



Regional Strategy and Framework of Action for Addressing Gender Based Violence

2018 - 2030





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Approved by SADC Ministers of Gender and Women's Affairs in July 2018



SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence, 2018-2030

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ISBN: 978-99968-3-052-5

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This SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence is available in print and online on the SADC Website, and published in the SADC Official Languages - English, French and Portuguese.

Citation: SADC, SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence: 2018-2030, Gaborone, Botswana, 2019

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Acronyms

AGDI	African Gender Development Index
BPfA	Beijing Platform for Action
CBO	Community-Based Organization
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CM	Coordination Mechanism
CRC	Convention on the Rights of the Child
DOVIS	Domestic Violence Information System
DRC	Democratic Republic of Congo
ECOSOC	Economic and Social Council
FBO	Faith-Based Organization
FSBx	Family Support Bureaux
FWPU	Family Welfare and Protection Unit
GAC	Gender Advisory Committee
GBV	Gender Based Violence
GBVRS	Gender Based Violence Referral System
GDP	Gross National Product
HIV	Human immunodeficiency virus
HT	Human Trafficking
ICPD	International Conference on Population and Development
IPV	Intimate Partner Violence
LTFU	Loss-To-Follow-Up
M&E	Monitoring and Evaluation
MCO	Ministerial Committee of the Organ
MGECDFW	Ministry of Gender Equality, Child Development and Family Welfare
MS	Member State
NGO	Non-Governmental Organization
NGPTF	National Gender Permanent Task Force
NSA	Non-State Actor
RBM	Results Based Management
SADC	Southern Africa Development Community
SIPO	Strategic Indicative Plan for the Organ on Politics Defence and Security Cooperation
SRH	Sexual Reproductive Health
STDs	Sexually transmitted Diseases
SV	Sexual Violence
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VAW	Violence Against Women
WHO	World Health Organization



Foreword

Peace and security have always been central to the Southern Africa Development Community (SADC)'s regional integration agenda. In spite of this, Gender based violence (GBV) continues to be a threat to human security, peace and development. The SADC blueprint documents, namely the Revised Regional Indicative Strategic Development Plan 2015-2020 (RISDP) and the Strategic Indicative Plan of the Organ on Politics, Defence and Security Cooperation (SIPO) recognise the prevention and reduction of GBV as a catalyst for attaining serene peace and security conducive environment. Also, the revised RISDP explicitly includes the development of the regional GBV strategy as one of its priorities. Furthermore, the SADC Protocol on Gender and Development which entered into force in 2013 and revised in 2016, clearly identifies GBV as an area of concern and has proposed several approaches which have been codified in this GBV strategy. In addition, the SADC Gender policy explicitly suggests that SADC's approach of addressing GBV should go beyond just looking at the act of violence; but to also consider the need to develop evidence-based strategies that encompass education, prevention and victim assistance.

In light of the above, Ministers responsible for Gender and Women's Affairs resolved that in order to address the absence of a regional strategy on GBV, Secretariat should facilitate the development of a Regional Strategy and Framework of Action for addressing Gender Based Violence. The development of this Regional Strategy aims to facilitate the implementation and monitoring of the SADC Protocol on Gender and Development, Part 6 on Gender Based Violence, Articles 20-25, in line with the target of reducing GBV incidences by half by 2030. The Strategy serves to identify priority areas of action based on these Articles and guided by the broader key programming areas on GBV. The Gender Protocol therefore provides a context within which the SADC community should strategically direct the development of their anti-GBV programmes. I am therefore pleased to present the SADC Gender Based Violence Strategy and its Framework of Action 2018-2030 which was approved by the SADC Ministers responsible for Gender Equality and Women's Affairs in Pretoria, South Africa in July 2018. The SADC GBV Strategy is aligned to relevant regional, continental and international gender and GBV instruments.

Despite the persistent and continuous effort to address GBV in the region and globally, with policies and legal frameworks in place, this epidemic continues to worsen and claim the lives of innocent people, particularly women and girls in the Region. Gender based violence is among the most severe and widespread human rights violations in Southern Africa. Globally 1 in 3 women have experienced GBV at some point in their lives, and in the Region some countries register levels that are even higher than the global average. SADC, like other regions, faces different challenges in the response to GBV including among others ineffective prevention initiatives, under-reporting of GBV cases, impunity, inadequate coordination and



implementation of policies and laws. The GBV epidemic is a serious impediment for efforts to achieve national, regional, continental and global development goals. In this regard, addressing GBV requires strengthening of prevention efforts and collective action of all key sectors at national to international levels, to implement effective prevention, protection, care and support programmes.

The Regional Strategy therefore provides for an effective holistic and coordinated approach to addressing GBV in the Region. It serves to stimulate regional interventions for harmonization of GBV response efforts by all SADC Member States. The Strategy emphasizes the need for SADC and its Member States to strengthen effective GBV prevention and mitigation programmes. This includes initiatives that highlight the role of local communities in the review, repeal and change of harmful and negative cultural norms and practices perpetuating GBV and forging of strong partnerships between Governments, civil society and the private sector in responding to the socio-economic impacts of this social ill. The success of the GBV strategy will depend on a broad-based partnership in society in which Member States consult and act cooperatively with other stakeholders. The Strategy is anchored on five main thematic areas of focus as follows: Prevention of GBV; Protection, Care and Support Services; Capacity Development; Information and Knowledge Management, including Best Practices and Innovation; and Coordination, Networking and Partnerships.

On behalf of the SADC Secretariat, I would like to express our gratitude that indeed, it is evident that the development of the SADC GBV Strategy has immensely benefitted from the collaborative visionary and transformative leadership provided by SADC Ministers responsible for Gender and Women's Affairs, stakeholders and partners. This demonstrates strong commitment to this Strategy and its Framework of Action to ascertain that all the countries move together in tandem to the envisaged common future of a peaceful and secure region where no one is left behind.

A handwritten signature in black ink, appearing to be 'ST', is positioned above the name of the signatory.

Dr. Stergomena L. Tax
SADC EXECUTIVE SECRETARY
JULY 2018

Acknowledgement

The SADC Secretariat is grateful to the leadership of the SADC Ministers of Gender and Women's Affairs, under the Chairmanship of Honorable Minister Bathabile Dlamini of the Ministry of Women in the Presidency, Republic of South Africa, for their leadership in the development of the SADC Gender Based Violence Strategy and its Framework of Action. The contribution by Member States and all relevant different stakeholders, from providing relevant country information to validating the Strategy, is duly acknowledged and appreciated.

We are equally grateful to UN Women South Africa Multi-Country Office (SA MCO), in collaboration with the Embassy of Ireland in South Africa, for their strategic financial support to the development of this Regional Strategy. The Strategy was developed through a consultative and inclusive process. In addition to input from Member States, other strategic partners were engaged to offer their regional and international experiences in addressing GBV. Key partners that provided valuable input include GIZ, UNODC, UN Women SA MCO, UNFPA, and Sonke Gender Justice.

We are grateful to the lead Consultant Ms. Valencia Diba Mogegeh, who diligently facilitated the development of this Strategy. She offered her technical and administrative expertise to successfully lead this process and was also very accommodative of guidance and input from all the contributors. Ms. Mogegeh was supported by Ms. Kealeboga Kelly Dambuza who provided additional technical expertise in the development of this Strategy.

Appreciation should also go to the SADC Secretariat staff under the Gender Unit, led by Dr. Joseph Pitso, for their effective coordination of this process. Other SADC staff from other Directorates and Units also provided valuable input in this Strategy.

1. Background Information

1.1 Introduction

Gender based violence (GBV) has increasingly gained global attention over the past forty to fifty years. Focused studies continue to be conducted including in the SADC region; to understand the nature, prevalence as well as causes and consequences of GBV in all spheres of life. These studies also often seek to evaluate the effectiveness of current strategies; with a view to improve GBV prevention and mitigation interventions. Advocacy efforts by gender activists and feminists have also increased over time, primarily unpacking patriarchy and its adversative impact on gender equality. This is often seen through negative cultural and religious practices that encourage oppressive unequal treatment of women and girls compared to men and boys. Examples here include early and usually arranged marriages for girls. Gender advocacy has also been directed at exposing inadequacies, for instance; in the judicial system that often result in impunity or sentences for perpetrators that do not reflect the gravity of committed GBV offences. However the gains made in the prevention and mitigation against GBV are generally slow to realize and often fragile, with a strong likelihood of being reversed because of: lack of in-depth knowledge on GBV as an area of concern to the family and the community as a whole and a serious public health risk; stigmatization; limited services due to regulated facilities (e.g., fixed operating hours for health facilities); limited knowledge and negative attitudes of service providers; and over-regulated procedures that do not facilitate expediency in providing services to GBV victims. These gaps notwithstanding, collective action and commitment to action have increased in frequency and intensity at all levels over time.

SADC considers GBV a critical area of concern. The SADC Secretariat facilitates, coordinates and provides oversight in ensuring that State Parties effectively develop and implement clear actions to prevent, combat and effectively reduce GBV. While the main role of Member States is to implement the commitments made through the SADC Protocol on Gender and Development and other frameworks at the international and continental levels; a clear guide to facilitate their actions and interventions is crucial for harmonization of efforts by all SADC Member States. This is also important for facilitating effective and efficient monitoring, evaluation and reporting.

Going forward SADC is encouraging Member States to increasingly focus on methodologies for estimating the socio-economic costs and impact of GBV. The cost estimates can influence the decisions of those who form public policy and allocate funds. This approach will assist SADC policy makers in deciding on how important GBV is among the pressing development issues that countries have. Furthermore, the cost estimates can help establish the potential benefits of violence prevention strategies or programmes.

1.2 Global and Regional Commitments on GBV

Instrumental commitments that have set the tone of the global response to GBV include the UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW, 1981); the Convention on the Rights of Children (CRC, 1990)¹.Dakar Platform for Action (1994); the International Conference on Population and Development (ICPD, 1994)²; the Beijing Declaration and Platform for Action (BPfA, 1995)³; the African Plan of Action to Accelerate the Implementation of the Dakar and Beijing Platforms for Action for the Advancement of Women (1999).

UN Resolution 1325 on Women Peace and Security (2000) recognizes the need for women to state their case as negotiators and front runners in matters pertaining to peace and security; by reaffirming their critical role in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and in post-conflict reconstruction. The resolution further stresses the importance of women’s equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. It urges all actors to increase the participation of women and incorporate gender perspectives in all peace and security efforts. The resolution also calls on all parties to conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict.

The African Union’s Agenda 2063⁴ identifies GBV as a major obstacle to human security, peace and development, often fueled by armed conflict, terrorism, extremism and intolerance. Many Sustainable Development Goals (SDGs) of 2015 also provide opportunity for the prevention and mitigation of GBV. In particular, the following SDGs articulate themes that directly address factors that contribute to GBV: SDG 1 – No poverty, SDG 3 – Good health and wellbeing, SDG 4 – Quality education, SDG 5 – Gender equality, SDG 8 – Decent work and economic growth, and SDG 10 – Reduced inequalities.

There are also numerous United Nations General Assembly (GA) resolutions on “Intensification of efforts to eliminate all forms of violence against women (i.e. GA resolutions 61/143, 62/133, 63/155, 64/137, 65/187, 67/144) and the UN updated Model Strategies and Practical Measures on the Elimination of Violence against Women and Girls in the Field of Crime Prevention and Criminal Justice (General Assembly resolution 65/228). At the continental level, the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (the Maputo Protocol)⁵ brings to the forefront the need to eliminate GBV.

