Gender-Based Violence 6



Palapye, Botswana Unite to End Gender Based Violence 2020 Campaign. Photo: Mboy Maswabi

KEY POINTS

- COVID-19 lockdowns remain a reality in SADC with pandemic-related challenges unrelenting in many countries, including increases in gender-based violence (GBV).
- The global "vaccine apartheid" is prolonging the agony of the pandemic, and correspondingly high levels of GBV.
- The Southern African Development Community (SADC) Secretariat has bemoaned the lack of critical GBV data submissions by member countries. Data on intimate partner violence is outdated and incomplete.
- In March 2021, the SADC Gender Unit convened two virtual workshops on GBV prevention and coordination. One of the outcomes included agreed GBV indicators that the unit will review annually.
- South Africa amended key legislation to fight GBV and femicide during the pandemic.
- Lawmakers in Lesotho drafted a domestic violence bill, which awaits cabinet approval. A Commonwealth study shows domestic violence costs Lesotho $113 million annually.
- To inform a comprehensive review of its Labour Act on sexual harassment at work, a Zimbabwe Parliamentary committee conducted public consultations across the country.
- Namibia is the only country in Africa to achieve a Tier 1 ranking on eliminating human trafficking in 2020, joining 34 nations globally. The country fully meets the US State Department's minimum standards for the elimination of human trafficking.

Introduction

GBV affects many women and girls in SADC, yet it remains sensitive, hidden, and stigmatised throughout the region. The SADC region continues to experience extremely high levels of gender violence, with an unprecedented surge reported during the COVID-19 lockdowns.

In March 2021, the SADC Secretariat collaborated with the Ford Foundation and GIZ, a German development agency, to conduct a two-day virtual workshop on gender-based violence (GBV) prevention and coordination. The Secretariat raised concerns about the lack of critical GBV data, low levels of reporting on GBV cases, insufficient disaggregation when reporting data, weak coordination, and the absence of common regional GBV surveillance systems. Prevalence data submitted to the Secretariat shows irregular reporting and outdated data on intimate partner violence (IPV). With the emergence of COVID-19 and related spikes in violence, regional GBV coordination has become more important than ever before.

The inherent challenges faced by low-income countries in accessing and providing vaccines, dubbed "vaccine apartheid," have fuelled fears that the disproportionate effects of the pandemic may further exacerbate gender inequalities and extend pandemic lockdowns and insecurity.

Women's rights activists have urged member states to consider the diverse needs of certain groups in vaccine roll out and as part of their overall COVID-19 response. This includes the safety of women, particularly sex workers, gender non-conforming people, and migrants and refugees at risk of experiencing sexual harassment, exploitation, disrespect, and other forms of GBV when seeking health services.

Member states have made progress in addressing GBV by implementing multi-sectoral approaches that include legislative and criminal justice responses. For instance, South Africa's fight against gender-based violence and femicide (GBVF) improved when the country amended key legislation, including the Social Assistance Amendment and the Prescription in Civil and Criminal Matters (Sexual Offences) Amendment bills. Additionally, the South African Parliament's Portfolio Committee on Justice and Correctional Services adopted the Criminal Law (Sexual Offences and Related Matters) Amendment Bill and the Domestic Violence Amendment Bill.

Elsewhere, Zimbabwe embarked on public consultations on sexual harassment in the workplace, with a view to amend its Labour Act and Botswana set aside special courts to expedite GBV cases, which surged during its lockdown.

Namibia is the only African country to achieve a US Department of State Tier 1 ranking in 2020, joining 34 nations globally. The department ranks each country on one of four tiers (Tier 1, Tier 2, Tier 2 watch list, and Tier 3), as mandated by the Trafficking Victims Protection Act (TVPA), an anti-trafficking Federal Law of 2000.[1]

"Vaccine apartheid" is the term used to describe the challenges faced by low-income countries in accessing vaccines

[1] United States Department of State (2020),Trafficking in Persons Report, https://www.state.gov/reports/2020-trafficking-in-persons-report, accessed 5 June 2021.

Table 6.1: Key data on extent, response, support, and prevention of GBV in SADC

INDICATORS	Region	Angola	Botswana	Comoros	DRC	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	Tanzania	Zambia	Zimbabwe
Proportion (%) of women and girls aged 15-49 who experienced intimate partner violence (IPV) in the previous 12 months (2016)[2]	All 16 countries	50	35	40	58	43	41	42	43	25	48	39	30	31	47	47	43
Proportion (%) of ever-partnered women aged 15-49 years experiencing IPV and/or sexual violence at least once in their lifetime (2013)[3, 4]	Eight countries	N/A	N/A	6	64	N/A	N/A	N/A	31	N/A	33	N/A	N/A	26	43	49	42
Proportion (%) of women and girls aged 15 years and older subjected to physical and sexual violence by a partner in the previous 12 months (2013)[5]	Ten countries	32	N/A	5	4	N/A	N/A	N/A	14	N/A	7	6	N/A	10	12	9	18
Proportion (%) of women aged 15-49 years experiencing physical and/or sexual violence perpetrated by someone other than an intimate partner at least once in their lifetime (1995-2013)[6]	Five countries	N/A	N/A	N/A	3	N/A	N/A	N/A	2	N/A	N/A	N/A	N/A	N/A	3	3	1
Laws on domestic violence[7]	13 countries	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Laws on sexual assault[8]	14 countries	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Human trafficking laws[9]	All 16 countries	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sexual harassment laws[10]	15 countries	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Integrated approaches: national action plans[11]	All 16 countries	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Accessible, affordable, and specialised services, including legal aid, to survivors[12]	All 16 countries	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Specialised facilities, including places of shelter and safety[13, 14, 15]	All 16 countries	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comprehensive treatment, including post-exposure prophylaxis (PEP)[16]	All 16 countries	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Source: Gender Links, 2020.

2 United Nations, Sustainable Development Goal SDG Tracker, Our World in Data, https://sdg-tracker.org/gender-equality, accessed 18 June 2021.
3 'WorldsWomen2015_chapter6, https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_chapter6_t.pdf, accessed 18 June 2021.
4 WHO, Intimate partner violence prevalence data by country, World Health Organization, https://apps.who.int/gho/data/view.main.IPVv, accessed 18 June 2021.
5 WHO, Intimate partner violence prevalence data by country, World Health Organization, https://apps.who.int/gho/data/view.main.IPVv, accessed 18 June 2021.
6 'WorldsWomen2015_chapter6, https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_chapter6_t.pdf, accessed 18 June 2021.
7 Gender Links, (2019) 'Audit of SRHR Laws and Policies in SADC', Gender Links, https://genderlinks.org.za/gmdc/publications/audit-of-srhr-laws-and-policies-in-sadc/, accessed 18 June 2021.
8 Gender Links (2019) 'Audit of SRHR Laws and Policies in SADC', Gender Links, https://genderlinks.org.za/gmdc/publications/audit-of-srhr-laws-and-policies-in-sadc/, accessed 18 June 2021.
9 United States Department of State (2020),Trafficking in Persons Report, https://www.state.gov/reports/2020-trafficking-in-persons-report, accessed 5 June 2021.
10 Gender Links (2019) 'Audit of SRHR Laws and Policies in SADC', Gender Links, https://genderlinks.org.za/gmdc/publications/audit-of-srhr-laws-and-policies-in-sadc/, accessed 18 June 2021.
11 Gender Links, Policy and action plans, https://genderlinks.org.za/what-we-do/justice/policy-and-action-plans/, accessed 18 June 2021.
12 Lowe Morna, C., Rama, K. and Chigorimbo, S. (eds) (2020) SADC Gender Protocol 2020 Barometer. 13th edn. Johannesburg: Gender Links, https://genderlinks.org.za/what-we-do/sadc-gender-protocol/sadc-protocol-barometer/sadc-gender-protocol-barometer-2020/, accessed 18 June 2021.
13 Lowe Morna, C., Rama, K. and Chigorimbo, S. (eds) (2020) SADC Gender Protocol 2020 Barometer. 13th edn. Johannesburg: Gender Links, https://genderlinks.org.za/what-we-do/sadc-gender-protocol/sadc-protocol-barometer/sadc-gender-protocol-barometer-2020/, accessed 18 June 2021.
14 GBV Prevention Network (2018) Seychelles: Shelter for Women Victims of Violence Opens in Seychelles, https://preventgbvafrica.org/seychelles-shelter-for-women-victims-of-violence-opens-in-seychelles/, accessed 18 June 2021.
15 UNFPA Comoros (2021) VBG_: L'UNFPA remet de matériels informatiques et de mobiliers aux comités de veille de Mohéli et d'Anjouan, UNFPA Comoros, https://comoros.unfpa.org/fr/news/vbg-lunfpa-remet-de-mat%C3%A9riels-informatiques-et-de-mobiliers-aux-comit%C3%A9s-de-veille-de-moh%C3%A9li-et, accessed 18 June 2021.
16 Lowe Morna, C., Rama, K. and Chigorimbo, S. (eds) (2019) SADC Gender Protocol 2019 Barometer. 12th edn. Johannesburg: Gender Links, https://genderlinks.org.za/what-we-do/sadc-gender-protocol/sadc-protocol-barometer/sadc-gender-protocol-barometer-2019/, accessed 18 June 2021.

Table 6.1 resembles the data in the 2020 Barometer as no major surveys occurred in the region that would significantly alter the data in 2020 - the year of COVID-19 lockdowns- especially on intimate partner violence (IPV). However, desk research helped provide an update for Comoros[17] and Seychelles[18] pertaining to the indicator on "specialised facilities, including places of shelter and safety." As reported in the previous Barometer, several sections in Table 6.1 show irregular data across SADC countries. The SADC Secretariat is concerned with these gaps, which affect critical data indicators needed to track the extent of IPV. This is more important than ever as worries mount about increased GBV linked to COVID-19 lockdowns.

The existing data shows that:

- Only eight countries have data on the proportion of women who have experienced IPV and/or sexual violence at least once in their lifetimes. Of those, DRC ranks highest at 64% of women, followed by Zambia at 49%.
- Only ten countries have data on the proportion of women and girls subjected to physical and sexual violence by a partner. In some cases, data is old, underscoring the SADC Secretariat's concern about the dearth of reliable statistics on IPV within member states, a finding consistent with the SADC Gender Unit's GBV study.
- Thirteen SADC countries now have domestic violence legislation and 14 have sexual assault legislation.
- The Democratic Republic of the Congo (DRC), Lesotho, and Tanzania have yet to enact specific domestic violence laws. A recent SADC Secretariat virtual GBV meeting confirmed that Lesotho's cabinet is currently reviewing a new domestic violence bill.
- All SADC countries but Angola now have legislation on sexual harassment and all 16 countries have human trafficking laws.
- New data shows that Comoros and Seychelles, like other SADC countries, have specialised facilities, including places of shelter and safety, for GBV survivors.

This chapter assesses progress on GBV extent, prevention, response, and support across all 16 SADC countries against commitments made in normative frameworks including:

- The SADC Protocol on Gender and Development;
- Beijing Platform for Action (BPFA) +20 Africa Declaration;
- The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW);
- The UN Sustainable Development Goals (SDGs);
- The Maputo Protocol;
- International Conference on Population and Development (ICPD); and
- The Commission on the Status of Women (CSW) Resolution 60/2 on Women, the Girl Child, and HIV.

This 2021 edition is a continuation of the *#VoiceandChoice* campaign, focusing on Sexual and Reproductive Health and Rights (SRHR). The chapter also analyses the impacts of the COVID-19 pandemic and response, as well as whether ongoing vaccination roll outs will help or undermine gender justice in the region.



Participants march during the 16 Days of Activism campaign in 2011 in the municipal council of Beau Bassin Rose Hill in Mauritius. Photo: Anushka Virahsawmy

[17] UNFPA Comoros (2021) VBG_: L'UNFPA remet de matériels informatiques et de mobiliers aux comités de veille de Mohéli et d'Anjouan, UNFPA Comoros, https://comoros.unfpa.org/fr/news/vbg-lunfpa-remet-de-mat%C3%A9riels-informatiques-et-de-mobiliers-aux-comit%C3%A9s-de-veille-de-moh%C3%A9li-et, accessed 18 June 2021.
[18] GBV Prevention Network (2018) Seychelles: Shelter for Women Victims of Violence Opens in Seychelles, https://preventgbvafrica.org/seychelles-shelter-for-women-victims-of-violence-opens-in-seychelles/, accessed 18 June 2021.

COVID-19 and GBV prevalence

Since December 2019, when scientists first detected the COVID-19 virus, it has mutated several times and been unrelenting in its global devastation. At the time of writing, SADC countries remained in various phases of lockdown, with some swinging back and forth between tighter and looser restrictions as they attempted to address social and economic concerns while also containing surges linked to new strains of the virus. Most countries have maintained or expanded movement restrictions.

For instance, on 27 June 2021, South Africa once again moved to alert level 4, just one level short of a total nationwide lockdown: the first time it had been at this alert level since May 2020.[19] A day later, Zimbabwe's government followed suit. As the ongoing crisis forces SADC lawmakers to bring in stricter restrictions, the plight of women and children facing abuse during the lockdowns remains mostly unchanged.

Reliable data on the impact of lockdowns on GBV is difficult to access. The biggest challenge with GBV is that much of it is either un-reported or under-reported, especially under lockdown. Police statistics are thus usually under-stated. However, the variation in police data over the last four quarters is a good indicator of the extent to which GBV is either increasing or decreasing.

Table 6.2: Total sexual offences from April 2020 to March 2021 in South Africa[20]

Crime category	April to June 2020	July to September 2020	October to December 2020	January to March 2021
Rape	5805	8922	12 218	9518
Sexual assault	1070	1758	2390	1910
Attempted sexual offences	271	451	625	433
Contact sexual offences	150	292	362	272
Total sexual Offences	7296	11 423	15 595	12 133

Source: South African Police Services sexual offences statistics.

