A RESEARCH ON DIGITAL DIVIDE IN GBV PREVENTION - A COMPARATIVE ANALYSIS OF URBAN AND RURAL AREAS IN ZIMBABWE

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List of Acronyms

AI - Artificial Intelligence
CEDAW - Convention on the Elimination of All Forms of Discrimination against Women
DHS - Demographic and Health Surveys
DSD - Department for Social Development
DSDO - District Social Development Officer
EWF - Emthonjeni Women's Forum
FGDs/FDGs - Focus Group Discussions
GBV - Gender-Based Violence
GenG - Generation Gender
ICTs - Information and Communication Technologies
IDP - Internally Displaced Persons
KIIs - Key Informant Interviews
MOHCC - Ministry of Health and Child Care
POTRAZ - Postal and Telecommunications Regulatory Authority of Zimbabwe
PTSD - Post-Traumatic Stress Disorder
SDGs - Sustainable Development Goals
SWRGN - South Western Region Gender Network
VFU - Victim Friendly Unit
WHO - World Health Organization
ZIMSTAT - Zimbabwe National Statistics Agency
ZRP - Zimbabwe Republic Police

Key Definitions

GBV - A violation of human rights that includes physical, sexual, emotional, or economic abuse against GBV Survivors based on their gender.

Digital Divide - The disparity between GBV Survivors and communities with access to digital technologies and those without, impacting opportunities for accessing vital services.

Digital GBV Solutions - Technology-driven interventions aimed at preventing, reporting, and responding to gender-based violence through various online tools and platforms.

Access Barriers - Challenges that prevent individuals, particularly women, from utilising digital services, including economic, infrastructural, and cultural obstacles.

Hybrid Approach - A combined service delivery model integrating digital solutions with in-person support to address gender-based violence effectively.

Digital Literacy - The competency to safely and effectively use digital technologies, which is crucial for accessing online services and information.

Safety and Privacy Concerns - Worries related to the security of personal information and the fear of being monitored, which may discourage GBV Survivors from seeking help online.

Interoperability - The capacity of different digital platforms to connect and share information, facilitating coordinated support among various sectors for GBV survivors.

Community Engagement - The active participation of community members in developing and implementing solutions tailored to their specific needs and contexts.

Referral Pathway - The organised process through which survivors of GBV can access various medical, psychological, legal, and social support services effectively.

Executive Summary

The research conducted by Emthonjeni Women's Forum (EWF) examines the complex dynamics of the digital divide and its profound impact on Gender-Based Violence (GBV) prevention and response in Zimbabwe. The study, a comparative analysis of urban Bulawayo and rural Umzingwane, explores how disparities in technology access, digital literacy, and socio-economic conditions shape both the experiences of violence and the effectiveness of digital support mechanisms. Findings are derived from a robust mixed-methods approach that includes structured surveys, focus group discussions, and key informant interviews with a total of 161 respondents.

The core findings confirm that GBV remains a pervasive public health and human rights concern across Zimbabwe. While digital tools hold significant potential to enhance prevention and response efforts by providing discreet and rapid support, their impact is severely constrained by foundational gaps in access, affordability, and digital literacy. These challenges are most acute in rural Umzingwane, where longstanding barriers to services are compounded by technological limitations, leading to a significant mismatch between the promise of digital interventions and the realities of community life.

The analysis reveals that the digital divide is multidimensional and context-specific. In urban Bulawayo, high rates of smartphone ownership do not guarantee meaningful access, as women's autonomy over device use is often restricted by gendered control. Conversely, rural Umzingwane grapples with fundamental deficits such as weak infrastructure, unreliable electricity, and a high prevalence of basic phones, rendering complex digital applications largely irrelevant. The research underscores that simply providing devices is insufficient; effective solutions must address critical concerns around privacy, security, and trust, which are often undermined by device sharing and patriarchal norms.[1]

Ultimately, the research concludes that effective GBV support in Zimbabwe requires a pragmatic, survivor-centred approach that combines the strengths of both digital and in-person modalities. The findings strongly advocate for the operationalisation of hybrid service models, where low-tech channels like WhatsApp and SMS serve as crucial entry points, and seamlessly link survivors to essential physical services. The recommendations are actionable and multi-sectoral, targeting EWF, policymakers, and multi-sectoral partners to foster an inclusive and equitable digital ecosystem. Key recommendations include: zero-rating GBV platforms to remove cost barriers, investing in rural network and electricity infrastructure, implementing gender-sensitive digital literacy programs, and establishing robust, trust-building referral pathways between digital and in-person services.

1. The Nexus of Digital Divide and GBV in Zimbabwe

This research presents a comprehensive analysis of the digital divide and its critical implications for Gender-Based Violence (GBV) prevention and response in Zimbabwe, with a focus on Umzingwane and Bulawayo, which are rural and urban areas, respectively. The research findings are presented to provide a clear, evidence-based foundation for strategic planning, policy advocacy, and program implementation. It details the challenges and opportunities for leveraging digital solutions to improve the lives of GBV survivors, with a specific focus on the stark disparities between urban and rural settings.

1.1 The Landscape of Gender-Based Violence and the Digital Imperative

Gender-based violence constitutes a profound public health and human rights issue in Zimbabwe, with a significant proportion of women experiencing various forms of violence[1]. Research indicates that approximately one in three women aged 15–49 has experienced physical violence, and one in four has experienced sexual violence.[1] Despite the enactment of international and domestic laws, a persistent gap remains between legal frameworks and their effective implementation. Cultural and religious norms, coupled with a lack of resources, often mediate the impact of these existing laws, hindering effective service delivery. The COVID-19 pandemic further exacerbated this crisis, leading to what has been termed a "shadow pandemic," as lockdowns intensified the risks for vulnerable individuals. This was evidenced by a 75% surge in calls to the Musasa Project's national hotline during the 2020 lockdown, underscoring the urgent need for accessible remote services[2]. In response to this surge, there was a rapid adoption of digital modalities, including mobile applications, social media, virtual safe spaces, online counselling, and toll-free lines. While these digital tools offer transformative opportunities for remote and confidential GBV support, their effectiveness and sustainability are intrinsically linked to Zimbabwe's digital landscape in GBV response and the persistent issue of unequal access.

1.2 The Context of the Digital Divide in Zimbabwe

Zimbabwe's digital landscape is marked by a complex, multi-dimensional digital divide. Although mobile penetration exceeds 98%, with 15.67 million subscriptions, meaningful internet access remains limited to only 6.45 million users, or 38.4% of the population, as of early 2021[3]. For GBV survivors, high data costs, unreliable electricity, and patchy network coverage particularly in remote areas are not minor hurdles but fundamental barriers to life-saving support. The divide is highly pronounced along urban-rural lines. In urban Bulawayo, with a mobile penetration rate of 92% and relatively better infrastructure, the primary constraints are affordability and digital literacy. Many women, especially in low-income settings, cannot afford data and may lack the skills to safely navigate online platforms. Moreover, fears of online harassment, privacy breaches, and perpetrator surveillance pose additional deterrents. The situation is

[1] Persistent Gender Disparities Hinder Women's Safety and Productivity in Zimbabwe, (accessed on July 4, 2025,) https://www.worldbank.org/en/news/feature/2024/04/29/persistent-gender-disparities-hinder-women-s-safety-and-productivity-in-afe-zimbabwe

[2] Gender-based violence in Zimbabwe : a critical analysis of institutional responses, accessed on July 5, 2025, https://repository.up.ac.za/items/3b3fca16-033b-4d85-864e-935ec5618536

[3] Zimbabwe National Statistics Agency (ZIMSTAT) and Postal and Telecommunications Regulatory Authority of Zimbabwe (POTRAZ). "Information Communication Technology Access by Households and Use by Individuals Survey." 2021. https://zimstat.co.zw/ict-statistics/.

markedly different in the rural district of Umzingwane, where foundational deficits dominate. The area experiences weak or inconsistent network coverage, limited or no electricity for charging devices, lower device ownership, and a reliance on basic handsets that cannot support specialised services. These infrastructural challenges are further compounded by socio-cultural dynamics and patriarchal norms that often restrict women's access to and control over phones, thereby eliminating privacy and severing connections to support networks.

1.3 Study Design

The study adopted a mixed-methods convergent parallel design to assess how the digital divide affects GBV prevention and response. A purposive and stratified sampling strategy was used to target GBV survivors, community members, and various stakeholders, including NGOs and government representatives. The quantitative component involved structured surveys of 150 respondents, measuring digital access, device ownership, internet usage, and perceptions of digital GBV services. Qualitatively, the research drew on three focus group discussions (FGDs) per district and 17 key informant interviews (KIIs) to deeply explore personal experiences, perceived barriers, and opportunities. Secondary data from academic literature, NGO reports, and existing policies provided additional context. The overall response rate was 87%. The findings were integrated through methods such as triangulation, explanation building, and joint displays to derive context-specific and inclusive recommendations for stakeholders in Zimbabwe.

The objective of this research was to probe beyond headline statistics to examine these context-specific barriers and opportunities, assessing whether digital interventions genuinely empower survivors or unintentionally entrench existing inequalities in relation to GBV and the digital divide. Due to the sensitive nature of GBV, ethical protocols were of great importance throughout the study. All participants provided informed consent, and for those who were illiterate, verbal consent was obtained and documented to ensure a full understanding of the study's purpose. Strict measures were also put in place to protect the confidentiality and anonymity of all participants, with personal identifying information removed from data and stored securely to prevent unauthorised access. The safety and well-being of participants were paramount, and researchers were trained to conduct interviews and discussions sensitively, minimising the risk of re-traumatisation.

