and Innovation on Gender Norms (ALiGN) platform and Global Affairs Canada together with Ford Foundation for funding this noble cause. Secondly, the study would not have been possible without the participation of artisanal miners in Mberengwa, Shurugwi and Zvishavane who devoted their special time to participate in the data collection process. The contribution of gender-based violence (GBV) services providers, government line ministries in the districts and at national level need not to be overemphasised. These provided insightful data for the study. The list of participating GBV services providers is given in Annex 1. Our gratitude goes to the enumeration teams who worked tirelessly to make data collection a success in the face of the precarious COVID-19 pandemic.

Last but not least, the study would also not have been accomplished without the technical support of Paola Perezniето, Sonia Hoque and the rest of the ALiGN team who patiently provided constant support, valuable insights and feedback.

Key findings

- This report finds high levels of gender-based violence (GBV) in Zimbabwe's artisanal small-scale mining (ASM) sector, with 77% of women working in the sector reporting that they have experienced such violence.
- The three most common forms of GBV against women and girls in the sector are reported to be physical violence, sexual assault and emotional abuse.
- This violence is underpinned by negative gender norms, including rigid and culturally ascribed norms of masculinity and patriarchy that do not tolerate women as actors in public spaces, as well as norms that normalise GBV as a way for men to wield power over women. These norms deepen the plight of women in the absence of strong laws and ASM-specific GBV policies to protect them.
- The COVID-19 pandemic heightened women's vulnerability to GBV in ASM, both at home and in prospecting areas.
- Preventive and protective services for GBV survivors in the ASM sector were disrupted during the COVID-19 lockdown as most service providers were not considered to be essential services.
- There are no ASM-specific GBV policies, legislation or regulations for GBV prevention and reporting, despite the government's recognition of this problem in the Constitution and other gender-mainstreaming agreements.

Introduction

Gender-based violence (GBV) or violence against women and girls (VAWG) is commonplace in Zimbabwe's artisanal small-scale mining (ASM) sector. ASM has become a dominant livelihood strategy in communities that have mineral deposits, the main one being gold. Its popularity increased dramatically as a result of the Indigenisation and Economic Empowerment Act (IEEA), the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (Zim Asset, (2013–2018) and the adoption of Five Year Development Plans – all of which feed into the Zimbabwe Agenda 2030 as policies to drive economic development and empowerment.

While Zimbabwe's development and empowerment motives are noble, the potential negative impacts in a sector that has always been a source of GBV risk to women, and which will tend to increase with greater activity and without regulation, were overlooked by the government and other responsible stakeholders. The failure to consider GBV as a possible threat to women and girls working in the sector worsened a situation that was already, for many, precarious.

The vulnerability to violence has been fuelled by discriminatory gender norms that see women as domestic workers and men's property and that permit violence. These norms are reinforced by most Christian religious dogmas that instruct them to be submissive to their husbands and fathers. These religious norms instruct them avoid the public spaces that are considered to be the preserve of men as heads of households.

In addition, most ASM activities are not registered, which makes it difficult for the state and civil society actors to deal with GBV issues through formal and legal platforms. To explore GBV in this grey area of informal employment, Advancing Learning & Innovation on Gender Norms (ALIGN) provided a grant to the [Tariro Youth Development Trust](http://www.tydt.org/)¹ (TYDT) to conduct field-based research. The study was carried out in the Midlands province of Zimbabwe, targeting three ASM 'hotspot' districts: Mberengwa, Shurugwi and Zvishavane.

Background

Artisanal small-scale mining (ASM) is a dominant livelihood strategy among communities in the Great Dyke mineral strip and other areas scattered across Zimbabwe (Machinga, 2018). ASM has existed since time immemorial, but with little or no formal recognition from the government until 2013, when mining was recognised as holding real potential in supporting Zimbabwe's economic recovery (Gutu, 2017). ASM was seen as one of a number of critical strategies that could be mobilised to promote inclusive development from the grassroots.

When ASM was formalised, the government failed to explicitly link it to GBV prevention laws or to craft context-specific policies to curb GBV which was already pervasive within the sector (Chinembiri, 2019). GBV was not given the serious attention that was demanded by the

¹ <http://www.tydt.org/>

Zimbabwean Constitution of 2013 and the National Gender Policy (2017). At the sub-regional, continental and international levels, Zimbabwe has ratified various pacts and agreements that condemn GBV in all sectors. Yet despite these good intentions, the absence of downstream and context-specific gender and GBV policies left a large void in ASM and other critical sectors. Specifically, the absence of GBV policy in ASM has increased women's vulnerability as national policies have failed to prevent such violence and protect women and girls.

At the same time, the potential of non-state actors such as civil society organisations (CSOs) and community-based organisations (CBOs) to fight GBV in ASM is not being fully exploited (Sibanda, 2020). The majority of human rights CSOs and CBOs and other pressure groups have limited capacities as a result of lack of support from the government. Most non-state actors also lack the proactive, preventive measures and integrated approaches required to work with communities to prevent GBV in ASM. As a result, the help that can be provided by civil society actors is palliative rather than offering longstanding solutions to the prevention of such violence.