Table 6.2 provides data on rape, sexual assault and other sexual offences in South Africa between April 2020 and March 2021, the months when the country experienced some of its most serious COVID-19 lockdowns and restrictions.

For all crime categories, cases increased sharply from April to December 2020, and then dropped from January to March 2021. There is therefore a direct correlation between the extent of lockdowns in South Africa and increase in reported cases of GBV, with the actual number of cases likely to be much higher.

This recent data has not been analysed against other regional data and trends, but it aligns with concerns expressed during the early days of the pandemic about a rise in GBV due to lockdowns. The sharp increase in reported rapes throughout 2020 represents an especially worrying trend, adding even more urgency to the government's ongoing push to review legislation to address GBV.

[19] South African Government COVID-19 alert system, https://www.gov.za/covid-19/about/about-alert-system, accessed 30 June 2021.
[20] South African Police Services sexual offences statistics, https://www.saps.gov.za/services/crimestats.php accessed 2 July 2021.

Implications of the SADC vaccine roll out

Recent studies show that women experience worse side effects from COVID-19 vaccinations

While the virus rages, scientists and pharmaceutical companies in several countries have successfully created a variety of vaccines to help curb the spread of the virus. However, the global vaccination roll out has laid bare the gross structural and systemic inequalities that exist within and between countries and the stark divide between the global north and south. Oxfam reports that the COVID-19 vaccines have created nine new billionaires with a combined wealth greater than the cost of vaccinating the world's poorest countries.[21] Activists in SADC have joined growing calls for a more equitable distribution of vaccines to ensure they reach the most vulnerable populations.[22]

Marginalised groups such as sex workers, women working in the informal sector, older women, women in rural areas, people with disabilities, and migrants and refugees are all at particular risk of contracting COVID-19 and struggling to obtain a vaccine. More research is needed on the biological effects vaccines have on women and girls. So far, data shows differences in efficacy (the percentage reduction in disease incidence in a vaccinated population) and side effects of the various vaccines on women.

According to Management Sciences for Health, women have higher innate immunity responses to antigen stimulation and create higher antibodies to a vaccine. Women also exhibit better efficacy, which means lower rates of hospitalisation and mortality in females compared to males.[23]

Recent studies, however, show that women experience worse side effects from COVID-19 vaccinations. A study by the Centers for Disease Control and Prevention (CDC)[24] found that women comprised 79% of reports of side effects from the Pfizer and Moderna vaccines and nearly all of the anaphylactic reactions to COVID-19 vaccines. These side effects could be especially distressing to survivors of violence, who already endure the physical, reproductive health and mental health effects of GBV.



SADC Executive Secretary Stergomena Lawrence Tax has expressed worries about increases in GBV during the pandemic. Photo courtesy of Twitter

[21] Oxfam (2021) COVID vaccines create 9 new billionaires with combined wealth greater than cost of vaccinating world's poorest countries, Oxfam International, https://www.oxfam.org/en/press-releases/covid-vaccines-create-9-new-billionaires-combined-wealth-greater-cost-vaccinating, accessed 16 June 2021.
[22] WHO (2021) Expanding reach: Addressing gender barriers in COVID-19 vaccine roll out, https://www.who.int/news/item/03-05-2021-expanding-reach-addressing-gender-barriers-in-covid-19-vaccine-roll out, accessed 16 June 2021.
[23] Lawry, L. (2021) 'Sex, Gender, and Vaccines: Considerations for COVID-19 Vaccine Immunity', https://www.msh.org/blog/2021/05/17/sex-gender-and-vaccines-considerations-for-covid-19-vaccine-immunity, accessed 18 June 2021.
[24] First Month of COVID-19 Vaccine Safety Monitoring - United States, December 14, 2020-January 13, 2021, https://www.cdc.gov/mmwr/volumes/70/wr/mm7008e3.htm, accessed 18 June 2021.

Women's rights and vaccine roll out

The disproportionate effects of the pandemic, if not addressed, will continue to hamper the vaccine roll out process, further exacerbating gender inequalities. While women comprise 70% of the global health workforce, they only comprise 25% of those in leadership positions.[25] The World Health Organisation (WHO) identified this gap, noting that women's equal and meaningful participation in leadership and decision-making, as well as vaccine roll out, is critical.[26]

Vaccine roll out plans must take into account all of these disparities. Some key considerations include:

- Access to mobility: What challenges will women face in reaching designated health facilities? What are the travelling distances? What is the cost? How many times do they need to get to a facility?
- Access to technology: If access to information or registration is largely online, it will exclude large proportions of the population. Thus, plans should include a range of ways to share information about vaccine access and safety to ensure equal access to information.
- The limited decision-making power of women in seeking healthcare and their limited access to health resources.
- Documentation: Will requirements for documentation such as passports or other forms of identification prevent women, especially non-citizens such as migrants and refugees, from receiving vaccinations?
- Safety of women should be a key consideration, particularly sex workers, gender non-conforming people and migrants and refugees at risk of experiencing sexual harassment, exploitation, disrespect and other forms of GBV when seeking health services.

Gender activists and leaders raised the issue at the Commission on the Status of Women 65 (CSW-65) in March 2021, with Canada's international development minister noting that countries must employ a gender lens to tackle COVID-19. "Women are on the frontlines being exposed to the virus," said Karina Gould. "Women need vaccines to prevent COVID-19 but they also need access to tests and treatments. We need to listen to women about how their interrelated vulnerabilities could become barriers. A gender lens can help us respond to all of their needs as the essential workers in the fight against COVID-19." Gould also noted that ensuring women provide vaccinations is important.



Choolwe Jacobs, founder of the Zambia chapter of Women in Global Health, told CSW-65 that grassroots women's movements could help counter vaccine hesitancy and ensure equity in testing and vaccine access. "Women, particularly in lower and middle income countries, including in Zambia, do not have access to tests and many of them lack knowledge and awareness of testing. This is particularly the case in remote and rural areas. Empowered women community health workers can play a huge role in scaling testing to ensure it is available to everyone," Jacobs said.[27]

[25] WHO (2021) Expanding reach: Addressing gender barriers in COVID-19 vaccine roll out, https://www.who.int/news/item/03-05-2021-expanding-reach-addressing-gender-barriers-in-covid-19-vaccine-roll out, accessed 16 June 2021.
[26] WHO (2021) Expanding reach: Addressing gender barriers in COVID-19 vaccine roll out, https://www.who.int/news/item/03-05-2021-expanding-reach-addressing-gender-barriers-in-covid-19-vaccine-roll out, accessed 16 June 2021.
[27] WHO (2021), Expanding reach: Addressing gender barriers in COVID-19 vaccine roll out, 3 May 2021, https://www.who.int/news/item/03-05-2021-expanding-reach-addressing-gender-barriers-in-covid-19-vaccine-roll out, accessed 2 July 2021.

South Africa: Women, violence and vaccine roll out

In July 2021 Women's Voice and Leadership South Africa (WVLSA) condemned the violence and criminal looting ravaging South Africa amid the third wave of the COVID-19 pandemic. WVLSA called on President Cyril Ramaphosa to ensure that law and order are restored and that the vaccine roll out crucial for defending women's hard-earned rights is resumed as a matter of urgency.

WVL is a fund created and funded by Global Affairs Canada as part of its feminist foreign assistance policy. In South Africa, where the fund is managed by Gender Links (GL), WVL brings together 51 Women's Rights Organisations (WRO) across the country, especially in Gauteng, KwaZulu-Natal, the Western Cape and Limpopo provinces.

"There can be no justification for a breakdown of the rule of law on account of a Constitutional Court ruling to jail a former president for contempt of court," noted Colleen Lowe Morna, Special Adviser to Gender Links. "The fact that this violence is jeopardising vaccine roll out - the only real hope for emerging from the COVID-19 crisis which has a disproportionate effect on women - makes such behaviour particularly painful and unacceptable."

WVLSA, a member of the Peoples Vaccine Alliance, has initiated a #VaccineGenderJustice campaign. The coalition of WRO "calls on the government to ensure that the vaccine roll out is fair, equitable and does not discriminate against any segment of society, including women living in rural areas; People Living with Disability; sex workers, migrants, and the LGBTIQ community," said Grants Manager Tinashe Chipwanya.



Participants viewing products at an Entrepreneurship Trade show at Maseru Mall in Lesotho. Photo: Ntolo Lekau

The mindless and ongoing violence following the incarceration of former President Jacob Zuma on 9 July led to vaccine sites bolting their doors just days after the acting Health Minister Mmamoloko Kubayi-Ngubane announced that the country would be accelerating the roll out to include weekends. On 9 July Kubayi-Ngubane announced that eligible age groups would be extended from 50 and over to 35 to 49 year-olds from mid-July, with the roll out set to begin in August.

In his address to the nation on 11 July extending Level Four COVID-19 lock down by another two weeks, President Cyril Ramaphosa said that requirements to register online and present identification for vaccinations would be waived to accelerate roll out.

To date, despite procuring enough vaccinations to service all 60 million South Africans, the country has vaccinated less than one percent of its population. This stands in stark contrast to the billions of rands syphoned out of the country in countless corruption cases during Zuma's presidency, not to mention the costly investigation into these cases.

In 2021, WVL SA is focusing on equitable access, public education and awareness on vaccine roll out. Eleven grantees are conducting door to door campaigns in far flung rural areas to ensure equitable access. These are the MT Foundation, Free State; Coastal Resources Centre, Eastern Cape; Sinqobile Kingdom Empowerment, Mpumalanga; Community Carers Agency and Voice for the Voiceless, Western Cape; KwaZulu Development and Business Information Centre and Trans Hope (KwaZulu-Natal); Lithsani Vhana-De Foundation,

Mara Victim Empowerment Centre, Limpopo; Mankweng Community Law Advice office, Limpopo and the Dorcas Page Foundation, Gauteng.

Their work includes dispelling myths around taking vaccinations; lobbying to ensure that documentation required will not prevent women, especially migrants and refugees; sex workers and gender non-conforming people from being vaccinated; upskilling community workers and including them in healthcare campaigns, and ensuring the safety of all those seeking health services.

"WVL-SA calls on the government to generate and share sex disaggregated data on the vaccine roll out; ensure that there is a constant supply of the vaccines; prioritise care givers and ensure that vaccinations reach the most marginalised communities, especially migrant women and women living in rural areas," said WVL Grants Coordinator Nomthandazo Mankazana Mokoa. *Source: Women Voice and Leadership press release, 14 July 2021.*[28]

Data collection and the extent of GBV

During the GBV prevention workshop hosted by the SADC Gender Secretariat in March 2021, member states shared their experiences in GBV data collection, including whether they conduct dedicated GBV surveys. The SADC Gender Secretariat notes that, although the SADC region has made significant progress in formulating GBV laws and policies, there remains a huge challenge in measuring and monitoring GBV. The 2018 SADC GBV study covering seven countries (Angola, DRC, Mozambique, Namibia, Tanzania, Zambia, and Zimbabwe) with Demographic and Health Survey (DHS) data from 2010-2018 reveals serious gaps. The Secretariat notes that these hamper progress in GBV prevention and response by:

- A lack of timely data submissions by member states;
- Insufficient disaggregation of data;
- Lack of national surveys on GBV;
- Inadequate knowledge of GBV at all levels, including by some service providers;
- Weak coordination mechanisms;
- Low levels of reporting of GBV;
- Weak data collection tools and systems;
- Inadequate in-country capacity for the development of comprehensive GBV data; and
- Absence of a common regional GBV surveillance system that would facilitate data collection.

In addition, the Secretariat notes that some of the GBV indicators in the current SADC Gender Protocol Monitoring and Evaluation Framework (MERF) need review to ensure effective monitoring and reporting at least annually at the SADC Council of Ministers and SADC Summit of Heads of States. These include legal, social, economic, cultural and political practices, sexual harassment, support services, training of service providers, and integrated approaches.

The SADC region lacks a common GBV surveillance system

[28] Women Voice and Leadership press release, 14 July 2021.

The SADC Secretariat revealed these concerns following the 2020 UNiTE campaign, with its theme: *Orange the World: Fund, Respond, Prevent and Collect!* This lack of data strongly affects how agencies and countries monitor GBV as part of efforts to achieve the SDGs and other regional targets. Researchers and activists note that collecting data for all SADC countries is even more important now, as the region grapples with the COVID-19 crisis, which has increased the vulnerability of women and girls to abuse. It is important to note that some other countries depend on the DHS data, utilising the module on Domestic Violence (DV).

For more than a decade, Gender Links has represented a leading voice in the fight against GBV in SADC, spearheading seven comprehensive VAWG and/or GBV baseline studies completed in Botswana, Lesotho, Mauritius, Seychelles, South Africa, Zambia, and Zimbabwe (2010 to 2016) and a comprehensive follow-up study in Botswana in 2018.[29]

Table 6.3: Difference between the DHS and GBV Baseline Studies

DHS	GBV Baseline Studies
Scope	
30 questions	More than 150 indicators that seek to measure the prevalence, effects and drivers of violence.
Source	
	Several standard, globally accepted and tested measurement tools, including the UN's Multi-country Study on Women's Health and Domestic Violence, Gender Equitable Men (GEM) scale and the Harvard Trauma Questionnaire (HTQ).
Measures	
Physical, emotional and sexual abuse in intimate relationships	Physical, sexual, psychological and economic intimate partner violence.
Physical abuse by strangers	The Violence Against Women (VAW)/GBV indicators only looked at physical abuse within intimate relationships, not by strangers. DHS has specific questions on physical abuse by non-partners.
Physical abuse in pregnancy	Physical, sexual, psychological and economic intimate partner violence in pregnancy.
Physical violence perpetration and alcohol	GBV violence perpetration and alcohol, child abuse, attitudes, and demographic factors.
Rape by non-partner	Rape by non-partner. Rape and sexual assault by a partner, stranger, acquaintance or family member, experienced by adults and in childhood.
Help-seeking behaviour	Help-seeking behaviour (medical, legal, police, shelter and family) and reporting and conviction patterns.
Witnessing domestic violence of parents	Witnessing domestic violence in the home and community.
	Sexual harassment in schools, workplace and public places.
	The study also has output indicators focusing on the response mechanisms and some prevention strategies, such as campaigns.
	Effects, including reproductive health (HIV, sexually transmitted infections) mental (post-traumatic stress disorder and Center for Epidemiological Studies Depression scales), physical and economic.