2. Key Findings

Section A: Demographics

2.1 Study Demographics

2.1.1 Sample Size and Sampling Strategy

The study targeted survivors of GBV and community members from both urban and rural settings. Equal representation was achieved by allocating 75 participants each to Bulawayo (urban) and Umzingwane (rural). Within each site, participants were divided into two groups: GBV survivors and community members. Survivors were purposively selected from a list provided by the client organisation, ensuring inclusion of individuals with direct experience using digital GBV services. Community members were selected through random household sampling using a systematic skip pattern to minimise selection bias. The number of community participants interviewed corresponded to the number of survivors willing to participate, ensuring balanced representation within each site. This approach allowed for meaningful comparisons across location and respondent type while maintaining the methodological rigour required for generalizability. The table below shows the questionnaire demographics –

District	Target Participants	Actual Participants	Response Rate (%)
Total for Umzingwane	75	76	101%
Total for Bulawayo	75	75	100%
Total	150	156	104%

2.1.2 Focus Group Discussion

A total of four focus group discussions (FGDs) were conducted per district. The FDG Demographics are in the table below:

District	Number of FDG Respondents
Umzingwane: FDG 1	12
FDG 2	10
FDG 3	12
Bulawayo FDG 1	10

Table 1: FDG Demographics

GBV Survivors Demographics

Survivors	Targeted	Actual Interviewed
Survivors from Registers	40	30
Survivors from the community		25
Target	65	55
Response rate		85%

Table 2: GBV Survivor Demographics

2.1.3 Key Informant Interviews (KII)

17 Key informant interviews were conducted with various stakeholders, including community leaders. Table 2 below lists key informants who were interviewed.

Department/Ministry	Designation	Level				
		Total	Provincial	District	Ward	Village
SWRGN	Programmes Assistant	1				
Rise Up Trust	Officer	1				
ZWIDE	Director	1				
Women's Coalition of Zimbabwe	Regional Coordinator	1				
NGO ZACH	SDO					
Ministry of Women's Affairs	Gender Officer	1				
Ministry of Local Government	Councilor	1				
EWF	Counselor	1				
Ministry of Youth	Youth Officer	2				
Zimbabwe Women's Lawyers Association	Regional Coordinator	1				
ZRP	VFU	2				
The Girls Table	Manager	1				
The Gender Commission	Regional Coordinator	1				
Department of DSS	DSDO	1				
Makhosikazi Media	Director	1				
Masakhane Project Trust	Project Officer	1				
National Aids Council	PCC	1				

Table 3: Key Stakeholder List

2.1.4 Total Response Rate

Data Collection Method	Target	Actual Respondents Reached	Response Rate
Community members	85	85	100%
Focus group discussions	4	4	100%
GBV Survivors	65	55	84%
Key Informants Interview	25	17	68%
Total	184	161	87%

Table 4: Total Response Rate

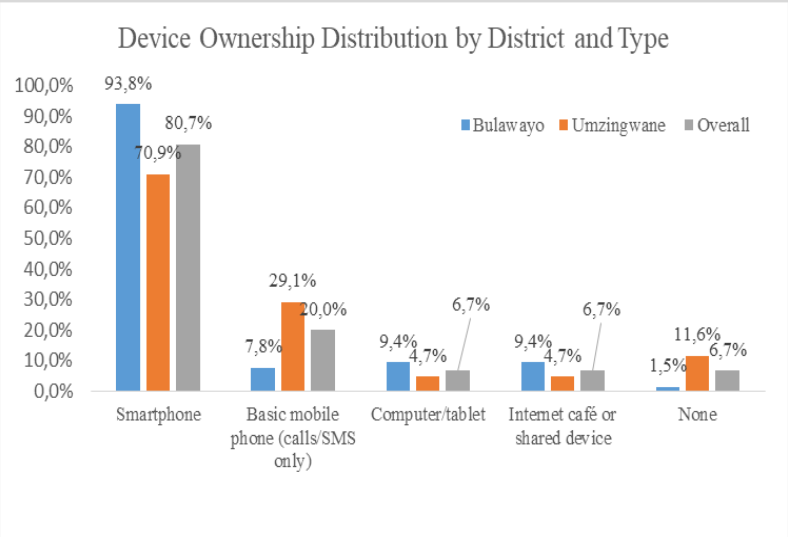
SECTION B: Analysis of Findings

This section presents the key findings of the research, structured according to the study objectives.

3.2 Digital Divide between Bulawayo (Urban) and Umzingwane (Rural)

2.2.1 Device Ownership Distribution by District, Type (Counts & Percentages, n=150)

Figure 1: Device Ownership by District

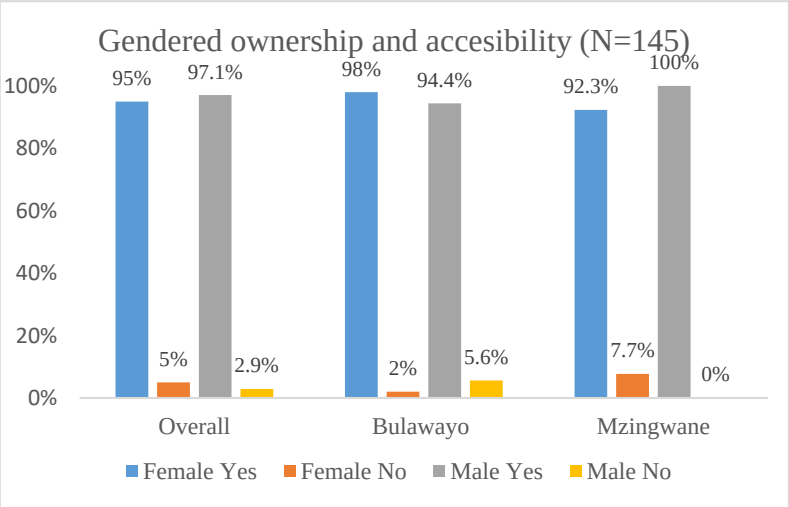


Across all respondents, smartphones are the most prevalent device, owned or regularly accessed by 80.7% of individuals. Basic mobile phones, primarily used for calls and SMS, are accessible to 20.0% of the sample. Less common are computers/tablets and internet cafés or shared devices, both at 6.7%. A significant disparity emerges when comparing the Bulawayo and Umzingwane areas where smartphone ownership is substantially higher in urban settings, with 93.8% of urban respondents reporting access, compared to 70.9% of rural respondents. Conversely, basic mobile phone access is considerably more common in rural areas (29.1%) than in urban areas (7.8%). Critically, 11.6% of rural respondents indicated having no access to any of the listed devices, a stark contrast to urban areas, where no respondents reported lacking device access. These findings are consistent with national-level data from the 2020 ICT Access by Households and Individuals Survey, conducted by the Zimbabwe National Statistics Agency (ZIMSTAT) in collaboration with the Postal and Telecommunications Regulatory Authority of Zimbabwe (POTRAZ)[4].

2.2.2 Gendered Device Ownership and Accessibility

Figure 2: Gendered Device Ownership and Accessibility

[4] Zimbabwe National Statistics Agency (ZIMSTAT) and Postal and Telecommunications Regulatory Authority of Zimbabwe (POTRAZ). "Information Communication Technology Access by Households and Use by Individuals Survey." 2021. https://zimstat.co.zw/ict-statistics/.

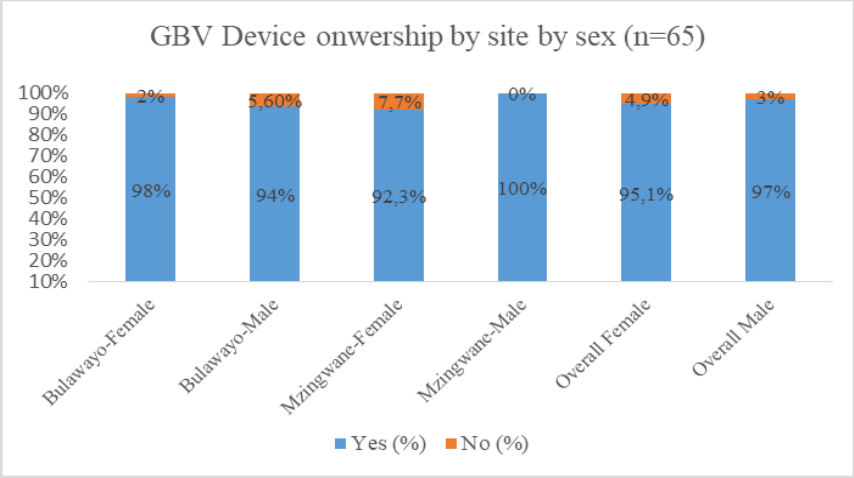


The analysis of mobile phone ownership disaggregated by location and gender reveals significant disparities between Bulawayo and Umzingwane. Overall, among 145 participants, both female and male respondents exhibited high levels of mobile phone ownership, with 95% of females and 97.1% of males reporting access. In the urban area of Bulawayo, female respondents showed slightly higher ownership rates (98%) compared to their male counterparts (94.4%), suggesting a degree of parity in digital access within this urban context. On the other hand, a more pronounced digital divide emerged in the rural district of Umzingwane, where all male participants (100%) owned mobile phones, while only 92.3% of female participants reported the same, leaving 7.7% without personal access.

2.2.3 Device Ownership for GBV Survivors (n=65)

Figure 3: GBV Survivors Ownership by Site by Sex

The findings regarding device ownership among GBV survivors reveal significant insights into access to technology for Bulawayo and Umzingwane. In Bulawayo, out of a total of 33 survivors, a remarkable majority of 32 reported owning a mobile device, resulting in an impressive ownership rate of 96.97%.



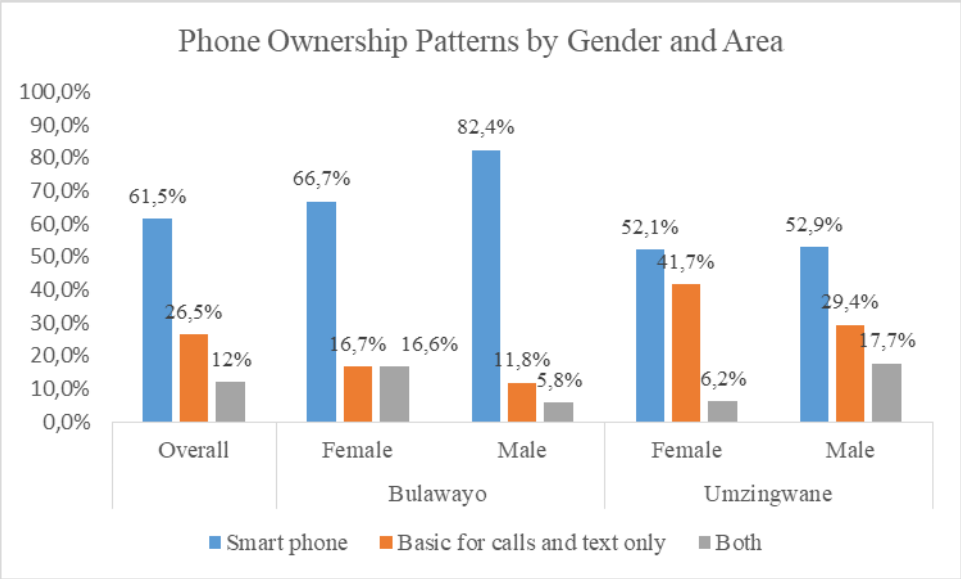
This access is particularly pronounced among female survivors, with 98% indicating device ownership, while male survivors also exhibit a strong ownership rate of 94.4%. Only one survivor in Bulawayo indicated not owning a device, representing just 3.03% of the total.