¹<http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

²See http://www.unfpa.org/sites/default/files/event-pdf/icpd_eng_2.pdf

³See <http://www.unwomen.org/~media/headquarters/attachments/sections/csw/.../ecn620153.pdf>

⁴See http://agenda2063.au.int/en/sites/default/files/agenda2063_popular_version_05092014_EN.pdf

⁵ See http://www.achpr.org/files/instruments/women-protocol/achpr_instr_proto_women_eng.pdf

In 2008, SADC Member States signed the SADC Protocol on Gender and Development. The Protocol, which entered into force in 2013, and was revised in 2016, clearly identifies GBV as an area of concern. The protocol promotes several approaches that include legal; social, economic, cultural and political practices; support services; training of service providers; and adoption of integrated approaches, including institutional cross-sector structures, in order to effectively address this challenge. The SADC Protocol on Gender and Development defines Gender Based Violence as follows:

“all acts perpetrated against women, men, girls, and boys on the basis of their sex which cause or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to take such acts or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed or other forms of conflict.” (Article 1:2).

By referring to violence as “gender-based”, this definition highlights the need to understand this type of violence within the context of women and girls’ subordinate status in society. Many cultures and traditions have beliefs, norms and social institutions that legitimize and therefore perpetuate violence against women and girls. Such violence cannot be understood, therefore, in isolation from the norms and social structure, as well as gender roles within the community, which greatly influence women’s vulnerability to GBV.

In addition to the SADC Gender Protocol, there is also the SADC Declaration on Gender and Development (1997)⁶, and its Addendum on the Prevention and Eradication of Violence against Women and Children (1998), as well as the SADC Gender Policy⁷, all of which address GBV. Additionally, the 10 Year SADC Strategic Plan of Action on Combating Trafficking in Persons, especially Women and Children (2009-2019), which was revised in 2016, also addresses GBV, as the crime of trafficking in persons has an underlying gender dimension. The Gender Policy highlights the need to understand the causes of GBV in order to facilitate the implementation of appropriate interventions, therefore contributing towards prevention and elimination of all forms of GBV in public and private spheres. It suggests that the SADC approach to addressing GBV should be comprehensive; emphasizing the need to develop strategies that encompass a holistic response, which includes education, prevention and victim assistance.

CSW Resolution 60/2 on *Women, the Girl Child and HIV (2016)* which was led by SADC; was adopted by the international community. The Resolution identifies GBV as a human rights violation and notes that all forms of violence against women and girls, discrimination and harmful practices are among key contributing factors to the spread of HIV among women and

⁶ See https://www.sadc.int/files/7613/5292/8380/Declaration_on_Gender_Development_1997.pdf

⁷ See http://www.sadc.int/files/8414/0558/5105/SADC_GENDER_POLICY_-_ENGLISH.pdf

girls. The resolution further acknowledges the specific vulnerabilities of adolescent and young girls and women due to unequal power relations in society between women and men, boys and girls. It calls for governments to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, and ensure that women can exercise their right to have control over, and decide freely and responsibly on matters related to their sexuality.

The above-cited international and continental instruments are anchors through which the SADC region aims to strengthen and, where necessary, facilitate the enactment and amendment of Member States' legislation for the elimination of GBV, especially violence against women and violence against children; to prevent, investigate, prosecute and punish perpetrators of such violence as well as to enhance the protection, provision of services, rehabilitation, education and training, recovery and reintegration of victims/survivors.

2. Situational Analysis of GBV in the SADC Region

Global studies conducted have estimated that 1 in 3 women have experienced physical and/or sexual intimate partner violence in their lifetime, and in some countries nearly 1 in 4 women experience intimate partner violence while 1 in 3 adolescent girls report their first sexual experience as being forced. GBV, in particular intimate partner violence is probably the most common yet little attended form of human rights violation. It predominantly remains unreported for many reasons including its occurrence in intimate private spaces where victims may be persuaded to conceal it, or victims may not know where to go even if they wanted to seek redress.

Among the reasons commonly documented for GBV under-reporting are: fear of the perpetrator and more victimization, limited knowledge and skills for affective communication and conflict resolution, economic dependence, unequal power relations, self-blame and accepting responsibility for causing conflict and therefore accepting punishment for it, fear of stigmatization, negative and oppressive cultural and traditional practices and norms - all compounding normalization and tolerance of GBV at different levels - family, the community and institutions. Failure to systematically deal with GBV has resulted in widespread impunity and consequent loss of confidence by victims of GBV to seek recourse.

2.1 *The Extent of the Problem at Global Level*

Violence against women is a well-known cause of suffering and death across the entire globe as shown by the following statistics:

- Globally an estimated one woman in five will be a victim of rape or attempted rape in her lifetime.⁸
- Violence's toll on women's health exceeds that of traffic accidents and malaria combined.⁹
- Violence kills and disables the same number of women between the ages of 15 and 44 as cancer does.¹⁰
- Up to one in five women reports being sexually abused before the age of 15.¹¹
- Approximately 800,000 people are trafficked across national borders and millions more are trafficked within their own countries. Approximately 80 percent of transnational victims are women and girls and up to 50 percent are minors.¹²
- The cost to national governments is manifested in higher health care expenditures, demands on courts, police and schools and losses in educational achievement, worker earnings and productivity.¹³ In Chile, for example, women's lost earnings due to violence were calculated at \$1.56 billion in 1996, which was more than two percent of the country's GDP¹⁴. In India women lost an average of seven working days after an incident of violence¹⁵. There exists a body of well documented evidence that women experience different types of violence across their life cycle, starting even before birth with sex selection; and continuing well past adulthood, into old age. It has been noted that many women and girls experience sexual abuse such as rape and sexual harassment regardless of their age.

2.2 *GBV Prevalence in the SADC Region*

The African Centre for Gender and Social Development of the United Nations Economic Commission for Africa (ACGSD/UNECA) conducted an Africa region study: Violence Against Women in Africa: A Situational Analysis (2011). Out of the 13 SADC Member States¹⁶ participating in the study, all Member States reported physical violence, sexual violence and rape generally; and in particular, intimate partner violence. Other significant forms of violence were: emotional and psychological abuse (in 10 member countries), sexual harassment and

⁸Heise, L., M. Ellsberg, and M. Gottemoeller. 1999. "Ending Violence against Women." *Population Reports*. Series L, No. 11. Baltimore, Maryland: Population Information Program, Johns Hopkins University School of Public Health.

⁹UN Millennium Project 2005a, pp. 15 and 110.

¹⁰UN Millennium Project 2005a, pp. 15 and 110.

¹¹<http://www.who.int/features/factfiles/women/en/index.html>

¹²U.S. Department of State. 2007. The 2007 Trafficking in Persons Report. Washington, D.C.: U.S. State Department

¹³UNPFA State of World Population Report 2005. <http://www.unpfa.org/swp/2005/english/ch7/index.htm>

¹⁴Morrison, A. R., and M. B. Orlando. 1999. "Social and Economic Costs of Domestic Violence: Chile and Nicaragua." Ch. 3 in: Morrison, A., and L. Biehl (eds). 1999. *Too Close to Home: Domestic Violence in Latin America*. Washington, D.C.: Inter-American Development Bank. Cited in: UN Millennium Project 2005a.

¹⁵International Center for Research on Women. 2000. *A Summary Report for a Multi-Site Household Survey*. Domestic Violence in India. No. 3. Washington, D.C.: International Center for Research on Women. Cited in: UN Millennium Project 2005a, p. 115.

¹⁶Angola, Botswana, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia, Zimbabwe.

trafficking (each in 9 member countries), and child marriages in 7 member countries. These findings are corroborated by the findings of the VAW Baseline Studies¹⁷ in the 6 SADC countries¹⁸ collaboratively conducted by participating Member States and Gender Links which indicated **“Prevalence for Lifetime Experience of GBV”** a range of 50% to 86% for five out of the six participating countries. **“Prevalence for IPV Lifetime Experience”** ranged from 49% to 69% for the same five out of six participating member countries. Estimates for **“Lifetime Experiencing of Rape by Non-Partners”** ranged from 4% to 29% for the 5 member countries.

2.3 Causes of GBV

GBV causes are multiple with many contributing factors that can be traced back to harmful cultural and traditional practices, gender inequalities and discrimination in all aspects of life (social, economic, religious and political) and entrenched institutional arrangements that are patriarchal. These are often manifested through unequal power relations between women and men, low status of women in society; gender biased socialization, beliefs and attitudes as well as gender norms that support male superiority and entitlements. Furthermore, GBV is reinforced by laws, policies and administrative procedures that do not adequately incorporate the specific needs; experiences and aspirations of women and men in a gender equitable manner. Women’s economic dependence on men continues to heighten women’s vulnerability to GBV.

Failure to ensure women are involved and participate meaningfully in decision making at all levels contributes directly to women’s vulnerability due to constrained opportunity for self-representation and direct input in all spheres of their lives. In effect, GBV causal factors constitute a lived reality of many and are likely to increase vulnerability for systemic gender based violence and intimidation. While there could be evidence of GBV in different settings, it is often difficult to counter it effectively and progressively because of its complex and often illusive nature.

2.4 The GBV Response in the SADC Region¹⁹

The SADC Declaration on Gender and Development (1997) and its Addendum on the Prevention and Eradication of Violence Against Women and Children (1998) marked the beginning of systematic efforts by the SADC region to address GBV. The adoption of the SADC Protocol on Gender and Development (2008) confirmed firm regional commitment to address GBV comprehensively, indicating urgency and proposing pragmatic actions by Member States. Based on the targets of the SADC Gender Protocol many SAC Member States are turning their programmes around to respond to this challenge through effective comprehensive national laws, policies and action plans. Evidence of progress made is sourced from the SADC Gender

¹⁷ SADC Gender Protocol Barometer, 2016

¹⁸ Botswana, Lesotho, Mauritius, South Africa, Zambia, Zimbabwe.

¹⁹ SADC Gender Protocol Barometer, 2016

Protocol 2015 and 2017 Barometers. The overall rating of the efforts of governments by citizens, toward meeting GBV targets as set in the Protocol indicated an improvement from 47% in 2009 to 68% in 2015.

There is increased awareness of GBV, legislation has significantly improved, and the uptake of GBV services is improving although the provision of places of safety for GBV victims and referrals among service providers remains a challenge. Coordination of GBV interventions remains a challenge at all levels largely because of the absence of an established SADC – wide programme monitoring standard or framework.

2.4.1 Raised GBV awareness

There appears to be increasing public conversations on GBV resulting from prevalence studies and efforts by Member States, regional and local NGOs to create opportunity and report on progress on a regular basis.

2.4.2 Legislation for GBV prevention and protection of victims

- a) Eleven SADC Member States have laws on Domestic Violence and thirteen have sexual assault legislation.
- b) With the exception of Angola, all SADC Member States have Sexual Harassment laws; up from only 2 in 2009 (DRC and Madagascar).
- c) From three in 2009 (Madagascar, Mozambique and Zambia), all SADC Member States now have laws on Trafficking in Persons.
- d) All Member States offer some form of services to survivors of GBV. However, the main challenge remains that service providers are mainly under-resourced NGOs.

2.4.3 GBV Services

- a) Provision of comprehensive GBV treatment has increased from 2 SADC Member States in 2009 (Mozambique and South Africa) to all Member States since 2015.
- b) Twelve SADC Member States are now able to offer accessible, affordable and specialized services to GBV survivors, including legal aid; up from 9 in 2009. Fourteen Member States offer specialized facilities; including places of shelter and safety for GBV victims – an uptake of 12 countries from only 2 countries (Mauritius and South Africa) in 2009. Now all Member States offer some form of services to GBV survivors

2.4.4 Coordination, Monitoring and Evaluation

- a) All SADC Member States have adopted integrated GBV national action plans; up from 7²⁰ in 2009.
- b) Nine Member States²¹ now have a composite index for measuring GBV, which is a significant achievement given that none of the Member States had it in 2009.
- c) Seven²² SAC Member States now have baseline data on GBV where none had it in 2009.