Source: GBV Indicators Questionnaire and DHS Domestic Violence Module.

[29] The studies can be accessed on the GL website: https://genderlinks.org.za/what-we-do/justice/research/violence-against-women-baseline-research/

Table 6.3 illustrates the differences and similarities between the DHS and GBV baseline studies. This chapter features data from both. The latter studies tend to be more in depth than DHS research on this topic, which falls into existing larger surveys measuring various health indicators. Most countries show gaps[30] on critical indicators. Other research has uncovered extremely high rates of violence in Southern African countries, with IPV particularly widespread.[31] Measuring GBV indicators through dedicated surveys gives comprehensive information on the various forms of GBV, which is why GL continues to collaborate with multiple stakeholders to collect robust data, track GBV indicators, and encourage evidence-based action.



Youth participate in a drama depicting the harms of GBV during the campaign *Towards a GBV free Eswatini* in 2019. Photo: Thandokuhle Dlamini

[30] Lowe Morna, C., Rama, K. and Chigorimbo, S. (eds) (2020) SADC Gender Protocol 2020 Barometer. 13th edn. Johannesburg: Gender Links, https://genderlinks.org.za/what-we-do/sadc-gender-protocol/sadc-protocol-barometer/sadc-gender-protocol-barometer-2020/, accessed 18 June 2021.
[31] García-Moreno, C. et al. (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva, Switzerland: World Health Organization.

Table 6.4: Status of GBV data, analysis and use: national surveys and administrative data sources by country

Country	Last DHS	Next ongoing DHS	GL survey date	Status of GBV data, analysis and use; national surveys and admin data sources
Angola	2015-2016	2021-22	n/a	• Current study on GBV ongoing in collaboration with the Catholic University of Angola. • National police and churches submit to the gender ministry for aggregation. • Review of criminal law and penal code underway.
Botswana	1988	n/a	2011 and 2018	• The country has conducted two dedicated GBV surveys at five-year intervals in partnership with GL, in 2011 and 2018. The next survey to occur in 2023. • Relies on administrative data (obtained from police, health, courts and other government agencies) in between surveys. • GBV statistics from Botswana Police Service (BPS) do not give incidences but gender ministry working with BPS to close the gap. • Gender ministry hopes to get even more data from the GBV referral system now in place.
Comoros	2012	n/a	n/a	• Island authorities work in close collaboration with United Nations Children's Fund (UNICEF) to gather data. • No dedicated GBV survey yet. • Civil society sensitising citizens in rural areas on GBV since 2011 as many people did not report or voice abuse due to cultural practices. Normalising acceptance of physical violence needs to change. • Civil society not authorised to give out information on GBV.
DRC	2013-2014	n/a	n/a	• No survey yet for GBV but has statistics for domestic violence in some post-conflict provinces. • Gender ministry, in partnership with some CSOs, to collect and compile information on GBV. • Some CSOs provide technical assistance in collecting GBV data. • Gender ministry has the responsibility to publish GBV data.
Eswatini	2006-2007	n/a	n/a	• No dedicated GBV surveys due to funding constraints. • Relies on administrative data from relevant service ministries. • Planning to collect data on physical and sexual violence as part of the Multiple Indicator Cluster Survey (MICS) in late 2021. However, researchers will only collect data from female respondents. MICS are household surveys implemented by countries under the programme developed by UNICEF to provide internationally comparable, statistically rigorous data on the situation of children and women.[32]
Lesotho	2014	2021	2014	• Draft Domestic Violence Act is now ready for cabinet approval. • As a guiding legal framework, Lesotho has come up with an Anti-GBV coordination forum backed by the Sexual Offences Act and the National Action Plan. The forum is chaired by the gender ministry and has 6 technical working groups (TWGs) that include the government, development partners, media, civil society, academia and religious sectors. The TWGs meet quarterly to evaluate progress on GBV prevention and response in the country.
Malawi	2015-2016	2021	n/a	• Relies on DHS surveys, with the last one conducted in 2015. Next DHS expected in 2021. • Conducted a rapid study on child marriage in 2020. • Administrative data accessed from police, gender ministry, one stop centres, the health ministry, and helpline services (child line services and GBV crisis line for adults). • No standardised protocols for sharing data. Access to administrative data largely depends on cordial relations between service providers. • GBV national surveillance under review. • Malawi, recently launched GBV referral pathways that include key players from community level to national level as essential data sources within the GBV data reporting and management process.

Country	Last DHS	Next ongoing DHS	GL survey date	Status of GBV data, analysis and use; national surveys and admin data sources
Mauritius	n/a	n/a	2010	• A 2008-9 study on the economic and social effects of GBV estimated costs to be 1.4 billion rupees (US $46,666,667) per annum between 2008 and 2009. • A 2014 study shows GBV costs have risen to two billion rupees per annum. • Prime Minister launched a National Action Plan on GBV in November 2020. • Currently setting up GBV observatory (surveillance) system.
Mozambique	2011	2021	n/a	• National Institute of Statistics/Nacional de Estatística (INE) collects this data. • A specific GBV survey remains a challenge but a 2014 survey in only five out of ten provinces included indicators on IPV. • In addition to the DHS 2011, Mozambique has the 2015 AIDS Indicator Survey (AIS) with GBV indicators on physical and sexual violence. The DHS 2021 (in process) will also provide an update.
Namibia	2013	n/a	n/a	• GBV data collected through the Namibia Demographic and Health Survey of 2013. • The Namibian Police have a database for GBV data.
Seychelles	n/a	n/a	2016	• GBV study carried out in 2016 in collaboration with GL. • A 2018 study on the economic costs of GBV conducted by the Commonwealth. • Focal persons regularly meet to ensure timely data collection.
South Africa	2016	n/a	Gauteng (2010); Limpopo (2013); Western Cape (2014); KwaZulu-Natal (2014)	• GBV and femicide identified as a priority. • Various departments collect administrative data. • Last DHS in 2016. Women younger than 18 and older than 49, however, not included in the survey. Various surveys are conducted by academia, GL, shelters, etc. • Public safety and justice survey only a proxy for violence data. • There is no GBV surveillance system in South Africa. • Implementation of a two-year national GBV survey is underway, targeting a sample of 23 318 participants led by the Human Sciences Research Council (HSRC) and funded by the UN, Ford Foundation, Bill and Melinda Gates Foundation. The survey will include a module on the experiences of GBV during COVID-19. Researchers expect results around December 2022.
Zambia	2018	n/a	2014	• Last dedicated GBV survey conducted by GL in 2014.
Zimbabwe	2015	2022	2012	• Last dedicated GBV survey conducted by GL and the Ministry of Women Affairs, Community, Small and Medium Enterprises in 2012. • Most recent DHS publication is the 2015 edition. The Multiple Indicator Survey for 2019 used the same domestic violence module as in the DHS. • The crime department of the police obtains and publishes administrative data in the Zimbabwe Statistical Agency (ZimStat) quarterly reports. • Government works with other partners like the United Nations Population Fund (UNFPA) to gather GBV data and respond to GBV.

Source: Compiled from SADC GBV Virtual Workshop, March 2021.

[32] Multiple Indicator Cluster Surveys', Wikipedia, https://en.wikipedia.org/w/index.php?title=Multiple_Indicator_Cluster_Surveys&oldid=999116957, accessed 30 June 2021.
[33] UN Women (2014) The Victim Empowerment and Abuser Rehabilitation Policy, https://evaw-global-database.unwomen.org/en/countries/africa/mauritius/2014/the-victim-empowerment-and-abuser-rehabilitation-policy, accessed 30 June 2021.
[34] Cruz, G. V., Domingos, L. and Sabune, A. (2014) 'The Characteristics of the Violence against Women in Mozambique', Health, 6(13), pp. 1589-1601. doi: 10.4236/health.2014.613192.
[35] The Demographic and Health Survey (DHS) Program country pages, https://dhsprogram.com/Countries/Country-Main.cfm?ctry_id=61&c=Mozambique&Country=Mozambique&cn=&r=1, accessed 1 July 2021.

Table 6.4 maps what GBV surveys have taken place and when in each SADC country. It shows that while most SADC countries have had DHS surveys, these are quite dated. Some countries (e.g. Zimbabwe) have had both DHS and dedicated GBV prevalence studies in partnership with GL. Table 6.5 maps the findings for one important parameter - women subjected to physical and/or sexual violence in the last 12 months, 2010-2019 from both the DHS and GL studies. The figures from the DHS are in black and from GL studies in purple.

Table 6.5: Women subjected to physical and/or sexual violence in the last 12 months, 2010-2019

Country	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
	%	%	%	%	%	%	%	%	%	%
Angola							25.9			
Botswana									**26**	
Comoros			6.4							
DRC					36.8					
Eswatini										
Lesotho				**28**						
Madagascar										
Malawi	22.1						24.3			
Mauritius	**5**									
Mozambique		27.7				25.3				
Namibia				20.2						
Seychelles										
South Africa (all provinces)							13			
South Africa - Gauteng	**18**									
South Africa - Western Cape					**12**					
South Africa - Limpopo				**13**						
South Africa - KwaZulu-Natal (KZN)					**16**					
Tanzania							29.6	29.6	29.6	29.6
Zambia					26.7					
Zimbabwe			**26**			19.9				

Source: Adapted from SADC Gender Secretariat Statistics Unit, March 2021, and Gender Links. NB: Figures in bold purple are from GL studies and all others are DHS figures available for countries from 2010-2019.

The SADC region over the last decade shows GBV prevalence over the last 12 months ranging from 5% in Mauritius to nearly 37% in the DRC

As shown in Table 6.5, available data in the SADC region over the last decade shows GBV prevalence over the last twelve months ranging from 5% in Mauritius to nearly 37% in the DRC. Statistics from these dedicated studies in four provinces of South Africa sit at 12-18%, similar to the 2016 DHS (13%) for the whole country. From the GL studies, Botswana, Lesotho and Zimbabwe have prevalence statistics in the range 20-30% comparable to all other countries with DHS data. Overall, the findings support the often quoted (generalised) statistic that at least one in every three women have experienced physical and or sexual violence in the past year. The only exceptions are Mauritius at 5% and Comoros at 6.4%.

Trafficking in persons (TIP)

SADC Gender Protocol Article 20.5: State parties shall:
(a) Enact and adopt specific legislative provisions to prevent trafficking in persons and provide holistic services to the victims, with the aim of re-integrating them into society;
(b) Put in place mechanisms by which all relevant law enforcement authorities and institutions should eradicate national, regional, and international trafficking syndicates;
(c) Put in place harmonised data collection mechanisms to improve research and reporting on the types and modes of trafficking to ensure effective programming and monitoring;
(d) Establish bilateral and multilateral agreements to run joint actions against trafficking in persons among origin, transit and destination countries; and
(e) Ensure capacity building, awareness raising and sensitisation campaigns on trafficking in persons exist for law enforcement officials.

SDGs 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual, and other types of exploitation; and **16.1** Significantly reduce all forms of violence and related death rates everywhere.

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The SADC region remains a fertile ground for human trafficking. The US State Department 2020 report on Trafficking in Persons[36] notes that, with the exception of Namibia, which has been elevated to Tier 1, 15 out of 16 countries in the region fail to meet the minimum standards for the elimination of trafficking. According to the report, most countries in the region lack adequate victim identification, protection efforts, and show low conviction rates of traffickers. The same report notes that several countries have laws on trafficking that do not align with the 2000 UN Trafficking In Persons Protocol and are therefore missing out on investigating other trafficking crimes. As reported in the previous edition of the Barometer, porous borders, poverty and increasing reports on corruption hinder state efforts to eliminate human trafficking. Despite this, some governments have taken significant steps to meet the required standards.



A guide to the US Department Trafficking in Persons tier system

Tier 1
Countries whose governments fully meet the Trafficking Victims Protection Act (TVPA) minimum standards for the elimination of trafficking.

Tier 2
Countries whose governments do not fully meet the TVPA's minimum standards but are making significant efforts to bring themselves into compliance with those standards.

Tier 2 Watch List
Countries whose governments do not fully meet the TVPA's minimum standards but are making significant efforts to bring themselves into compliance with those standards, and for which:

- The estimated number of victims of severe forms of trafficking is very significant or is significantly increasing and the country is not taking proportional concrete actions; and
- There is a failure to provide evidence of increasing efforts to combat severe forms of trafficking in persons from the previous year, including increased investigations, prosecution, and convictions of trafficking crimes, increased assistance to victims, and decreasing evidence of complicity in severe forms of trafficking by government officials.

Several SADC countries have trafficking laws that do not align with the 2000 UN Trafficking In Persons Protocol

Tier 3
Countries whose governments do not fully meet the TVPA's minimum standards and are not making significant efforts to do so. The TVPA, as amended, lists additional factors to determine whether a country should be on Tier 2 (or Tier 2 Watch List) versus Tier 3:

- The extent to which the country is a country of origin, transit, or destination for severe forms of trafficking;
- The extent to which the country's government does not meet the TVPA's minimum standards and, in particular, the extent to which officials or government employees have been complicit in severe forms of trafficking;
- Reasonable measures that the government would need to undertake to be in compliance with the minimum standards in light of the government's resources and capabilities to address and eliminate severe forms of trafficking in persons;
- The extent to which the government is devoting sufficient budgetary resources to investigate and prosecute human trafficking, convict and sentence traffickers; and obtain restitution for victims of human trafficking; and
- The extent to which the government is devoting sufficient budgetary resources to protect victims and prevent the crime from occurring.[37]

[36] United States Department of State (2020),Trafficking in Persons Report, https://www.state.gov/reports/2020-trafficking-in-persons-report, accessed 5 June 2021.
[37] United States Department of State (2020),Trafficking in Persons Report, https://www.state.gov/reports/2020-trafficking-in-persons-report, accessed 5 June 2021.

