



The Status of Gender Based Violence in Selected Southern Africa Countries

MALAWI, LESOTHO, ZAMBIA, SOUTH AFRICA AND MOZAMBIQUE

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Acronyms

ARVs	Antiretrovirals
CBOs	Community Based Organisations
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
CRC	Convention on the Rights of Children
CSOs	Civil Society Organisations
HIV	Human Immunodeficiency Virus
FBOs	Faith Based Organisations
GBV	Gender Based Violence
GDPs	Gross Development Products
GIZ	German Agency for International Cooperation
JSI	John Snow Institute
GII	Gender Inequality Index
ICCPR	International Convention on Civil and Political Rights
ICESCR	International Convention on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IPV	Intimate Partner Violence
IDP	Internally Displaced People
MGYSR	Ministry of Gender, Youth, Sports and Recreation
PEP	Post Exposure Prophylaxis
NGOs	Non-Governmental Organisations
NSO	National Statistical Office
SOA	Sexual Offence Act
SADC	Southern African Development community
SAT	Southern Africa Trust
UDHR	Universal Declaration on Human rights
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
ZDHS	Zambia Demographic and Health Survey

Definition of Terms

Sexual Abuse	Any non-consensual sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic' (UN Women, 2012). These include rape and harassment. ¹
Physical Abuse	The use of physical force with the potential for causing death, injury or harm. It comprises of scratching, pushing, throwing, grabbing, biting, choking, shaking, slapping, punching, hitting, or burning. ²
Psychological or Emotional Abuse	Action that damages a person's self-esteem or a behavior that is intended to intimidate and persecute someone. It includes threats of abandonment or abuse, confinement to the home, verbal aggression, humiliation, destruction of objects and isolation, verbal aggression and constant humiliation. ³
Economical Abuse	Causing or attempting to cause an individual to become financially dependent on another person, by obstructing her or his access to, control over resources. It includes denial of funds and basic needs and refusal to contribute financially, or denial of food and basic needs. ⁴
Gender Inequality Index	A measure of gender inequalities in three important aspects of human development—reproductive health, measured by maternal mortality ratio and adolescent birth rates; empowerment, measured by proportion of parliamentary seats occupied by females and proportion of adult females and males aged 25 years and older with at least some secondary education; and economic status, expressed as labour market participation and measured by labour force participation rate of female and male populations aged 15 years and older. It ranges from 0 which means that men and women are equally treated to 1 which means women are poorly treated. ⁵
Gender Social Norms Index (GSNI)	Tracks people's attitudes towards women in four dimensions—political, educational, economic and physical integrity—to examine how biased beliefs can support or obstruct gender equality and respect human rights. The Physical and Integrity Dimension is a proxy for intimate partner violence. ⁶

1. *Ibid*

2. *UNDP Human Development Report, 2022*

3. *UNDP, 2023 Gender Social Norms Index: Breaking Down Gender Biases- Shifting social norms towards gender equality*

4. *Ibid*

5. *UNDP Human Development Report, 2022*

6. *UNDP, 2023 Gender Social Norms Index: Breaking Down Gender Biases- Shifting social norms towards gender equality*

Summary of Findings

Gender-based violence (GBV) is of significant concern worldwide as cultural, economic, sociological and environmental distresses rise to high levels. Southern Africa Trust (SAT) which has its mandate in gender equity with special focus on GBV, therefore, commissioned a desk study of national policy documents and supporting literature, in order to evaluate the extent of GBV and interventions in the Southern Africa region, with a focus on Lesotho, Malawi, Mozambique, South Africa and Zambia. The study outcome, presented in this Position Paper, presents specific national and general sub-regional context outlook on the case of GBV in Southern Africa.

The SADC Protocol on Gender and Development defines GBV as: “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.”⁷ This Protocol derives from international protocols and has been domesticated by countries in the region.

In the Southern African region, population data show that there are more females than males, however, females remain more marginalized than men. This conclusion is supported by the gender inequality indexes for Lesotho, Malawi, Mozambique, South Africa and Zambia (0.4 – 0.56), which are among the highest compared to a world average of 0.3. Inequalities between males and females are present in terms of access to health services, empowerment, education, and participation in political and economic activities, among others.⁸

The incidences of GBV reported by the countries cover a range of sexual, psychological/emotional, physical, and economical abuse. However, the distribution of causes of GBV among the countries reported vary. The most common causes include gender inequality and discrimination in all aspects of life, harmful cultural and traditional practices, institutional arrangements that are patriarchal, and alcohol and drug abuse.⁹

Findings from the five countries indicate that whereas incidences of sexual abuse may be higher, it goes largely under-reported because communities consider it to be a private matter. Further, rape victims are usually accused of being promiscuous, which makes them to be ashamed to file police reports.¹⁰ Equally, continuous increase in GBV incidences in all the five countries is attributed to inadequate implementation of legislation and interventions to combat GBV.¹¹

It is significant to note that all the five focus countries are signatories to a number of international and regional conventions on GBV. These include: The Universal Declaration on Human Rights (UDHR) of 1948 and other subsidiary conventions for the protection and promotion of the human rights of women.¹² These conventions have guided the formulation of regional and individual countries' legislations and policies to combat GBV.

At regional level, all the five countries are signatories to various protocols for women's rights such as the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo

7. Article 1: 2, *SADC Protocol on Gender and Development, 2008*.

8. *UNDP Human Development Report, 2022*.

9. *SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 – 2030*.

10. *UN Women*

11. *Ibid*

12. *SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 – 2030*.

Protocol) of 2005. Concurrently, all the five countries implement the SADC Gender Policy (1997) which address GBV; the SADC Strategic Plan of Action on Combating Trafficking in Persons, especially Women and Children (2009-2019); and SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 – 2030.¹³

Whilst there are differences in national legislations, action plans and policies to prevent and respond to GBV among the countries, these are generally aligned with the international and regional conventions. The countries' constitutions have provisions on gender equality, and there are national laws that criminalize human trafficking and rape. Malawi, Mozambique, and South Africa have Domestic Violence Acts, while Lesotho and Zambia do not have such specific legislation. However, Zambia addresses its domestic violence through an Anti-Gender-Based Violence Act. Further, of the five countries, only Lesotho and South Africa have legislations that criminalize marital rape.

It was observed that all five countries implement various interventions to combat GBV, ranging over legislation and policy development, coordination and knowledge management and service delivery (response and prevention). The five countries provide comprehensive multi-sectoral and multi-disciplinary GBV response services. They have shelters, one stop centers, and dedicated GBV units under the police, as well courts, to handle GBV cases. They also have programmes to engage men and boys, and collaborate with traditional, community, and religious leaders, and women empowerment programmed to combat GBV. With regard to countries' prevention of GBV, findings show that all the five use multimedia platforms to disseminate information.