²⁰ DRC, Mauritius, Namibia, Seychelles, South Africa, Swaziland, Tanzania

²¹ Angola, Botswana, DRC, Lesotho, Mauritius, Seychelles, South Africa, Zambia, Zimbabwe

The greatest improvement since 2009 has been in the area of GBV service provision with growth in access to specialized facilities including places of safety; and comprehensive treatment including PEP, followed by legislation and lastly; coordination, monitoring and evaluation of GBV programmes. These gains notwithstanding, the biggest gap remains reliable baseline data on GBV.

2.5 Challenges to Effective GBV Response

The SADC Protocol on Gender and Development obliges Member States to provide comprehensive reports biennially. This arrangement offers an opportunity for SADC countries to share experiences and learn from each other. From the collective efforts of Member States, the most persistent challenges have been noted as follows:

- a) High withdrawal of GBV cases and prolonged period for GBV cases in court
- b) Limited knowledge and understanding of GBV by most involved parties – perpetrators, victims, service providers and policy makers; which is likely to result in inadequate involvement and participation as well as limited collaboration in GBV prevention and response.
- c) Insufficient rigor and determination to decisively address GBV; leading to failure to translate policies and laws into effective GBV interventions.
- d) Weak linkages between GBV prevention and mitigation.
- e) Failure to programme systematically resulting from the absence of a SADC regional GBV Strategy and Framework of Action.
- f) Insufficiently disaggregated data (e.g., gender, disability, age, urban/rural) as well as weak data collection tools and systems, leading to inadequacies in the Monitoring Learning and Evaluation system.
- g) Weak institutional arrangements for coordinating a SADC Region multi-sectoral, multi-level and decentralized GBV response.
- h) Lack of clear and well-coordinated minimum standards for GBV reporting, referral and case management, evidenced by inadequate guidance on operating procedures for handling GBV cases by different service providers hence limited models of good practice.
- i) Absence of a common GBV surveillance system that would facilitate collecting of comparable GBV data – for more objective data analysis.
- j) Inadequate in-country capacity for the development of comprehensive strategic data to inform evidence-based human rights focused interventions for GBV prevention and response.
- k) Limited male involvement in GBV prevention and response.

²²Botswana, Lesotho, Mauritius, South Africa (four provinces), Tanzania, Zambia (four provinces), Zimbabwe

- l) Under reporting of GBV cases due to various reasons e.g. social norms, lack of economic resources, religious beliefs, and access to services, leading to underestimation of the problem.
- m) Limited programmes to support rehabilitation and integration of GBV perpetrators into the community.
- n) Inadequate and sometimes ineffective strategies to address social and cultural practices as well as norms that perpetuate GBV.
- o) Inadequate financial and human resources to support the implementation and monitoring of GBV related interventions.
- p) The high cost of GBV programming which often constrains implementation.
- q) Lack of positive alternatives such as non-violent conflict resolution tools.

3. SADC GBV Strategy Orientation

The Regional GBV Strategy and Framework for Action is developed as an overarching strategy to ensure the effective and efficient implementation of Articles 20 to 25 of the Revised SADC Protocol on Gender and Development specific to addressing GBV. The Strategy serves to identify priority areas of action based on these Articles and guided by the broader key programming areas on GBV. The Gender Protocol therefore provides a context within which the SADC community should strategically direct the development of their anti-GBV programmes. Provisions of other relevant international and regional instruments of GBV are taken into account. This include the SADC Declaration on Gender and Development (1997)²³, it's Addendum on the Prevention and Eradication of Violence against Women and Children, and the different United Nations General Assembly resolutions on "Intensification of efforts to eliminate all forms of violence against women".

3.1 *Justification for a Regional GBV Strategy and Framework for Action*

SADC recognizes gender as a cross cutting issue and an enabler of regional integration in line with the priorities identified in its blueprint documents-the Revised Regional Indicative Strategic Development Plan (RISDP) and the Strategic Indicative Plan of the Organ on Politics, Defense and Security Cooperation (SIPO). Both strategic documents affirm principles of women empowerment and gender equality, and recognize the prevention and reduction of GBV as a catalyst for attaining an environment conducive for serene peace and security. While the Gender Equality and Women's Empowerment programme has GBV as a key result area, the RISDP has explicitly included the development of the GBV strategy as one of its priorities.

SADC Members States have registered significant progress in reforming laws pertaining to GBV. The main actions in this regard have been to the amendment or enactment of new laws to effectively address violence, provision of facilities for use by victims of violence and awareness creating programmes. One of the major challenges has been the translation of laws into

²³ See https://www.sadc.int/files/7613/5292/8380/Declaration_on_Gender_Development_1997.pdf

implementable programmes and services, leading to greater impact at community level. Various programmes and activities aimed at preventing and eliminating violence against women at regional, national and local levels have been developed. This has instigated the creation of various responsive bodies, encouraged the training of law enforcement agencies and scrutiny of related operations, and invigorated the setting up and maintenance of shelters for victims of violence – to cite a few examples.

However, violence against women remains at crisis levels as evidenced by statistics. Although several studies on GBV in the region note progress in the creation of laws, there is a fundamental deficiency noted in the enforcement of these laws. The Criminal Justice response needs to be strengthened to ensure enforcement of laws and to maintain international standards in matching the delivery of the justice response to the needs of the victims of GBV. Despite all the laws enacted in Member States, GBV in the region remains a significant problem with new forms of GBV continuing to emerge.

The GBV Strategy and Framework for Action are developed as an overarching facility to ensure the effective and efficient implementation of Articles 20-25 of the Revised SADC Protocol on Gender and Development specific to addressing GBV. The purpose is to identify priority areas based on the Revised SADC Protocol on Gender and Development; and to provide a context within which SADC should strategically direct the development of its anti-GBV programming.

3.2 Strategy Goal

The Regional GBV Strategy and Framework for Action should provide a common platform and guidance at regional and Member State levels; for an effective holistic and coordinated approach to addressing GBV, consistent with Articles 20 – 25 of the Revised SADC Protocol on Gender and Development. The Strategy will serve as a guide to stimulate regional actions and interventions for harmonization of GBV response efforts by all SADC Member States. In addition, the Strategy reinforces efforts towards coordination, monitoring, evaluation and reporting of the SADC region GBV response.

3.3 Objectives

The objectives of the GBV Strategy are as follows:

- a) To promote prevention and early identification of gender based violence through increased understanding of gender based violence and addressing associated social, cultural and/or traditional, religious, political and economic factors.
- b) To strengthen delivery of effective, accessible and responsive protection, care and support services to those affected by gender based violence.
- c) To strengthen regional and national capacity to efficiently and effectively respond to gender based violence.

- d) To improve information and knowledge management, sharing of best practices and innovation on gender based violence for evidence-based policy and service planning and implementation.
- e) To ensure efficient and effective management, coordination and partnerships building for the regional and national gender based violence response.

3.4 Strategy Principles and Guiding Lessons

SADC recognizes that for people to achieve peace, freedom and realize their full potential, their lives must be free from violence. In order to effectively respond to GBV, it is important to identify cardinal principles that can provide a foundation for SADC Region and national actions. Therefore, the GBV Strategy and Framework of Action should be implemented within the context of these guiding principles:

- a) The regional response to GBV will be guided by international and regional **human rights principles** that identify GBV as a development problem and a violation of human rights.
- b) The response to GBV will be based on **understanding the roots of violence in a system of gender inequality and women's subordination**.
- c) All GBV programmes and interventions must put the **safety and security of victims and survivors first** which must be guaranteed to victims and survivors.
- d) Priority attention must be given to **confidentiality, privacy, disclosure and informed consent** in all responses to GBV. Care must be taken at all times not to re-victimize the survivor.
- e) The response to GBV will be **multi-sectoral and decentralized in approach** to accommodate the diverse stakeholders and population groups and to allow for reach of different communities.
- f) **Direct and meaningful engagement of civil society organizations** will be emphasized for their role in community based actions and in advocating for changes in public sector policies and services and in socio-cultural practices that reinforces GBV.
- g) **Culturally sensitive, appropriate and transformative actions** will be implemented at all levels of the GBV response.
- h) **Community involvement, ownership and participation** in the GBV response will be promoted for the success and sustainability of the response.
- i) **Comprehensive and integrated** GBV services will be provided to best address the root causes of violence and its consequences.
- j) Demonstration of the **political will** by Governments to take action to address GBV. This will include commitments to provide the necessary **human and financial resources as well as a conducive environment** necessary for an effective response.

In addition to the principles above, the Regional Strategy incorporates key lessons from national, regional and international actions to ensure it is meaningful and effective. The key

lessons that guide the Strategy and its implementation in preventing and responding to GBV include the following:

- a) Violence occurs throughout the life cycle.
- b) Abuse is cyclical.
- c) Comprehensive response includes ensuring attention to vulnerable and underserved populations, including women and girls living in poverty or rural areas, women and girls with disabilities, those in conflict and refugee situations, and indigenous women.
- d) Engaging women and girls as change agents, partners, and survivors in policy and culturally appropriate programme development, implementation, and evaluation is important in addressing their GBV related needs.
- e) Engaging men and boys as allies, advocates, role models, change agents, partners, and survivors in policy and culturally appropriate programme development, implementation, and evaluation is important in prevention and mitigation of GBV.
- f) Effective coordination and partnerships includes engaging religious organizations, the community, the business sector, local civil society, as well as local government leaders and service providers to prevent and respond to GBV in all its forms, in their communities.
- g) Understanding the causes and socio-cultural dynamics that perpetuate violence is key to designing relevant, targeted and effective interventions.
- h) Consideration should be made of the potential impact of all efforts in order to ‘do no harm’ to the individuals that such efforts intend to support and protect.
- i) There is no single solution to addressing GBV, and the needs and wishes of victims and survivors are not the same. Therefore, all GBV victims or service seekers must be recognized and treated with respect.

3.5 Strategy Thematic Areas

The Strategy has five thematic areas as follows:

- a) Prevention of GBV
- b) Protection, Care and Support Services
- c) Capacity Development
- d) Information and Knowledge Management, including Best Practices and Innovation
- e) Coordination, Networking and Partnerships.

4. SADC GBV Strategy Description

Gender based violence not only violates human rights, but also hampers productivity, reduces human capital and undermines economic growth in societies where it is prevalent. Recognizing that GBV is immoral and a human rights violation with high costs for families, communities and the nation, SADC continues to engage with Member States to advocate for their full commitment towards addressing GBV.

In their response to GBV, SADC Member States have faced key challenges including failure to effectively enforce and implement set laws and policies. Existing gaps in the justice system allow GBV to persist. Discriminatory traditions, customs and stereotypes continue to keep women and girls in subordinate positions and place them at the risk of violence. Additionally, inadequacies have been noted in awareness raising efforts, education and training on GBV.

Through this Strategy, the SADC regional response emphasizes **preventing the occurrence of GBV** in the first instance through integrated GBV services and programmes. The Strategy also recognizes that a concerted effort on different dimensions including health, education, legal rights, protection and security is necessary to address GBV sustainably. This chapter discusses the strategic focus for each of the thematic programming areas to provide guidance and direction as well as to ensure coherence of interventions for the regional and national response to GBV.

4.1 Discussion of Thematic Programming Areas

4.1.1 Prevention of GBV

GBV prevention is a priority area for addressing GBV in the SADC region. Measures for the prevention of GBV must incorporate a strong focus on the promotion of gender equality, women's empowerment and the enjoyment of their human rights. Building a strong understanding of these issues among women and men at all levels is essential for preventing violence, particularly against women and girls.

Evidence has shown that, to be effective and sustainable, primary GBV prevention strategies need to:

- a) Address the underlying causes of GBV and violence against women to stop it before it occurs
- b) Target different groups of people in the different environments where they live and work
- c) Be reinforced across a range of settings (such as schools, workplaces and the media).