Namibia leads SADC region in push to confront trafficking

The US 2020 Trafficking in Persons (TIP) report shows that Namibia fully meets the minimum standards for the elimination of trafficking; the only country in Africa to do so. The government made key achievements that include finalising implementation of regulations for the Trafficking in Persons Act of 2018, significantly increasing the number of prosecutions, convicting and sentencing one trafficker, and training front-line responders. The government also identified more victims, referred to care a higher percentage of identified victims, and partially funded two NGO shelters that provided protective services for victims.

The State Department bases its rankings on the extent of government efforts to meet the TVPA's minimum standards for the elimination of human trafficking, which align with the Palermo Protocol, a UN protocol to prevent, suppress, and punish trafficking in human beings especially women and children. Tier 1 is the highest ranking, and it means countries fully meet the Trafficking Victims Protection Act (TVPA). However, it does not mean that a Tier 1 country does not have a human trafficking problem. According to the Trafficking in Persons report,[38] Tier 1 countries fully meet the minimum standards for the elimination of human trafficking. While other SADC countries have made progress curbing trafficking, none fully meets these required minimum standards. The report includes specific recommendations for each country.



The 2020 SADC Gender Protocol Barometer launch in Namibia.
Photo: Fabian Sampaya

Additionally, more victims voluntarily participated with law enforcement investigations and the government provided victim witnesses with protective services. The national anti-trafficking coordination body met quarterly; the government launched a nationwide awareness campaign in collaboration with an international organisation, increased training of front-line responders to prevent trafficking and continued to utilise the SADC regional data collection tool to gather and organise clear trafficking data.

Several of these successes formed part of the recommendations put forward by the United Nations Office on Drugs and Crime (UNODC) in a June 2020 report, *Impact of the COVID-19 Pandemic on Trafficking in Persons*, released in the first months of the pandemic and captured in the 2020 Barometer.

Although the government meets the minimum standards, it did not adequately train frontline officials on the National Referral Mechanism (NRM) or Standard Operating Procedures (SOPs), and observers reported some frontline responders did not fully understand their roles with regard to the provision of services to trafficking victims. Occasional breakdowns in communication between government officials and civil society and within government ministries also led to a lack of coordination among members of the National Coordinating Body (NCB). Although some officials took part in training, the government did not provide clarity on how they could be mobilised to share their knowledge and build capacity.

[38] United States Department of State (2020),Trafficking in Persons Report, https://www.state.gov/reports/2020-trafficking-in-persons-report, accessed 5 June 2021.

The report noted several recommendations for improvement, including:

- Train officials on the Trafficking in Persons Act of 2018;
- Train officials on implementation of the NRM and SOPs;
- Strengthen coordination among government ministries to ensure roles and responsibilities are clear and anti-trafficking policies are increasingly effective;
- Improve communication between government ministries and civil society;
- Continue to ensure all identified victims get referrals to protective and rehabilitative services;
- Increase funding to civil society partners that provide accommodation and care to trafficking victims to ensure they have adequate resources;
- Increase efforts to investigate, prosecute, and convict traffickers; and
- Increase efforts to raise public awareness, especially in rural areas.

Source: US 2020 Trafficking in Persons report.

Sexual harassment



SADC Gender Protocol Article 20.5: State parties shall:
(a) Enact and adopt specific legislative provisions to prevent trafficking in persons and provide holistic services to the victims, with the aim of re-integrating them into society;
(b) Put in place mechanisms by which all relevant law enforcement authorities and institutions should eradicate national, regional, and international trafficking syndicates;
(c) Put in place harmonised data collection mechanisms to improve research and reporting on the types and modes of trafficking to ensure effective programming and monitoring;
(d) Establish bilateral and multilateral agreements to run joint actions against trafficking in persons among origin, transit and destination countries; and
(e) Ensure capacity building, awareness raising and sensitisation campaigns on trafficking in persons exist for law enforcement officials.

SDGs 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual, and other types of exploitation; and **16.1** Significantly reduce all forms of violence and related death rates everywhere.

Sexual harassment in both the private and public spheres remains a significant challenge in the region. Sexual harassment exists in many traditional contexts and workplaces and perpetration now increasingly manifests in cyber misogyny, including stalking and revenge pornography, among others. Researchers believe that cyber misogyny is a new spin to an old problem: the long-standing issue of violence against women.[39]

[39] GISWatch, Canada Global Information Society Watch, https://www.giswatch.org/en/country-report/sexual-rights/canada, accessed 9 June 2021.

Despite the existence of sexual harassment legislation in 15 out of 16 SADC countries, the scope of the various pieces of legislation is limited when considering the extent and forms of online sexual harassment. Countries need to urgently develop, adopt and implement sufficiently stringent sexual harassment laws that include all the many settings where abuse takes place.

Additionally, there are growing fears that sexual harassment has been normalised in workplace settings as well as in institutions of higher learning to the extent that many victims shun calls to report abuse. However, hope is not lost, as several countries have begun to review legislation linked to sexual abuse and harassment.



Zimbabwe activists seek to address workplace harassment

Zimbabwe's workplaces may soon be safer for women who have long complained about sexual harassment on the job. At the time of writing, Zimbabwe civil society organisations were engaged in nationwide consultations to review the country's Labour Act following a petition submitted to the Parliament of Zimbabwe in October 2020 by the Emthonjeni Women's Forum (EWF).

The petition called on lawmakers to undertake a comprehensive analysis of the Labour Act to address the scourge of sexual harassment in the world of work. The Southern African Parliamentary Support Trust (SAPST) is leading the hearings, with support from the joint parliamentary portfolio committees on public service, labour and social welfare and women affairs, gender, and community and enterprises development.

EWF Programs Manager Melissa Ndlovu said parliamentary action on sexual harassment would protect women across the country. "I am really hoping that the Parliament of Zimbabwe recognises the need to address sexual harassment within the Labour Act," she said. "This will go a long way in protecting women in their various spheres of life and within the workspace."



The Emthonjeni Women's Forum has called for a comprehensive Labour Act that addresses sexual harassment at work. Photo courtesy of EWF

The petition to review the Labour Act comes hard on the heels of a 2019 Transparency International report on gender and corruption in Zimbabwe which found that 57% of women surveyed said men had forced them to offer sexual favours in exchange for jobs, medical care, and even when seeking placements at schools for their children.[40]

Zimbabwean gender activists hope the consultations represent the first step toward a comprehensive review of the Labour Act to facilitate inclusive and protective outcomes for women in all sectors of the country's economy.

[40] Transparency International Zimbabwe (ed.) (2019) Gender & corruption in Zimbabwe. Harare: Transparency International Zimbabwe.

Zimbabwe's Labour Act needs to protect women in both the formal and informal sectors

Some initial remarks shared by participants in the consultations include:

- "The Labour Act should be clear on the sentence for sexual harassment crimes. I want a place where I can report sexual harassment safely and feel protected by the law."
- "There should be a clause that clarifies what should happen when an employee is sexually harassed."
- "Employers should be fined for ignoring the whistle-blowers of sexual harassment."
- "There is need for confidential channels to report sexual harassment cases such as toll free lines to enable victims to report their cases."

Other participants suggested the need for sentencing of ten years or more for those who commit acts of sexual harassment in the workplace. "Sexual harassment should be clearly defined in the Labour Act and the definition of workplace should include the informal sector," said one participant during consultations in Bulawayo.

Women and Law in Southern Africa (WLSA) observed that some participants advocated for the creation of an independent complaint body that will monitor and regulate media to protect victims of sexual harassment.

Another organisation called for a standalone bill on sexual harassment that addresses all social aspects. Many Zimbabwean women work in the informal sector, which underscores the need for a comprehensive bill that offers protection to all women.

Sources: Emthonjeni Women's Forum (EWF) and Musasa

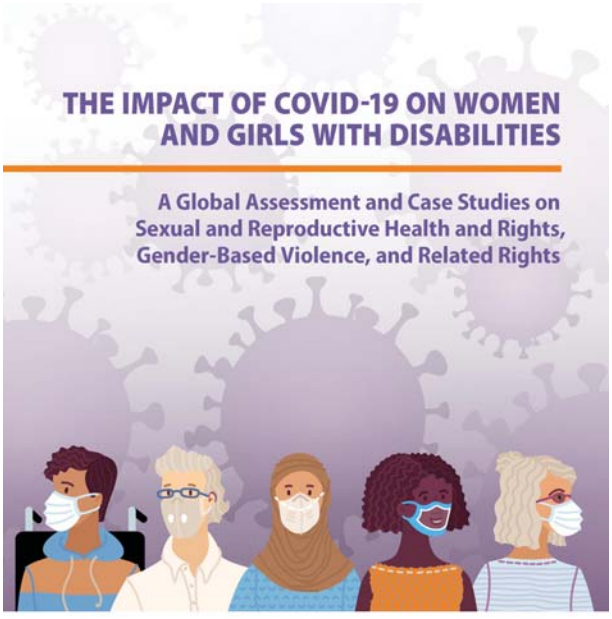
Efforts to review sexual harassment laws such as those underway in Zimbabwe represent a crucial step to stop sexual harassment, which has become endemic and normalised in many parts of the region. Related to this is the challenge of confronting workplace power dynamics. An analysis of social media discussions following allegations of a sex scandal that implicated Zimbabwe's second vice president in February 2021 shows the impact of power dynamics in perpetuating sextortion at workplaces and in institutions of higher learning. Gender activists worry about the deafening silence[41] around these issues and the lack of adequate reporting mechanisms.

"Sexual harassment has been normalised [in Zimbabwe]. I have seen two scenarios during attachment (work based learning) and at university. During attachment *waivingwa nemaDirector chaivo*, ana *sekuru* (company directors as old as my grandfather would come) asking you out, offering to pay your bills for sex and *ukaramba* (if you deny) there is always a new crop of "fresh" lady attaches coming so the cycle continues. *Ndakaramba* (I refused) and I was excluded from assignments and important projects but thank god a female engineer took me under her wing till I finished. I worked for this big organisation in Bulawayo and the old man would have a meeting *ku* (at the) bar *kuti uyu ndewanhingi* (to assign ladies for men) and it would go on *zvichitozivikanwa necompany* yese (this practice would be known throughout the company)." - *Hie Fadzie (not her real name)

Source: iHarare.com[42]

[41] Transparency International (2020) The deafening silence around sextortion - News, Transparency.org, https://www.transparency.org/en/news/the-deafening-silence-around-sextortion, accessed 13 June 2021.
[42] iHarare (2021) Zimbabwean Women Open Up On Sexual Harassment At Work As VP Mohadi's Shenanigans Make Headlines - iHarare News, https://iharare.com/zimbabwean-women-open-up-on-sexual-harassment-at-work-as-vp-mohadis-shenanigans-make-headlines/, accessed 13 June 2021.

Impact of COVID-19 on women and girls with disabilities



Findings from a 2021 global study commissioned by UNFPA and Women Enabled International (WEI) revealed that women and girls with disabilities experience disproportionately high rates of violence from partners and family members - at least three times the rate experienced by other women. The report, titled *The Impact of COVID-19 on Women and Girls with Disabilities*, further noted that women and girls with disabilities face several unique forms of violence. These include violence at the hands of caregivers, withholding of medications or assistive devices, forced institutionalisation, and forced medical interventions.

Women and girls with disabilities experience forced reproductive health interventions (including forced sterilisation, contraception, and abortion) at disproportionate rates.[43] This group also has heightened vulnerability because they often have limited awareness about sexual and reproductive health and rights (SRHR), low educational attainment, lack of resources, and dependence on others.

Research shows that during lockdowns women and girls with disabilities sometimes could not escape and seek redress for GBV, leaving this group without protection from abuse. The following extracts from the report illustrate the vulnerability of women and girls from Malawi and Zambia:

> *"One girl [with a disability] who was forced to marry, got pregnant, and because it was a forced marriage, she was being abused. Because of COVID-19, she was trapped and there were fears in that family."* - *Stella, a woman with a disability and advocate for persons with disabilities in Malawi.

> *"COVID-19 has also affected my access to sanitary and health materials. For example, I used CIC [clean intermittent catheterization], the amount they're costing now is double the price I used to buy before COVID-19, for some, and the price has even tripled. It's difficult for me to buy those materials because of the money that I have. It's not enough for those things."* - *Soneni, a 35-year-old woman with a physical disability in Zambia.[44]

In addition, the study revealed the disproportionate impact of GBV during COVID-19 for women with disabilities, including:

- Increased risk of violence from tensions within households when everyone had to stay inside for prolonged periods;
- Increased prevalence of violence, including sexual, psychological, physical, and emotional, which impacted women of diverse ages and diverse disability groups;

[43] 'UNPRPD,UNFPA,WEI, (2021) The Impact of COVID-19 on Women and Girls with Disabilities FINAL.pdf', https://www.unfpa.org/sites/default/files/pub-pdf/UNPRPD_UNFPA_WEI_-_The_Impact_of_COVID-19_on_Women_and_Girls_with_Disabilities_FINAL.pdf, accessed 14 June 2021.
[44] "UNPRPD,UNFPA,WEI, (2021) The Impact of COVID-19 on Women and Girls with Disabilities FINAL.pdf', https://www.unfpa.org/sites/default/files/pub-pdf/UNPRPD_UNFPA_WEI_-_The_Impact_of_COVID-19_on_Women_and_Girls_with_Disabilities_FINAL.pdf, accessed 14 June 2021.

- Barriers to accessing GBV services and other systems of support. For instance, shelters became, or continued to be, inaccessible or not inclusive for women with disabilities, while alternative housing arrangements through other kinds of support services simultaneously became unavailable for women and girls with disabilities due to the pandemic;
- Barriers to accessing police and justice mechanisms; and
- Lack of data on prevalence of GBV against women and girls with disabilities.