Research objectives / rationale

The research study aimed to:

- identify the gender norms that contribute to GBV or VAWG in ASM
- document the challenges experienced by women and girls in ASM in accessing GBV prevention and response services during the COVID-19 pandemic
- identify the linkages and implementation gaps between laws, policies and organisations that aim to respond to violence against women and the women's mining groups and federations that attempt to meet the needs of women and girls in ASM
- identify the capacities and constraints of service providers in addressing and preventing VAWG
- identify opportunities to improve laws, policies, service provision, referrals and information management systems that could strengthen the response to GBV in ASM.

Methodology

The study used mixed methods to establish the prevalence of GBV in artisanal mining, and to understand people's experiences, and the norms that underpin GBV in this sector.

Survey

An individual survey, using Kobo Collect, was administered to 300 individuals distributed equally across the three targeted districts. Table 1 shows the number of participants for the survey and for each site, while Table 2 shows the number and percentages of participants by their occupations within ASM.

Table 1. Number, gender distribution and location of survey participants

District	No. of participants		% of participants		ASM place and distribution	Research tool
	Male	Female	Male	Female		
Mberengwa	46	54	49	51	Van Guard mine (50) and Costas mine (50)	Survey questionnaire
Shurugwi	64	36	37	63	Sebhekwe (50) and Mubata (50)	Survey questionnaire
Zvishavane	34	66	36	64	Runde mining (50) and Mapanzure mining (50)	Survey questionnaire

Table 2. Occupations of survey participants

ASM occupation	No. of participants	Percentage
Informal miner ²	70	23.7%
Vendor	44	14.6%
Small mine owner	44	14.6%
Mine worker	42	14%
Commercial sex worker	23	7.6%
Gold buyer	22	7.3%
Cook	18	6%
Wares supplier	14	4.6%
Security	13	4.3%
Supervisor	10	3.3%

The study reflected the ethnicities of the study areas with the Shona being the majority (93%), followed by the Ndebele (5%) and lastly the Remba (2%). Other ethnic tribes accounted for smaller proportions, including the Nyasaland, originally from Malawi, and the Shangani.

The study participants included a number of people with disabilities as a critical social category in terms of ASM and GBV issues. According to the World Health Organization (2011), people with disabilities face discrimination and multiple cultural, physical and legal/policy barriers. These barriers may well be heightened in the mining sector, which is a particularly harsh sector by its very nature.

In all, 5% of the study participants in Mberengwa, 7% in Shurugwi, and 15% in Zvishavane had some form of disability.

² These are minners who are not registered to prospect in the area neither do they possess a miners' or mine ownership licence.

Focus group discussions

Focus group discussions (FGDs) were conducted with men, women, boys and girls who had participated in the survey. These groups were separated by sex so that different views on gender and inclusion could be captured. Although the study initially targeted at least six FGDs per district, only two were conducted per district because of the COVID-19 pandemic. The FGDs were held with small groups (8-18 people) to elicit ideas, insights and experiences and validate the information collected through the individual surveys. Table 3 shows the distribution of participants in the FGDs that were conducted disaggregated by sex, age and number per FGD by site.

Table 3. Location, number, age group and gender of participants in focus group discussions

District	No. of FGDs	Site	Participants by age				Total participants
			Men	Women	Girls	Boys	
Mberengwa	2	Van Guard Mine	7	9			16
		Costas Mine			10	4	14
Shurugwi	2	Sebhekwe			11	7	18
		Mubata	6	11			17
Zvishavane	2	Runde	5	11			16
		Mapanzure			12	5	17
TOTAL	6	6	18	31	33	16	98

Key informant interviews, consultation with organisations and desk research

The study was informed by key informant interviews with relevant stakeholders in the three districts. The selected key informants included district administrators, human rights defenders, women’s rights activists, mining associations and government line departments and ministries that deal with women and mining. The distribution of these departments and organisations was not the same in all three districts.

The key informant interviews on GBV and women in ASM in the three districts were rigorous, multi-sectoral and engaging. The selection and identification of participating organisations or institutions was guided and informed by their relevance and their direct linkages to the rights of women and girls and GBV in ASM. A total of 25 district-level key informants (9 in Shurugwi, 9 in Mberengwa and 7 in Zvishavane) took part, as shown in Annex 1.

Finally, we consulted four influential and public-interest national NGOs that are lobbying to end GBV in ASM. Those selected are active, powerful and have some influence on GBV policy frameworks, gender activism and GBV in ASM.

1. One Stop Shop GBV Centre in Gweru
2. Women Coalition of Zimbabwe (WCZ)
3. Zimbabwe Artisanal Mining and Small-scale for Sustainable Mining (ZAMSC)
4. Women and Law in Southern Africa (WLSA).