Efforts to prevent GBV should therefore entail a sustained strategy for transforming gender discriminatory or stereotypical cultures, attitudes and behaviors. This involves actions across different environments and targeting a range of groups, including local communities, workplace settings, schools and traditional and faith institutions, as well as working with individuals or families, engage different groups of people (such as men and boys, parents, children) at the individual, organizational, community and societal levels. This follows the Socio-Ecological Framework that purports that there are multiple level issues and factors that influence vulnerability to, and perpetration of GBV.

Key strategic actions to prevent new GBV incidents and to protect GBV survivors from further harm include the following:

- a) Raising evidence-based awareness against GBV, including trafficking of persons, and promoting social and behavioral change towards GBV zero tolerance. Mobilize communities and institutions to support prevention interventions.

- b) Addressing and changing social, cultural and religious norms, attitudes and behaviours that condone gender stereotypes and perpetuate GBV as well as other factors that can increase women's and girls' vulnerability to such violence through transformative actions.
- c) Social mobilization and engaging specific groups, such as men and boys, parents, people with disability, children, young people, and community leaders through targeted and relevant interventions and messages.
- d) Specific focus on engaging men and boys in finding innovative non-traditional sustainable solutions for prevention of GBV.
- e) Prevention of GBV in armed conflict and post-conflict situations.
- f) Setting accountability measures to ensure that perpetrators are prosecuted and to end impunity by strengthening legal and judicial systems.
- g) Facilitating economic and social empowerment of women and girls to fight GBV.
- h) Ensure coordination, communication and monitoring among those involved in the implementation of prevention interventions.

It is crucial to emphasize innovation, replication and scaling up of successful prevention programmes. At the core of prevention of GBV, platforms should be opened for community driven response to GBV. Communities should have dialogues or conversations; and lead in the identification of challenges as well as in the mapping of solutions considered effective for the prevention of GBV within their community context.

4.1.2. Protection, Care and Support Services

The response to GBV involves addressing acts of violence that have already taken place by providing protective, care and support services. It also includes prohibiting further acts of violence from taking place. The SADC region continues to face challenges in responding to GBV at varying degrees between Member States. These challenges include poor enforcement of set laws and poor implementation of set policies, strategies and action plans; the dual legal system that exist in many SADC Member States comprising the Customary Justice System and the Common Law System; insufficient support measures including limited access to, for instance; medical, psycho-social, and shelter services; and lack of consistent monitoring. Disjointed systems in responding to GBV do not provide adequate protection to victims; neither do they properly confront and deal with the perpetrators. In conflict situations, there is need for strengthened systematic efforts to address GBV, particularly sexual violence, and to protect women and girls from rape as a tactic of war.

Protection, care and support services include actions and measures by different service providers and stakeholders (police, justice, health, social services and non-formal elements). Responding to GBV requires a system that conforms to the following principles to enhance shared responsibility and a coordinated and integrated response:

- a) Services that are accessible to all as and when needed.
- b) Maintaining confidentiality and privacy of victims and survivors.

- c) Ensuring the safety, well-being and empowerment of women (and accompanying children).
- d) Victims and survivors have access to effective and just legal responses.
- e) Recognizing of the power imbalance and gender inequality that authorizes violence against women.
- f) The accountability of perpetrators is emphasized and sought through all appropriate channels.

Key strategic actions for effective protection, care and support of GBV survivors include the following:

- a) Strengthening of the health, justice, legal and social services sectors for an effective, efficient and human-rights based approach to GBV mitigation.
- b) Establishing or strengthening a well-coordinated and integrated multi-agency/sectoral response to GBV, including setting up of referral networks and collaboration with community, traditional and religious leaders.
- c) Establishing of special counseling services, legal and police units to provide dedicated and responsive needs-driven services to survivors of GBV.
- d) Ensuring legal and institutional reform as well as strengthening implementation and enforcement, for improved access to justice for victims and survivors of GBV.
- e) Establishing bilateral and multilateral agreements to run joint actions against trafficking in persons among origin, transit and destination countries.
- f) Establishing or strengthening community-based safe shelters and outreach services for the protection of survivors of GBV.
- g) Strengthening of psychosocial support to help GBV victims and survivors to regain their self-esteem, overcome trauma and re-build their lives.
- h) Supporting rehabilitation of GBV perpetrators and re-integration in the community to reduce repeat offenses.

4.1.3. Capacity Development

The capacity needs for each of the key programming areas (*prevention; protection, care and support; knowledge management*) will be targeted. Capacity development of key service providers, including the police, health and social workers, legal officers, civil society organizations (CSOs) and other stakeholders such as the media is important for prevention and provision of quality and comprehensive services. Capacity development also covers the issues of leadership, governance and coordination in the response to GBV.

Capacity strengthening efforts include the following strategic actions:

- a) Providing standardized and comprehensive pre-service and in-service training on the issues surrounding GBV, its causes and consequences for all relevant professionals across sectors and jurisdictions that respond to GBV

- b) Providing training for community based organizations, traditional and faith leaders, media and other stakeholders on prevention of, and response to GBV.
- c) Building the capacity within communities to develop non-formal responses to victims/survivors of GBV aligned with the principles and processes of an integrated system.

The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC developed a training package that identifies essential and quality multi-sectoral services to be provided by the health, social services, police and justice sectors.

4.1.4. Information and Knowledge Management, including Good Practices and Innovation

As GBV interventions are implemented, **monitoring and evaluation (M&E)** is essential as an objective process used to generate data to determine components to be maintained or improved; as well as to assess whether interventions have achieved the targeted outcomes. Through monitoring it is possible to track progress of projects, programmes or policies and to establish the extent to which planned goals have been achieved. Monitoring should be for both intended and unintended results, and in the process; testing and revising the assumptions on which the GBV intervention is based. In the bid to continuously improve the effectiveness of GBV interventions, evaluations are systematically conducted in order to determine the strengths and weaknesses of projects, programmes or policies. As such evaluations are an important source of evidence of the performance of the project, programme or policy; therefore, serving as a threshold or point of reference for new interventions. In the last decade many institutions and organizations adopted the results-based management (RBM) approach which basically entails a move away from activity planning (what are we going to do?) to planning for the overall results (what do we want to achieve?). RBM focuses more on the outcomes and consequences of actions and implementation, than on the provided inputs (money, time, human resources); clearly making M&E a vital component. (*See Annexure C for more Guidance on M&E of GBV Interventions*).

Lack of systematic and reliable data and information on GBV limits efforts to assess the extent of violence, the effectiveness of measures taken to address GBV and for decision-making regarding the GBV response. The Strategy aims to support generation and management of timely, reliable and quality data and strategic information on GBV. Harmonization of data systems and disaggregation of data will be emphasized. Monitoring and evaluation of programmes and policies will be emphasized to establish progress towards achieving results. Documentation, packaging and sharing of results, lessons, and good practices will be promoted. Innovation and creativity in the regional response will also be promoted, particularly of effective ways to engage local communities in addressing GBV. Regional and national partnerships for research to identify harmful cultural practices that perpetuate GBV and appropriate strategies for addressing socio-cultural determinants of GBV will be encouraged.

Key strategic actions will include:

- a) Promoting of multidisciplinary research and analyses on the structural and underlying causes of, as well as cost and risk factors for GBV, including its types and prevalence.
- b) Improvement of the collection, harmonization and use of administrative data, including, where appropriate, from the police, health sector and the judiciary, on incidents of GBV.
- c) Development of national monitoring and evaluation mechanisms to assess policies and programmes, including GBV preventive and response strategies in both public and private spheres.
- d) Dissemination of reliable and comparable GBV data and statistics on a regular basis, disaggregated by sex and age, at the national and local levels.
- e) Promoting of sharing of best practices and experiences, as well as feasible, practical and successful policy and programme interventions regionally and nationally.

Member States will submit progress reports for tracking implementation of the GBV provisions of the Revised SADC Protocol on Gender and Development as per the SADC Monitoring and Results Framework.

4.1.5. Coordination, Networking and Partnerships

GBV has different forms and manifests in different contexts, settings, circumstances and relationships resulting in the multi-dimensional nature of GBV. In this regard, coordination, forming effective networks and partnerships is an important element in the regional and national response to GBV, given the scope of work involved, multiple levels of engagement as well as varied players – possibly with different interests and associated approaches. Effective partnerships between government, civil society, experts, researchers, development partners, private sector, the media, the community and other stakeholders facilitates fulfillment of existing policy and legal commitments in prevention and management of GBV cases and greater engagement with local communities. The partnerships are also critical to coordinating and leveraging resources, identifying and building on best practices, scaling up promising interventions, discussing lessons learned and challenges, conducting research, and ensuring that duplication is avoided.

Efforts directed at coordination therefore seek to answer the questions and address highlighted issues as follows:

- What should be achieved on the prevention and response to GBV?
- What are the specific roles and responsibilities for respective players and how would they be held accountable for expected results?
- How can different players work together in the most effective and efficient manner?
- How can different players contribute optimally to the development of interventions, their implementation, monitoring and evaluation?

- How can different players continuously engage to systematically provide implementation feedback and in turn learn from the experiences of others in order to strengthen or expand their own interventions?

Planning to coordinate GBV prevention and mitigation efforts is critical in firmly establishing clarity regarding role complementation among involved organizations, optimization of return on investment as well as collective learning leading to open knowledge building and consistent understanding and application of emerging knowledge. Furthermore, there is stronger likelihood of collective ownership of GBV prevention and response among service providers, partners, community groups, and members of the community and higher possibility of achieving planned results because of general willingness to engage and transform the community.

The Strategy emphasizes coordination and partnerships between various actors for different services. In almost all Member States, government plays a leading role in the coordination of the other sectors. In this regard, the Strategy advocates for GBV specific personnel within each of the relevant government ministries and departments for fulfilling the coordination role. Other relevant stakeholders and partners should also appoint GBV Focal Persons.

Key areas for coordination and partnerships include the following:

- a) Service delivery (ensuring access to coordinated multi-sectoral services and programmes; referral systems; setting national benchmarks & timelines, and monitor their progress)*
- b) Prevention and building awareness
- c) Capacity development
- d) Policy and programme monitoring mechanisms, including data collection, analysis and use
- e) Financial (resource mobilization) and technical support.

4.2 Special Areas of Focus

4.2.1 Engaging Men and Boys in Prevention and Mitigation of GBV

Effectively engaging men, adolescents and boys to play a role in preventing violence against women has been recognized as a critical component of GBV prevention efforts. Men and boys can promote positive masculinities and help shape respectful, gender-equitable attitudes and behaviors. Prevention programmes can engage men and boys in challenging gender stereotyping and discrimination that harm women, and in promoting equitable, non-violent masculinities. Working with men as intimate partners, fathers, brothers, sons and friends, provides an important opportunity for preventing GBV as well as for addressing other problems related to sexual reproductive health (SRH) and managing HIV and AIDS.

4.2.2 GBV in Conflict Situations

International bodies like the United Nations continue to recognize that civilians, particularly women and children, account for the vast majority of those affected by armed conflict, including as refugees and displaced persons. The vulnerability of women and girls in these situations is heightened, particularly to sexual violence and pervasive rape which are used as a weapon of war in most cases. However, women and girls also suffer many other forms of violence during conflict situations especially when forced to abandon their homes and face abductions and exploitation. Women refugees and asylum seekers may find themselves caught in inescapable cycles of violence as they try to seek safety, carrying with them the challenge and burden of looking after family members.

Many girls and women in conflict situations will not seek or have access to medical treatment due to the complexities of the situation and the sensitivity of the issue. They continue to endure the traumatic consequences of violence even long after the conflicts. In this regard, the Strategy emphasizes coordinated and integrated GBV prevention and response efforts that prioritize protection of refugees and displaced women and girls. This response should as well meet the particular needs of survivors.

The security sector can play a positive role in maintaining or re-establishing safety and security during and post conflict. This role should contribute to ending impunity that too often leaves perpetrators unaccountable for their crimes during conflict and in post conflict situations. The capacities of different security organs should be enhanced in dealing with violence against women and girls in conflict and post conflict situations through training and awareness raising on prevention and support to GBV survivors. The relevant security organs should be equipped to enhance evidence-based investigations and increase their accountability for quality service delivery in GBV prevention and response strategies. The provisions of the UN Security Council Resolution 1325, aimed at protecting women and girls during and after armed conflicts, should be integrated into the policy and practice of security organs.