To provide guidelines for inclusion and accessibility, the UNFPA and WEI also published a COVID-19 Gender and Disability SRHR checklist[45] to encourage the provision of rights-based and gender- and disability-responsive SRHR for women, girls, and gender non-conforming persons with disabilities during and after the COVID-19 pandemic and other emergencies. It recommends the creation of a robust legal framework to ensure the respect, protection, and fulfilment of SRHR and disability rights. Additionally, it calls for removal of barriers faced by women, girls, and gender non-conforming persons with disabilities in accessing available, acceptable, and quality SRH information, goods, and services. Further, it notes that women, girls, and gender non-conforming persons with disabilities must be able to participate in SRH programme development, implementation, and monitoring.

Women and girls with disabilities experience disproportionately high rates of violence from partners and family members

Effects of GBV

Gender activists have long known that exposure to GBV leads to adverse health outcomes.[46] This includes HIV and other STI infections, induced abortion, low birth weight and prematurity, harmful alcohol use, depression and suicidal tendencies, non-fatal injuries, and fatal injuries (intimate partner homicides). Recent studies have shown the links between IPV and poor reproductive health outcomes for women, including adolescents and young women in intimate relationships.[47]



Mateboho Mokoma speaks during a 16 Days of Activism gathering at Kanana Council in Lesotho in 2018. Photo: Ntolo Lekau

[45] UNFPA and Women Enabled International 'COVID-19, Gender, and Disability Checklist: Ensuring Human Rights-Based Sexual and Reproductive Health for Women, Girls, and Gender Non-Conforming Persons with Disabilities during the COVID-19 Pandemic', p. 11.
[46] García-Moreno, C. et al. (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva, Switzerland: World Health Organization.
[47] 'IPV and Reproductive Coercion Fact Sheet (2012)', https://www.plannedparenthood.org/uploads/filer_public/fb/70/fb70f966-e4a2-46e8-900c-9137fed3e636/ipv_and_reproductive_coercion_fact_sheet_2012_final.pdf, accessed 14 June 2021.

Intersections between IPV and reproductive coercion



A public gathering to call attention to the scourge of GBV, HIV and AIDS at Kanana Council in Lesotho in 2018. Photo: Ntolo Lekau

Reproductive coercion is any behaviour limiting a person's ability to decide when and under which conditions they will parent a child. The study into the link between IPV and reproductive coercion is of particular importance in developing country contexts such as in the SADC, where women and adolescents lack comprehensive knowledge of reproductive health. Perpetration of reproductive coercion may take various forms, including disruption of birth control or damaging a condom, coercing a partner to get pregnant, or controlling the outcome of a pregnancy through pressure to continue it or terminate it.[48] The issues of power and control are central to understanding reproductive coercion. Women's lack of control in relationships elevate men's intrusive efforts to manage their partners' fertility by pressuring them to become pregnant or sabotaging their attempts to use contraception.[49]

In the SADC region, progress on sexual and reproductive health and rights (SRHR) priorities remains patchy and insufficient. Higher rates of HIV infection align with other SRHR trends, such as unintended pregnancies and poor access to contraception services, including abortion services. The region also has high rates of GBV and harmful practices based on discriminatory cultural and gender norms. Several highly vulnerable groups, including adolescents, remain poorly served largely because of discriminatory laws and policies, which are often based on deeply held social and cultural prejudices. Reproductive coercion represents a key factor that sexual and reproductive rights discourse and intervention programmes largely misunderstand and ignore.

> Reproductive coercion threatens the reproductive health rights of many SADC women

Reproductive coercion disproportionately affects women experiencing concurrent IPV. An extensive body of literature has documented a range of negative reproductive health consequences arising from women's experiences with IPV, which include unintended pregnancies, maternal morbidity, and increased vulnerability to sexually-transmitted infections (STIs), including HIV. A study commissioned in South Africa's Gauteng province has demonstrated the role of reproductive coercion and women's risk of HIV. The study shows that where one in five women from rural Mpumalanga disclose partner abuse, HIV has surged by more than 22% among women aged 22 years and younger.[50] Reproductive coercion threatens the reproductive health rights of many women, setting back progress toward SDG 16.1, which urges all countries to significantly reduce all forms of violence and related death rates.

[48] Grace, K. T. and Anderson, J. C. (2018) 'Reproductive Coercion: A Systematic Review', Trauma, Violence & Abuse, 19(4), pp. 371-390. doi: 10.1177/1524838016663935.
[49] Miller, E. et al. (2010) 'Pregnancy coercion, intimate partner violence, and unintended pregnancy', Contraception, 81(4), pp. 316-322. doi: 10.1016/j.contraception.2009.12.004.
[50] McCloskey (2020) 'The role of reproductive coercion in women's risk for HIV: A case_control study of outpatients in Gauteng, South Africa.', https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.13373, accessed 14 June 2021.

Measuring the costs of violence in SADC

As mentioned in the previous edition of the Barometer, the World Bank estimates that GBV costs amount to 1.2%-3.7% of GDP in some countries due to lost productivity. This is equivalent to the average spending of low- and middle-income countries on primary education.[51] These costs could make fighting the COVID-19 pandemic even harder as countries struggle and need to spread resources between the two pandemics. Thus, member states should consider investing in the primary prevention of GBV.

Several ongoing Commonwealth studies are casting a spotlight on the costs of GBV in the SADC region. The latest study in Lesotho reflects similar results to studies carried out in the region, including by the Swedish International Development Cooperation Agency (SIDA) in Zimbabwe (2009); Klynveld Peat Marwick Goerdeler (KPMG) an accounting organisation in South Africa (2014); and by the Commonwealth in Seychelles 2018. The study in Lesotho makes the case that GBV presents a significant barrier to national development and to the achievement of the SDGs.[52]



A 2020 Commonwealth study estimates that VAW costs **Lesotho** $113 million annually: approximately 5.5% of the country's GDP. The key drivers of these costs include medical, legal and police support expenses. The most revealing finding is that about $45 million goes to healthcare, legal care, social protection, and learning loss. This is twice the amount of money - $21 million - spent by the Lesotho government in the 2019/2020 budget on health, education and energy.[53] Additionally, Lesotho loses about $22 million of the total amount annually due to the non-productivity of women who experience violence and fail to report to work.[54] This deprives women of earning an income and their economic independence.

To encourage the Lesotho government and private sector to consider the needs of the victims, the Commonwealth suggested several policy recommendations. These include updating the forms used for collecting data on violence against women and girls; using digital services to collect and share the data with stakeholders; training staff responsible for recording, analysing and sharing data; developing a broad approach involving all sectors to prevent the abuse; and making strategic shifts to allocate resources to carry out these recommendations.

Response

SADC Gender Protocol Article 20.1: States parties shall:
(a) Enact and enforce legislation prohibiting all forms of GBV;
(b) Develop strategies to prevent and eliminate all harmful social and cultural practices, such as child marriage, forced marriage, teenage pregnancies, slavery and female genital mutilation; and
(c) Ensure that perpetrators of GBV, including domestic violence, rape, femicide, sexual harassment, female genital mutilation, and all other forms of GBV are tried by a court of competent jurisdiction.

[52] UN Women (2016) The economic costs of violence against women, UN Women, https://www.unwomen.org/en/news/stories/2016/9/speech-by-lakshmi-puri-on-economic-costs-of-violence-against-women, accessed 14 June 2021.
[53] 'Lesotho 2019-2020 Budget Book', https://www.gov.ls/wp-content/uploads/2019/07/2019-2020-Budget-Book-1.pdf, accessed 12 June 2021.
[54] Violence against women costs Lesotho economy $113 million annually, The Commonwealth, https://thecommonwealth.org/media/news/report-violence-against-women-costs-lesotho-economy, accessed 1 June 2021.

(d) **SADC Gender Protocol Article 20.6**: State parties shall ensure that cases of GBV are conducted in a gender sensitive environment.
(e) **SADC Gender Protocol Article 20.7**: State parties shall establish special counselling services, legal and police units to provide dedicated and sensitive services to survivors of gender violence.

SADC Gender Protocol Article 20.3: States parties shall review, reform, and strengthen their laws and procedures applicable to cases of sexual offences and GBV to:
(a) Eliminate gender bias; and
(b) Ensure justice and fairness are accorded to survivors of gender-based violence in a manner that ensures dignity, protection and respect.

SADC SRHR Strategy Outcome 10: Remove barriers - including policy, cultural, social, and economic - that serve as an impediment to the realisation of SRHR in the region (SDGs 5.1 and 5c).

Maputo Protocol 2(a): States parties shall take appropriate and effective measures to: Enact and enforce laws to prohibit all forms of violence against women including unwanted or forced sex whether the violence takes place in private or public.

SADC must expand legislation to respond to emerging and evolving forms of GBV

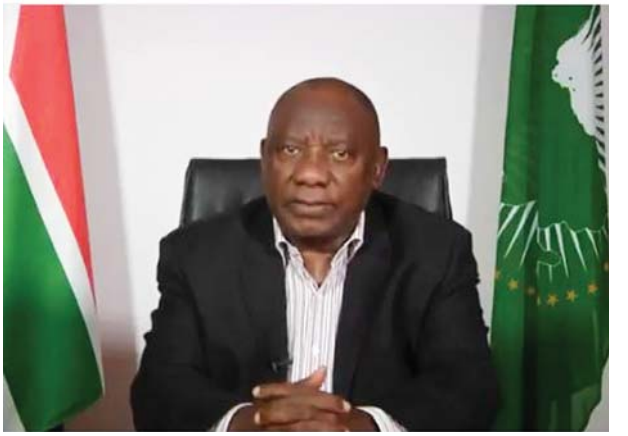
The SADC regional strategy and 2018-2030 Framework of Action for Addressing Gender Based Violence confirms that the region has made progress around legislation dealing with GBV, through specific laws and penal codes. However, activists have been calling for more reviews to expand the scope of legislation to respond to emerging and evolving forms of GBV. Legislation cannot overlook growing evidence of online violence including sexual harassment, stalking, and controlling behaviours.

South Africa amends key legislation to fight violence



Levels of GBV and Femicide (GBVF) in **South Africa** rank among the highest in the world and were widely seen as a second pandemic over the past year as South Africans grappled with both COVID-19 and escalating gender violence. Thus, a major review of the country's laws to respond to this issue represented a progressive and welcome move in 2021, according to gender activists in the region.

In 2020, President Cyril Ramaphosa first announced that the government had set aside R1.6 billion to fight GBVF in the country.



South African President Cyril Ramaphosa supported Parliament's decision to push for the adoption of three key bills to fight GBV. Photo: Twitter

By January 2021, and in line with the SADC Gender Protocol Article 20.3, the president had signed into law the Social Assistance Amendment Bill and Prescription in Civil and Criminal Matters (Sexual Offences) Amendment Bill.

The Social Assistance Amendment Bill will see the expansion of social grants to child headed households while the Prescription in Civil and Criminal Matters (Sexual Offences) Amendment Bill lifts the prescription that a victim cannot institute a civil claim or a criminal prosecution after a particular period of time.[55]

Additionally, in May 2020, the South African Parliament's portfolio committee on Justice and Correctional Services adopted The Criminal Law (Sexual Offences and Related Matters) Amendment Bill and the Domestic Violence Amendment Bill.

According to the Committee chairperson Bulelani Magwanishe[56], the amendments aimed to:

- Expand the scope of the National Register for Sex Offenders (NRSO) to include the particulars of sex offenders, and not only sex offenders against children and persons who are mentally disabled;[57]
- Expand the list of protected persons to include other vulnerable persons, namely, certain young women; persons with physical, mental, sensory or intellectual disabilities; and persons older than 60 years of age who, for example, receive community-based care and support services;[58] and
- Increase the periods for which a sex offender's particulars must remain on the NRSO before removal from the register.[59]

"I wish to commend Parliament for prioritising these bills," President Ramaphosa said in June 2021. "The passage of these amendments will be a major victory that will strengthen the fight against gender-based violence." *Source: IOL*[60]

Levels of GBVF in South Africa rank among the highest in the world



Because of a spike in GBV cases due to the COVID-19 lockdown, **Botswana** set up specialised courts to speed up justice delivery to abuse survivors. According to the Practice Directive no 9 of 2020, cited in the *Justice Roundup* newsletter,[61] the courts - which legislators housed in all Chief Magistrate stations - could treat all GBV cases as urgent applications that required expedited management, set down and disposal. The justice system prioritised GBV cases that come through the courts and removed them from the normal track of all other cases upon registration. Reflecting on the government's decision to set up the special courts, women's rights advocates said they hoped the courts would bring swifter justice to survivors of domestic and sexual abuse. Gender activists expect the move, which is in line with SADC Gender Protocol Article 20.7, to influence survivors to maintain charges and spur brisker police work.[62]

[55] Independent Online (IOL), Grants and sexual abuse bills signed into law by President Ramaphosa, https://www.iol.co.za/capeargus/news/grants-and-sexual-abuse-bills-signed-into-law-by-president-ramaphosa-fd4daddd-9634-4e3b-aaf9-f103877cd112, accessed 14 June 2021.
[56] Adoption of two bills to curb gender-based violence in SA welcomed, https://www.iol.co.za/capeargus/news/adoption-of-two-bills-to-curb-gender-based-violence-in-sa-welcomed-c33b77d5-9b9e-4881-9ff1-a0e3b650ce15, accessed 14 June 2021.
[57] Adoption of two bills to curb gender-based violence in SA welcomed, https://www.iol.co.za/capeargus/news/adoption-of-two-bills-to-curb-gender-based-violence-in-sa-welcomed-c33b77d5-9b9e-4881-9ff1-a0e3b650ce15, accessed 14 June 2021.
[58] Adoption of two bills to curb gender-based violence in SA welcomed, https://www.iol.co.za/capeargus/news/adoption-of-two-bills-to-curb-gender-based-violence-in-sa-welcomed-c33b77d5-9b9e-4881-9ff1-a0e3b650ce15, accessed 14 June 2021.
[59] Adoption of two bills to curb gender-based violence in SA welcomed, https://www.iol.co.za/capeargus/news/adoption-of-two-bills-to-curb-gender-based-violence-in-sa-welcomed-c33b77d5-9b9e-4881-9ff1-a0e3b650ce15, accessed 14 June 2021.
[60] Independent Online (IOL), '3 key bills to fight gender-based violence expected to be passed on Thursday', https://www.iol.co.za/news/politics/3-keys-bills-to-fight-gender-based-violence-expected-to-be-passed-on-thursday-09203fbe-0177-4907-8a53-f504f320169c, accessed 14 June 2021.
[61] 'Botswana Justice Round Up Newsletter', https://www.justice.gov.bw/sites/default/files/Justice%20Round%20Up-compressed.pdf, accessed 15 June 2021.
[62] Thobega, K. (2020) 'Botswana sets up gender violence courts to tackle pandemic backlog', Reuters, 30 November, https://www.reuters.com/article/botswana-rape-court-idINL8N2IG3BE, accessed 15 June 2021.