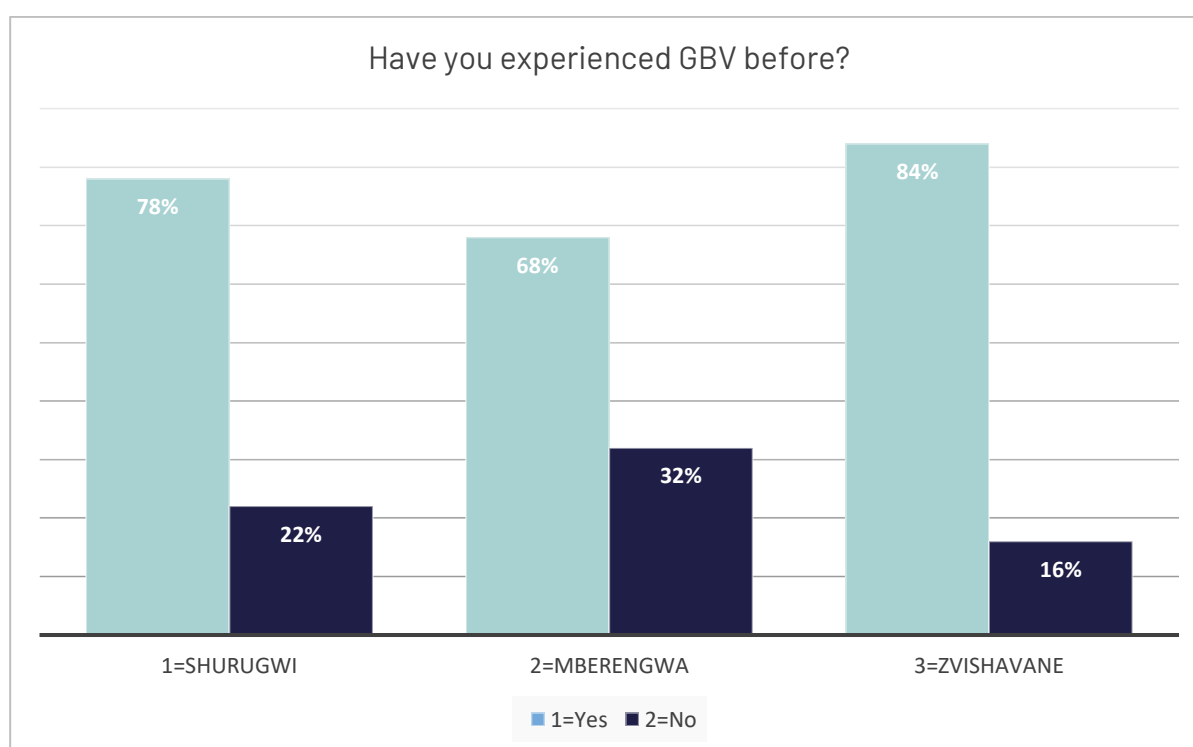
Finally, information on GBV in ASM in Midlands’ three districts was supplemented by a desk review.

Findings on gender-based violence in Zimbabwe's small-scale mining sector

Prevalence of gender-based violence

The study confirmed that GBV is a prevalent and harmful social practice against women and girls in the ASM sector. GBV cases in the sector are not, however, uniform across the three districts and that rates of GBV rates vary. Zvishavane tops the list with 84% of women and girls reporting that they had experienced some form of GBV, followed by Shurugwi with 78% and lastly Mberengwa with 68% as shown in Figure 1.

Figure 1. Percentage of women and girls reporting experiences of gender-based violence



The variations in the rates of GBV in ASM may reflect different conditions in the three districts. A key informant from the Ministry of Women Affairs, Community, Small and Medium Enterprise Development (MWACMED) provincial offices in Gwere confirmed that Zvishavane is a particular hotspot for GBV in ASM when compared to the other two districts. He revealed that Zvishavane town attracts many people, including those looking for employment in big companies such as the MIMOSA mine. These job seekers and other nomadic miners include the often aggressive ASM miners known as 'MaShurugwi' (machete-wielding men from Shurugwi, who are known to rob, injure and sometimes kill other miners). Driven by the patriarchal and masculine social norms that tolerate their violence and by intense competition in mining, the MaShurugwi are free to inflict GBV, with women and girls the worst affected.

In Shurugwi, second in the list in terms of rates of GBV, key informant interviews and FGDs revealed that cases were declining as a result of the sharp decrease in gold deposits in the district. While discriminatory social norms still enable men to perpetrate GBV, the decline in cases of GBV

in this particular district is attributed to its falling numbers of itinerant men and MaShurugwi gangs. In Mberengwa, the lowest reported cases of GBV reflect the district's relatively low levels of gold deposits. Box 1 outlines the views of key informants on the prevalence of GBV in ASM.