The challenges experienced with implementation are similar for most interventions but different in some. For instance, the Regional Strategy (2018) argues that much as the focus countries have each developed laws, policies, actions, and strategy plans which have helped in addressing GBV, these country interventions have some shortcomings. The common shortcoming is inadequacy and inconsistency in implementation of laws and policies as well as inadequate provision of services because of inadequate resources such as infrastructure, human resource, funds, transport, medical and other equipment, and evidence collection tools.

It is considered and proposed that countries need to revise most of their legislation, policies and plans to combat GBV. In addition, all the five countries need to improve their management of knowledge, coordination of various implementing agencies' GBV programmes, and collaboration among stakeholders to combat GBV.

This following review provides information on: (i) the status of key legislation globally, regionally and in the respective countries; (ii) policy development to address GBV; (iii) the types of GBV prevalent in each country and their causes; (iv) the past and present interventions undertaken to address GBV; and (v) some recommendations on how the respective governments can effectively address and fight GBV.

13. *United Nations Office on Drugs and Crime, 2021*

14. *Eerdewijk et al. (2018)*

1. INTRODUCTION



Southern Africa has recorded some of the highest cases of gender-based violence (GBV).¹⁵ A study conducted by the SADC Secretariat the situation and status of GBV in its member states, for the period 2010-2017/18, GBV is a common phenomenon in the region, with some countries reflecting up to 70% prevalence.¹⁶ Prevalence rates of physical and sexual violence were up to 34.4%. 25.5% respectively. Emotional violence was between 15.9% to 36.5%.¹⁷

Even with the existence of several international and regional instruments, and various national legal and policy frameworks for the protection of women and girls' rights, there are still daunting

challenges in the prevention of GBV in the region. In recent times, this has been exacerbated by the COVID-19 pandemic which has further increased the incidence of GBV. This situation is worrisome and requires additional impetus by all governments and local partners to provide better mechanisms for protecting women and girls through coordinated and well-funded responses for the prevention of GBV at all levels of society.

This paper provides information on GBV in five Southern African Countries, namely Lesotho, Malawi, Mozambique, South Africa and Zambia. The paper reviews the status of GBV in the five countries with a focus on the prevalence rates, and the types of GBV and their causes. It also presents the levels of commitment to address GBV through legal and policy measures, and advocacy. Finally, it highlights past and present interventions that have been implemented to address GBV and makes some recommendations on how the respective governments can improve implementation to effectively address and fight GBV.

1.1. Brief Overview of the Five Southern African Countries

Lesotho is surrounded on all sides by South Africa and the country is a constitutional monarchy. The country has a population of almost 2.3 million people¹⁸ of which 52% are females, as at 2021.¹⁹

Malawi is located in southeast of Africa. The country's neighbors include Zambia, Tanzania, and Mozambique. As of 2021 the population of Malawi was 19,431,566 of which 51.4% were females.²⁰

Mozambique shares borders with Malawi, Zambia, South Africa, Zimbabwe, Tanzania and

15. SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 – 2030.

16. UNODC – SADC regional Programme (2020-2023) Pillar II: Strengthening Criminal Justice Responses to Gender Based Violence.

17. Relief web: SADC recognizes prevention and reduction of GBV as catalyst for peace and security. 2021

18. Wikipedia page, accessed 17 August 2023.

19. World Bank Open Data Web page accessed on 17th August 2023.

20. World Bank Open Data Web page accessed on 17th August 2023.

Eswatini, and has a population of 32.4 million people of which 52% were women.²¹ **South Africa** is located in the southern part of Africa and shares borders with Angola, Mozambique, Zimbabwe, Namibia, Lesotho and Eswatini. Its population stands at 60.4 million, of which 51% were females.²² **Zambia** is a land-locked country with nine neighboring countries (Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, Tanzania, and Zimbabwe). It has a total population estimated at 19.6 million of which 52% were females.²³

The World Bank reported a general increase in the gross development products (GDPs) of four of the countries, except for South Africa which showed a negative growth from 2021 to 2022.²⁴ However, poverty rates in these five countries are above the global average of 27%. Their poverty rates, with Lesotho at 49.7%; Malawi at 51.5%; Mozambique at 46.1%; South Africa at 55.5% and Zambia at 54.5%²⁵ are indication of the high levels of economic inequality. This is evidenced by high unemployment, limited access to quality education and health care, and food insecurity, whereby females are affected the most.

The five countries have some of the highest gender inequalities in the world as can be seen from the Gender Inequality Index (GII) for each country (Figure 1). Amongst the five countries Lesotho's GII is the highest at 0.557, followed by Malawi at 0.554, Zambia at 0.540, Mozambique at 0.537 and South Africa with the at 0.405.

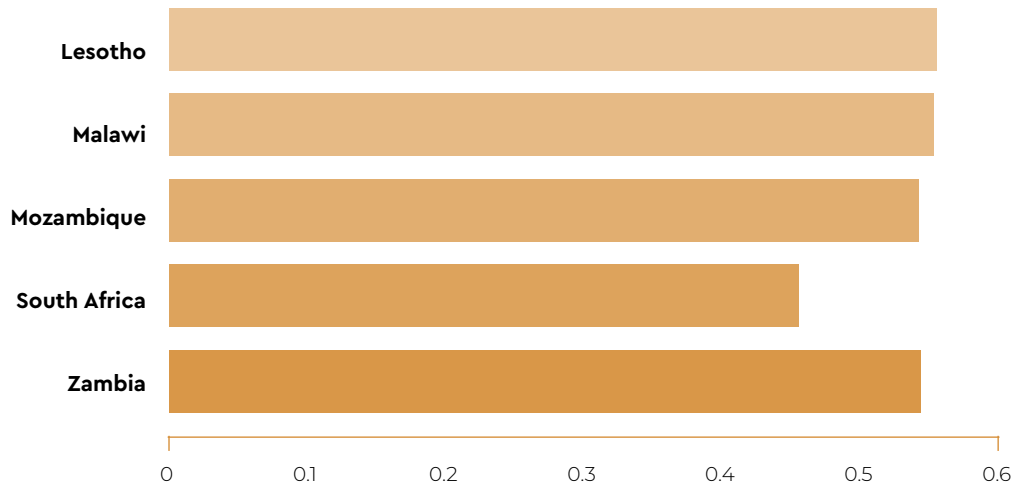


Figure 1: Gender Inequality Indexes for the five southern Africa Countries

21. *Mozambique Instituto Nacional De Estatistica Report, 2021*

22. *South Africa Population and Housing Census Report, 2020.*

23. *Zambia Central Statistics Office Report, 2022.*

24. *World Bank GDP Data 2022. Accessed on the World Bank Site on 8 August 2023.*

25. *Wise Voter, 2023*

The Gender and Social Norms Index Report confirms that gender bias is a pervasive problem worldwide.²⁶ The Report shows that in Zambia 76.71% females and 86.47% males had at least two biases against women.²⁷ Whilst in South Africa there were 78.93% females and 87.39 males who had at least two biases against women. This data indicates that there are high levels of biases against women.