Support

SADC Gender Protocol Article 23.2: State parties shall ensure accessible, effective and responsive police, prosecutorial, health, social welfare and other services to redress cases of GBV.

SADC Gender Protocol Article 23.3: State parties shall provide accessible, affordable, and specialised legal services, including legal aid, to survivors of GBV.

SADC Gender Protocol Article 23.4: State parties shall provide specialised facilities including support mechanisms for survivors of GBV.

Research shows that women survivors of GBV face a wide array of barriers that deny, and delay them access to, justice. These include legal costs and subjective costs that link to religion, stigma, and tradition. Survivor-centred approaches that seek to empower the survivor by prioritising her rights, needs and wishes represent best practices of working with survivors. This means ensuring that survivors have access to appropriate, accessible and good quality services.[63]



Politicians and gender activists attend the launch of Harare's 24-hour GBV clinic in 2016. Photo: VOA Zimbabwe

Harare opens 24-hour clinic for GBV survivors

The Harare City Council in Zimbabwe has found an innovative way to assist GBV survivors: a clinic that ensures free emergency care 24 hours of the day, including on weekends.

Most other clinics operate during business hours, which leaves a large time gap, especially because many violations occur outside of work hours and in the evening. This means that those affected usually have to wait hours for critical services or go to busy emergency rooms at regular hospitals.

The innovative clinic provides specialist and comprehensive medical care. It removes barriers to accessing healthcare often faced by survivors and provides HIV services such as testing and counselling.

[63] UN Women (2013) Survivor-centred approach, https://www.endvawnow.org/en/articles/1499-survivor-centred-approach.html, accessed 17 June 2021.

The first step to getting the project approved involved formative research showing that VAW is a major public health and human rights challenge in the city. The second step entailed sourcing a suitable site for the clinic.

Research showed that the city could use existing facilities to house the GBV clinic. Council chose Wilkins Hospital as the most ideal site due to the availability of other facilities there, especially the sexual and reproductive health centres, counselling, testing facilities and wards for the admission of survivors.

The council renovated some buildings with assistance and expertise from the Department of Works, which outlined the scope of work and costs of the project. Training of staff soon followed and the City officially opened the clinic in October 2016. Since then, the clinic has opened its doors to the public. Gender activists and councillors in Harare now hope other cities and countries will soon consider replicating their successful 24-hour model.

Source: SADC Gender Protocol @Work Summits.

Economic justice

Lack of economic independence is one of the many factors that derails progress on women economic empowerment efforts in the region. Yet economic empowerment is a sustainable solution to gender violence. It ensures access and participation of women in various economic sectors. According to the UN Women, investing in women's economic empowerment sets a direct path towards gender equality,[64] poverty eradication and inclusive economic growth.

To ensure economic justice, governments must adopt gender-responsive laws, especially as the region recover from the COVID-19 pandemic, which has crippled women's economic activities, increased unemployment and the burden of unpaid work. In the region, South Africa is the first to adopt economic justice as one of the four pillars of its National Strategic Plan on Gender Based violence and Femicide 2018-2030[65]. This is in response to the historical economic injustices that have resulted in increasing women's risk of experiencing violence. In addition, having economic power as a pillar paves the way to intentionally transform structural inequality and dramatically changes the social position of women.

Since its founding in 2001, GL has worked with more than 2000 women to document their experiences of GBV as part of its "I" Stories series.[66] These first-hand accounts of physical, sexual, verbal and emotional abuse provide glimpses into the lives, challenges and triumphs of survivors from across the SADC region. A common theme in the series involves women who speak about staying in - or returning to - abusive relationships because they lack economic independence or experience financial control as a form of abuse.



[64] UN Women, What we do: Economic empowerment, UN Women, https://www.unwomen.org/what-we-do/economic-empowerment, accessed 12 July 2021.
[65] 'South Africa National Strategic Plan Gender Based Violence and Femicide 2018-2030', https://www.justice.gov.za/vg/gbv/NSP-GBVF-FINAL-DOC-04-05.pdf, accessed 12 July 2021.
[66] 'I' Stories - Gender Links, https://genderlinks.org.za/what-we-do/justice/i-stories/, accessed 1 July 2021.

The Sunrise Campaign - empowering women to end violence



In 2013, GL piloted a programme entitled *Empower Women: End Violence*. The Sunrise Campaign, as it is popularly known, tested the hypothesis that increasing women's agency, confidence and economic power would result in less violence for women in abusive relationships and more control over their lives. Results to date show a strong positive correlation between women's economic independence and sustainable solutions to GBV.

The entrepreneurship course for survivors of GBV combines life skills to enhance confidence and agency with basic business skills. While GBV debilitates and destroys self-worth, business builds confidence, negotiation skills, innovation, and resilience. The two forms of training thus complement each other. A unique feature is that local councils that have undergone a ten-stage process to become Centres of Excellence (COE) for gender in local government anchor the course. The council's include support for survivors of gender violence as part of their GBV and local economic development action plans.

The programme has evolved over the years to include handing over primary management to the COEs; a mentorship component and working with men. The programme pivoted once again in 2020 to conduct business revival training to mitigate the impacts of COVID-19. In all, GL has worked with 1129 women (28% young women aged between 18 and 30 years) located in 74 local councils in Botswana, Lesotho, Madagascar, Mauritius, Mozambique, Namibia, eSwatini, Zambia and Zimbabwe. In all cases GL provides standard setting, quality assurance, and backstopping.

An analysis of phase two of the project focuses on five countries where all the stages of the *Sunrise Campaign* are complete and where participants had sufficient time to implement their plans. The five countries include: Botswana, Lesotho, Madagascar, Mauritius and Zimbabwe.

Table 6.6 Key Sunrise campaign 2015 and 2019 indicators

Sunrise campaign indicators	2015 End line data for 5 countries	2019 End line data for 5 countries
Number of women that completed the course	623	603
% women completed a business plan	91%	82%
% women implemented a business plan	79%	80%
Monthly income in USD	106	170
Relationship control score (%)	52%	57%
% women experiencing less or much less violence	97%	87%

Source: Source: Gender Links, Gender@Work in Local Government (unpublished).

Table 6.6 compares the endline results of each phase for each of the key indicators. The monthly income average increased from USD 106 in the first phase to USD 170 when run by the COEs. The relationship control index increased five percentage points from 52% to 57%. The percentage of participants who said they were experiencing less or much less violence in the second phase dropped from 97% to 87%. However, in both phases the most

important outcome is that the programme has increased women's agency and reduced their experience of violence. Furthermore the second phase demonstrates that this programme can be run sustainably by local authorities.

First-hand accounts or "I" Stories from participants in the programme complement quantitative data by illustrating some of the changes in participant businesses and in their lives. Many of the women said they had more self-confidence following the programme and many indicated positive changes in their relationships due to increased personal agency.

"I benefited a lot from the training as I learnt how to manage my little business, to keep some savings and to always be self-confident," said Marie Augustine Ravaorimanana from Madagascar. "I put the teachings into practice by extending my business and not sticking to just one activity; by investing my savings in another activity like brickworks in order to increase it so that I wouldn't need to borrow money for starting funds but to use my own. Thanks to GL's training on personal development, I could also set up an association called Tsinjoaina Ramba, which helps orphans and women survivors of violence to have regular papers such as identification cards. I allocate 10% of my earnings to that association."

Another participant, Itai Makara in Zimbabwe, said, "I learnt about gender equality. Women can also be successful entrepreneurs. I learnt about business planning, record keeping and market research. I have been using these concepts in my business and I intend to continue using them because my business is doing well. I will not be deterred from venturing into other businesses because of my sex.

"My plans are to finish building our house with my husband, buy a farm and send all of my children to school. I will venture into farming after buying our own farm. By the year 2030, I ought to have a big supermarket and employ many people. I thank GL for the knowledge they gave us. I thank them for their courage and love. Our lives are better than before and we are optimistic of brighter future. I wish they continue doing the good work and be able to reach out to others who are experiencing domestic violence."

Source: Gender Links, Gender@Work in Local Government (unpublished)

Training of service providers



SADC Gender Protocol Article 24: State parties shall introduce, promote, and provide:
(a) Gender education and training to service providers involved in GBV including the police, the judiciary, health, and social workers;
(b) Community sensitisation programmes regarding available services and resources for survivors of GBV; and
(c) Training of all service providers to enable them to offer services to people with special needs.

BPFA +20 Africa Declaration (4.1): Enact and strengthen the enforcement of laws addressing and punishing all forms of violence against women and girls through adequate resource allocation and targeted capacity-building of law enforcement agencies, including the judiciary.

The SADC Secretariat is on course to achieve the SADC Gender Protocol Article 24 and the BPFA +20 Africa Declaration targets through the development of tools to enable the training of service providers to have a positive and caring attitude, and offer quality service.



Zambian youth participate in the Lusaka City Council campaign against child marriage in 2020. Photo: Albert Ngosa

The SADC Secretariat, with the support of the European Union, is implementing the Support to Peace and Security in the SADC Region Programme (SPSS). Among other issues, the programme aims to enhance capacity in SADC for gender-sensitive conflict prevention, management and resolution and for addressing the prevalence of sexual and GBV.

The SADC Executive Secretary's report for the 2019/2020 financial year notes that GBV continues to be a challenge for the SADC region in its efforts towards achieving gender equality and promoting peace and security within the regional integration agenda. In the report, Executive Secretary Stergomena Lawrence Tax said the Secretariat is developing tools to guide the regional response to GBV through the SPSS programme.

These include the Regional Sexual and Gender-based Violence Training Guidelines, which will support capacity strengthening of frontline officers, especially law enforcement officers, at national level to ensure effective and efficient prevention and provision of comprehensive GBV services. The Training Guidelines will also build awareness among key service providers on GBV, its impacts and consequences.

The second instrument under development is a Regional Guideline on Developing GBV Standard Operating Procedures (SOPs) and Referral Mechanisms. This Guideline aims to provide member states with steps to follow in the development and implementation of GBV SOPs and referral mechanisms to facilitate access to quality, timely and appropriate services for GBV victims/survivors. The Regional Guidelines describe essential services for GBV victims by the health, social services, police, and justice sectors and provide overall guidance on coordination of essential GBV services at national level.

In addition, the Secretariat will create a regional inventory of Sexual and Gender Based Violence (SGBV) legislation. This exercise also includes conducting a rapid assessment of GBV laws and policies with recommendations to member states for addressing existing gaps.

The SPSS programme continues to support the wide dissemination of the SADC Strategy and Framework of Action for Addressing GBV (2018-2030) across the region and public education and awareness-raising interventions. Another of the key result areas of the SPSS programme involves strengthening SADC's capacity to address issues of SGBV by training service providers, in particular law enforcement officers, on effective response to GBV.

The SADC Secretariat is developing tools to guide a regional response to GBV



Members of Mazenod Council march as part of the 16 Days of Activism in 2020.
Photo: Ntolo Lekau

It also supports member states, based upon requests, to review or develop national GBV action plans. For example, it supported Malawi to conduct a national consultative forum to aid the review of the Malawi Action Plan on Ending Gender-Based Violence and to create a platform for discussing recommendations for review of GBV-related legislation.

The programme also specifically targets parliamentary engagement, encouraging policymakers to be advocates for change in the response to GBV. In particular, this occurs through creation of platforms for engaging parliamentarians in understanding GBV and the related regional policy instruments, including their participation in the development of the SADC GBV Model Law.[67]

Prevention

SADC Gender Protocol Article 21.2: State parties shall, in all sectors of society, introduce and support gender sensitisation and public awareness programmes aimed at changing behaviour and eradicating GBV.

Attitudes

Psychologists define an attitude as a set of emotions, beliefs, and behaviours toward a particular object, person, thing, or event. Attitudes are often the result of experience or upbringing, and they can have a powerful influence over behaviour.[68] One factor that affects attitude formation is the influence of social roles and norms. Social roles relate to how people are expected to behave in a particular role or context. Social norms involve society's rules for what behaviours are considered appropriate. Social norms that promote gender inequality can increase violence and compromise women's sexual and reproductive health.

While attitudes are enduring, they are not cast in stone, they can change. Theorists suggests that the same influencers to attitude formation can also lead to attitude change in individuals[69]. Indeed, work by GL through the Centres of Excellence (COE) in gender mainstreaming programme in local councils throughout the region has identified gender champions who are useful in challenging patriarchal mind-sets and promoting gender equitable attitudes.