Box 1. Selected views of key informants on the prevalence of GBV in ASM

1. *Musasa Project* – the officer at Musasa confirmed that cases of GBV – mainly cases of grievous bodily harm – are prevalent at the Runde mining sites and in Mapanzure. Commercial sex workers are the dominant victims of machete injuries as mostly drunk men beat them up or refuse to pay them for services rendered. These commercial sex workers are, therefore, in great need of health, counselling and legal services.
2. *One Stop Shop GBV Centre in Gweru* – at provincial level, it was confirmed that the majority of GBV survivors with physical injuries come from Zvishavane, followed by Shurugwi, whilst Mberengwa records the lowest cases.
3. *Zvishavane Women Miners Association (ZWMA)* confirmed GBV cases in ASM in the area, but their major role is to facilitate processes through which women obtain their prospectors' licences.
4. *Zimbabwe Mining Federation (ZMF)* revealed that the majority of women and girls are victims of GBV in ASM and that efforts to assist them are futile because they are not registered. Unregistered women in ASM are not known, which makes it difficult to locate and assist them.
5. The Zimbabwe Republic Police's Victim Friendly Unit confirmed high numbers of GBV cases in Midlands, with Zvishavane dominating, and noted that its efforts to curtail the violence are hampered by limited resources.

Common forms of gender-based violence

The study finds that the most commonly reported forms of GBV amongst women and girls in ASM are, in descending order: physical violence, sexual abuse, emotional abuse, forced labour and exploitation, economic abuse, forced marriage, maltreatment and neglect, as shown in Table 4.

Table 4. Prevalence of different forms of gender-based violence reported by respondents

Form of gender-based violence	Percent of Cases
Physical Violence	72%
Sexual Abuse	62%
Emotional Abuse	46%
Forced labour and exploitation	33%
Economic Abuse	28%
Forced Marriage	25%
Maltreatment	21%
Neglect	9%

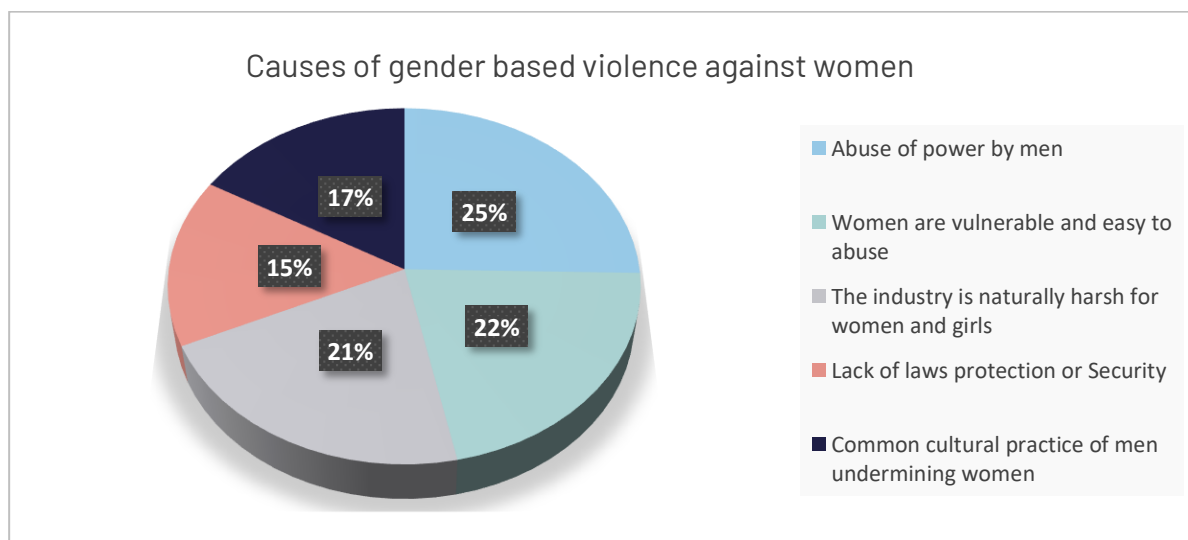
In addition to the study information shown in Table 4, there are, on average, 35 rape cases every month according to the Zimbabwe Republic Police's Victim Friendly Unit (statistics) in the three mining districts. Women and girls in general, and commercial sex workers in particular, are vulnerable to rape by men. Many men involved in artisanal mining are drug abusers. FGDs and key informant interviews revealed that miners often rape women when they are under the influence of either drugs or alcohol. Rates of child, early and forced Marriage (CEFM) are also high in the three mining hotspots. The main cause identified is the interaction between teenage girls and gold panners (*Makorokoza*). CEFM is not seen as a dangerous practice in most of these communities because of prevailing gender norms, with such marriages traditionally accepted as a safety net for coping with disasters. Poor and vulnerable families, therefore, often marry girls off to the relatively affluent *Makorokoza* as a way to survive.

The research also explored the situation of people with disabilities who work in the ASM chain. Most are vendors and, only in very rare cases, miners involved in the manual work. Evidence from the study shows that their involvement in different activities along the ASM chain depends entirely on the nature and degree of their disability and that they were not 'exempt' from the psychological, emotional and physiological abuses experienced by others. Indeed, their situation was often worse as male perpetrators of violence might denigrate their physiological condition before inflicting other abuses such as sexual harassment and rape.

Causes of gender-based violence

The study found that gender norms are at the centre of the perpetration of GBV by men in the ASM sector. Gender-insensitive cultural socialisation leaves men believing that they are powerful, that they 'own' women as their domestic property and that they have unchallenged control over them. As a result, men abuse their male privileges to inflict GBV, particularly against women who venture in a 'perceived male domain' like the ASM sector. As a result of these perceptions, men even ignore laws that instruct them to consider women as equal. Figure 2 shows the participants' perceptions of the causes GBV against women and girls in ASM in Mberengwa, Shurugwi and Zvishavane.