1.2. Commitment to Gender Equality and Women's Empowerment

At global, regional and sub-regional levels, various instruments have been advanced to promote and protect the rights of women and girls. These are presented in the tables below:

Table 1: International Conventions for Gender Equality and Women's Empowerment

S/N	Name of Conventions	Year adopted
1	These include the Universal Declaration on Human Rights (UDHR)	1948
2	International Convention on Civil and Political Rights (ICCPR)	1966
3	The International Convention on Economic, Social and Cultural Rights (ICESCR)	1967
4	The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	1979
5	The Convention on the Rights of Children (CRC)	1990
6	the International Conference on Population and Development (ICPD)	1994
7	Beijing Declaration and the Platform for Action	1995

26. *Zambia Law Development Commission Report on the Review of the Anti-GBV Act Bo.1 of 2011, 2023*

27. *Constitution of Lesotho (amended in 2001): Articles 4, 8 and 9*

Table 2: Table 2: Regional and Sub-regional Protocols for Gender Equality and Women's Empowerment

S/N	Name of Conventions	Year adopted
1	These include the Universal Declaration on Human Rights (UDHR)	1948
2	International Convention on Civil and Political Rights (ICCPR)	1966
3	The International Convention on Economic, Social and Cultural Rights (ICESCR)	1967
4	The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	1979
5	The Convention on the Rights of Children (CRC)	1990
6	the International Conference on Population and Development (ICPD)	1994
7	Beijing Declaration and the Platform for Action	1995

The SADC model law on GBV. "It is a detailed set of provisions embodying the international, regional and sub-regional standards on gender-based violence developed for the purpose of facilitating the adoption of national legislation in the SADC region."²⁸

All the five countries are signatories to these international and regional conventions. The conventions have guided the formulation of regional and individual country's legislation and policies to combat GBV. In addition, the five countries implement the SADC Gender Policy which addresses GBV; the SADC Strategic Plan of Action on Combating Trafficking in Persons, especially Women and Children (2009-2019); and SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 - 2030.

28. *Sexual Offences Act 2003, Section 3*

2. NATIONAL LEGISLATIONS AND POLICIES



2.1. The Legal Framework for Combating GBV

In order to ensure protection from all forms of discrimination based on sex and social status, the apex law of a country must guarantee this in its Articles. This then should guide the inclusion of this protection in the subsidiary laws and policies. Following is a country-by-country evaluation on this requirement.

Lesotho's Constitution of 2001 guarantees the protection of women and girls against violence.²⁹ The Sexual Offences Act of 2003 has

provisions on sexual violence and violence committed in a marriage. The penalty for sexual offence is a minimum of 8 years imprisonment, with the maximum penalty being the death sentence if the offender was aware of their positive HIV status and later infected the victim.³⁰ The Labour Code of 1992, Section 200 prohibits sexual harassment in the employment sector. Also, the Anti-Trafficking in Persons Act number 9 of 2011 prohibits and punishes all forms of human trafficking and requires protective measures for victims of trafficking.

The Penal code of 2010 provides regulations on all assault cases such as domestic violence, but it does not penalize domestic violence because it is considered as a private matter.³¹ Furthermore, the Land Act (2010) ensures the equal entitlement to land by both men and women.³² The Children's Protection and Welfare Act of 2011 provides for protection of children's rights and it raised the minimum age for marriage to 18 years. Also, the country has the Legal Capacity of Married Persons Act (LCMA) of 2006. In 2022, the country enacted the Counter Domestic Violence Act. In addition, there is a draft Children's Protection and Welfare Bill that was drafted in 2021, which seeks to criminalize child marriage.

In **Malawi**, the Constitution of 2010 guarantees the rights of all people and outlines provisions for the protection of people from all types of violence.³³ The Deceased Estates, Wills, and Inheritance Act of 2011 gives female spouses and children the right to inherit the marital estate in the case of the death of a husband.³⁴ The Trafficking in Persons Act of 2015 protects women's and children's rights. The Marriage Divorce and Family Relations Law of 2015 protects women, children, and girls, from any form of abuse or form of abuse related to marriage, sexual relations and family. It

29. *Constitution of Lesotho (amended in 2001): Articles 4, 8 and 9*

30. *Sexual Offences Act 2003, Section 3.*

31. *Baseline Study on El-Nino Linked Gender-Based Violence in the Ten Districts of Lesotho UNFPA, 2017*

32. *Ibid*

33. *Constitution of the Republic of Malawi 1994 (amended in 2010): Articles 13, 19, 22, 23, 24 and 27*

34. *UN Women EVAW Global Database, accessed 15th August 2023*

also charges and ensures prosecution of parents who marry off their child below 18 years.³⁵ The Gender Equality Act of 2013 prohibits sexual harassment and harmful practices.³⁶ There is a Penal Code that stipulates provisions for protection from all forms of sexual offences.³⁷ The Prevention of Domestic Violence Act of 2006 provides the framework for addressing all types of domestic violence and intimate partner violence (IPV).³⁸ The Child Care, Protection and Justice Act of 2010 stipulates protective measures for girls from early and forced marriage.³⁹

The **Mozambican** Constitution, which was adopted in 2004 and amended in 2007 protects the right to life in Article 40 and also states that no human should be subjected to torture and inhumane treatment. Article 84, prohibits forced labour for women and girls, whilst Article 121 protects the right of a child, not to be subjected to ill treatment.⁴⁰ The country also has a Law for the Prevention and Combating of Trafficking in Persons of 2008. The Domestic Violence Perpetrated Against Women Act of 2010 seeks to address violence against women within family relations of which a perpetrator is a partner, former partner or relative of the woman. A law on human trafficking was enacted in April 2008 to punish offenders of trafficking and to protect victims and witnesses of human trafficking.⁴¹

South Africa: Legislation to combat GBV in South Africa include the Constitution adopted in 1996 and amended in 2012.⁴² It guarantees several protections against GBV in South Africa.⁴³ Other relevant protection laws include the Employment Equity Act 55 of 1998 (EEA), within its Sections 2, 3, 5, 6, 50 and 60 that, focus on protection of all forms of sexual harassment in the workplace. The Protection from Harassment Act (2011), and the Domestic Violence Act (DVA) 116 of 1998 provide women protection from domestic violence. Equality and Prevention of Unfair Discrimination Act (PEPUDA) of 2000, focuses on people's rights to equality. The Labour Relations Act Schedule 8 includes a code of good practice on dismissals in a work place. The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 states "that a marital or other relationship" is not a defense in a GBV case.⁴⁴

Zambia: Zambia has developed several legislations and policies to combat GBV. They include: The Zambian Constitution which was adopted in 1991 and amended in 2016. The Constitution's articles 11, 14, 15, and 24 outline provisions to protect all Zambian citizens from violence.⁴⁵ Other laws for protecting the rights of women include: The Penal Code CAP 87 of the Laws of Zambia; the Gender Equity and Equality Act No. 22 of 2015; The Education Act, No. 23 (2011), The Anti-Human Trafficking Act No. 11 (2008); The Marriage Act, CAP 50 of the Laws of Zambia (1918). These all have provisions to combat different types of GBV.⁴⁶ Zambia Police Act number 14 of 1999 provides a framework for the Police to protect citizens from various forms of abuse and provide professional