Similarly, in Umzingwane, 32 survivors were surveyed, with 31 stating they own a mobile device, yielding an ownership rate of 92.3%. Among female survivors, 92.3% reported owning a mobile device, while all male survivors—100%—indicated that they possess one, highlighting exceptional access within this demographic. Like Bulawayo, only one participant reported not owning a device, constituting 3.12% of the participants in Umzingwane. When examining the overall data across both locations, a total of 55 survivors were surveyed. The overall ownership of

mobile devices stands at an impressive 95%, with 95 out of 100 survivors confirming device ownership. Conversely, just five survivors, or 5%, reported not having access to a device.

2.2.4 Disparities in Access to Services

Figure 4: Phone ownership pattern



The findings on mobile phone ownership reveal significant gendered disparities in access to services based on the type of device owned, which has important implications for GBV prevention efforts. Overall, 61.5% of participants own smartphones, and while urban men in Bulawayo lead with an ownership rate of 82.4%, rural-based women lag behind at only 52.1%. This disparity highlights a critical gap in access to advanced digital tools that facilitate essential services and support systems for GBV prevention.

In rural areas like Mzingwane, the higher prevalence of basic phones among women—41.7% compared to just 16.7% in urban settings—poses challenges for accessing vital information and resources. Basic phones, limited to calls and SMS, restrict users from engaging with essential applications like messaging platforms and online resources that could provide information about GBV support, legal rights, and emergency assistance. For instance, one rural woman articulated this challenge: "*My phone can only make calls and send messages. It doesn't have WhatsApp, so I rely on others for information*.[5]" This statement underscores how the limitations of basic phones hinder women's ability to independently seek information or assistance, directly impacting their safety and empowerment.

2.2.5 Ability to Use Digital Devices (N=150)

Figure 4: Ability to use devices

[5] FDG 1 Bayethe

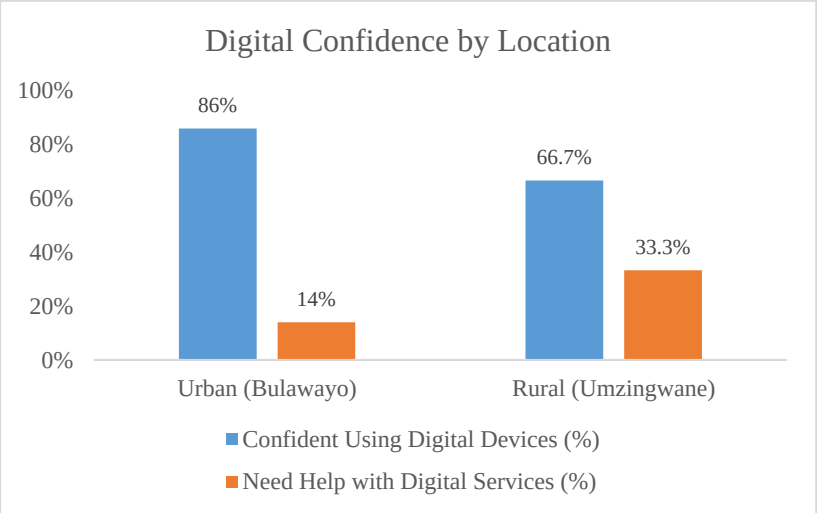
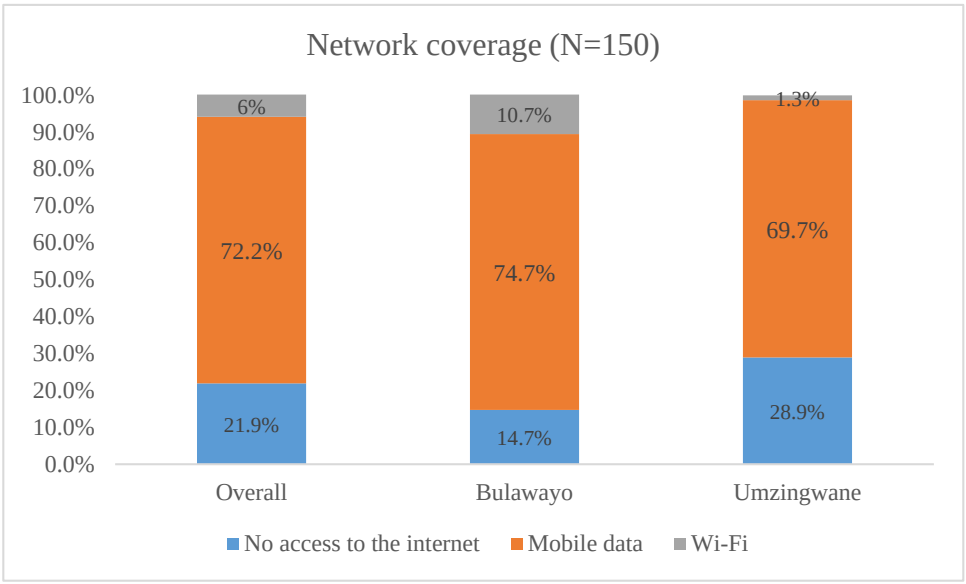


Figure 5 depicts a striking digital divide between respondents from Urban Bulawayo and Rural Umzingwane, particularly in their confidence and ability to use digital devices for accessing services. In total, the survey captures a sample of respondents from both areas, allowing for a clearer comparison of their experiences with digital technology.

In Urban Bulawayo, a substantial 86% of respondents reported feeling confident in their ability to use digital devices, indicating a strong familiarity and comfort with technology in this urban context. This high confidence level suggests that many individuals in Bulawayo are likely able to utilise various digital platforms effectively, which may facilitate broader access to information and services related to GBV support. Conversely, the situation is markedly different in Rural Umzingwane, where only 66.7% of respondents expressed similar confidence in using digital devices. While this figure reflects a notable level of assurance in regard to rolling out digital services in such a rural context, it also highlights a significant gap in digital literacy when compared to their urban counterparts. Additionally, the percentage of community members who indicated they "Need Help with Digital Services" is considerably higher in Umzingwane at 33.3%, compared to the much lower need for assistance in Bulawayo, which stands at just 14%. This disparity underscores the additional challenges faced by rural residents in navigating digital technologies.

2.2.6 Network Coverage and Infrastructure

Figure 5: Network Coverage and Infrastructure



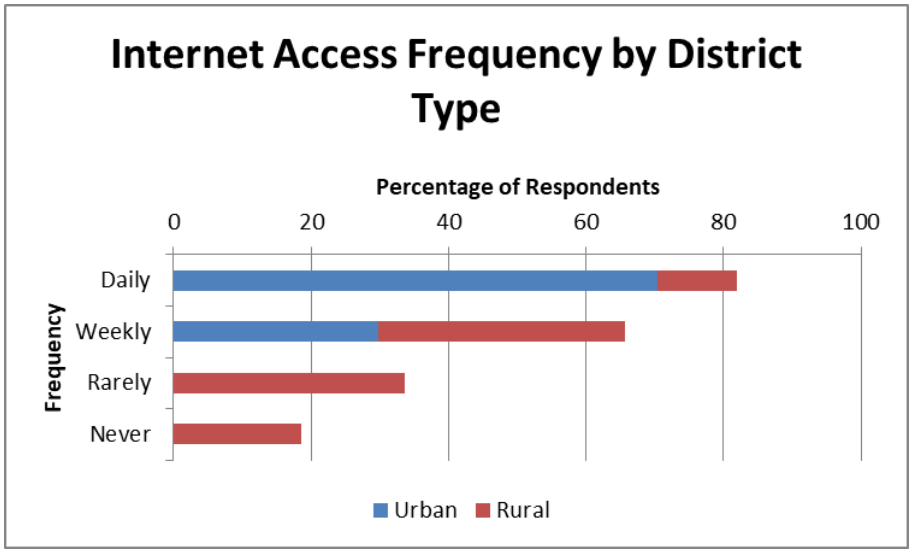
The findings in the table above reveal a pronounced digital divide defined by network and infrastructure access, particularly concerning internet access and network reliability. Overall, 72.2% of respondents indicated they accessed the internet via mobile data, with 74.7% in the urban area of

Bulawayo and 69.7% in the rural district of Umzingwane relying on this method. While mobile data serves as the primary means of connectivity, the stark contrast in Wi-Fi access highlights significant disparities in network infrastructure; 10.7% of respondents in St. Peters utilised Wi-Fi compared to just 1.3% in Umzingwane. Moreover, 21.9% of respondents reported having no access to the internet, with the issue being more acute in Umzingwane, where 28.9% of individuals lack connectivity, compared to 14.7% in Bulawayo. This discrepancy potentially presents challenges faced by rural communities in accessing crucial resources and support services, particularly in the context of GBV prevention, which may be reliant on network access.

Network coverage further illustrates this divide; while Bulawayo enjoys relatively stable coverage described as "fluctuating" between "fair" and "good," urban residents benefit from closer proximity to network boosters, ensuring more consistent connectivity[6]. In contrast, rural residents in Mzingwane experience substantial barriers due to limited and unreliable network access, often available only in isolated areas. Lack of reliable connectivity poses a significant challenge during emergencies, particularly since GBV incidents frequently escalate at night when the need for communication is most critical[7].This highlights a fundamental "last mile[8]" infrastructure problem. Even if a survivor possesses a phone, the absence of a signal or power renders the digital solution ineffective. This represents a more profound barrier than in urban areas, where coverage might fluctuate but is generally present, even with challenges with electricity.