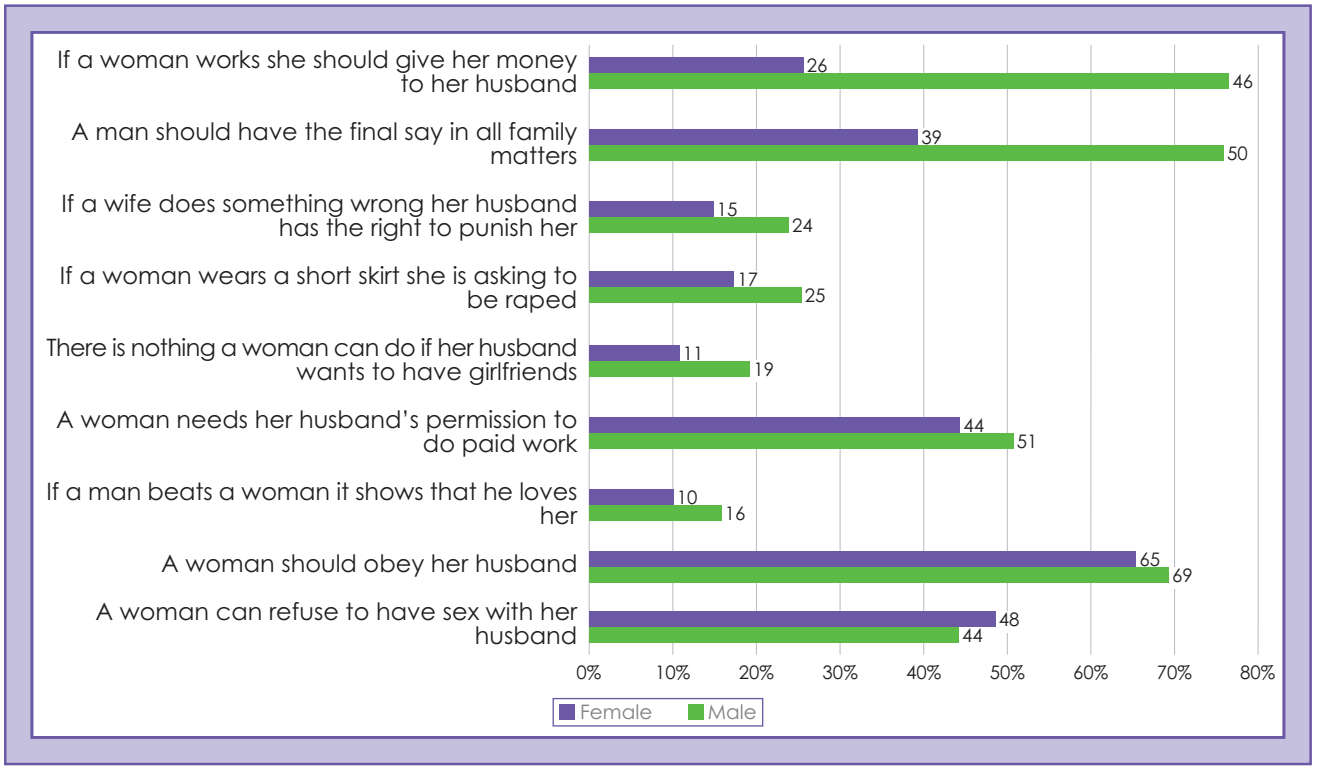
[67] Southern African Development Community (SADC) Secretariat develop tools to guide the Region's response to Gender-based Violence, https://www.sadc.int/news-events/news/sadc-secretariat-develop-tools-guide-regions-response-gender-based-violence/, accessed 17 June 2021.
[68] Cherry, K. (2021) How Can Our Attitudes Change and Influence Behaviors?, Verywell Mind, https://www.verywellmind.com/attitudes-how-they-form-change-shape-behavior-2795897, accessed 12 July 2021.
[69] Bowleg, L. (2009) Teaching Tip Sheet: Attitudes and Behavior Change, https://www.apa.org/pi/aids/resources/education/attitude-change, accessed 12 July 2021.

However, one debilitating factor is the tolerance of violence in the region which appears to be a persistent challenge in shaping positive gender norms and attitudes in men and boys in the SADC. It is important to note that where violence against women is tolerated and accepted in a society, its eradication is made more difficult.

Given the negative consequences of GBV on individuals and communities, the issue of how peoples' attitudes about GBV relate to their behaviours is an especially important topic in gender attitude transformation. In line with the SADC protocol on Gender and Development to eliminate GBV by 2030, the promotion of gender attitudes transformation particularly within the male population is an important pathway towards the eradication of GBV in SADC.

An important first step in influencing attitudes and behaviour change is to understand gender attitudes in SADC. Over the years, GL has tested the patriarchal attitudes of women and men on several provocative statements and questions that form part of GL's Gender Progress Score (GPS). Nine questions have a strong bearing on gender-based violence theme. Responses to these questions between 2019-2021 show that deep patriarchal and sexist attitudes persist.

Figure 6.1: Regional gender attitudes by sex on key GBV questions



Source: Gender Links Attitude Survey 2019-2021.

Figure 6.1 shows differences in perceptions by sex. Overall, male respondents held more negative gender attitudes in relation to gender-based violence questions than female respondents. A significantly higher proportion of male respondents agreed or strongly agreed with the following statements:

- If a woman works she should give her money to her husband (20% more male respondents agreeing or strongly agreeing than female respondents). Participation in decision-making is a measure of women's empowerment. This often links to important issues like healthcare and major household purchases.

- A man should have the final say in all family matters (11% more male respondents agreeing or strongly agreeing than female respondents). This finding demonstrate attitudes endorsing men's continued dominance in decision-making.
- If a wife does something wrong her husband has the right to punish her (9% more male respondents agreeing or strongly agreeing than female respondents).
- There is nothing a woman can do if her husband wants to have girlfriends (8% more male respondents agreeing or strongly agreeing than female respondents). The evidence here provides information on women's vulnerability and risk of exposure to multiple concurrent sexual relationships, a factor that negatively affects women's sexual and reproductive health.
- If a woman wears a short skirt she is asking to be raped (8% more male respondents agreeing or strongly agreeing than female respondents). This indicator illustrates the perennial problem linked to victim blaming when it comes to rape and sexual assault. Gender activists in SADC have frequently taken to the streets and social media using the hashtag #IWearWhatIWant to combat attitudes like those expressed here. Addressing these harmful attitudes requires the collective efforts of many stakeholders, including the media and lawmakers.
- A woman needs her husband's permission to do paid work (7% more male respondents agreeing or strongly agreeing than female respondents).
- If a man beats a woman it shows that he loves her (6% more male respondents agreeing or strongly agreeing than female respondents). Physical intimate partner violence is one of the most common forms of GBV in the region, often leading to loss of productive capacity, injuries, disability, and sometimes death. This finding speaks to women's participation in decision making as it relates to access to economic resources. Expanding women's economic independence is critical to reducing GBV.
- A woman should obey her husband (4% more male respondents agreeing or strongly agreeing than female respondents). This reflects the region's deeply held cultural belief that women should be submissive to men.

On the positive side, more women (48%) than men (44%) agreed or strongly agreed with the statement "A woman can refuse to have sex with her husband". This suggests that women in could suggest that women agency for women in negotiate for safer sex in their relationships. Of concern is the high proportion of women who agreed or strongly agreed with the following statements:

- A woman should obey her husband (65%).
- A woman needs her husband's permission to do paid work (44%).
- A man should have the final say in all family matters (39%).
- If a woman works she should give her money to her husband (26%).

The findings show that transforming gender attitudes is a priority if SADC is to achieve wide-spread prevention of GBV. The need for primary prevention of GBV came into sharper focus during the COVID-19 crisis. The inexcusable lack of urgency to prioritise prevention of GBV has haunted leaders across the region as they grappled over the past year with escalating gender violence during a global pandemic and the simmering existential global crisis presented by climate change.

As highlighted earlier in the analysis of costs of GBV to SADC, it is imperative for SADC member states to put more focus on addressing the social norms, structures of gender inequality, and the general acceptance of Violence Against Women and Girls (VAWG) that contribute to the high rates of GBV in the region. These must comprise integral components in all national and regional actions to prevent VAW. The pandemic once again underscored that primary prevention initiatives play a critical role in response and care services for survivors.[70]

[70] Jewkes, R. and Abrahams, N. (2002) 'The epidemiology of rape and sexual coercion in South Africa: an overview', Social Science & Medicine (1982), 55(7), pp. 1231-1244. doi: 10.1016/s0277-9536(01)00242-8.

GBV campaigns

Despite the challenges, all SADC countries now have campaigns to end GBV and strategies to raise awareness and advocate for GBV prevention. Annually, the 16 Days of Activism against GBV stands out as a major regional activity. The advent of digital technologies has expanded the reach of these campaigns through platforms such as Twitter, Facebook, WhatsApp, and Instagram.



In **South Africa**, *#AMillionVoices AgainstGBV*, provides an example of the type of powerful social media app used to empower young women and girls to combat GBV. Developed by Sinqobile Kingdom Empowerment Centre, it offers a broader platform to reach out to young women and men to discuss GBV daily and share practical and realistic solutions to stop GBV and to connect to GBV news and information. The app has six groups for young women and girls looking to access much needed assistance and information.[71]



In **Zimbabwe**, the Spotlight Initiative to end GBV launched the *#WithHer campaign* as part of the 2020 16 Days of Activism. The campaign aims to mobilise the public and communities to prompt action to end SGBV and harmful practices with a specific focus on early marriage. The Spotlight Initiative, a four-year programme, targets 11 million beneficiaries, particularly rural women and girls, women and girls with disabilities, and women living with HIV. The UN-led initiative aims to ensure that all women and girls benefit from adequate legislation and policies, gender-responsive institutions, violence prevention programmes, essential services, comparable and reliable data, and a strong social movement against violence and harmful practices at the national and sub-national levels.



Lobatse Town Council in **Botswana** adopted a new method to combat GBV, dubbed the P.E.P approach. It stands for: *Prevention* by means of raising awareness and free contraception to public areas; *Empowerment* through psychosocial support and a financial project; and *Protection* by referral of survivors to appropriate shelters and safe environments and through strengthening stakeholder collaborations. Through the programme, the council aims to raise awareness and increase knowledge and understanding of GBV. They also want to discuss strategies and support mechanisms to reduce and respond to incidents of GBV. Additionally, the council sought to commemorate the achievements, efforts and struggles of women towards the entire development process and link survivors with financial institutions and government funding. Activities conducted include commemoration of the 16 Days of Activism and Women's Day. The council also established a support group with 21 GBV survivors and hosted a workshop for committee members to gain skills on how to sensitise the community on GBV issues.[72]

Member states must ensure gender sensitive vaccine roll out plans

[71] Girl, Talk Forum: StopGBVapp, Facebook, https://www.facebook.com/Girl-Talk-Forum-StopGBVapp-103556948114357/, accessed 16 June 2021.
[72] Gender Links, 'Summit 2019: Una Zomba Lobatse Town Council', Una Zomba Lobatse Town Council, https://genderlinks.org.za/casestudies/botswana-lobatse-town-council-una-zomba/, accessed 1 July 2021.

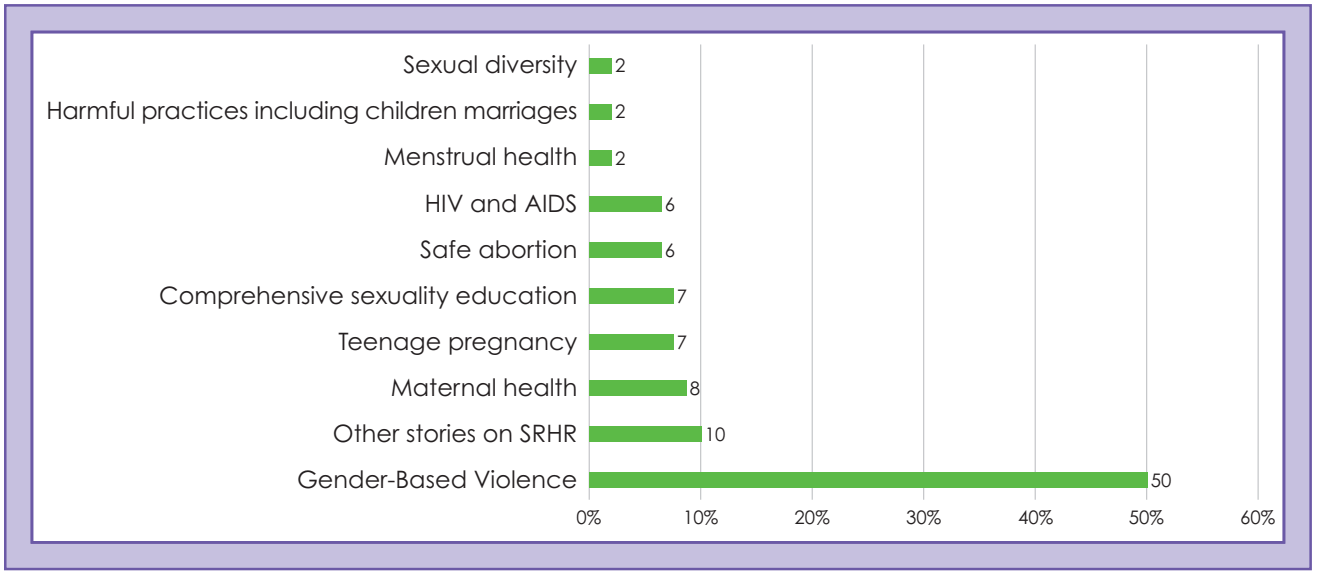
Role of the media

SADC Gender Protocol Article 29.7: State parties shall take appropriate measures to encourage the media to play a constructive role in the eradication of GBV by adopting guidelines which ensure gender-sensitive coverage.

The Protocol urges the media to ensure gender equality in and through the media and to challenge gender stereotypes. The Protocol also discourages media from promoting pornography and violence against all persons, especially women and children.[73]

In today's world, the media wields significant social influence. After many years of contributing to the problem, SADC media has recently become more proactive in raising public awareness on GBV prevention, response, and support activities.[74] The findings from the 2020 *Gender and Media Progress Study* (GMPS) show the extent of reporting SRHR and GBV in SADC. The 2020 GMPS found that SRHR constituted just 2% of all stories covered in the media during the monitoring period.

Figure 6.2: SRHR topic breakdown in SADC



Source: Highlights from the Gender and Media Progress study (2020).