Figure 2. Causes of gender-based violence against women and girls in the sector, according to study respondents



The FGDs and key informant interviews revealed the dynamics of GBV in the sector and how women are systematically elbowed out of direct mining. The social norms that support the dominance of men as buyers, supervisors, and owners of mines force women to remain in, or retreat into, second and third tier low-income activities in ASM, such as vending, cooking or even commercial sex work. In addition, gender discrimination and the heavy influence of politicians in the ASM industry exacerbate violence and discrimination against women. Mining in Zimbabwe is highly politicised with politicians from the ruling party involved in the control of the mining chain. As a result, resilient women who venture into ASM are subjected to various forms of GBV to drive them out of the industry. To make matters worse, women and girls face many barriers to obtaining justice in cases of GBV. A combination of rigid and discriminating gender norms and barriers to their access to legal services increases their vulnerability to GBV in ASM.

On the same note, key informants from three CSOs reported that the drivers of GBV in ASM are based on unfounded superstition. Officers from the Zimbabwe Environmental Law Association (ZELA) in all three districts, and officers from the Zimbabwe Association of Church-Related Hospital (ZACH) in Mberengwa and from the Women and Land in Zimbabwe (WLZ) CSO in Shurugwi acknowledged the impact of superstitious and mythical beliefs that denigrate women in ASM. They pointed out that such beliefs are a great danger and that they have serious emotional consequences for the mental health and physical health of women. In responding to these incidences,

'It is really a challenge for us women to work in, or access, productive mines because men say that if we get into the shafts and open cast pits the gold will disappear, hence portraying us a cursed social group with bad omens and all misfortunes. As a result, when we are caught in these shafts we are thoroughly beaten, sexually harassed and banned from operating in the area. Men's sexist perceptions of seeing menstruation as a taboo relegate us to the low-income activities such as vending, cooking, fetching water for alluvial washing and commercial sex work.'

Female FGD participant in Mberengwa

CSOs and CBOs have conducted community information events on the dangers of mythical beliefs in ASM and the need to ensure that welfare of women as human beings.

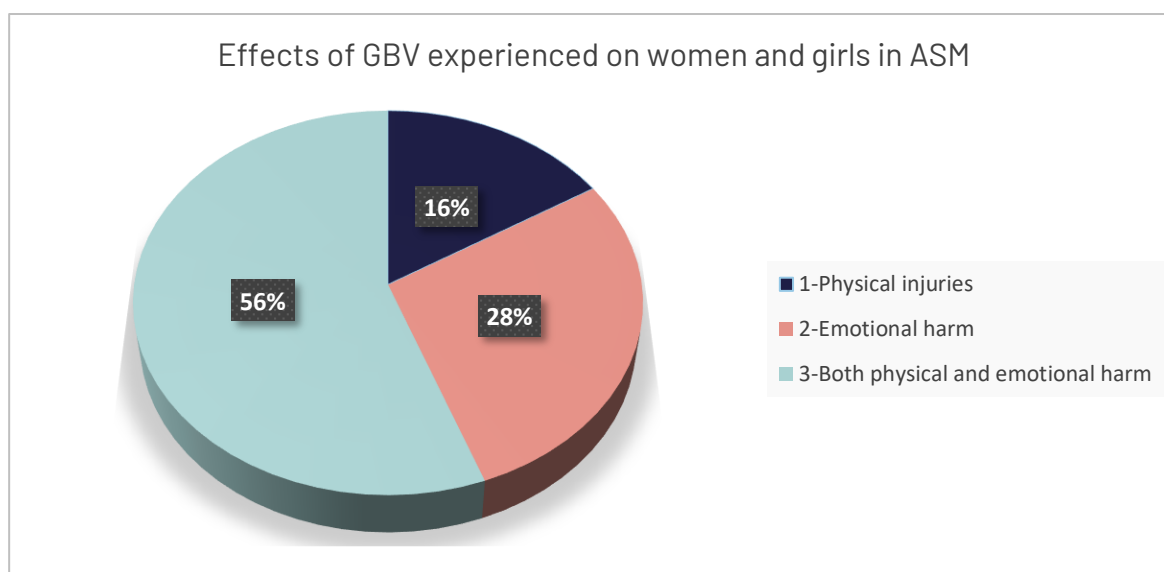
Impact of gender-based violence on women and girls

'I came across a gang of four machete-wielding MaShurugwi in the bushes on my way home and they said if I don't have gold, then I should give myself to them. I was gang raped and contracted a sexually transmitted infection. Although I reported the matter to the police, the culprits have not been caught due to their nomadic nature. I have not told any of my relatives but I can't get the horror out of my head up to this day.'

Respondent from the Runde mining area in Zvishavane

GBV has a grievous impact on the wellbeing and rights of women and girls. Of all the women and girls who responded to the survey, 28% reported that they had been affected psychologically, 16% had suffered physical injuries, and 56% had experienced both physical and emotional harm as a result of GBV in ASM (Figure 3).