2.2.7 Internet Access Frequency

Figure 6: Internet Access Frequency



Internet access frequency also highlights a pronounced urban-rural divide. Overall, 36.7% of respondents access the internet daily, and 33.3% access it weekly. However, a notable 10.7% of the total sample reported never accessing the internet.

The disaggregation by location reveals that daily internet access is significantly higher in Bulawayo (70.3%) compared to rural areas (11.6%). Conversely, 18.6% of rural respondents

[6] FDG St Peters Bulawayo
[7] KII VFU
[8] The "last mile problem" refers to the challenges associated with connecting the final stretch of infrastructure, services, or technology to end users or consumers, particularly in contexts where accessibility is crucial

reported never accessing the internet, a category absent among urban respondents. The stark contrast in internet usage patterns emphasises that despite a high overall mobile penetration rate in Zimbabwe, consistent and meaningful internet access remains a privilege, particularly in rural settings, as previously identified.

2.2.8 Affordability

The observation that ownership and affordability significantly dictate access to technology highlights that the challenge extends beyond mere device possession; it encompasses control over financial resources within households[9]. In urban areas like Bulawayo, while individuals may physically possess smartphones, their ability to utilise these devices can be limited by financial decisions made by family members[10]. For example, the cost of airtime can restrict the ability to seek discreet help for issues such as GBV. If individuals depend on a family member for funding, their efforts to address GBV may face obstacles, including the risk of surveillance or confiscation of devices. In contrast, the situation in rural Umzingwane presents even more pronounced challenges, where access to devices is more limited, with affordability being a significant barrier due to the high costs of both devices and data. Many participants expressed that the expense of airtime and internet access forces them to prioritise basic needs over digital connectivity[11].

2.2.9 General Cost and Affordability for Community Members

The cost of airtime and data remains a significant barrier in both urban and rural settings, critically impacting the adoption and communal promotion of digital services aimed at combating GBV. In urban Bulawayo, despite the relatively high ownership of smartphones, many participants reported that the cost of airtime substantially limits their phone usage[12]. Additionally, access to charging facilities can pose challenges, and the lack of readily available airtime or financial means further hinders consistent communication regarding GBV services. In rural Umzingwane, the prohibitive costs of airtime and data are explicitly identified as a primary barrier. Many residents prioritise essential needs, such as food, over digital connectivity, often relying on informal economic activities that yield insufficient income for purchasing data bundles. This economic constraint significantly contributes to rural-based women and girls experiencing “less access to digital devices compared to urban areas.[13]”

2.2.10 Challenges which widen the Digital Divide Amongst GBV Survivors

[9] FDG Umzingwane, KII with DSD,
[10] FDG St Peters Bulawayo
[11] FDG 1,2, and 3 Umzingwane
[12] KII ZRP. FDG St Peters
[13] KII Ministry of Ministry of Women Affairs, Community, Small and Medium Enterprises Development , KII Women’s Coalition in Zimbabwe

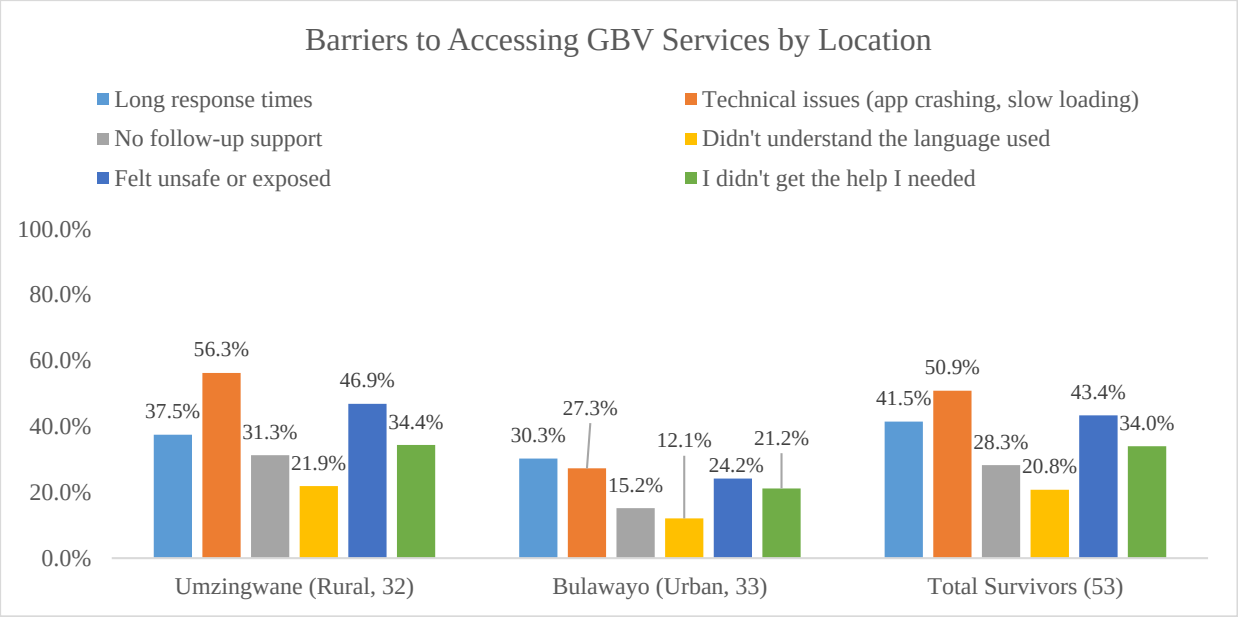


Figure 7: Barriers to accessing GBV Services by Location

The analysis of challenges faced by 53 GBV survivors—32 from the rural area of Umzingwane and 33 from the urban centre of Bulawayo—reveals significant digital divide disparities in the experiences of these individuals when accessing GBV prevention services.

1) Response Times and Technical Issues

One of the most pressing challenges highlighted by the survivors is the long response times from GBV services, especially in rural communities[14]. A total of 41.5% of respondents reported this issue, with rural survivors (37.5%) facing slightly longer waits compared to their urban counterparts (30.3%). An alarming 50.9% of survivors reported experiencing these issues, with a higher frequency in Umzingwane (56.3%) compared to Bulawayo (27.3%).

2) Support and Understanding

The lack of follow-up support is a critical concern, particularly among rural survivors, where 31.3% reported not receiving necessary ongoing assistance. In Bulawayo, this figure stood at a lower 15.2%, indicating a disparity in the availability of continual care and guidance for survivors in urban areas. Additionally, understanding the language used in GBV services presents a challenge, with 20.8% of survivors facing this issue across both areas. However, rural respondents (21.9%) reported slightly more difficulties than urban survivors (12.1%), which may limit their ability to engage fully with support services.

3) Safety Concerns

Survivors in Umzingwane also expressed significant concerns about feelings of safety or exposure, with 46.9% indicating that these feelings hindered their access to services. In Bulawayo, this concern was mentioned by 24.2% of respondents.

4) Help Accessibility

[14] Confirmed by FDG 2 in Bayethe

When asked about whether they received the help they needed, 34% of all surveyed individuals indicated dissatisfaction, with 34.4% from Umzingwane and 21.2% from Bulawayo feeling they still lacked proper assistance. 2

2.2.11 Digital Privacy and Service Provision

In rural Umzingwane, digital illiteracy serves as a significant barrier for many women and girls, hindering their ability to access support for GBV. However, a critical concern arises when individuals who lack these skills require assistance from others, further widening the divide since the option of direct access is removed in such a case. Involving a second person in their efforts to navigate digital tools can jeopardise their privacy, making them vulnerable to potential breaches of confidentiality—an essential factor when dealing with sensitive issues like GBV[15]. The explicit connection between digital illiteracy and compromised privacy in rural areas illustrates how a lack of technical skills can amplify a survivor's vulnerability. Women who cannot use digital tools discreetly are significantly less likely to seek help or utilise available digital resources for GBV support[16]. As a result, the confidentiality of their experiences is at risk, causing many survivors to hesitate or entirely refrain from engaging with the available digital services, thereby perpetuating their isolation and suffering. In contrast, urban contexts like Bulawayo may exhibit comparatively higher levels of digital literacy, although challenges remain. Women in urban areas may have better access to training and resources, increasing their ability to utilize technology independently.

However, even in urban settings, social norms can still exert pressure, impacting women's willingness to report abuse. The cultural norms prevalent in rural communities further complicate this landscape. Survivors may be conditioned to avoid bringing shame to their families or husbands, deterring them from reporting abuse, regardless of their awareness of available help[17].

[15] FDG Bayethe , KII Makhosikazi Media
[16] FDG The Girls Table
[17] FDG Bayethe , KII Ministry of Women's Affairs , Community and