35. *Report on Criminal Justice System: Responses to Gender-Based Violence in the SADC Region. UNODC, 2021*

36. *UN Women EAW Global Database, accessed 15th August 2023*

37. *Ibid*

38. *Ibid*

39. *Report of the Malawi Gender-Based Violence Assessment: Scope, Programming, Gaps and Entry Points. World Bank 2022*

40. *UN Women EAW Global Database, accessed 15th August 2023*

41. *Ibid*

42. *Report on Criminal Justice System: Responses to Gender-Based Violence in the SADC Region. UNODC, 2021*

43. *Constitution of the Republic of South Africa 1996 (amended in 2012) sections 4, 9, 10, 12, and 28*

44. *Report on Criminal Justice System: Responses to Gender-Based Violence in the SADC Region. UNODC, 2021*

45. *Constitution of the Republic of Zambia (Amended in 2016).*

46. *UN Women EAW Global Database, accessed 15th August 2023*

counseling to victims of crime as well as offenders.⁴⁷ The Anti-GBV Act No. 1 (2011) is the first legislation that provides for the protection of victims of GBV.

2.2. The Policy Environment for Gender Equality and Women's Empowerment

Gender equality and women's empowerment are a commitment and deliberate aspirations in all the five countries as promulgated in their national gender policies. The **Lesotho** National Strategic Development Plan II (2018/2019-2022/2023) states that *"its Programmes and Projects will specifically target female participation, and build their leadership skills for social, economic, and political development by ensuring that gender is mainstreamed in public policy."*⁴⁸ The Gender and Development Policy which runs from 2018 to 2030, has an overall goal *"of promoting and providing national guidelines for institutionalizing gender equity and equality as an integral component of social, economic and political development."*⁴⁹

Malawi has developed the Malawi Growth Development Strategy, in which gender equality is crosscutting for increasing meaningful participation of females and males in the development process. In 2015, Malawi produced the second National Gender Policy for the period 2015-2020. Its aim was *to strengthen gender mainstreaming and women empowerment at all levels in order to facilitate attainment of gender equality and equity in Malawi.*⁵⁰ There is also a National HIV Policy (2013) and an Early Childhood Development Policy of 2003. The country has a National Youth Policy 2013; and the Sexual and Reproductive Rights Policy of 2009 which provides the framework for the implementation of sexual and reproductive health programs.

In **Mozambique**, Programa Quinquenal do Governo (PQG) 2020-2024, under its human development and social justice pillar includes some gender equality pronouncements.⁵¹ The second national gender policy that began implementation in 2018, contains affirmative action measures for women's participation in decision making. It also established an institutional mechanism, by introducing gender units and strategies in the various sectors of national development, to strengthen women's empowerment.⁵²

Policies found for **South Africa** start from the National Development Plan 2030. The Plan *"takes gender – along with race and geographic location – into account, proposing a range of measures to advance women's equality."*⁵³ There is also in place: The National Policy Framework for Women's Empowerment and Gender Equality of 2002 which includes sections containing information on domestic and sexual violence and sexual harassment; The National Guideline on Prevention,

47. *Zambia Gender-Based Violence Assessment, World Bank 2023.*

48. *Republic of Lesotho: National Strategic Development Plan II (2018/2019-2022/2023).*

49. *Lesotho Gender and Development Policy, 2018-2030.*

50. *Malawi Country Gender Profile, African Development Bank, 2020*

51. *Republica De Mocambique Programe Quinquenal Do Governo: 2020-2024*

52. *Beijing +25: Mozambique Report on the Implementation of the Beijing Declaration and Platform for Action, 2019.*

53. *South Africa: National Development Plan 2030: Our Future-Make Work*

Early Detection/Identification and Intervention of Physical Abuse of Older Persons of 2000; and The National Sexual Assault Policy of 2005 focuses on improving health care after a sexual assault for women, children, and men in South Africa. South Africa also has in place the national strategic plan on gender-based violence and femicide provides a framework to guide a national, multisectoral and systematic response against GBVF in South Africa.

Zambia's Eighth National Development Plan (2022-2026) has included Women, youth and persons with disabilities empowerment in its programmes and strategies under four development outcomes of: Enhanced Citizen Participation in the Economy; Improved Education and Skills Development; Improved Health, Food and Nutrition; and Reduced Poverty and Inequalities. The country has a second national gender policy that began implementation in 2014. It *“aims to achieve gender equality through the redress of existing gender imbalances and seeks to ensure equal opportunities for women and men to actively participate to their fullest ability in society and equitably benefit from national development.”*⁵⁴ The policy also instituted measures for addressing GBV.⁵⁵

54. *Zambia National Gender Policy, 2014*

55. *Ibid*

3. SITUATION OF GENDER BASED VIOLENCE



3.1. Prevalence of GBV

Gender based violence continues to be highly prevalent in all the five countries reviewed. As reported in their population data, in all the five countries, the female population is higher than the male population. Despite this, females are more marginalized than men. This is supported by the Gender Inequality Index (GII) values of these five countries which are generally high and interpreted to mean that females are more marginalized compared to men. In this regard, high levels of gender inequalities in terms of

access to health, empowerment, education, and participation in political and economic activities are pervasive amongst the five countries. This situation, coupled with social cultural attitudes and practices that favor the position of men in the societies of the five countries have exacerbated the prevalence of GBV.

In **Lesotho** 86 percent of women are reported to have experienced GBV in their lifetime. This is higher than those of South Africa and Zambia.⁵⁶ Also, 62 percent of women have experienced IPV in their lifetime, while 37 percent of men have perpetrated IPV in their lifetime. With regard to rape, 8 percent of women have been raped by a non-partner in their lifetime.⁵⁷

For **Malawi**, according to the National Statistical Office and Malawi Demographic and Health Survey, 38 percent of ever-partnered women aged 15-49 years have experienced intimate partner violence at least once in their lifetime.⁵⁸ Also, one in five women have experienced sexual violence.⁵⁹ The country has one of the highest rates of child marriage in the world, as a result of poverty and harmful cultural practices. NSO (2017) reported that 42 percent of women were married before the age of 18 and 9 percent were married before age 15.

In **Mozambique**, 37 percent of women aged between 15-49 years have experienced some form of GBV in their lives. Regarding early marriage, Mozambique has the 10th highest ranked in the world, with 48 percent of women aged between 20–24 years reporting that they were married before the age of 18.⁶⁰ Furthermore, Dodorico et al. (2021) in their study found that over 740,000 people in Cabo Delgado province in Mozambique were internally displaced due to conflict.