4.2.3 Resource Mobilization

There is need to strengthen resource mobilization efforts for regional and national level implementation, including through advocacy with bilateral and multilateral donors and institutions. The limited funding resources for GBV programming challenge the response to be creative and innovative in approach, and the resources to be targeted towards the most strategic actions. In addition to strengthening partnerships in the response to GBV particularly with local communities, there is need to identify new opportunities for collaborations and partnerships. This will require reaching out to untapped resources, skills and capacities internationally, within the region and in local communities.

5. Coordination, Monitoring and Evaluation of the Regional GBV Strategy

Coordination, monitoring and evaluation of GBV prevention and response interventions at regional level is critical. GBV prevention and response at SADC level requires systematic engagement with Member States and other relevant regional partners. There should also be consensus on indicators to guide reporting by Member States. Periodic evaluation will be carried out as appropriate to assess the effectiveness and impact of the Regional GBV Strategy and its framework of action. There is need for continuous documentation and sharing of experiences among Member States through different ways and platforms.

5.1 Areas of emphasis

Regional coordination, networking and partnerships for GBV prevention and response will emphasize the following:

- a) Mobilization of required resources for effective coordination of prevention and response interventions implemented by Member States;
- b) Establishment or strengthening of regional partnerships for research comprising among others:
 - Comprehensive regional studies/in-depth literature review to guide multi – sectoral evidence-based programming;
 - Sharing of lessons and good practices regionally.
- c) Coordination of South-to-South cooperation activities to encourage benchmarking among Member States as well as from other regions;
- d) Documentation and publicizing of models of good practice and critical lessons in GBV prevention and mitigation;
- e) Strengthening of regional networks and partnerships for GBV prevention and response, leveraging on comparative strengths expert knowledge;
- f) Provision of ongoing technical support and guidance to Member States, by SADC Secretariat, through development and dissemination of regional guidelines and recommended service standards in different areas as needed by Member States. These could include:
 - Development of a regional GBV resource mobilization strategy;
 - Guidance in the development and use of standard operating procedures (SOPs) for Member States for improved coordination;
 - Capacitating Member States to enable them to use the set international minimum GBV service packages;
 - Provision of guidance on GBV monitoring and evaluation, including dissemination of the SADC Monitoring and Evaluation Framework.



5.2 Member States Reporting and GBV Strategy Evaluation

- a) Member States should align their GBV programming to the SADC GBV Strategy, which was developed in line with the Revised SADC Protocol on Gender and Development.
- b) Member States should report on progress in the implementation of the Regional GBV Strategy every two (2) years, in line with the SADC Monitoring and Evaluation Framework, possibly focusing on specific thematic areas of the GBV Strategy and related indicators.
- c) Reporting by Member States should be results-based, clearly stating the results of the GBV prevention and mitigation interventions implemented.
- d) Mid-term and summative evaluation should be conducted to gain insights on the performance of SADC GBV Strategy and accordingly strengthen both prevention and mitigation measures in order to realize planned results.

6. ANNEXURES

Annexure A: SADC Regional Framework of Action for Addressing Gender Based Violence

THEMATIC AREA	STRATEGY OBJECTIVES	KEY REGIONAL INDICATORS	STRATEGIC ACTION	TIMEFRAME – 12 Year (2019-2030)		
				2019/22 1 st Phase	2023/26 2 nd Phase	2027/30 3 rd Phase
The Regional GBV Indicators are informed by the SADC Monitoring, Evaluation and Reporting Framework for the SADC Protocol on Gender and Development and are in line with SDG 5, the Beijing Declaration, the African Union Women’s Protocol and the Agenda 2063 Aspiration 6.						
1. GBV Prevention	OBJECTIVE 1: To promote prevention and early identification of gender based violence through increased understanding of gender based violence and addressing associated social, cultural and/or traditional, religious, political and economic factors.	1.1 Evidence of legislative provisions outlawing negative traditional, social, economic and political practices which promote all forms of GBV. (Article 21, Indicator 53)	a) Raise evidence-based awareness against GBV, including trafficking of persons, to promote social and behavioral change towards GBV zero tolerance. This should be targeted and include innovative communication approaches.	X	X	X
		1.2 Evidence of sustained national campaigns, Provincial and District level GBV awareness campaigns. (Article 21, Indicator 54)	b) Mobilize communities and institutions to lead and support transformative interventions that address social, cultural and religious norms, attitudes and behaviours that condone gender stereotypes and perpetuate GBV.	X	X	X
		1.3 Proportion of men and women who express acceptance of different types of GBV. (Article 21, Indicator 55)	c) Mobilize and engage specific groups, such as men and boys, parents, people with disability, children, young people, and community and religious leaders through targeted and relevant interventions & messages.	X	X	X

THEMATIC AREA	STRATEGY OBJECTIVES	KEY REGIONAL INDICATORS	STRATEGIC ACTION	TIMEFRAME – 12 Year (2019-2030)		
				2019/22 1 st Phase	2023/26 2 nd Phase	2027/30 3 rd Phase
			d) Create safe spaces for young women and girls to engage in public affairs.	X	X	X
			e) Engage men and boys in finding innovative non-traditional sustainable solutions for prevention of GBV.	X	X	X
			f) Enhance capacity of power holders and custodians of culture to address GBV.	X	X	X
			g) Promote prevention of GBV in armed conflict and post-conflict situations.	X	X	X
			h) Set up accountability measures to ensure that perpetrators are prosecuted and to end impunity by strengthening legal and judicial systems.	X	X	
			i) Promote respect and enjoyment of human rights by girls and women.	X	X	X
			j) Facilitate economic and social empowerment of women and girls, including through business training and provision of micro financing.	X	X	X
			k) Ensure coordination, communication and monitoring among those involved in the implementation of prevention interventions.	X	X	X
			j) Development of coordination, communication and monitoring mechanisms among those involved in the implementation of prevention interventions.	X	X	X
		1.4 Evidence of Legislative provisions that define, prohibit, punish and rehabilitate perpetrators of sexual harassment. (Article 21, Indicator 56)				
		1.5 Number/Proportion of rape survivors (disaggregated by sex and age). (Article 23, Indicator 58)				
		1.6 Evidence of legislative measures and policies to prevent and protect women and girls during times of armed and other conflicts. (Article 28, Indicator 71)				

THEMATIC AREA	STRATEGY OBJECTIVES	KEY REGIONAL INDICATORS	STRATEGIC ACTION	TIMEFRAME – 12 Year (2019-2030)		
				2019/22 1 st Phase	2023/26 2 nd Phase	2027/30 3 rd Phase
2. Protection, Care and Support	<p>OBJECTIVE 2: To strengthen delivery of effective, accessible and responsive protection, care and support services to those affected by gender based violence.</p>	<p>2.1. Proportion of social services that offers GBV services within an accessible distance. (Article 20 – Indicator 49)</p> <p>2.2. Proportion of health units that have commodities for clinical management of GBV. (Article 20 – Indicator 50)</p> <p>2.3. Proportion of reported GBV cases prosecuted. (Article 20 – Indicator 51)</p> <p>2.4. Evidence of comprehensive laws to address all forms of Gender Based Violence. (Article 20 – Indicator 48)</p>	<p>a) Expand and strengthen, depending on gaps, provision of the health, justice, legal and psychosocial support services sectors for an effective, efficient and human-rights based approach to GBV mitigation, including provision of special services to provide dedicated and responsive needs-driven services to survivors of GBV.</p> <p>b) Establish or strengthen a well-coordinated and integrated multi-agency/sectoral response to GBV, including setting up of referral networks and collaboration with community, traditional and religious leaders.</p> <p>c) Ensure legal and institutional reform and harmonization and strengthen enforcement through regulations, for improved awareness and access to justice for victims and survivors of GBV.</p> <p>d) Establish bilateral and multilateral agreements to run joint actions against trafficking in persons among origin, transit and destination countries and exchange of offenders..</p> <p>e) Establish or strength community-based safe shelters and outreach services for the protection of survivors of GBV.</p> <p>f) Support rehabilitation of GBV perpetrators and re-integration in the community to reduce repeat offenses.</p> <p>g) Ensure effective, coordinated and multi-sectoral response to GBV in armed conflict and post-conflict situations.</p>	X	X	X
				X	X	X
				X	X	X
				X	X	X
				X	X	X
				X	X	X
				X	X	X
				X	X	X
				X	X	X

THEMATIC AREA	STRATEGY OBJECTIVES	KEY REGIONAL INDICATORS	STRATEGIC ACTION	TIMEFRAME – 12 Year (2019-2030)		
				2019/22 1 st Phase	2023/26 2 nd Phase	2027/30 3 rd Phase
3. Capacity Development	OBJECTIVE 3: To strengthen regional and national capacity to efficiently and effectively respond to gender based violence.	3.1 Number of GBV service providers trained by sector category and sex in the provision of survivor friendly services. (Article 24, Indicator 59)	a) Provide standardized and comprehensive pre-service and in-service training on GBV, its causes, consequences, and effective management for all relevant professionals across sectors and jurisdictions that respond to GBV	X	X	
			b) Provide training for community based organizations, traditional and faith leaders, media and other stakeholders on innovative approaches for prevention of, and response to GBV.	X	X	X
			c) Build the capacity within communities to develop non-formal responses to victims/survivors of GBV aligned with the principles and processes of an integrated system.	X	X	X
			d) Conduct standardized and comprehensive training of violence against women and girls for security organs, including at regional level.	X	X	X
			e) Build the capacity for effective research, monitoring and evaluation of GBV programs and services to support generation of evidence to inform decisions.	X		

THEMATIC AREA	STRATEGY OBJECTIVES	KEY REGIONAL INDICATORS	STRATEGIC ACTION	TIMEFRAME – 12 Year (2019-2030)		
				2019/22 1 st Phase	2023/26 2 nd Phase	2027/30 3 rd Phase
4. Information & Knowledge Management, including Best Practices and Innovation	OBJECTIVE 4: To improve information and knowledge management, sharing of best practices and innovation on gender based violence for evidence-based policy and service planning and implementation.	4.1 National GBV survey conducted to establish the nature, prevalence and impact of all forms of GBV, including establishing baseline and trends in GBV 4.2 Administrative data from key service providers compiled and analyzed and disaggregated by sex, age and other relevant characteristics. 4.3 Integration of GBV in relevant national surveys to further reflect the linkages of GBV and other socio-economic factors. 4.4 Independent research on emerging issues related to GBV, in collaboration with research institutions and development partners.	a) Conduct multidisciplinary research and analyses on the structural and underlying causes of GBV, the cost and risk factors for GBV, and the types and prevalence, including integration of GBV into relevant national surveys and statistical analysis.	X		
			b) Improve the collection, harmonization and use of timely, reliable and quality sectoral GBV data, including administrative data from government and civil society.	X	X	X
			c) Develop national monitoring and evaluation mechanisms to assess implementation of policies and programmes on GBV.	X	X	
			d) Disseminate reliable and comparable GBV data and statistics on a regular basis to different stakeholders, including the community.	X	X	X
			e) Promote sharing of experiences and best/good and innovative practices through different platforms.	X	X	X
			f) Promote integration of GBV within national surveys, including assessment of GBV and its implications within different contexts (workplace, schools, etc.)	X	X	X
			g) Periodic reporting on key regional and international agreements.	X	X	X