2.3 The Efficacy of Digital Interventions

2.3.1 Digital GBV Service Usage and Platforms Used (N=53 GBV Survivors)

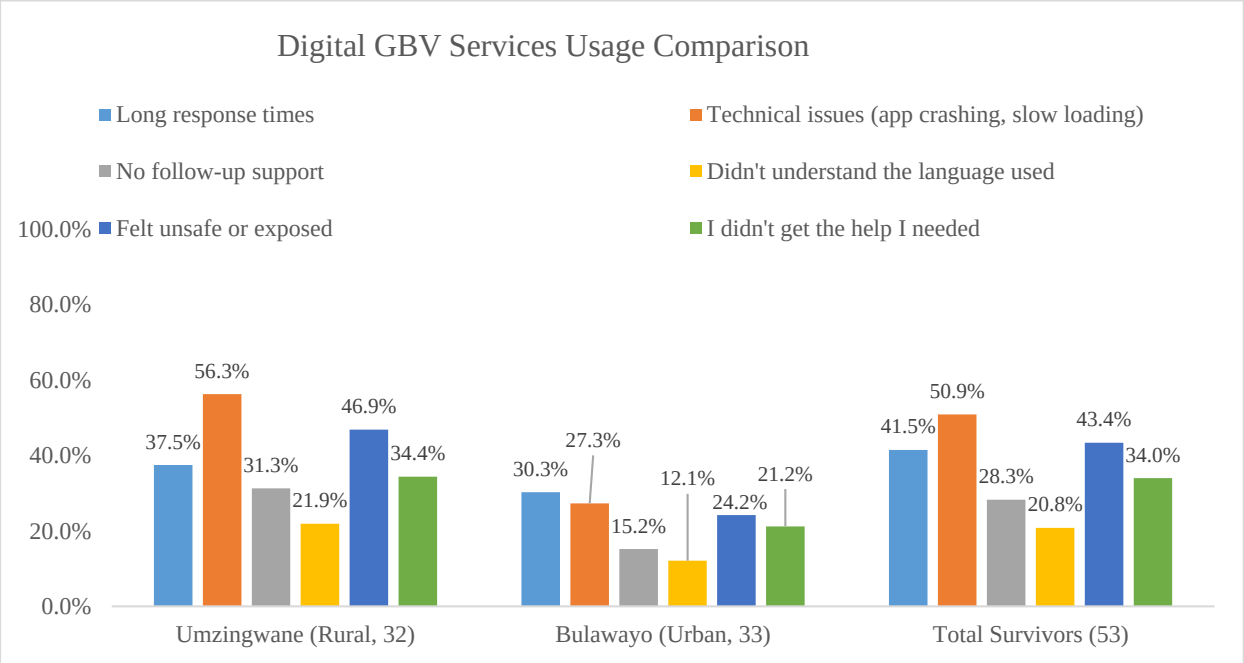


Figure 8: Digital GBV Services by Comparison

The comparison of digital solutions for GBV services between Bulawayo and Umzingwane populations reveals important insights into the usage patterns and efficacy of these interventions. The data indicates that the WhatsApp/SMS helpline is the most utilized resource in both settings, with a usage rate of 45% in Bulawayo and an even higher 55% in Umzingwane. The strong preference for this platform highlights its accessibility and user-friendly nature, demonstrating its effectiveness in providing support to survivors across both urban and rural contexts. In contrast, virtual counselling sessions conducted via platforms like Zoom and Google Meet show minimal engagement, with only 5% of urban respondents and no users from Umzingwane utilising this option. The absence of usage in rural areas may suggest barriers to access, such as limited internet availability, low digital literacy, or privacy concerns.

The mobile GBV app, similarly, exhibits negligible engagement, with just 4% of urban respondents reporting usage and none from the rural population. This limited adoption could stem from various issues, including a lack of awareness about the app's existence, difficulties in accessing smartphones, or apprehension toward downloading unfamiliar applications. These findings point to a crucial need for more effective promotional strategies to encourage uptake of this potentially valuable resource. Social media platforms such as Facebook and Twitter show some interest in urban areas, with 10% of respondents engaging through these channels, while only 5% from Umzingwane do the same. Although these figures suggest a degree of digital interaction, social media does not emerge as a primary avenue for accessing GBV services, highlighting a gap that could be addressed through improved outreach and education.

In examining the online website or reporting portal, there's a notable divergence in usage, with 3% in Bulawayo and 0% in Umzingwane. This discrepancy suggests that urban respondents may have less reliance on formal reporting channels, possibly due to alternative resources being more readily available. On the contrary, the total for this solution overall is significantly affected by the absence of usage in rural areas, reinforcing the need for enhanced communication and awareness-building efforts. The toll-free emergency line is another important resource, utilised by 33% of urban respondents and 40% of rural participants. This indicates a considerable reliance on traditional communication methods, especially in rural areas, where immediate verbal contact may be preferred over digital solutions.

2.3.2 Preferred GBV Service Type (Traditional or Digital) (N-150)

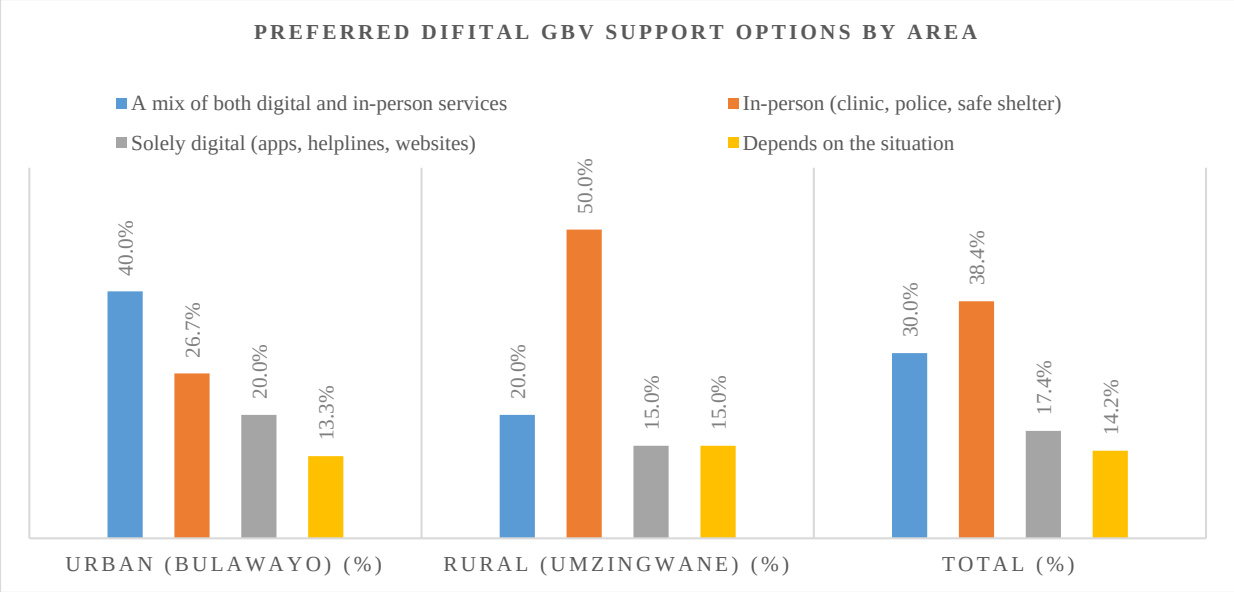


Figure 9: Preferred Digital GBV Support by Area

The findings from the survey on preferred GBV service types among community members in Bulawayo and Umzingwane shed light not only on preferences but also on the efficacy of different support approaches in addressing the needs of survivors. The data collected from 150 respondents reflects a nuanced understanding of service delivery and highlights the significance of tailoring interventions to specific community contexts. To this end, a substantial 40% of urban respondents indicated a preference for "a mix of both digital and in-person services." This hybrid choice underscores the efficacy of combining traditional and digital approaches, suggesting that urban residents recognise the advantages of immediate access to information and support through digital platforms, while also valuing the personal interaction that in-person services provide. This dual approach enhances overall efficacy, as it allows for flexibility in response based on situational needs and individual comfort levels. In contrast, the striking 50% preference for in-person services among rural respondents underscores the critical role that traditional support systems play in these communities.

The 20% of urban respondents who favoured solely digital solutions, alongside the 15% from the rural community, indicate a recognition of the value of technology in providing support. However, these figures also emphasise a gap in efficacy, as digital solutions alone may not adequately address the complexities of GBV.

The 13.3% of urban respondents and 15% of rural respondents who expressed that their preferences "depend on the situation" further highlight the necessity for flexible and adaptive service models. The notable variability in preferences signals a potential gap in efficacy if services cannot respond to the diverse needs presented by different scenarios.

2.3.3 Comparative Effectiveness across Different GBV Case Types

In rural Umzingwane, digital platforms were found to be "more effective in survivors of emotional abuse who received services they require faster, e.g. counselling[18]". On the contrary, cases involving physical abuse were "less effectively handled digitally as survivors believe they can get the assistance they require through the service provider, seeing their bruises on the body"'[19]. While the urban findings do not explicitly detail comparative effectiveness by specific GBV case type, they note that "online counselling is considered ideal in cases where survivors might be intimidated by face-to-face interaction"[20]. This observation aligns with the rural finding that digital tools are effective for addressing emotional and counselling needs.The explicit distinction in rural areas regarding the efficacy of digital tools for emotional versus physical abuse is a crucial observation. It highlights that the nature of the abuse often dictates the preferred modality of GBV support required by a survivor. Physical abuse frequently necessitates immediate, visible, and tangible intervention, such as medical care, police action, or the collection of physical evidence, which survivors perceive as better addressed in person. Emotional abuse, however, may benefit significantly from the discretion and speed offered by digital counselling. They also prefer it because it does not make them leave their homes and inconvenience them from their domestic roles[21].

2.3.4 Digital vs. In-Person Service Utilisation Strengths

In rural Umzingwane, current digital service utilisation patterns indicate that 40% of GBV support interactions occur digitally, while 60% are in-person. The overall "uptake is lower in rural areas than in urban areas, and effectiveness is limited"[22]. Traditional, face-to-face interventions remain the primary mode of support, with the local Department of Social Services (DSS) office preferring one-on-one approaches, believing them to be more confidential and effective.

The findings strongly emphasise the strengths of traditional services. It is noted that "face-to-face services build deeper trust and allow for more meaningful, sustained support". In-person interactions facilitate the reading of non-verbal cues and showing empathy, which are challenging

[18] KII with DSD
[19] KII VFU , KII ZRP
[20] FDG Bayethe 2
[21] KII with ZWLA
[22] KII with DSS

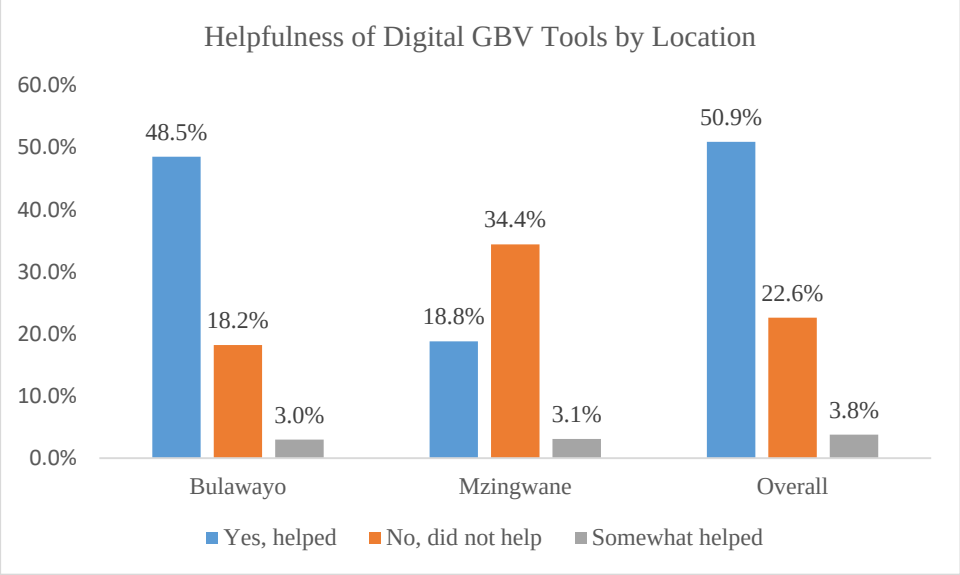
over the phone. Additionally, the therapeutic release of crying is harder to achieve remotely when one is not sure if confidentiality is guaranteed. Key service providers felt that [23]physical presence is also often necessary for follow-ups and providing support by authorities such as the police and social welfare officers[24].