56. *Gender Links (2015) and Alber et al. (2018)*

57. *(Musariri et al., 2014).*

58. *Malawi Demographic and Health Survey (2015-2016)*

59. *Ibid.*

60. *(Hodges, 2015)*

Women and girls in this predicament are socioeconomically vulnerable and this increases their vulnerability to sexual, physical, and economic violence, as well as sexual trafficking, and early and forced marriages. In conflict situations, women are harassed and raped by rebels, and they are vulnerable to being sexually abused by people they depend on for their livelihood.

For **South Africa**, the South Africa Demographic and Health Survey (2016) reported that one in five women above 18 years had experienced physical violence at least once in their lifetime. Also, intimate partner violence (IPV) constitutes the largest share of GBV in South Africa. Twenty to fifty percent of women in South Africa have reported having experienced intimate partner violence at some point in their lives.⁶¹ In 2019/2020 the national statistic reported 2,695 murders of women. In the same period 53,293 sexual offence cases were reported of which most were cases of rape.⁶² In the first quarter of 2022 alone, there were 10,818 cases of rape reported.⁶³

The report from **Zambia** indicates that at least 36 percent of all women and 52 percent of divorced, separated or widowed women between ages 15-49 have experienced physical violence at least once since the age of 15.⁶⁴ Also, 39 percent of the women have been married by age of 18 while 47 percent of ever married women between ages 15-49 have experienced emotional physical or sexual abuse by their husband or partner.

Zambia is the only country whose annual GBV statistics was available for the period 2018-2022 (Figure 2). Other countries' data capture was inconsistent and therefore not available for all the years 2018-2022 to facilitate a trend analysis. Malawi had missing data for GBV reported cases for the year 2020 Mozambique had data for 2019 and 2020.t. Data for Lesotho and South Africa could not be accessed. From the GBV statistical data presented in the table below, it can be observed that the number of GBV cases being reported have been on an increase every year. This is with the exception between 2020 and 2021 when decreases were reported for both Mozambique (13.8% decrease) and Zambia (5,830 cases decrease). This decrease could be attributed to low reporting due to the COVID-19 pandemic.

Table 1: National Statistic of GBV Report Cases for the period 2018-2022

Country	2018	2019	2020	2021	2022
Lesotho	Not available	Not available	Not available	Not available	Not available
Malawi	8,794	11,642	Not available	13,002	15,178
Mozambique	Not available	21,517	18,554	Not available	Not available
South Africa	Not available	Not available	Not available	Not available	Not available
Zambia	22,073	25,121	26,370	20,540	33,536

Source: Police administrative data and data accessed via the internet.

3.2. Forms of GBV

The most common forms of GBV that the countries experience include sexual, psychological/emotional, physical, and economical abuse. However, findings in the five countries show that sexual abuse might be higher, but it is under reported because it is considered to be a private matter. In most of these communities, rape victims are accused of being promiscuous and so victims are ashamed to file reports.

Lesotho conducted community dialogues in five districts including, Thaba-tseka, Leribe, Berea, Quthing and Qachas-nek near the border between Lesotho and South Africa. Findings in this hot spot for GBV highlighted the forms of GBV to include child labour; domestic violence which is under reported because victims depend on perpetrators, or, women are scared of being stigmatized when they are divorced; sexual harassment; substance abuse - which leads to sexual offences by police officers and youths. Also, women are reportedly raped by Chinese road contractors and are asked to engage in sex in exchange for jobs; high rates of forced and early marriages, and unplanned pregnancies – for instance, girls are impregnated by their fathers while their mothers are away for work. Another form of GBV reported by women in cross border trade business is sexual abuse by customs authorities, who request for sexual favors and when the women refuse to give in, their goods are confiscated. Women small scale farmers lack access to land and other productive resources, especially when their husbands are deceased. At this point these widows are abused emotionally, physically and socioeconomically by family members, friends and the whole village.⁶⁵ Lesotho also has reports of sex workers being murdered, human trafficking, number of girls are kidnapped, the elderly are abused by their grandchildren.⁶⁶

In **Malawi** despite government development and implementation of legislation and policies, violence against women and girls in the country has continued to increase. These include cases of rape, defilement, child sexual abuse and exploitation, and prostitution. Also, the subjection of women and girls to harmful practices such as ritual cleansing after death of husband, virginity testing also known as 'Fisi' (Hyena), wife inheritance, and cleansing a girl who has just passed puberty. Child marriages, among others are usually forced upon girls and this predisposes them to the high risk of HIV infection and other SRHR related problems. During the COVID-19 pandemic, GBV escalated as child marriages, child pregnancies, transactional sex and domestic violence increased. For instance, media reports indicated that 45,000 girls got pregnant during the seven months when schools were closed due to COVID.⁶⁷ There was also increase in the number of online GBV (cyberbullying, doxing, as well as cyberstalking, among others) over the previous years.⁶⁸ In Malawi men are also victims of GBV but they never report these cases and has led high rates of suicide among men.⁶⁹

Report from **Mozambique** indicates that violence against women and girls reaches great proportions and various forms. The most common are physical aggression, sexual violence, forced unions and other forms which attack the freedom and autonomy of women and girls.⁷⁰ GBV is of great concern in areas plagued by humanitarian crisis, notably the northern provinces of Cabo-Delgado and Nampula. Displaced women and girls are at risk of multiple forms of GBV, including sexual violence, abduction, intimate partner violence, and spiraling rates of premature unions. The risks faced by women and girls in Cabo-Delgado are exacerbated by IDP sites (camps) and host communities lacking security and basic assistance, leaving women and girls exposed to ongoing risks of conflict-based violence. They face sexual violence while searching for water and firewood. There is sexual and physical assault in homes due to inadequate shelter, and fear of sexual violence due to lack of lighting at night.⁷¹

In **South Africa** the common forms of violence are intimate partner violence in both physical (40%) and sexual form (25%). Murder of women in South Africa is very high. In 2009, 56 percent of the women who were murdered were killed by an intimate male partner. Rape is another form of GBV that is of concern, with the prevalence rate between 12-28%.⁷² There is also a high prevalence of gang rape.⁷³ Economic and emotional abuse are commonly experienced by South African women, with about 50 percent of women reporting having experienced emotional or economic abuse at the hands of their intimate partners in their lifetime.⁷⁴

Zambia reported forms of violence that are sexual abuse, which include child defilement, rape, incest and sexual harassment. Physical abuse is in the form of murder, which is on the increase, with 103 cases (66 female and 28 males) reported in 2022; infanticide (cases of 6 girls and 2 boys reported in 2022); and assault and battery. Physical violence is the most common form of GBV with 13,352 cases reported in 2022. Economic abuse is the second most common form, with 5,657 cases reported in 2022. This takes the form of deprivation, neglecting to provide, malicious property damage and child desertion. The other form, which is emotional violence includes use of insulting language, accusing a person to be a witch (especially older persons), wrongful confinement, abduction and "neglect act" likely to spread infection.⁷⁵