THEMATIC AREA	STRATEGY OBJECTIVES	KEY REGIONAL INDICATORS	STRATEGIC ACTION	TIMEFRAME – 12 Year (2019-2030)		
				2019/22 1 st Phase	2023/26 2 nd Phase	2027/30 3 rd Phase
5. Coordination, Networking and Partnerships	<p>OBJECTIVE 5: To ensure efficient and effective management, coordination and partnerships building for the regional and national gender based violence response.</p>	<p>5.1 Existence of a government-led coordinated multi-sectoral mechanisms/systems to address GBV. (Article 25, Indicator 60)</p> <p>5.2 Existence of National Plans of Action to address all forms of Gender Based Violence. (Article 20, Indicator 52)</p>	a) Establish effective coordination mechanisms among key GBV stakeholders for prevention and service delivery at national & community levels (<i>government, civil society, researchers, development partners</i>), for leveraging of resources, including for reporting, monitoring and information sharing purposes.	X	X	
			b) Establish partnerships with media to inform sensitive reporting on GBV and dissemination of prevention messages.	X	X	X
			c) Establish partnerships with the private sector, donors and development partners to enhance support for prevention and response to GBV, including resource mobilization.	X	X	X
			d) Establish regional and national partnerships for research, including with the academia.	X	X	X
			e) Establish GBV desks within the key government ministries and relevant stakeholders for effective management and coordination.	X	X	

Annexure B: Gender Based Violence Indicator Description
(As per the SADC Gender Protocol Monitoring and Evaluation Indicator Matrix)

Article 20: Legal				
Indicator	Definition	Frequency	Data Source	Narrative on Indicator
1. Evidence of comprehensive laws to address all forms of Gender Based Violence.	GBV involves is an act of violence (aggression, ferocity) involving men and women in which the female is usually the victim, and which is derived from unequal power relations between men and women	2 Years	National Laws Parliament	Enactment of laws to end GBV show commitment at the highest level to end the vice.
2. Proportion of social services that offers GBV services within an accessible distance.	The indicators here encompass all forms of GBV including physical violence, sexual violence, verbal abuse, economic abuse, trafficking in persons, and harmful practices such as child, early and forced marriages.		State Party Reports	This indicator is mainly guided by SDG 5, Beijing Declaration, AU Women's Protocol and Agenda 2016.
3. Proportion of health units that have commodities for clinical management of GBV.	With respect to clinical management of GBV, the indicator refers to all steps taken including: (1) reparations required to offer appropriate medical care to victims of Rape; (2) Steps to deal with a sexually abused person, for example: STEP 1 – Preparing the victim for the examination STEP 2 – Taking the history STEP 3 – Collecting forensic evidence STEP 4 – Performing the physical and genital examination STEP 5 – Prescribing treatment STEP 6 – Counselling the patient STEP 7 – Follow-up care of the survivor; and (3) Care of child survivor.			
4. Proportion of reported GBV cases prosecuted.				
5. Existence of National Plans of Action to address all forms of Gender Based Violence.	All forms of GBV including physical violence, sexual violence, verbal abuse, economic abuse, trafficking in persons, harmful practices such as child, early and forced marriages.	2 Years	National Plans of Action State Party Reports	National Action plans provide time framed implementation framework which will accelerate reduction of GBV.

Article 21: Social, Economic, Cultural and Political Practices			
6. Evidence of legislative provisions outlawing negative traditional, social, economic and political practices which promote all forms of GBV.	Laws that address the unequal power relations between men and women, and boys and girls, in traditional, social, economic and political lives.	2 years	National Laws State Party reports
7. Evidence of sustained national campaigns, provincial and District level GBV awareness campaigns.	These are GBV awareness promotion programmes conducted through the state or non-state machinery but whose scope and standard has been communicate to, recognised and approved by the Ministries of Women Affairs and Gender.	2 years	National Gender Progress reports
8. Proportion of men and women who express acceptance of different types of GBV.	Number of men (and that of women) whose perception is that GBV is acceptable (by type of GBV) compared to the total number of men (and of women), respectively.		
Article 22: Sexual Harassment			
9. Evidence of Legislative provisions that define, prohibit, punish and rehabilitate perpetrators of sexual harassment.	The laws prohibit unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature that tends to create a hostile or offensive environment (usually done by a person in authority and against women and girls). It can take place at home, in the public spaces or in the work place.	2 years	National Laws
			Sexual harassment is the prominent form of abuse at the workplace and this has to be explicitly defined and penalties provided for in relevant labour and employment legislation.

Article 23: Support Services				
<p>Evidence of support mechanisms for survivors of GBV:</p> <ol style="list-style-type: none"> Temporary shelters One Stop Centres Survivor friendly systems Specialised legal services including legal aid Specialised Health Services (e.g., PEP) Counselling services Rehabilitation and reintegration of GBV perpetrators/offenders 	<p>Definition of GBV same as above.</p> <p>Appropriate services for GBV also include community involvement and continuum of care services in addition to those listed here.</p> <p>Age-group categories:</p> <ul style="list-style-type: none"> 0-5 years; 6-9 years; 10-14 years; 11-14 years 15-19 years; 20-24 years; 25-29 years; 30-34 years; 35-39 years; 40-49 years; 50-59 years; 60+ years 	<p>2 years</p>	<p>Documents on Standard Operating Procedures.</p> <p>State Party Reports</p> <p>Sectoral reports from GBV service providers.</p>	<p>This indicator will evaluate member states' level of preparedness to respond to cases of GBV.</p>
<p>11. Number/ Proportion of rape survivors (disaggregated by sex and age).</p>	<p>This provides data on cases of rape reported or presented at different service points.</p>	<p>Ongoing</p>	<p>Sectoral reports</p>	
Article 24: Training of Service Providers				
<p>12. Number of GBV service providers trained by sector category and sex in the provision of survivor friendly services.</p>	<p>Examples of service providers include:</p> <ol style="list-style-type: none"> Police Judiciary Health professionals Social Workers Community based workers 	<p>2 years</p>	<p>Sectoral reports</p> <p>State Party Reports</p>	<p>This indicator measures the capacity of service providers to handle cases of GBV in a survivor friendly manner.</p>
Article 25: Integrated Approaches				
<p>13. Existence of a government- led coordinated multi-sectoral mechanisms/systems to address GBV.</p>	<p>A coordinated approach between all stakeholders responsible for GBV prevention and response driven by government and with necessary funding.</p>	<p>2 years</p>	<p>State Party Reports</p> <p>Reports of stakeholders' meetings</p>	<p>Coordinated multi-sectoral mechanisms are important in GBV response to ensure survivors access comprehensive and holistic GBV services.</p>
Article 28: Peace Building and Conflict Resolution				

14. Evidence of legislative, policy to prevent and protect women and girls during times of armed and other conflicts.	The law includes protection against all forms of violence and abuse perpetrated against women and girls in times of armed and other conflicts, and may cover the immediate period preceding the conflict and the immediate post-conflict period.	2 years	National Laws	The indicator will show efforts by Governments in mainstreaming gender in peace building and conflict resolution in line with Resolution 1325.
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Information & Knowledge Management, including Best Practices and Innovation

15. National GBV survey conducted to establish the nature, prevalence and impact of all forms of GBV, including establishing baseline and trends in GBV	These are quantitative nationally representative, sample household surveys capturing data on GBV (nature, prevalence and impact). These national research activities will ensure that Member States have evidence on GBV.	4/5 years	National Survey Reports	This indicator will assist member states to have evidence on GBV and trends to inform prevention and response to GBV and addressing of gender stereotypes and norms that perpetuate inequality.
16. Administrative data from key service providers compiled and analyzed and disaggregated by sex, age and other relevant characteristics.	These are data and information from facilities or from service providers providing evidence on the nature, extent, quality and access to GBV services, disaggregated by relevant characteristics. This includes operational research.	Ongoing / Annual	Sectoral reports from GBV service providers	This indicator will provide evidence on member states' level of preparedness to respond to cases of GBV and on access to services.
17. Integration of GBV in relevant national surveys to further reflect the linkages of GBV and other socio-economic factors.	This includes evidence of GBV indicators and issues included in other appropriate national surveys, for example HIV and AIDS, Poverty, Health, Education, and other areas.	Per set surveys	National Survey Reports	Investigation of the impact of GBV on different socio-economic factors will further strengthen advocacy efforts for response to GBV by all sectors.
18. Independent research on emerging issues related to GBV, in collaboration with research institutions and development partners.	This includes mostly qualitative GBV - related research targeted and focussed on specific areas/issues or population groups of interest. This kind of research usually includes smaller sample sizes.	Ongoing	Research Reports	This kind of research usually provides an opportunity for in-depth analysis and investigations on GBV and related issues.

Annexure C: Guidance on Monitoring and Evaluation of Gender Based Violence Interventions

Integrating GBV monitoring into the daily work of key practitioners and other relevant stakeholders is critical. Once established, GBV monitoring systems can generate data and information that allows for greater transparency and accountability and help in identifying lessons learned – leading to insights that could be used to adjust existing approaches to improve them and to support resource mobilization efforts.

Following are examples of questions that can be answered by monitoring and evaluation (*Adapted from UN Women Virtual Knowledge Center*):

- a) Monitoring and evaluating initiatives addressing GBV can provide answers to the following questions:**
- What interventions and strategies are effective in preventing and responding to GBV within in different contexts?
 - What services are needed to help GBV victims recover from violence?
 - What could be the role of different sectors in preventing and addressing violence?
 - What factors (social, economic, political, cultural etc.) play a role in perpetuating vulnerability to violence or hindering access to services?
 - What kinds of investments produce more promising results than others and how much do they cost?
- b) More specifically, the following lessons can be learned from monitoring:**
- Are the activities of the intervention being carried out as planned?
 - What services are provided, to whom, when, how often, for how long, in what context?
 - Is the quality of services adequate? Is the target population being reached?
 - Are GBV victims being further harmed or endangered because of the intervention?
 - Have there been any unforeseen consequences as a result of the activities?
 - Are activities leading to expected results?
 - Do the interventions or assumptions need to be amended in any way?
 - What results can be observed?
- c) Other lessons can be learned from evaluations:**
- Why have activities been implemented as planned? Or: Why have activities not been implemented as planned and therefore adapted?
 - Did the intervention have an impact? Why or why not? How and for whom did it have an impact?
 - To what extent can the measured or observed changes be attributed to the intervention?
 - Did the intervention have any unintended consequences?

- Is the intervention cost effective? Can the cost be compared with alternatives to investment, in other words, could the results have been reached with less input?
- If the intervention was successful, can it be replicated to other settings and if so, in which settings? Can it be adapted, replicated or built on to increase its reach or scope (for a larger population or a different region)?

Coordination, Monitoring and Evaluation within the Context of the Socio-Ecological Model for Addressing GBV

Tracking the extent to which GBV interventions meet set goals requires a holistic approach that recognizes and uses the multi-dimensional context within which GBV occurs and is addressed.

a) Individual/personal: People make choices at a personal level; they also express their concerns, needs and interests; and can assert their right to a GBV-free life - with resources, information and services accessible to them.