Despite the advantages of speed and reach offered by digital tools, the higher proportion of in-person interactions in rural areas and the strong emphasis on the qualitative benefits of face-to-face support in Bulawayo highlight the enduring and irreplaceable value of human connection in GBV response[25].

2.3.5 Stakeholder Preferences for Hybrid Approaches and Perceived Trust

Stakeholders in both rural and urban settings consistently recommend a "hybrid approach[26]" combining digital and in-person services as the "most effective" for providing timely and meaningful support. This preference stems from a recognition that not everyone is online or fully understands digital platforms, and that perpetrators may confiscate phones, making face-to-face reporting the only viable option in some circumstances. The unanimous recommendation for a hybrid approach by most stakeholders is not merely a theoretical preference but a pragmatic response to the realities of the digital divide and the complex, multifaceted needs of GBV survivors. This indicates a mature understanding among stakeholders that flexibility and survivor choice are paramount in ensuring effective support.

2.3.6 Digital Service Effectiveness in Facilitating Action/Support



[23] KII with Police , VFU
[24] KII with DSS , KII with The Gender Commission
[25] St Peters FDGs , KII with Police
[26] KII with Ministry of Youth , KII with Masakane Project , WCoZ, ZWLA, EWF

Figure 10: Helpfulness of Digital GBV Services by Location

The findings regarding the effectiveness of digital services in facilitating action or support for GBV survivors reveal important insights when comparing responses from urban (Bulawayo) and rural (Umzingwane) populations. Among the total of 53 respondents who utilised digital services, 27 individuals (50.9%) reported that these services "helped them take action or access further support." When breaking this down by community, 16 out of 33 urban respondents (approximately 48.5%) indicated that digital services were effective in enabling them to take action, suggesting a strong relationship between the use of digital tools and tangible support in urban settings. Conversely, in Umzingwane, only 6 out of 32 rural respondents (18.8%) found digital services effective.

In terms of ineffectiveness, 6 urban respondents (18.2%) reported that digital services "did not help" them, compared to a larger proportion from the rural community, with 11 rural respondents (34.4%) indicating the same. This suggests a greater challenge for rural survivors in accessing effective support through digital means. Furthermore, only 2 participants across both areas reported that digital services "somewhat helped" them, with one individual from each community marking this response. Notably, a substantial portion of the respondents, totalling 24 individuals (45.3%), marked "Not applicable" to the question of digital service effectiveness, indicating they had not used such services. This was particularly pronounced in rural areas, where 14 out of 32 respondents (43.8%) found themselves unable to assess the effectiveness of digital services—reflecting a critical barrier to accessibility and awareness in Umzingwane. On the other hand, urban respondents marked this category less, with 10 out of 33 (30.3%) indicating a similar lack of experience with digital support services.

2.4 The Impact of Digital Solutions on GBV Prevention and Response Efforts

2.4.1 Improved Rapid Response Capabilities[27]

From a stakeholder perspective, preliminary findings from both urban and rural areas consistently confirm that digital platforms have led to "improved reporting rates" for GBV and have facilitated easy reach for survivors[28]. This enhancement allows survivors to report cases "wherever they are without stress of how to reach the agency for help"[29]. Digital tools also facilitate "rapid response time, ensuring survivors receive timely support and reduced risk of further harm[30]. In urban contexts, Childline helplines are specifically noted for their effectiveness in rapidly responding to emergency issues.

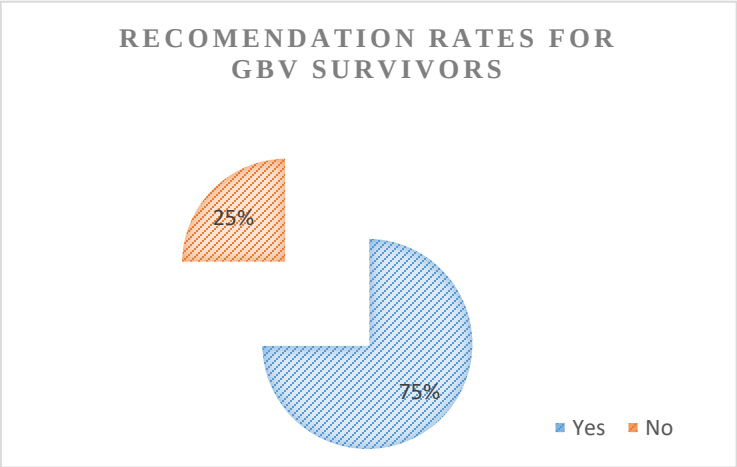
2.4.2 Recommendation Rates for Digital Services

With 75% of survivors indicating they would recommend the digital service to other survivors, this highlights a strong endorsement of its perceived effectiveness. Such a high recommendation

[27] KII with EWF, DSS , The Girls Table , Makhosikazi Media
[28] Most stakeholders reporting on increased rates of reporting
[29] KII with SWRGN, ZWIDE
[30] KII with EWF

rate suggests that users find value in the service, which can motivate other survivors to seek help through these digital platforms.

Figure 11: Recommendation Rates of Digital GBV Services

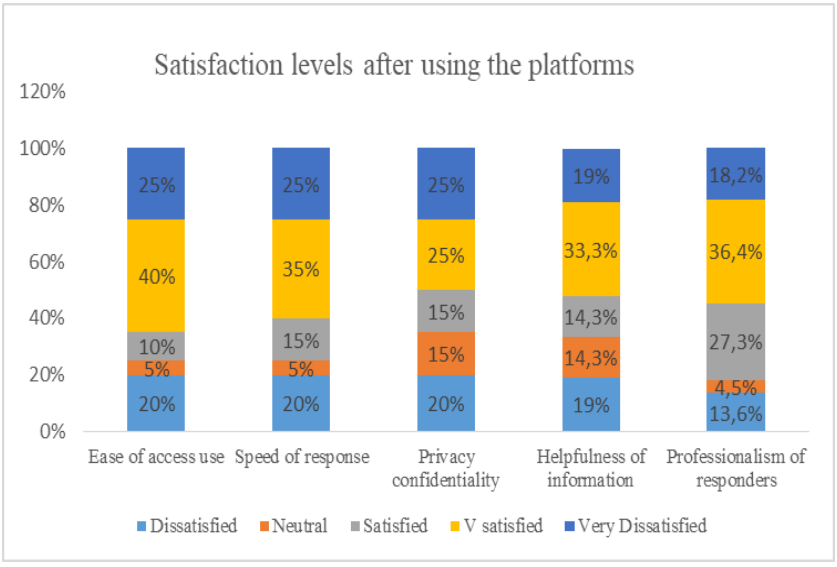


Despite the relatively low perceived effectiveness of digital services in facilitating tangible action, a higher proportion of respondents who used these services (15 out of 20, or 75% of users) indicated that they would "Yes" recommend the service to other survivors. Conversely, 25% of users (5 respondents) stated they would "No" recommend it.

This discrepancy between a low perceived impact on actionable outcomes and a comparatively high recommendation rate suggests that users may recognise the inherent potential or value of having digital options, even if their personal experience was not entirely successful in leading to full resolution. It could imply that any form of support, even if incomplete, is perceived as better than no support, or that the mere existence of a discreet digital channel holds significant positive value.

2.4.3 Digital Service Modalities and Impact of varying levels of Accessibility

Figure: satisfation levels of platform use



An assessment of GBV digital support platforms revealed mixed levels of user satisfaction across key service dimensions—ease of access, speed of response, privacy, helpfulness of information, and professionalism. While 50% of survivors reported satisfaction with the ease of access and 63.7% expressed satisfaction with responder professionalism, concerns persist regarding data privacy and timely response, with 45% and 45% respectively indicating dissatisfaction or strong dissatisfaction in these areas.

2.4.4 NGO efforts and Impact of Digital Solutions Implemented

In urban Bulawayo, organisations like Amakhosikazi Media for Development Foundation utilise

various online platforms to reach wider populations[31]. The Girls Table (TGT) employs WhatsApp groups, Facebook, SMS broadcasting, and information hubs for GBV support[32]. Emthonjeni Women's Forum (EWF) provides online counselling through WhatsApp and a Toll-Free line[33], while the South Western Region Gender Network (SWRGN) promotes knowledge sharing and management of GBV digital tools[34].

In rural Umzingwane, organisations primarily utilise helplines and online reporting, social media-based support specifically targeting "adolescent girls and young women 15-25 years,[35]" and basic mobile phone communications as the "most common device used by beneficiaries[36]". The few organizations present in Umzingwane, such as Emthonjeni Women's Forum, primarily utilize traditional communication methods, including telephone helplines and face-to-face interactions, with limited emphasis on expansive digital solutions for this area[37]. This reliance on basic channels might inhibit their ability to reach wider audiences effectively and diminish the potential for more innovative and timely interventions in GBV cases.

With fewer organisations operating in the region, there is a diminished capacity to provide comprehensive support and resources tailored to the specific needs of women and girls, which GBV digital services can easily offer.