Figure 3. Impact of gender-based violence against women and girls in the sector



Study respondents reported that they suffer from GBV perpetrated by fellow male miners, buyers, mine owners and the men they hire to provide security and, in some cases, police officers. However, as shown by the study, the cases and effects vary widely as a result of various factors in the three districts. Of the 16% who reported physical injuries in ASM, some are abused at the ASM sites by fellow male miners, while some are abused at home by their husbands. The levels of abuse vary, but include, in most cases, grievous bodily harm and rape.

Follow-up to cases of aggravated abuse, including rape, was confirmed by the One Stop GBV Shop in Gweru, VFU, ZELA and the Musasa Project in the three districts. ZACH, which operates in Mberengwa, confirmed high numbers of rape victims who are treated at Mnene Hospital, Mberengwa General Hospital, and at Musume and Masase Hospital, where ZACH partners with the hospitals to serve GBV survivors. In addition to rape, some women and girls are grievously injured in brawls, during raids by police and, in the case of commercial sex workers in particular, during fights between their clients for their services.

Some female participants said that they are asked for sexual favours by the police officers during raids and when they go to report cases. The majority of the survivors end up giving in to police's sexual advances, either to 'protect' themselves from further attacks by machete gangs, to receive favourable treatment in the processing of their prospectors' licences or to be released without trial in cases when they themselves have been arrested.

As shown in Figure 4, the study found that 28% are exposed to emotional abuse in the ASM sites. Girls and women are exposed to sexual harassment through the use of abusive language that denigrates them. The common language used is sexist and filled with sarcasm about women's genitalia and this results in loss of confidence and emotional trauma each time they are confronted by men.

As noted in Figure 3, the remaining 56% of GBV victims said that they had experienced both physical and emotional abuses in ASM in the three districts. It is clear that GBV is pervasive in the ASM industry and the only difference is the magnitude of victimhood. This grim reality was also confirmed by all the CSOs and CBOs consulted for the study that are linked directly to mining or that are working on women’s rights, GBV and social services.

‘They call us all sorts of names but the most painful is how they degrade us by vilifying our vagina as a shameful part to have. Operating in such environments make us feel undressed and we endure stress and depression. Unfortunately, due to poverty, we are left with no option but to painfully endure this daily torture.’

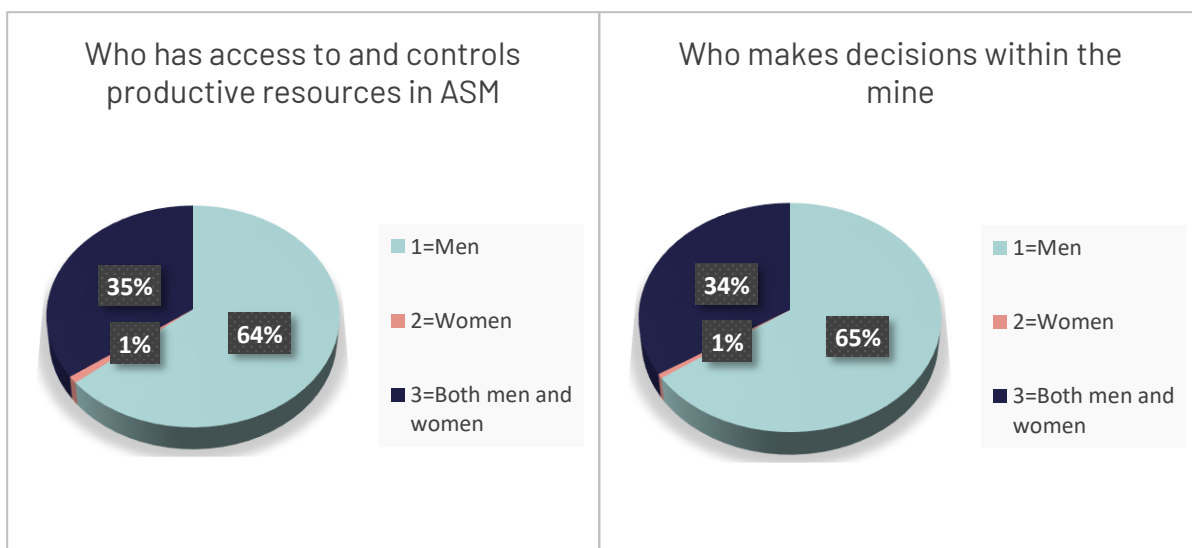
Female respondent in Mberengwa

The nexus of gender-based violence, gendered power relations and decision making

The study results confirm that there is entrenched gender inequality in the ASM sector. The FGDs and key informant interviews revealed rigid and conservative traditional cultures and patriarchy that translate into discriminatory gender norms. These norms consider that women should not leave the domestic realm and that if they do so, including to venture into ASM, this justifies GBV. It is clear, therefore, that women’s participation in the public domain is vilified and directly challenged. Women who defy the odds by crossing into mainstream livelihoods that are male-dominated, such as ASM, are generally subjected to GBV.