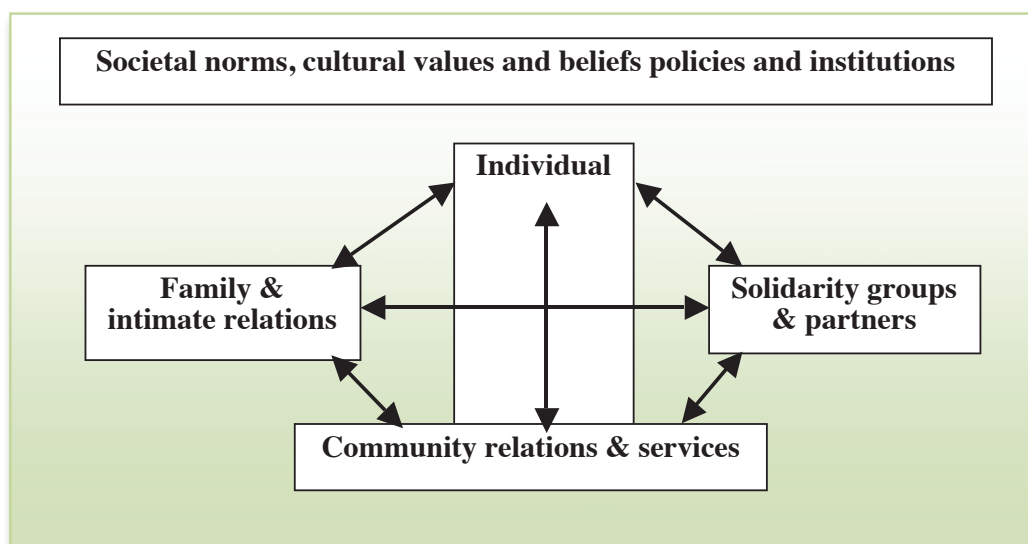
b) Family and intimate relations: People negotiate for and build healthy family and intimate relationships as well as with their communities; based on mutual trust, honest open and respectful communication; and collective efforts towards violence free communities.

c) Community relations and societal norms: GBV advocacy and action groups and organizations challenge the status quo, in particular; negative cultural norms, values and practices. They lobby and negotiate rights, choices, as well as access to resources and services; in order to prevent and respond to GBV.

d) Social norms, policies and institutions: Meaningful transformation towards GBV – free communities requires formal and informal institutions that are accountable and committed to sustained efforts to prevent and respond to GBV.

Figure 1 below is a simplified illustration of complex linkages across all four levels discussed above.

Figure 1: Socio-Ecological Model for Addressing GBV



Individuals, families, groups of people, solidarity groups/organizations, service providers and institutions – all operate within the context of established cultural norms, values and beliefs which must be synchronized with current policies and institutional arrangements.

Annexure D

Case Studies - Emerging Models of Good/Best Practice for Gender Based Violence

- ***Botswana***
- ***Mauritius***
- ***Namibia***
- ***Zimbabwe***



Republic of Botswana

CASE STUDY ON GOOD/EMERGING BEST PRACTICE

Case Study Element	Guiding Questions and Responses
Title	Gender Based Violence Referral System
Category	Response
Introduction	<p><i>What is the context (initial situation) and challenge being addressed?</i></p> <p>Gender-based violence (GBV) is one of the most prevalent types of violence perpetrated around the world and Botswana is no exception. It is a cross-cutting and complex phenomenon that needs an integrated multi-sectoral approach that responds to the needs of all while ensuring that those of the survivor; access to medical attention, counseling or legal recourse are paramount. In 2013 the Government, in collaboration with United States Agency for International Development (USAID) and MEASURE Evaluation, designed a referral system to enhance coordination among service providers, improve access to comprehensive GBV services, improve client follow up and management during referrals and also provide proxy information on the incidence of GBV based on cases reported, and provide more comprehensive care for survivors.</p> <p>The Referral system addresses the following key challenges:</p> <ol style="list-style-type: none"> 1. Disjointed service provision for survivors of violence; 2. Minimal interlinkages or no formal referral system between GBV service providers; 3. No clear link with the psycho-social support services; 4. Lack of effective action with regard to GBV; 5. Inadequate awareness, knowledge and understanding of the magnitude of the problem given the lack of strategic sex disaggregated data and information compounded by under-reporting; 6. A serious discord in working hours between psycho-social support and other medical staff; 7. Compromised access to justice as a result of segmentation of the legal services due to the dual legal system (Customary and common law) operating in Botswana and inadequate policy guidelines for management of cases reported at community level; 8. Inadequate sensitivity in handling of GBV cases, particularly rape cases, which resulted in the withdrawal of cases; and

	9. Inconsistencies/gaps in recording and documentation of cases of GBV.
Location/ Geographical Coverage	The Referral System was piloted in Maun and Shorobe in the Northern part of the Country; Mochudi and Artesia in the Southern part of the Country. Maun and Mochudi representing major villages; Shorobe and Artesia representing rural villages.
Target Audience, Stakeholders and Partners	<p>Target Audience: Gender Based Violence survivors Users: All key GBV service providers from Government and Civil Society</p> <p>Institutions</p> <ol style="list-style-type: none"> 1. Ministry of Nationality, Immigration and Gender Affairs (Gender Affairs Department is the Coordinator) 2. Ministry of Defense, Justice and Security - Botswana Police Service 3. Ministry of Health and Wellness 4. Ministry of Local Government and Rural Development <ol style="list-style-type: none"> a) Department of Social Protection b) Department of Tribal Administration (Dikgosi) – Customary Courts 5. Administration of Justice - Department of Public Prosecution, Magistrate Courts 6. Ministry of Basic Education - Schools 7. Civil Society Organizations <p>Who are the partners, and donors involved in the good practice?</p> <ol style="list-style-type: none"> 1) United Nations Population Fund (UNFPA), 2) United Nations Development Programme (UNDP), and 3) United States Agency for International Development (USAID) <p>Implementing partners</p> <p>Ministry of Nationality, Immigration and Gender Affairs; MEASURE Evaluation, Women Against Rape in Maun; Stepping Stones International in Mochudi</p> <p>What is the nature of their involvement?</p> <p>Provision of technical and financial support, user support and community mobilization.</p>
Methodological Approach	<p>Methodology:</p> <p>The GBVRS uses an efficient, easy, low-cost mobile-phone application developed for low-technology phones (which has since been adapted to certain smart phone devices/computers).</p> <p>Service providers use the GBVRS to enter data on all GBV cases at their institutions, including referral information when a referral is required. This information is uploaded to a central database. Referred providers receive an automated SMS message alerting them that they have a new case. Each receiving service provider is able to view a client’s case history through the application, which shows services received and required. Using SMS reminders throughout the referral process is intended to reduce Loss-To-Follow-Up (LTFU).</p> <p>The GBVRS has a data dashboard that captures, analyzes, and presents data on GBV cases entered and GBV referrals initiated and completed. Available data are sex and age of the client, region/area, type of referral, and referral organizations/sectors.</p> <p>The referral system is designed to collect high-quality data, through mobile application integration which pre-populates fields for client and service/service provider identification. Digital application also ensures that data can be stored and</p>

	<p>analyzed and made available for stakeholders in predetermined forms and reports, allowing them to measure the effectiveness of GBVRS in their areas of responsibility. The application is designed to provide the stakeholders at the national and community levels as well as individual service providers, an easy access to pertinent information. It has also been designed with expansion in mind, including eventual scale-up of the system nationally.</p> <p>The process</p> <p>The process was in several components which included: Needs assessment, Benchmarking, Development of a Framework, Key stakeholder consultations, Training and capacity building, Community mobilization, Development of Service Directories, Development of Standard Operating Procedures and Referral flowcharts for service providers, Site visits, and Service provider support meetings to monitor implementation.</p>
Impact	<p>Impact (positive or negative)</p> <p>The integrated approach to combating GBV has created an opportunity for the development of a multi-sectoral and multi-dimensional response to Gender Based Violence. The GBVRS also shows promise for use in collecting data on reported GBV incidents and survivor demographics.</p>
Validation	<p>Results of the Pilot and the Operations Research (Initial and Endline targeting GBV survivors, service providers and community; conducted at Pilot and Control sites) show that the mobile-based system reduces paperwork, is more efficient, provides reminders (to reduce Loss-To-Follow-Up), and allows provision of better care as service providers receive referral information prior to the client's arrival. Overall, qualitative data demonstrate that the GBV Referral System was successful in increasing intervention providers' confidence in supporting survivors of GBV and trust in other providers in their referral network.</p>
Innovation and success factors	<p>The development of the referral information management system which uses symbian platform and can work on 2G networks. This approach is effective in remote and rural areas of the country where telecommunications are not strong points. The use of the mobile based system technology for a paper based system reduces paperwork and Loss-To-Follow-Up.</p> <p>Conditions (<i>economic, social, political and environmental</i>)</p> <p>Resources - Funding</p> <p>Involvement of all key stakeholders at all levels including</p> <p>Leadership and community buy-in</p> <p>Network connections</p>
Constraints	<p>High staff turnover - continuous and institution based training</p> <p>Competing activities - Engaging management of institutions at all levels</p> <p>Inadequate coordination - Deployment of dedicated officers</p>
Lessons Learned	<p>Key messages and lessons learned</p> <ol style="list-style-type: none"> a) GBVRS helped build a strong and cohesive network of service providers in both pilot areas b) Extensive coordination efforts are required for effective implementation c) Strong institutional and individual ownership, buy-in, and support are key



Republic of Mauritius

CASE STUDY ON GOOD/EMERGING BEST PRACTICE

Case Study Element	Guiding Questions and Responses
Title	<p><i>What is the name that best describes the good/best practice?</i></p> <p>Domestic Violence Information System (DOVIS). It is used as a tool to monitor, assess record and generate specific reports on cases dealt with by the Ministry. This system has been in place since June 2016.</p>
Category	Response
Introduction	<p><i>What is the context (initial situation) and challenge being addressed?</i></p> <p>The cases are handled by the Family Welfare and Protection Unit (FWPU), a unit under the aegis of the Ministry of Gender Equality, Child Development and Family Welfare (MGECDWF). The FWPU has been set up with the following objectives:</p> <ol style="list-style-type: none"> 1. To implement appropriate policies and strategies to promote family welfare. 2. To adopt the relevant strategies and implement actions to combat domestic violence. <p>The FWPU handles an average of 6,000 cases on a yearly basis. It has a network of six regional offices known as Family Support Bureaux (FSBx). The objective of the FSBx is to provide immediate assistance, advice and counselling to persons in need, and victims of domestic violence. Until 2016, the registration of domestic violence and other family problems was done manually. Moreover, since data recording was not well organized, it was very difficult for the FSBx to manage and use that data.</p> <p>DOVIS provides:</p> <ol style="list-style-type: none"> 1. Record keeping for faster response to queries regarding domestic violence issues; and 2. A multi-user platform for performing different functions simultaneously; therefore providing better coordination amongst the FSBx.

Location / Geographical coverage	<p><i>What is the geographical range where the good practice has been used or implemented?</i></p> <p>Currently DOVIS is implemented in four FSBx. Subject to availability of suitable premises it will be rolled out to the remaining two FSBx as well.</p> <p>Furthermore, this system will be extended to eleven Police Family Protection Unit of the Mauritius Police Force so as to harmonise data collection. DOVIS should soon be also implemented in Rodrigues, an autonomous outer island of the Republic of Mauritius.</p>
Target Audience, Stakeholders and Partners	<p><i>Who are the beneficiaries or the target group of the good practice? Who are the users of the good practice? Who are the institutions, partners, implementing partners, and donors involved in the good practice and what is the nature of their involvement?</i></p> <p>Beneficiaries of the FSBx include clients seeking for services and other people who express the wish to report case via e-service.</p> <p>General users of the FSBx include the general public affected by domestic violence/abuse; or those acting on behalf of victims of domestic violence/abuse.</p> <p>MGECPFW, FSBx, Mauritius Police Force and any officer having been authorized to have access to the system and retrieve data on a case at any FSBx.</p>
Methodological approach	<p><i>What methodology has been used in order to address the initial issue and lead to a successful outcome and finally to the good practice? What was the process?</i></p> <p>If a victim reports at another FSBx due to constraints as to where he/she is staying, his/her file history and reports will be available on the system.</p> <p>With the manual system, coordinators and Head of Unit either had to go to that particular FSBx to monitor Files or Officers had to bring files to Head Office for monitoring. With the implementation of DOVIS, Coordinators and Head can easily access files through the DOVIS and monitor whether cases have been handled properly as all information pertaining to clients is available on the system. Previously all inputs pertaining to clients were inserted in one file (making it cumbersome to retrieve client information); but with the DOVIS clients may have several case files and it is easier to get access to their data.</p>
Impact	<p><i>What has been the impact (positive or negative) of this good practice on the beneficiaries or on the processes that were targeted for improvement?</i></p> <p>Officers are able to access data readily on the system, and prompt assistance is offered to clients. In cases whereby, briefs should be forwarded for information to head office, it is easier to access needed information and report accordingly.</p> <p>Since, DOVIS is a computerized system that necessitates internet connection; sometimes due to bugs on the network, it may hamper input of data on the system.</p>