3.3. Causes of GBV

Regarding the causes of GBV, in much as all five countries reported varying degrees of causes, the most common ones include gender inequality and discrimination in all aspects of life, and harmful cultural and traditional practices. Institutional arrangements that are patriarchal, and alcohol and drug abuse exacerbate the situation.⁷⁶ Coincidentally, the continuous increase in GBV incidences

70. *The Association of Women, Law and Development (MULEIDE), Report of A Joint Survey of Women's Organizations working for the Elimination of Violence Against Women, 2022.*

71. *Ibid*

72. <https://www.saferspaces.org.za/understand/entry/gender-based-violence-in-south-africa>, accessed 4th August 2023

73. Jewkes, R., *Streamlining: understanding gang rape in South Africa. 2012: Forensic Psychological Services, Middlesex University.*

74. <https://www.saferspaces.org.za/understand/entry/gender-based-violence-in-south-africa>, accessed 4th August 2023

75. *Zambia Police Service 2022 National GBV Statistics.*

76. *SADC Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 - 2030 (2018)*

in all the five countries is attributed to inadequate implementation of legislation and interventions to combat GBV.⁷⁷

Sadly, GBV is one of the drivers of HIV in Lesotho, which has the third-highest prevalence rate in the world at 23.2%.⁷⁸ Gender inequalities and the dual legal system here increase women's vulnerability to gender-based violence and HIV.⁷⁹ The dual legal system includes both statutory common law and customary law. Customary law in Lesotho is shaped by patriarchal system which reinforces men as decision makers and heads of the households. This in the long run, promotes subordination of women to men and fuels gender inequality, discrimination and GBV. Equally, United Nations Right Council (2014) argues that early marriages, the allowance of polygamous marriages in customary law, and the inheritance law used in the customary law which allows the male child to inherit property, fuels gender inequality and discrimination and in the long run GBV.⁸⁰ In Lesotho, chiefs who act in line with the customary law compel child sexual abusers to marry their victims.⁸¹ This may promote inhumane treatment of such female victims. A national consultative dialogue on GBV held in Lesotho in 2022, revealed that that women small scale farmers lack access to land and other productive resources especially when their husbands are deceased. Widows are abused emotionally, physically and socioeconomically by family members,

friends and whole village. Also, female farmers experience theft of farm produce and livestock and lack access to proper markets and prices for their products.⁸²

In **Malawi** harmful traditional practices such as initiation practices involving female genital mutilation, wife inheritance and widow sexual cleansing ritual by the deceased husband's brother, religious beliefs, marriage counselling sessions and social norms which strengthen patriarchal systems, are among the other leading causes of GBV in Malawi.⁸³ The World Bank Report states that gender inequality in social, economic, cultural and political life, polygamy, early marriage, and low levels of education among women - which translates into low income and high economic dependence among women and girls are among the causes of GBV in Malawi.⁸⁴

In **Mozambique**, as a result of the background of political destabilization and war, women and girls are socioeconomically vulnerable and this has increased their vulnerability to sexual, physical and economic violence, abduction, intimate partner violence, as well as sexual trafficking and early marriages. Women are harassed and raped by rebels, and they are vulnerable to being sexually abused by people they depend on for their livelihoods. In addition, natural disasters caused by climate change such as Cyclones Eloise, Idai, Kenneth and Gombe, worsened the risks of GBV for women and girls who are already negatively affected by gender inequalities, sociocultural norms and harmful practices such as child marriage, early and forced marriage and polygamy.⁸⁵

77. *Ibid.*

78. (UNAIDS, 2021)

79. (Juma, 2011).

80. (Chipatiso et al., 2014).

81. (Alber et al., 2018).

82. *Eastern and Southern Africa Small Scale Farmers Forum: Report of the National Consultative Dialogue on GBV in Lesotho, 2022*

83. Lovell (2021) and Makwemba et al. (2019)

84. *World Bank (2022) Malawi Gender-Based Violence Assessment: Scope, Programming, Gaps and Entry Points.*

85. *MULEIDE: report of the National Consultative Dialogue on mapping, engagement and involvement of Feminist Organizations working on prevention for the elimination of Gender Based Violence in Mozambique, 2022*

With regard to causes of GBV in **South Africa**, violence inherited from the apartheid system which still dominates today's society, patriarchal norms, unequal power gender relations, and harmful discriminatory beliefs and practices are among the causes of GBV in South Africa.⁸⁶ Other causes of GBV include drug and alcohol abuse, and high unemployment levels. In addition, the patriarchal norms that reinforce men's superiority and the acceptability of men's use of physical and sexual violence to ensure obedience from women, make men get away with the acts of violence. Also, young people who observe men abuse women, might also grow up to be abusers.⁸⁷

With regards to causes of GBV in **Zambia**, intimate partner violence, extra marital affairs, poor communication skills, the rise of digital technologies, and alcohol and substance abuse, especially contribute to high incidences of GBV. For example, the Zambia Demographic Health Survey of 2018 showed that 84 percent of the women whose husband or partner often drink alcohol experienced intimate partner violence compared to 34 percent of women whose husbands do not drink alcohol. Equally, sociocultural beliefs such as gender roles (men as head of households and decision makers) and the payment of bridal price at marriage strengthen the men and boys' dominance and superiority over women and girls.⁸⁸ This has made women to be submissive even when they are being abused. Some do not report because they see abuse as normal and a private matter. Equally, low education attainment among women and girls which reduces their access to economic opportunities and leads to poverty, has resulted to women and girls' high dependence on their husbands or partners for support. In turn, this has led to a high number of women being abused, enduring the abuse and not reporting the abuse. This is because they do not have alternative source of income and they are dependent on their husbands who are their abusers.⁸⁹

86. *Machisa et al. (2011) and United Nations Special Rapporteur on Violence Against Women Report (2015)*

87. *Fakunmoju and Rasool (2018)*

88. *(Mwale, 2018 & Simona et al., 2018).*

89. *Ibid*

4. COUNTRY LEVEL INTERVENTIONS TO GENDER BASED VIOLENCE



4.1. The GBV Response in Lesotho

4.1.1. Legislation and Policy Development

The key elements from international and regional conventions have guided the formulation of the national legislation and policies to combat GBV. The Lesotho Mounted Police Service (LMPS), Department of Health and Justice, and Social Services Department implement the national legislation and

policies to combat GBV. However, the laws are poorly implemented because of the dual legal system of which the customary law hinders efforts to combat GBV and gender inequality.⁹⁰ Some laws have gaps and thus need to be revised. For instance, the Sexual Offence Act (SOA) of 2003 provides ways to combat sexual violence and violence in marriage, and sets sentences, but it makes no reference to GBV. Therefore, the Penal Code of 2010 strengthened the Sexual Offence Act and provides regulations for all assault cases, including domestic violence, though the code does not set sentences for domestic violence because it is considered as a private matter.⁹¹ The Lesotho Law Reform Commission has made key revisions of some laws and policies that are discriminatory. The Children's Protection and Welfare Bill which could criminalize early child marriage is still pending approval since 2021.⁹²

4.1.2. Coordination, Partnerships and Knowledge Management

The Ministry of Gender, Youth, Sports and Recreation (MGYSR) is the key entity in charge of providing coordination and strategic guidance for gender equality and efforts to combat GBV. Lesotho's multi-stakeholder collaboration is not strong and few stakeholders have formed strategic alliances to implement GBV projects. Also, the media and private sector have not been engaged in the multi-stakeholder partnerships.