2.4.5 Role of Digital Platforms in Providing Safe Spaces and Information Sharing

In urban Bulawayo, online platforms have provided women with safe spaces to share ideas and gather resources for survivors[38]. Smartphones offer various communication options for sharing experiences and seeking help. WhatsApp groups have been particularly effective in building peer support networks, where survivors find comfort engaging with others who have experienced similar situations[39]. Digital platforms are also effective because survivors often desire anonymity. While the rural findings do not explicitly detail "safe spaces" in the same manner, the general improvement in reporting rates and 24/7 accessibility[40] implies a similar function of providing a safer, more discreet channel compared to traditional, in-person methods. The urban findings highlight the dual role of digital platforms serving as psychological "safe spaces" for peer support and information sharing and acting as "action triggers" through the provision of evidence like video recordings[41]. This indicates that digital interventions can address both emotional and social support

[31] KII Amakhosikazi Media for Development Foundation
[32] KII with The Girls Table
[33] KII with EWF
[34] KII with South Western Region Gender Network (SWRGN)
[35] KII with The Girls Table
[36] KII with Rise Up Network
[37] KII with Umzingwane
[38] FDG St Peter's Bulawayo
[39] KII with The Girls Table
[40] KII with EWF
[41] KII with The Girls Table

needs, as well as practical reporting and justice needs.

2.5 Barriers and Opportunities for Digital Solutions for GBV Prevention

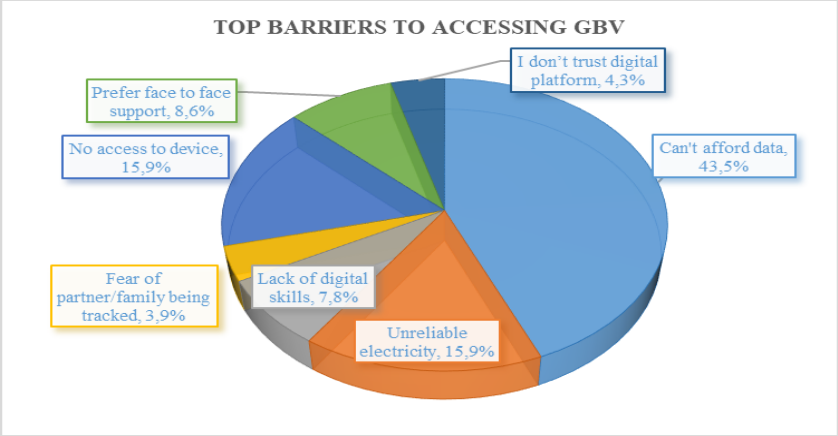
Despite the potential of digital solutions, their effective utilization for GBV prevention and response is hindered by a complex interplay of economic, infrastructural, literacy, socio-cultural, and privacy concerns. However, significant opportunities exist through targeted interventions and strategic partnerships.

2.5.1 Key Barriers

Figure 124: Top Barriers to Accessing Digital GBV Services

The pie chart reveals the primary barriers individuals face when trying to access resources related to Gender-Based Violence (GBV). A significant 43.5% of respondents cited the inability to afford data as the main obstacle, underscoring serious economic challenges that hinder access to essential support services. Close behind, 15.9% noted issues with unreliable electricity, indicating that a lack of consistent power supply prevents users from charging devices and utilizing online platforms. This mirrors the concerns of another 15.9% who reported having no access to devices at all, further complicating the situation for many in need of help.

Additionally, 7.8% of individuals indicated a lack of digital skills as a barrier, suggesting that some feel ill-equipped to navigate online resources effectively. Moreover, 8.6% expressed a preference for face-to-face support, highlighting a comfort level with in-person interactions over digital means. Some also voiced fears about being tracked by partners or family, with 3.9% citing this concern, which emphasizes the need for confidentiality and safety in accessing GBV resources. Lastly, a small percentage, 4.3%, indicated distrust in digital platforms, possibly due to security concerns.



2.5.2 Perceived Barriers for Other Women in the Community (N=150) [42]

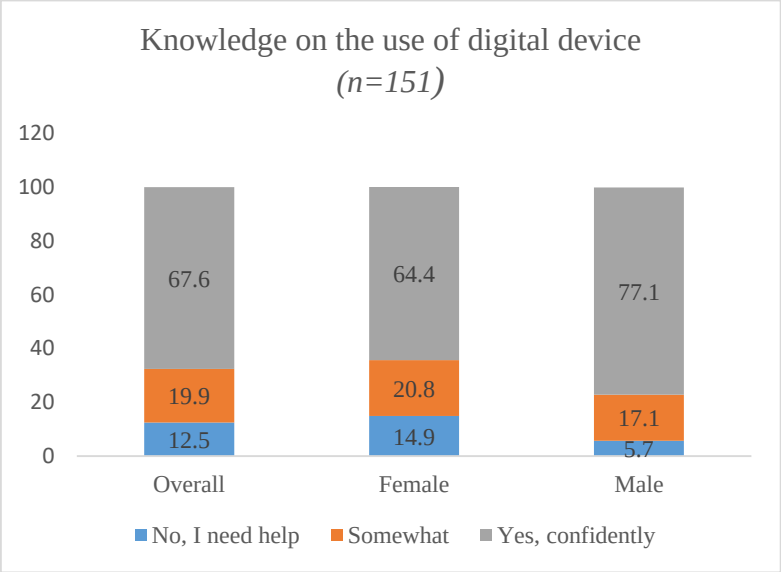
Against the backdrop of prevailing challenges in accessing digital services for GBV support, respondents highlighted several perceived barriers that significantly hinder other women in their community. The lack of access to smartphones or the internet emerged as the foremost concern, with 46.7% of individuals identifying this issue. The barrier creates a substantial gap in the ability of women to reach out for help or support via digital means. Financial constraints also play a critical role; 43.3% of respondents mentioned that being unable to afford mobile data or airtime

[42] Statistical References to graphs in Findings section

prevents many women from utilising available digital services. This economic barrier exacerbates the already limited access to necessary resources, further isolating vulnerable individuals. Safety concerns are notably prominent, as reflected by the 30.0% of respondents who expressed fear about being discovered by an abuser or family members while seeking help online. Moreover, 26.7% of respondents pointed to a lack of digital literacy as a significant barrier, indicating that many women do not know how to effectively navigate apps or platforms. . Trust concerns were also highlighted, with 23.3% of respondents reporting low trust in the confidentiality or safety of digital services.

2.5.3 Digital illiteracy

Figure 15: Knowledge on use of digital services



In urban settings like Bulawayo, although some women have access to smartphones and the internet, many express discomfort and uncertainty when navigating complex applications or services. This discomfort often leads them to prefer familiar social media platforms over dedicated GBV applications that could offer enhanced security and quicker responses in crises. While this preference stems from a sense of familiarity and perceived safety, it also exposes them to potential risks, as social media does not guarantee confidentiality or security in sensitive situations. The study revealed clear disparities in digital literacy and device usability among different groups. Overall, 67.6% of all respondents reported confidence in using digital devices to access services. However, this figure masks significant gender differences: 77.1% of male participants reported feeling confident in navigating digital platforms, while only 64.4% of female respondents felt the same. Moreover, 14.9% of women indicated they needed assistance with using digital devices, in stark contrast to just 5.7% of men, highlighting a greater dependency among women for external support. In rural Umzingwane, the challenges of digital literacy are even more pronounced.

2.5.4 Economic and Infrastructural Barriers

The high cost of devices and data/airtime is a primary barrier in both urban and rural settings. In urban areas, this cost significantly limits phone usage despite higher rates of device ownership, whilst in rural areas, the economic constraint is more severe, often forcing residents to choose between digital connectivity and basic needs like food. Regarding infrastructure, rural Umzingwane faces "poor network coverage" and "limited network coverage" that is often only available in specific spots, posing major challenges. A significant "lack of electricity and charging points" further limits the usability of devices. While urban network coverage is generally better, it

can still be "fluctuating". Furthermore, urban organisations report "funding limitations" that restrict their ability to scale up secure digital infrastructure[43].

2.5.5 Privacy, Security, and Trust Concerns

Digital illiteracy is a recognised barrier in both urban and rural contexts. Even in urban areas with generally higher literacy levels, "many young women have low digital literacy,[44]" requiring additional resources for digital skill-building. In rural areas, when digitally illiterate individuals need assistance, "by involving the second person, the issue of privacy is no longer assured[45]". This situation compromises the confidentiality essential for GBV reporting. Furthermore, cultural norms present an additional barrier, as rural-based women may be taught not to bring shame to their families or husbands, which can prevent them from reporting abuse even if they are aware of available digital help. In urban contexts, the findings highlight that online communities can exhibit "bullying and a lack of empathy[46]," potentially discouraging survivors from utilising digital tools for reporting.

"Privacy and security risks[47]" are significant concerns in both urban and rural settings, especially when mobile phones are "shared". This compromises confidentiality and safety, leading to a pervasive fear of being "tracked or monitored by perpetrators[48]". The ease with which sensitive information can be recorded and shared without consent further contributes to stigmatisation and re-victimisation[49].

In rural areas, survivors face additional risks such as exposure when "charging a phone to a neighbour" who might "open your phone and forward the messages to the perpetrator[50]". There is also a fear of perpetrators "in the same homestead" accessing information. In urban contexts, some participants expressed concerns about using platforms like WhatsApp for direct GBV reporting due to privacy issues. A critical concern highlighted is the "lack of intervention[51]" when videos of abuse circulate online, as people often focus on showcasing the incident rather than actively helping the abused individual.

2.5.6 Service Delivery Gaps and Follow-up Challenges

Across both urban and rural stakeholder groups, there are "consistent complaints about 'follow-up mechanism'"[52]. Survivors are sometimes "put on hold, giving a chance for a perpetrator to run

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[43] KII with The Girls Table
[44] KII with Ministry of Youth
[45] FDG 1 Bayethe
[46] KII with Makhosikazi Media
[47] KII with Police VFU
[48] Bayethe FDG 1
[49] Ibid 95
[50] Bayethe FDG 2
[51] KII with Amakhosikazi Media
[52] FDG 3 Ward 19

away"[53]. There is a "significant gap in follow-ups for anonymously reported online cases[54]," with face-to-face reports often prioritised by authorities. In urban areas, police at satellite stations may refer GBV cases to a main station, potentially delaying immediate response and support. Survivors may also "lack a private space to use phones or access support". In rural Umzingwane, the overall "impact of digital tools for GBV prevention and response is currently limited due to the digital divide[55]," leading to a continued reliance on traditional, face-to-face interventions. The lack of follow-up is largely to the digital divide and inconsistent expectations around a hybrid model by survivors.