Figure 6.2 shows that GBV makes up half of all SRHR news. At 2% each, menstrual health, harmful practices, and sexual diversity represent the least covered topics.[75]

[73] SADC Protocol on Gender and Development Article 29 (1-7).
[74] Chiramba, K. Musariri, L and Rasesigo G, (2018). Botswana Relationship Study. MNIGA.
[75] 'Oronje et al. - 2011 - Engaging media in communicating research on sexual.pdf', https://genderlinks.org.za/wp-content/uploads/2020/11/GMPS-2020-VCfin.pdf, accessed 17 June 2021.

In this time of expanding digital technologies, social media has emerged as an indispensable tool for information dissemination, both accurate and false. Digital and social media has played an outsized role in propagating myths and negative attitudes about the COVID-19 pandemic, including vaccine hesitancy that continues to take root amongst many citizens across SADC. As the world continues to move in the digital direction, organisations and activists must devise innovative and positive ways of tapping into digital technology approaches to protect women and girls at risk of GBV.

GBV is the most covered SRHR news topic, making up 50% of all SRHR news in the region

Social media



Social media proved both harmful and useful during COVID-19 lockdowns. While many used it to promote false news about the pandemic and vaccines, others used it to share materials on a broad array of GBV topics and inform men and women about service availability across the region. Recognising the power of social media, the Alliance for Advancing Health Online uses social media to enhance the health and resilience of communities worldwide. Through the Vaccine Confidence Fund (VCF), it supports targeted research on using social media to increase vaccination confidence and uptake, particularly among historically marginalised or excluded communities.[76]

In the public sphere, many people continue to take to social media to perpetuate harmful gender stereotypes and cyber misogyny; men use it to share derogatory comments and content that perpetuate ideas of women as sex objects. Within the private spheres, too, cyber insecurities linked to the contemporary "smart home" have exposed women to abuses, which include access control, phishing, and other social engineering behaviours.

Conversely, many opportunities also exist to ensure social media can be a valuable tool for activists to transform negative perceptions.[77] The scale of social media makes it an effective campaign tool in raising awareness about GBV laws and GBV in general. Activists in the region increasingly use both Twitter and Facebook to share country-specific and global campaigns such as #WithHer, #24Demands, #AmINext (triggered by the rape and brutal murder of Uyinene Mrwetyana in August 2019), #MeToo, #TotalShutDown, #NotInMyName, and #NotOurLeaders. The momentum towards a change in thinking and attitudes, from response to prevention, has intensified as more voices speak out at various levels and on various platforms.



The Stop GBV App offers an online platform for discussions about preventing GBV in South Africa. Photo: Sinqobbile

[76] Alliance for Advancing Health Online, 'Promoting vaccination confidence and uptake', https://vaccineconfidencefund.org/ accessed 30 June 2021.
[77] Are you ready for change? Gender equality attitudes study 2019 | Digital library: Publications | UN Women - Headquarters, https://www.unwomen.org/en/digital-library/publications/2020/06/gender-equality-attitudes-study-2019, accessed 17 June 2021.

Harnessing social media to increase COVID-19 vaccine confidence



Social media has changed our daily lives in almost every way, according to the Alliance for Advancing Health Online, an organisation that seeks to expand social media use to enhance the health and resilience of global communities.

The organisation notes that social media impacts how we live, work, and engage with key public information. This includes COVID-19 vaccines, which will continue to play a critical role in helping to end the pandemic and bring back a sense of normalcy. As vaccines become available in all countries, the public health priority will shift from addressing concerns around vaccine access and supply to better understanding the dynamics of vaccine demand, hesitancy, and confidence.

With more and more communities relying on social media as a significant source of information related to COVID-19 vaccines, it is vital that citizens understand the role these platforms can play and effectively harness their capabilities to increase vaccination confidence and contribute to vaccine decision-making.[78]

Restorative justice

SADC Gender Protocol Article 20.4: State parties shall put in place mechanisms for the social and psychological rehabilitation of perpetrators of GBV.

SADC Gender Protocol Article 23.5: State parties shall provide effective rehabilitation and re-integration programmes for perpetrators of GBV.

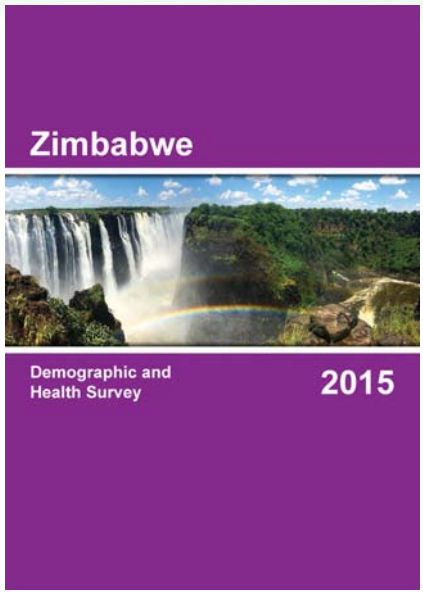
Across SADC, progress in engaging men to stop or prevent violence against women and girls remains slow. Men represent the main perpetrators of violence due to many factors, prominent among them negative social constructions of masculinity across the region.

> Progress in engaging men to stop or prevent violence against women and girls remains slow

[78] Alliance for Advancing Health Online, 'Promoting vaccination confidence and uptake', https://vaccineconfidencefund.org/, accessed 30 June 2021.



A multi-stakeholder approach to ending violence in Zimbabwe



The 2015 Zimbabwe Demographic Health Survey found that 14% of women experience sexual violence at least once in their lifetimes.

High rates of child marriage, teenage pregnancy, and GBV persist across Zimbabwe's Nkayi Rural District Council. Because of these challenges, the council has conducted GBV awareness campaigns by working with multiple community stakeholders and with a strong focus on raising awareness on ending child marriages. Campaigns targeted youth and the council worked with multiple partners, including the ministries of women affairs, community, small and medium enterprises and health, as well as the Police Victim Friendly Unit, social welfare, and other civil society groups.

According to the 2015 Zimbabwe Demographic Health Survey, 14% of women aged 15-49 experienced sexual violence at least once in their lifetimes. Thus, the council and partners have been teaching communities about the scourge of GBV and the dangers of child marriage. The trainings encourage youth and their parents to report sexual violence and child marriages.

Communities have also been educated on other health issues related to child marriage and GBV, particularly HIV and AIDS and other STIs.

In a bid to counter the socio-cultural beliefs that perpetuate GBV, the council has engaged traditional leaders to speak out against child marriage and GBV in the district as well as encourage survivors of violence to report it. The work with traditional leaders represents the most innovative part of the project, as so much violence links to traditional views that portray women as objects and possessions.

Source: Zimbabwe SADC Protocol@Work Summit 2020

Integrated approaches



SADC Gender Protocol Article 25: State parties shall adopt integrated approaches, including institutional cross-sector structures, with the aim of eliminating GBV.

All SADC countries have created national action plans (NAPs) to end GBV, but some have become outdated while others await approval, with only some marginal action accomplished in recent months due to resource constraints.



In **Comoros**, the government has collaborated with UNFPA to set up six pilot monitoring and alert committees against GBV throughout the archipelago since 2020. The programme aims to support prevention and the management of GBV cases.[79] In addition, the UNFPA supports the government, through the National Commission for Gender and Civil Society, to work to end all forms of violence against women.[80]

Strengthening GBV coordination

Identifying useful and innovative processes for effective GBV coordination in SADC remains critically important. Gender activists know that GBV prevention succeeds most often when it involves a multi-sectoral approach. This has been especially true during the COVID-19 pandemic, as activists aimed to include GBV coordination and outreach alongside public health efforts.

The SADC Gender Secretariat notes the importance of reduction of GBV as a catalyst to peace and security in the region. In line with the SADC Gender Protocol, the Secretariat works in collaboration with the Ford Foundation and GIZ to promote partnerships that help to increase coordination at national and sub-national level.

UN Women's Caroline Meenagh recently provided an overview of how her organisation works collaboratively with other UN agencies to promote GBV prevention guided by the RESPECT Framework (2019),[81] developed by WHO and endorsed by the 12 UN agencies.

Figure 6.3: UN Women RESPECT framework

R	**Relationship skills strengthened:** strategies to improve skills in interpersonal communication, conflict management and shared decision making.
E	**Empowerment of women:** economic and social empowerment strategies including those that build skills in self-efficacy, assertiveness, negotiations, and self-confidence.
S	**Services ensured:** ensuring a range of services including health, police, legal, and social services for survivors of violence.
P	**Poverty reduced:** strategies targeted at women or the household, whose primary aim is to alleviate poverty.
E	**Environments made safe:** efforts to create safe schools, public spaces and work environments, among others.
C	**Child and adolescent abuse prevented:** strategies that establish gender equitable and nurturing relationships by parents, educators and others working with children. This strategy demonstrates the overlap between violence against children and violence against women.
T	**Transformed attitudes, beliefs and norms:** strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes.

Source: UN Women RESPECT Framework Implementation guide overview.

[79] UNFPA Comoros (2021) VBG_: L'UNFPA remet de matériels informatiques et de mobiliers aux comités de veille de Mohéli et d'Anjouan, UNFPA Comoros, https://comoros.unfpa.org/fr/news/vbg-lunfpa-remet-de-mat%C3%A9riels-informatiques-et-de-mobiliers-aux-comit%C3%A9s-de-veille-de-moh%C3%A9li-et, accessed 18 June 2021.
[80] UNFPA ESARO (2017) Reducing violence against women, UNFPA ESARO, https://esaro.unfpa.org/en/news/reducing-violence-against-women, accessed 18 June 2021.
[81] UN Women (2020) RESPECT Women: Preventing violence against women - Implementation package, https://www.unwomen.org/en/digital-library/publications/2020/07/respect-women-implementation-package, accessed 16 June 2021.

As illustrated in Figure 6.3, the framework builds on the 2015 Prevention of VAW Framework to guide policy and programming interventions on GBV using seven strategies represented by each letter.

Drawing lessons from the management and resourcing of HIV and AIDS programmes could assist in finding lasting solutions to GBV prevention in the region. For this, the Southern Africa AIDS Dissemination Service (SAfAIDS) highlighted the following key lessons from its work on HIV in the region:

- The need for costed SGBV action plans;
- Reliable and consistent SGBV data to enable stakeholders to work and respond better; and
- Importance of a multi-sectoral approach with a clear coordination framework at country and regional levels. With the emergence of COVID-19, GBV coordination has become more important than ever before.

Work by GIZ's Partnership for Prevention (PfP) programme, which identifies and supports flagship GBV projects, has been gaining momentum in the region. Strengthening stakeholder partnerships underpins the programme and SADC leaders should harness the knowledge from PfP case studies from Lesotho, South Africa and Zambia. Agencies can scale up these best practices to strengthen GBV coordination work at country level.



Despite the absence of a Domestic Violence Act (a draft is now before cabinet) as a guiding legal framework, **Lesotho** has come up with an Anti-GBV coordination forum backed by the Sexual Offences Act and the National Action Plan. The gender ministry chairs the forum, which has six technical working groups that include the government, development partners, media, civil society, academia and religious sectors. The groups meet quarterly to evaluate progress on GBV prevention and response in the country.



Representatives from **South Africa**'s Department of Social Development recently presented the country's long journey through the development and now implementation of the National Strategic Plan on GBV and Femicide. The unacceptably high levels of GBV leading to the 2018 landmark presidential summit provided impetus for the development of the NSP on GBVF. According to the Department of Social Development, the NSP has high ownership across the country and the Office of the Presidency ensures that government allocates resources for the optimal functioning of the coordination structure set.



Realising the need for harmonised data collection in **Zambia**, the Young Women Christian Association (YWCA) made presentations about how the gender sub-committees created a standardised reporting format for data on GBV. The National Development Plan 7 informs the process, which GIZ supports. Gender sub-committees support a multi-sectoral engagement and effort by various stakeholders in the GBV sector. CSOs, government departments, people with disabilities, traditional leaders and chiefs also sit in the committees. However, the composition of the committees depends on the active stakeholders in particular provinces and districts. Standardised data collection makes GBV planning, implementation, reporting, and evaluation efficient.



Kapoche secondary School, youths stand against GBV, Zambia.
Photo: Albert Ngosa

Next steps

- **GBV during COVID-19:** Vaccine rollout plans should consider equal access in terms of mobility and access to information. They must also consider the limited decision-making power of women and the challenges facing migrant and refugee women.
- **GBV data collection and information management:** Ensure timely data collection through robust collection tools and systems. This includes harmonising indicators to feed into the regional GBV surveillance system and strengthening coordination and collaboration among administrative data stakeholders (police, gender, health, social welfare, etc.).
- **Prevention:** Member countries need to invest in the primary prevention of GBV. This means addressing social norms, structures of gender inequality, and the general acceptance of VAWG as integral components in all national and regional actions to prevent VAW. Legislators must embrace the critical role of communities in preventing GBV at the local level. Community members should be mobilised and sensitised about the important role they play in preventing GBV.
- **Media coverage:** As the world continues to move in the digital direction, there is a need for member states to consolidate gains made to improve traditional media and use these and other innovative ways to tap into the many advantages of digital technology to protect women and girls at risk of GBV. This includes expanding the scale of digital advocacy campaigns and employing communication strategies that amplify solutions for the most common forms of GBV per country.
- **Legal:** Member states should urgently review legislation to expand its scope to respond to emerging and evolving forms of GBV, including online sexual harassment, stalking, and controlling behaviours. This should include a review of the legal barriers to accessing COVID-19 vaccinations and testing.
- **Support:** There is need for member states to embrace survivor-centred approaches in GBV service provision. States should adopt and expand perpetrator rehabilitation programmes and ensure support facilities can also serve male victims of violence.
- **Integrated approaches:** Member states must strengthen GBV coordination through clear frameworks at country and regional levels, including by strengthening stakeholder partnerships and developing and implementing costed SGBV action plans.
- **Diverse groups:** The region urgently needs specific guidelines for inclusion and accessibility to clarify how to provide access to SRHR, HIV, and GBV services for diverse groups, including women with disabilities.

With the emergence of COVID-19, GBV coordination has become more important than ever

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