90. (Juma, 2013 & UNFPA, 2017).

91. Office of Human Rights Commission. Report on the Dialogue with Lesotho, Experts of the Human Rights Committee Commend Measures to Combat Domestic and Gender-Based Violence, 2022.

92. (Chipatiso et al., 2014).

4.1.3. Service Delivery

The government has established Lapeng One Stop Centers and Victims of Crime Support Centers, to respond to cases of GBV.⁹³ The centers provide temporal shelter to victims of violence, and mediate between partners as well as parents, children and family. In addition, they provide training in life skills, and referral and counselling services to survivors of violence and perpetrators. However, there are not enough centers countrywide and only two centers provide accommodation to women who are survivors of trafficking.⁹⁴ It was observed that despite interventions by the Ministry of Health and JSI/USAID to train multi-sectoral personnel on GBV case management in order to strengthen the referral pathways for GBV cases, a number of service providers do not adequately follow guidelines on how to treat survivors and provide GBV services.⁹⁵ On the other hand, a CSO known as Beautiful Dream accommodates women who have been trafficked. It offers multidisciplinary services including counseling, legal, health referral and mediation services.⁹⁶

The Lesotho Mounted Police Service has established Child and Gender Protection Units (CGPUs). These units receive and investigate cases including GBV, sexual abuse of children, and human trafficking of women and children. The cases are stored on the police database.⁹⁷ The units provide protection to survivors of GBV and use radio stations to inform the public about protection of women and girls' rights. CGPUs raise awareness on different types of GBV in schools, churches medical platforms and public gatherings. As a result, reporting of GBV cases has increased countrywide.⁹⁸ However, the Units have limited resources such as vehicles to reach remote places. Also, the CGPUs do not have adequate rooms to use as counseling rooms and this infringes on the victim's privacy. A number of units have few female police officers to handle GBV cases thus the officers are overwhelmed with work because most female survivors of GBV only want their cases to be handled by female officers.⁹⁹

The government of Lesotho has set up victim of crime support offices in the magistrate courts. The offices provide information to victims on their rights, status of their case and the mechanisms of the criminal justice process.¹⁰⁰ They provide referral services to access social grants and the offices offer free counselling services to the victims of GBV. The Gender Equality and Women Empowerment (GEWE) programme led by the UNFPA supported the government to develop the domestic violence registration platform and the programme trained stakeholders on the provision of services.¹⁰¹ This has not only increased the number of cases reported but it has also increased victims' access to services though the multidisciplinary services are not sufficient. Other than that, in 2018, the Ministry of

93. *National consultative dialogues on GBV in Lesotho by Eastern and Southern Africa small scale farmers forum*

94. (Chipatiso et al., 2014).

95. (Chipatiso et al., 2014).

96. (*ibid*).

97. (Chipatiso et al., 2014).

98. *National consultative dialogues on GBV in Lesotho by Eastern and Southern Africa small scale farmers forum (2022)*

99. (*ibid*).

100. (Alber et al., 2018).

101. (*ibid*).

Gender, Youth, Sports and Recreation in collaboration with GIZ, and Gender Links launched the Nokaneng programme which uses a smartphone app to sensitize communities about GBV services and it also helps people report GBV cases.¹⁰² Lesotho does not have special measures for the speedy justice delivery for GBV cases, and sentencing for domestic violence is not clearly articulated and so most of the cases end with the perpetrator only receiving an official warning.¹⁰³ In addition, the courts of law are not user friendly for people with disabilities.¹⁰⁴

The Ministry of Gender, Youth, Sports and Recreation (MGYSR) implements awareness-raising activities and campaigns including the 16 Days of Activism Campaign Against GBV. In addition, the Ministry has a radio programme which discusses GBV issues. The MGYSR, Women Entrepreneurship Development and Gender Equality (WEDGE), Millennium Challenge Account (MCA) and some other NGOs provide economic empowerment to women. This has improved their participation in the economic arena. The economic empowerment programme has helped women improve their agency and voice to challenge some social norms.¹⁰⁵ Besides that, the police in partnership with the education sector provide life skills to learners. This programme also sensitizes teachers and students on issues of abuse.¹⁰⁶

Apart from multi-sectoral interventions, the government and civil society implement different programmes to eliminate violence against women. For instance, the Sexual Health and Right Promotion Programme (SHARP) implemented by CARE trained peer educators in sexual health rights and sexual violence, and this helped the peer educators to train a number of communities.¹⁰⁷ CARE has further established community HIV resource centers for people and organisations to access information. This has increased the number of women seeking legal services after assault.¹⁰⁸ Another organisation, Pava Mo' Afrika, conducts radio programmes, community meetings and distributes information, education and communication (IEC) materials on GBV that target people with disabilities. Unfortunately, the organisation has limited funding and lacks materials in formats that meet the information needs of people with disabilities.¹⁰⁹

Khotla organisation works with MGYSR. The organisation holds public forums with women and men to discuss forms of violence against women and children. It provides counselling to victims of GBV.¹¹⁰ It also encourages men participation in combating GBV. However, it does not have enough rooms for conducting counselling sessions.¹¹¹ Also, SAFAID works with traditional leaders to promote gender equality and human rights. Traditional leaders are engaged to discuss and look for ways to eliminate harmful cultural practices that fuel

102. *(ibid)*.

103. *Rural Women's Assembly. Situation of Gender based violence in Lesotho. Posted on Rural Women's Assembly Website on June 23, 2023*

104. *Eastern and Southern Africa Small Scale Farmers Forum Report on the National Consultative Dialogue, 2022*

105. *(Chipatiso et al., 2014)*.

106. *(Makhooane et al., 2022)*.

107. *(Chipatiso et al., 2014)*.

108. *(ibid)*.

109. *(ibid)*.

110. *(Chipatiso et al., 2014)*.