2.5.7 Opportunities for Making Digital GBV Services Easier or Safer to Use

In the context of making digital GBV services easier or safer to use, respondents highlighted several key opportunities for improvement. The most prevalent suggestion was the provision of free or subsidised data bundles, cited by 53.3% of respondents. This significant percentage underscores the importance of addressing affordability concerns, which have been marked as a major barrier to accessing digital services. Another noteworthy suggestion involved offering offline services, such as SMS-based systems, which accounted for 43.3% of responses. This recommendation reflects a clear understanding of the infrastructural limitations that many women face in accessing online services. Support in local languages was mentioned by 23.3% of respondents, indicating a need for communication that respects cultural and linguistic diversity. This opportunity aligns with the recognition that language barriers can impede access to critical information and support. Additionally, 20.0% of respondents advocated for digital literacy training, pointing to the need for programs that empower women with the skills necessary to effectively navigate digital platforms.

2.5.8 Opportunities for Infrastructure Development and Service Design Improvements[56]

Opportunities for infrastructure development in rural areas include community requests for "free WIFI" from the government and NGOs, the implementation of "toll-free lines" to reduce cost barriers, and the potential use of "Starlink" technology to overcome network barriers due to its satellite-based nature. Across both settings, there are opportunities for service design improvements. This includes the development of "user-friendly" digital tools that accommodate "elderly people and digitally illiterate people". Multilingual support, ensuring "all languages" is crucial for survivor comfort. "Offline functionality" is also vital, allowing users to access critical resources and report incidents without needing internet connectivity. Anonymous reporting mechanisms are suggested as a means to encourage disclosures. Tools should reflect the diversity of Zimbabwean indigenous languages and reduce reliance on English, which can be limiting,

[53] Ibid 99
[54] Ibid 100
[55] KII Ministry of Women's Affairs

prioritising simplicity akin to the friendship bench model. The identified opportunities, such as Starlink for rural areas and Ndebele-language helplines for urban contexts, highlight the need for context-specific technological innovation. The consistent call for "user-friendly" and "multilingual" tools underscores a strong demand for survivor-centred design that prioritizes accessibility and cultural relevance over complex features. This implies that successful digital interventions must be co-designed with beneficiaries, reflecting their actual needs and digital capabilities[57].

2.5.9 Desired Features for Digital Options (N=150)

In the search for desired features in digital GBV platforms, respondents expressed a strong preference for specific functionalities that cater to their needs. The most frequently desired feature was anonymous chat or counselling, cited by 16.7% of respondents. This high demand underscores the paramount importance users place on privacy and confidentiality when seeking support. Closely following this, 13.3% expressed a need for an emergency "panic" button, emphasizing the critical necessity for immediate assistance in potentially dangerous situations. This feature reflects a strong desire for personal safety and quick access to help, highlighting the urgent nature of GBV support.

Additionally, 10.0% of respondents expressed interest in progress tracking of their cases, showcasing a demand for greater transparency and accountability in service delivery. This feature would help users feel more informed and in control of their support journey, enhancing their overall experience with digital services. Moreover, 6.7% of respondents indicated a desire for a map of nearby support centres, which would facilitate easier access to physical resources and assistance. This practical feature aims to bridge the gap between online support and local services available to users. Lastly, 6.7% expressed interest in safety tips or survivor stories. This feature would not only provide practical advice but also create a sense of community and shared experience, which can be empowering for users seeking support.

2.5.10 Opportunities for Community Capacity Building and Strategic Partnerships

Opportunities for community capacity building are evident in both urban and rural areas. This includes "community sensitization[58]" and regular "awareness campaigns[59]" to build digital literacy. Training community "cadres" in rural areas [60] or "peer navigators[61]" in urban areas to assist others with digital devices is a key strategy[62].Empowering community leaders as "knowledge hubs and mediators[63]", and supporting them with gadgets to report on behalf of victims, is also a valuable approach. In rural areas, establishing "information boxes" in hard-to-

[57] See 2.3.1
[58] KII with Ministry of Youth
[59] KII Ministry of Women's affairs
[60] Supra Note 107
[61] KII with The Girls Table
[62] KII with The Girls Table
[63] KII with The Gender Commission

reach places can address network challenges.

3. Recommendations for a Coordinated and Inclusive Response

The following recommendations are tailored to EWF, multi-sectoral partners within the National Referral Pathway, and policymakers, aiming to foster inclusive, equitable, and effective digital GBV support systems in Zimbabwe.

3.1 A Three-Phase Model for Emthonjeni Women's Forum (EWF)

Based on the research findings, a phased, hybrid service model is recommended for Emthonjeni Women's Forum to develop and implement its future digital GBV service provision.

Table 3: The Three-Phase Model for Digital GBV Service Delivery

Phase	Goal	App/Platform Type Recommended	Pathway
Phase 1 Immediate Digital Support & Triage	Provide immediate, safe, and accessible digital support to survivors and quickly triage their needs.	A secure, multi-functional mobile application featuring anonymous chat, a panic button, and a self-assessment tool.	Direct Access: Survivors can use the app to anonymously chat with a trained service provider. Panic Button: A one-tap button on any device can instantly alert a pre-selected trusted contact or emergency response team. Self-Triage: The app helps survivors understand their situation and guides them to appropriate resources.
Phase 2 Integrated Case Management & Follow-up	Seamlessly connect digital interactions with a comprehensive, long-term support system.	A centralised digital case management system accessible by multiple partners.	Digital-to-In-Person Referral: Service providers can schedule in-person appointments at a safe house, clinic, or police station based on digital interactions. Shared Information: The platform allows for secure sharing of non-sensitive case details (with survivor consent) among partners. Follow-up Protocol: The system automatically sends secure, encrypted follow-up messages to monitor the survivor's well-being.
Phase 3 Advocacy & Community Engagement	Empower survivors and communities through digital literacy and advocacy.	A simple, low-cost platform like a messaging app (e.g., WhatsApp) or a dedicated SMS	Digital Literacy Training: Use messaging groups or SMS to disseminate simplified, gender-sensitive digital literacy content. Advocacy Campaigns: The platform

		service.	can be used to run digital awareness campaigns about GBV and survivor rights. Feedback & Co-Design: EWF can use digital tools to gather feedback from survivors and community members, involving them in the ongoing improvement of the model.

In Umzingwane specifically, it is crucial to complement traditional support by expanding WhatsApp counselling and the toll-free line. This digital intake should be linked to in-person follow-up at physical centres, reflecting the strong rural preference for face-to-face interaction.

3.2 Systemic Policy and Advocacy Recommendations

EWF and its partners should focus their advocacy on systemic policy issues to create a more enabling environment for digital GBV services. Policymakers must address financial and infrastructural constraints by subsidising data and devices, incentivising private investment in rural networks, and embedding digital literacy within broader community development efforts. A core recommendation is to advocate for the zero-rating of GBV platforms and helplines via the Postal and Telecommunications Regulatory Authority of Zimbabwe (POTRAZ) and the Ministry of ICT. This would remove data-cost barriers, which are a primary obstacle for a significant portion of the population. Additionally, advocacy efforts should push for greater investment in rural network and electricity expansion, highlighting last-mile gaps and exploring options like Starlink to overcome network barriers due to its satellite-based nature. Furthermore, a national, gender-responsive digital literacy strategy is needed to ensure women and girls are equipped with the skills to safely and effectively navigate digital platforms. This strategy should integrate literacy into government and NGO programs and champion the use of intuitive, multilingual, low-tech tools that reflect the actual user base. Finally, policymakers must be influenced to update the Cyber and Data Protection Act to provide stronger protections for survivor data and to mandate the integration of digital and in-person services within the National Referral Pathway with clear, survivor-centric protocols.

3.3 Recommendations for Multi-Sectoral Partners within the National Referral Pathway

Multi-sectoral partners within the National Referral Pathway, including ministries and NGOs, must align to improve coordination and build digital GBV response capacity. The research findings indicate that a lack of coordination leads to "duplication of efforts and overlapping mandates". To address this, a unified, secure platform enabling cross-sector data exchange across health, psychosocial, justice, and social services should be developed. This requires co-designing standard digital forms and workflows for consistent case management from identification to case closure. Implementing real-time digital referral notifications and tracking, including scheduling and service-access tracking, is essential to speed up hybrid support. Embedding analytics tools within these systems can also help surface trends and gaps, generating tailored reports for national and district forums. Ultimately, providing continuous and context-aware training for frontline workers and communities is necessary to ensure the adoption and effective implementation of these tools.

4. Conclusion

The comprehensive research on the digital divide in GBV prevention in Zimbabwe reveals a complex and multifaceted challenge that extends far beyond simple technical access. The findings underscore that digital inequality is a deeply entrenched issue, encompassing economic barriers, infrastructural deficits, social norms, and gendered power dynamics that disproportionately affect vulnerable populations, particularly women and girls in rural areas. While urban centres exhibit higher digital penetration, issues of affordability and digital literacy create a distinct form of exclusion. Conversely, rural communities grapple with foundational challenges such as unreliable connectivity, a lack of electricity, and socio-cultural restrictions that limit women's autonomy over technology, often turning devices into tools of control rather than empowerment.

The importance of addressing this digital divide cannot be overstated. Digital inequalities exacerbate existing vulnerabilities, threatening to marginalise already vulnerable populations from vital GBV support systems. The research clearly demonstrates that simply introducing digital tools without addressing these underlying access and control issues will not yield desired outcomes. The raw statistic of device ownership" does not translate into real access for every woman, especially GBV survivors, as many lack control over their devices, cannot afford to run them, or feel unsafe using them. The recommendations presented in this report are therefore critical for creating more inclusive, equitable, and effective digital GBV support systems in Zimbabwe. They advocate for an ecosystemic approach, combining technological solutions with essential social and policy reforms. This holistic strategy, which combines targeted efforts to address affordability, significant investment in digital infrastructure, and the enhancement of digital literacy with a gender-sensitive lens, is essential to ensure that digital platforms genuinely empower survivors and contribute equitably to GBV prevention and response efforts across Zimbabwe.