Validation	<p><i>Confirmation by the beneficiaries, stakeholders, final users that the practice is successful or addresses the needs.</i></p> <p>Beneficiaries confirmed that support is provided holistically as referral is effected in a timely manner. Head of Unit also verified that this system provides detailed information as and when required.</p>
Innovation and success factors	<p><i>How has innovation and creativity been used? In what way has the good practice contributed to an innovation? What are the conditions (economic, social, political and environmental) that needs to be in place for the good practice to be successfully replicated?</i></p> <p>As a computerized system DOVIS is user friendly. It is the first computerized system that record data pertaining to domestic violence and family related issues.</p> <p>The system is operated by trained personnel.</p> <p>High quality equipment should be provided and maintained for the smooth running of the system.</p> <p>There is enough space to accommodate the Lan System used for the operationalization of DOVIS.</p>
Constraints	<p><i>What are the challenges encountered and how were these addressed?</i></p> <p>Due to unavailability of resources, DOVIS has not yet been extended to the remaining two FSBx.</p>
Lessons Learned	<p><i>What are the key messages and lessons learned?</i></p> <p>Officers have learnt how to handle cases promptly.</p>



Republic of Namibia

CASE STUDY ON GOOD/EMERGINGBEST PRACTICE

Case Study Element	Guiding Questions and Responses
Title	Coordination Mechanism for the Implementation of the National Gender Policy
Category	GBV Prevention, Response and Support
Introduction	<p><i>What is the context (initial situation) and challenge being addressed?</i></p> <p>Gender based violence (GBV) is evidenced by recent statistics that shows an increase in the number of rape and domestic violence cases reported annually. While Namibia has taken great strides in achieving formal protection for women against GBV through laws such as The Combating of Domestic Violence Act 4 of 2003 and The Combating of Rape Act 8 of 2000; effective implementation and consistent enforcement of these laws was limited. It was against this background that Namibia came up with a Coordination Mechanism (CM) for the Implementation of the National Gender Policy, which has twelve areas of concern, one of which is focused on Gender Based Violence.</p> <p>The Coordination Mechanism involves overseeing the coordination of the implementation, monitoring and evaluation of the National Gender Policy, the accompanying National Gender Plan of Action and the National Plan of Action on Gender Based Violence.</p>
Location / Geographical coverage	<p><i>What is the geographical range where the good practice has been used or implemented?</i></p> <p>The Coordination Mechanism has been used at different levels and implemented by different structures. It is being implemented at national and regional levels. At the national level there is a High Level Gender Advisory Committee (GAC) consisting of Cabinet Ministers and Regional Governors, chaired by the Prime Minister. The second level is the National Gender Permanent Task Force (NGPTF), consisting of Permanent Secretaries and chaired by the Permanent Secretary of the Ministry of Gender Equality and Child Welfare. Under the NGPTF are the National Gender Plan of Action Implementing clusters.</p> <p>Among the six implementing clusters is the cluster on Gender Based Violence and Human Rights. This cluster provides technical support for the implementation of the National Plan of Action on Gender Based Violence. The Plan of Action focus on</p>

	<p>prevention, response and research.</p> <p>The same structure at national level filters down to regional level as the Regional Gender Permanent Task Force.</p>
<p>Target Audience, Stakeholders and Partners</p>	<p><i>Who are the beneficiaries or the target group of the good practice? Who are the users of the good practice? Who are the institutions, partners, implementing partners, and donors involved in the good practice and what is the nature of their involvement?</i></p> <p>Beneficiaries are all people in Namibia; this includes traditional leaders, youth, men and women groups, girls and boys and community members at large. The composition of the GBV & Human Rights Cluster consists of Government ministries, agencies and offices, representatives of traditional and religious leaders, representatives of state owned enterprises including National Disability Council, private sector, Media Institute of Southern Africa, academia, representatives of development partners, UN agencies, representatives of NGOs, civil society organizations and faith based organizations.</p>
<p>Methodological approach</p>	<p><i>What methodology has been used in order to address the initial issue and lead to a successful outcome and finally to the good practice? What was the process?</i></p> <p>The country experienced an increased number of gender based violence cases, thus a national conference on GBV was held in June 2007, to discuss how best to reduce cases of GBV. The conference came up with various recommendations to be implemented. After the conference a KAP study (2008) was conducted to establish the extent of GBV in Namibia. This led to the development of the Plan of Action on GBV that outlined actions designed to prevent GBV, improve implementation of laws and services aimed at victims of GBV and to provide adequate support services for survivors. It has strategies and action steps that guide stakeholders in their implementation of GBV programmes. The Plan of Action on GBV is coordinated by the GBV & Human Rights Cluster.</p>
<p>Impact</p>	<p><i>What has been the impact (positive or negative) of this good practice on the beneficiaries or on the processes that were targeted for improvement?</i></p> <p>The Coordination Mechanism has brought all players/ stakeholders dealing in the area of GBV under one umbrella of GBV and Human Rights Cluster. This converged effort in the areas of awareness and provision of psycho-social support, which promoted efficiency in human and financial resources. The case management has also improved from reporting to prosecution, in the sense that GBV cases are no longer easily withdrawn before prosecution. Monitoring and reporting by stakeholders has improved, for example from the GBV Protection Units in terms of administrative data. In addition, the coordination mechanism created a clear structure of support from the higher level such as the GAC that provides political support.</p> <p>At the regional level due to the existence of the CM, this prompted the regions to develop region specific plan for implementation on GBV based on identified regional GBV issues.</p>
<p>Validation</p>	<p><i>Confirmation by the beneficiaries, stakeholders, final users that the practice is successful or addresses the needs.</i></p> <p>The GBV Cluster and Human Rights holds quarterly meetings in which stakeholders present their reports. During the review of the implementation of the GBV Plan of Action, many stakeholders indicated that because of the Coordination Mechanism in respect of the GBV & Human Rights Cluster, the implementation process has improved.</p>

<p>Innovation and success factors</p>	<p><i>How has innovation and creativity been used? In what way has the good practice contributed to an innovation?</i></p> <p>Based on the stakeholders' engagement, Namibia introduced a toll free GBV Helpline number – 106 in the year 2015. The number can be dialed by anyone, every day from any phone, and from anywhere in Namibia to seek counseling, information or urgent help. The line receives ±20 calls per day. The toll free GBV services has since been effective and helped a number of victims in opening cases with the courts as the system was designed to enable the calls to be recorded and can be used as evidence in the court of law. It has also rendered assistance to victims who were unable to come out and speak about their abuse because of fear as well as those who could not reach the police station and GBV Investigating Units that offer GBV services. The toll free GBV services are run by an NGO (ChildLine Lifeline) with government support.</p> <p>Another initiative was the launch of the Mass Media Campaign for Zero Tolerance on GBV. The campaign used different platforms such as radio and TV series and also <i>social media</i> to create awareness on GBV. The response, specifically on social media was good based on the feedback received especially from the youth community.</p> <p><i>What are the conditions (economic, social, political and environmental) that needs to be in place for the good practice to be successfully replicated?</i></p> <p>There should be a political will, a policy in place, financial resources for consultative meetings with implementing stakeholders and buy-in from beneficiaries such as traditional leaders, youth, men and women groups, girls and boys and the community members at large. Memorandums of understanding and clear terms of reference for stakeholders.</p>
<p>Constraints</p>	<p><i>What are the challenges encountered and how were these addressed?</i></p> <ul style="list-style-type: none"> • Technical constraint to continue with Mass Media Campaign: Plan to outsource Absence of GBV standardized training manual: The manual is in the process to be developed this financial year 2018/19. • Materials not in local languages: the process to translate the drama series has started to be finalized in this financial year 2018/19. • Not all police officers are sensitized on GBV: A GBV Manual for Police Training from entry level up to detective level was developed. • Absence of GBV standard operation procedures; NRM: There is no NRM, however there is a National Referral Chart Flow that can be used for referral of GBV victims. • Shelters are not functioning.
<p>Lessons Learned</p>	<p><i>What are the key messages and lessons learned?</i></p> <ul style="list-style-type: none"> • Terms of reference for stakeholders/ implementers should be clearly stipulated for them to understand their specific roles in terms of implementation. • Due to inconsistency of members attending meeting permanent members and alternate need to be appointed. • It was learnt that when there are no memorandum of understanding and clear terms of reference for stakeholders it brings challenges in coordination.



Republic of Zimbabwe

CASE STUDY ON GOOD/EMERGING BEST PRACTICE

Case Study Element	Guiding Questions an Responses
Title	One Stop Centres for Survivors of Gender Based Violence
Category	Response
Introduction	The intervention is meant to increase access to comprehensive GBV Services for survivors. Putting the services under one roof helps to guarantee access to services and also ensures that the survivors receive services from specialized service providers who deliver services in a survivor friendly manner.
Location / Geographical coverage	The Government of Zimbabwe so far has 5 One Stop Centres in Harare, Gweru, Gwanda, Makoni and Chipinge. Three of these One Stop Centres are run by Government through the Ministry of Women Affairs, Gender and Community Development whilst the other two are run by Civil Society Organizations.
Target Audience, Stakeholders and Partners	<p>The initiative targets all survivors of Gender Based Violence either male or female.</p> <p>The service providers for the One Stop Centres consist of the Police Victim Friendly Unit, the Ministry of Health and Child Care, Civil society partners mainly Zimbabwe Women Lawyers Association, ChildLine, Family Support Trust and Musasa.</p> <p>Funding of the One Stop Centres comes from UNFPA for four centres while the fifth one is supported by USAID.</p>
Methodological approach	The One Stop Centre Model was adopted for this initiative. More options were explored including the coordinated Multi-sectoral approach and the Community Based Referral model. Following an evaluation of the three models, the One Stop Centre model proved more relevant in addressing issues of access to comprehensive services for survivors. This model is also good as it provides a safe and supportive environment for women and girls seeking immediate protection, medical treatment and legal assistance. The centres are designed to reduce the number of institutions that a survivor must visit to receive basic support following an incident of violence as it operates on a coordinated services provision and assistance, as well as referral

	process through one location – the One Stop Centre.
Impact	Through this intervention, there has been an increase in the number of survivors accessing GBV services. Survivors who accessed services from the three Government-run One Stop Centres increased from 1 869 in 2016 to 3 676 in 2017.
Innovation and success factors	<ol style="list-style-type: none"> 1. The model utilizes existing space at hospitals and already employed personnel (the Police and Ministry of Health), leaving very few staff requiring salary support. 2. One Stop Centres require political will from the Ministry of Health as they are situated at the Hospitals. 3. One Stop Centres are resource intensive; therefore, they require a lot of money to be sustained. 4. There is good cooperation from service providers.
Constraints	<ul style="list-style-type: none"> • Coordination of service providers at the One Stop Centre can be challenging. • Data management and awareness raising- These constraints were resolved by engaging an Administrator for each One Stop Centre; with primary responsibilities including to coordinate the day to day running of the One Stop Centre, data management and awareness raising activities for the centre.
Lessons Learned	<ol style="list-style-type: none"> 1. When One Stop Centre 2. s are adequately resourced, staffed and managed, reporting and demand for services increases. 3. All service providers should receive specialized training in working with women and child survivors. 4. A protocol should be developed between the different service providers to determine standard operating procedures for supporting GBV victims. 5. Community dialogue and outreach programmes should be developed to provide the wider population with information about the services offered, operating hours and other relevant information pertaining to the One Stop Centres. 6. Commitment should be secured from local authorities for the centres to be sustainable and financed in the long term. 7. One Stop Centre staff should periodically undergo debriefing sessions to avoid burn out





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