In addition, women’s lack of knowledge and education acts as a barrier to their access to legal help and their ability to claim their rights when they experience GBV. The vulnerability of women and girls is also heightened by their lack of ownership of small mines and representation in various associations, and by the absence of gender-balanced participation in decision-making bodies – all of which renders them insignificant ‘others’ in the ASM sector. Figure 4 summarises the perceptions of the survey participants on power dynamics in decision-making and the control of productive resources in ASM.

Figure 4. Control of resources and decision making



Challenges facing women and girls in the sector during the COVID-19 pandemic

It is important to note that the impact of COVID-19 has increased the risk of GBV in many sectors, including in the ASM sector in the three districts studied. FGDs and key informant interviews emphasised an increase in cases of GBV in the domestic sphere as a result of government-induced 'total and partial lockdowns'. Food insecurity, poverty and having to share small spaces for a long period of time fuelled altercations and subsequent incidence of GBV. Women were the chief victims and their plight was worsened by the closure of services to support those experiencing GBV.

Key informants also lamented the classification of GBV service providers (mostly CSOs and CBOs) as 'non-essential' during the government's fast paced COVID-19 response strategy, which worsened the plight of survivors.

Most CSOs and CBOs were forced to close, leading to a surge in unreported cases and the halting of services. In all, 82% of the respondents reported that GBV cases soared in the ASM sector during the COVID-19 lockdown.

The study found that, with the exception of the Musasa Project, most CSOs and CBOs did not function during the pandemic. The Musasa Project itself, which provides GBV services, was overwhelmed in the absence of help from other CSO and CBO partners.

'The lockdown affected us a lot. We are not considered as essential services hence even if we have cases that we may need to report, movement restrictions mean we can't do anything. This is also coupled with incapacitation in terms of resources specified to handle all cases involving women and girls in ASM comprehensively.'

CSO leader from the Zimbabwe Environmental Law Association (ZELA)

'I must admit that COVID-19 has affected service delivery. Lockdown has limited women's and girl's movement to report cases as well as to seek services and from our part as service providers' dissemination of information and provision of services such as counselling which require face to face have been disrupted.'

Key informant from the Musasa Project

The police were functioning, but some survivors explained that reporting their cases to the police was not effective because officers were preoccupied with safeguarding national health against the COVID-19 pandemic. Issues such as GBV were not considered to be essential and even the courts saw such issues as trivial when compared to the pandemic itself. Finally, hospitals only provided services to those who were grievously harmed, and those who had experienced serious emotional abuse and trauma were left unattended.

Conclusion

The study confirms the presence of GBV against women and girls in the three mining hotspot districts, with the most commonly reported forms being physical violence, sexual assault, emotional abuse, followed by sexual violence, economic violence and maltreatment. The main drivers of GBV include harmful gender norms that tolerate the abuse of power by men, general perceptions of the vulnerability of women and girls, and common cultural practices that are deeply rooted in patriarchy. These discriminatory social norms contribute to the lack of strong laws and policies to protect women and girls at risk of GBV.

In addition, men dominate the ownership of mining claims, gold buying, and decision-making on prospecting, and they have greater political influence which leaves women occupying subordinate roles in the ASM sector. As a result most women are confined to vending, cooking, the supply of wares and commercial sex work. The few who do engage in mining are subject to high levels of discrimination and violence.

Women and girls in the sector need advocacy services, counselling, medical support and legal aid. The study also noted the absence of legislation and regulations through which women can denounce cases of GBV. Meanwhile, GBV service providers such as the police lack the capacity to attend crime scenes and deal with reported cases. Furthermore, the majority of women in ASM have not joined the Zimbabwe Mining Federation (ZMF) or any women's mining groups. Many consider the ZMF political and women mining groups unhelpful.

The study also discovered that people with disabilities who work in the ASM chain are mostly vendors and, only in very rare cases, miners who are involved in manual work. Commercial sex workers, in particular, suffer from all forms of abuse at the hands of men, many of whom are drug abusers. Last but not least, gold panners (*Makorokoza*) prey on teenage girls, using money and material things to lure them into having sex. As a result, the rates of child marriage are high in all three of the districts studied.

Recommendations

The study offers the following recommendations for the government, civil society, donors and the private sector.

Government

- Craft and implement context specific laws and policies that prevent GBV in ASM.
- Develop, in a participatory and inclusive manner, a national action plan (NAP) or framework to tackle GBV in ASM that is synchronised with national strategies and policies to prevent and respond to GBV in general.
- Establish 'one-stop-shop' centres for survivors of GBV in mining hotspot areas. These centres would give access to holistic services such as health, psychosocial support, legal and police services to GBV survivors under one roof and free of charge. This would be linked to a coordinated multi-sectoral response system and a holistic package for GBV survivors in ASM.

- Register claims and formalise the ASM sector to create a gender-sensitive environment where women and girls can participate equally without being exposed to GBV. This formalisation must, however, mainstream gender in land allocation, the issuing of licenses and in legal protection to counter women exclusion in the ASM sector.

Civil society

- Engage men and boys as change agents to transform discriminatory gender norms, and dispel the stereotypes, myths and beliefs that drive GBV in ASM.
- Engage traditional leaders as change champions to enforce and maintain customary laws and practices that are in line with national laws on GBV.
- Implement holistic behavioural change communication (BCC), using multiple and context-specific strategies to change the social norms, practices and behaviours that drive GBV in ASM.
- Empower girls and women with information on their rights to build their confidence and agency to speak out against GBV and challenge social norms that drive GBV in ASM.
- Advocate with local and national authorities, through trained gender champions drawn from influential ASM members, for sustained GBV social accountability in ASM. These champions will also act as 'watchdogs' who will report GBV cases in ASM and provide referral pathways for GBV survivors.

Donors

- Invest in context-specific data collection and evidence gathering on what works to prevent and respond to GBV in ASM and identify approaches that can be effectively scaled up.
- Provide funding for national studies on the GBV experiences of women and girls in ASM that can be used as benchmarks for the engagement of policy makers.
- Provide long-term, flexible funding for CSOs to prevent and respond to GBV in ASM. This should include organisations that are led by women, girls and youth at community level, as they are best-placed to respond quickly and effectively to the needs of women and girls in ASM.

Private sector

- Set up a safe, accessible and confidential GBV complaints desk that enables women and girls in ASM to report any form of GBV, and ensure that there is a response mechanism.
- ASM owners must develop safeguarding policies and procedures in line with international standards to prevent and respond to GBV in the ASM sector. This must include the establishment of safeguarding focal points in all hotspot mining areas.

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Annexes

Annex 1. Districts, organisations and focus areas of key informants

District	Organisation	Focus area
Mberengwa	Mberengwa Mining Development Trust (MMDT)	A community-developed trust that was established to address local people's needs in terms of their socio-economic rights and development, including their entitlement to participation in ASM.
	Ministry of Mines and Mining Development (MMMD)	The ministry that oversees mining activities, crucially the licencing of ASM activities.
	Zimbabwe Environmental Law Association (ZELA)	An environmental rights-based CSO that is active in mining areas. Also caters for women's rights in ASM.
	Zimbabwe Republic Police's Victim Friendly Unit (VFU)	A police department responsible for offering a victim-friendly public service to survivors of sexual and gender-based violence.
	Musasa Project Mberengwa	A public interest CSO dealing with GBV through prevention campaigning, counselling and managing the welfare of survivors in all sectors.
	Zimbabwe Association of Church-Related Hospital (ZACH) Mberengwa	A church-based CSO responsible for helping GBV victims admitted in hospitals, providing both treatment and counselling
	Ministry of Women Affairs, Community, Small and Medium Enterprise Development (MWACMED)	Responsible for women's rights and protection in small and medium enterprises, with ASM included amongst its activities in the districts.
	District Development Coordinator (DDC)	Oversees the operations of all public organisations (government and private) and chairs, authorises, regulates and controls all operations in the district.
	Zimbabwe Mining Federation (ZMF)	An authority under the ministry of mines that represent the rights and interests of miners.
Shurugwi	Shurugwi Development Trust (SDT)	
	Ministry of Mines and Mining Development (MMMD)	
	Zimbabwe Environmental Law Association (ZELA)	
	Zimbabwe Republic Police's Victim Friendly Unit (VFU)	
	Musasa Project Shurugwi	
	Ministry of Women Affairs, Community, Small and Medium Enterprise Development (MWACMED)	
	Women and Land in Zimbabwe (WLZ) Shurugwi	A CSO focused on women's land rights in farming and mining. In mining, it also promotes women's rights and protection against GBV in ASM.
	District Development Coordinator (DDC)	

District	Organisation	Focus area
	Zimbabwe Mining Federation (ZMF)	An authority under the ministry of mines that represent the rights and interests of miners.
Zvishavane	Zvishavane Women Miners Association (ZWMA)	A group of women involved in artisanal mining who came together to advance their rights in the sector.
	Ministry of Mines and Mining Development (MMMMD)	
	Zimbabwe Republic Police's Victim Friendly Unit (VFU)	
	Musasa Project Zvishavane	
	Ministry of Women Affairs, Community, Small and Medium Enterprise Development (MWACMED)	
	District Development Coordinator (DDC)	
	Zimbabwe Mining Federation (ZMF)	

Annex 2. Key actors working on gender-based violence at provincial and national level

Sexual Reproductive Health & Rights Africa Trust
Southern Africa Aids Trust
Girls and Women Empowerment Network Trust
Smile Action International
Katswe Sisterhood
Chengeto Zimbabwe Trust
Women and Law in Southern Africa
Women Action Group
Plan International Zimbabwe
Shamwari Yemwanasikana

About ALIGN

ALIGN is a digital platform and programme of work that is creating a global community of researchers and thought leaders, all committed to gender justice and equality. It provides new research, insights from practice, and grants for initiatives that increase our understanding of – and work to change – discriminatory gender norms.

Through its vibrant and growing digital platform, and its events and activities, ALIGN aims to ensure that the best of available knowledge and resources have a growing impact on harmful gender norms.

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