111. *(ibid)*.

incidences of GBV and HIV. Concurrently, the Association of Lesotho Theologians (ALET) runs programs that encourage transformative masculinity, with focus on how to combat GBV and human trafficking. ALET has partnered with the Lesotho Correction Services in all districts. It holds forums with men in correction centres on the prevention of GBV. Also, it conducts radio programmes on how to address GBV and HIV issues from theological perspective.¹¹² There are also various organisations implementing GBV programmes. These include: The Trans-Vanguard provide leadership training on democracy and provides education on health, nutrition gender equality and women empowerment; Hope for rural women assembly aims to improve rural women's participation in country development and for women to enjoy equal benefits as males; Master of Healing foundation supports LGBTQ community by eliminating all form of discrimination. This organisation also provides income generating activities to empower LGBTQ community, and Women and law in Southern Africa (WLSA) seeks to contribute to the socio- economic, political, and legal advance of women and children in Lesotho.¹¹³

Lesotho Child Counselling Units (LCCUs) provide accommodation, counselling services, and mediation to 2-17-year old's who are traumatized. The units provide life skills, and farming and vocational skills training to victims of GBV, for them to start businesses or find employment. However, the centers are often full because most children victims have no family members to take them back or adopt them. So, these children stay in the centers longer than the maximum of one year. These units also secure support from government and donors so they can conduct community outreach programmes, community and school dialogues, and media awareness campaigns.¹¹⁴

An organisation operated by women who are survivors of GBV, She-Hive, works in partnership with the government. She-Hive advocates and lobbies for economic empowerment of victims of domestic violence.¹¹⁵ It also provides income generating activities for them to be able to support themselves. The organisation utilizes radio and TV to talk about the need for behavioral change in communities and families in order to reduce domestic violence. She-Hive encourages victims of GBV to speak out about GBV and as a result this has discouraged perpetrators of GBV.

4.2.4.2 The GBV Response in Malawi

4.2.1. Legislation and Policy Interventions

Malawi has signed all key conventions around GBV and gender equality. The Gender Equality Act of 2013 has contributed to the increase in the number of women being appointed in decision making positions. However, the number of women with leadership roles in parliamentary and local government is still low. This is because women political

112. (*ibid*).

113. *Eastern and Southern Africa Small Scale Farmers Forum National Consultative Dialogue on GBV in Lesotho, 2022*

114. (*Chipatiso et al., 2014*).

115. (*ibid*).

aspirants have inadequate resources and their political parties and organisations do not adequately support them. This is coupled with biases against women, especially with regard to women taking part in decision making processes.¹¹⁶

The country has further developed a number of legislation and policies to combat GBV. However, some laws have shortcomings and a number of them are not adequately implemented due limited resources for implementation, thus hindering the country's prevention and response to GBV. For instance, the Penal Code does not explicitly criminalize rape in marriage.¹¹⁷ Also, various statutes have sexual offenses which makes it hard for prosecutors to pass proper offenses for sexual-related acts. The Deceased Estates Wills, and Inheritance Act is not properly implemented because of the existing cultural norms and beliefs.¹¹⁸ Equally, Acts such as Marriage Divorce and Family Relations Act's provisions on early marriages have low compliance rate¹¹⁹ There is also limited knowledge among community members of laws on GBV such as the Electronic Transactions Cyber Security Act of 2016 which handles online GBV cases, and the Sexual Reproductive Health Strategy Act which deals with issues of reproductive health rights.¹²⁰

4.2.2. Coordination Mechanism and Knowledge Management

The Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) is in charge of coordinating GBV programmes in the country. It is also charged with monitoring and evaluating the implementation of The National Plan of Action to Combat Gender-Based Violence (2014-2020). However, poor funding of programmes, and poor cooperation among implementing agencies has resulted in poor implementation of the programmes to combat GBV.¹²¹

4.2.3. Service Delivery

The Malawian government and various organisations implement programmes and interventions which utilize a multi-sectoral approach to respond to GBV.¹²² To enhance the multi-sectoral approach, the MoGCDSW has launched National Referral Pathways Guidance Notes and Protocol for the police, courts, health service providers, psychosocial service providers, informal service providers, women's rights organisations, and community victim support units, to harmonize information documentation when referring victims of GBV to other service providers.¹²³ However, the quality of services is not consistent in the districts and the referral protocols are not adopted and utilized by a number of service providers.

With regard to the health sector's response to GBV, One Stop Centers have been established at the district hospitals and health centers. The centers provide health, counselling, legal and police services in one place for GBV survivors. The services provided to victims of GBV at the

116. *Malawian Human Right Resource Centre Report on the National Consultative Dialogue on GBV, 2022.*

117. *World Bank (2022) Malawi Gender-Based Violence Assessment: Scope, Programming, Gaps and Entry Points.*

118. *(World Bank, 2022).*

119. *(Malunga et al., 2020).*

120. *Malawian Human Right Resource Centre Report on the National Consultative Dialogue on GBV, 2022.*

121. *(Malera & Chisala, 2018).*

122. *(World Bank Report, 2022)*

123. *(ibid).*

centers are based on the Malawi National Guidelines for Provision of Services.¹²⁴ However, World Bank (2022) found that GBV survivors in rural areas have poor access to the centers which are typically situated in district hospitals in the cities and only few health centers in the rural areas. The centers are located further from where many survivors of GBV reside. Also, challenges of inadequate staffing with few personnel trained in GBV survivor-centered approaches beset the centers.¹²⁵

Apart from the health sector response to GBV, the MoGCDSW collaborates with various multi-sectoral service providers, NGOs and faith-based organisations, traditional leaders and community leaders, at national and local levels. The organisations provide counselling and shelter and, they facilitate court processes for survivors of GBV. Equally, national health helpline (Chipatala Cha Phone Helpline and Tithandizane Helpline (Child Helpline)/ GBV Helpline) managed by Youth Net and Counselling Organisation (YONECO) provide counseling services and information on where victims can get a place to stay. However, the shelters in the districts and the country are not enough to cater for all the victims of GBV.¹²⁶

With regard to the legal sector, the Ministry of Justice and Constitutional Affairs (MOJCA) has made provision for the magistrate courts to handle GBV cases. The MOJCA has established Legal Aid Bureau which provides lawyers to represent survivors of GBV in court. Additionally, the government and the Spotlight Initiative have established mobile courts to cater for the rural population, especially women and children who cannot manage to go to the magistrate court because of distance to the courts.¹²⁷ Other than that, organisations including Women and Law in Southern Africa Malawi, Irish Rule of Law, Malawi Human Rights Resource Center, and Women Lawyers Association, provide free legal services to survivors of GBV.¹²⁸ However, a majority of Malawians have limited knowledge about the country's laws and legal procedures and as such the government has to disseminate information to the citizens.¹²⁹ The legal sector needs to address the human resource shortage by deploying more lawyers to handle GBV cases.¹³⁰ Also, there is need to make the court more user-friendly to serve the needs of victims of GBV.

As for the Malawian security (Police) sector's response to GBV, it has established Victim Support Units (VSUs) in police stations country wide. The main activities of units are to provide counselling, mediation and protection services to survivors of GBV. The VSU's services are also linked with the Criminal Investigation Department (CID) of police which provides investigation, safety, and security protection of survivors, and witness tracing. In addition, the police has set up 300 Community Victim support units (CVSUs) in all districts in the country.¹³¹ However, the security sector face challenges such as lack of transport to follow up cases. Also, the VSUs are inadequately staffed and the personnel available in the centers are not adequately trained to handle GBV cases.

124. (World Bank Report, 2022).

125. (*ibid*).

126. (Nkhanza, 2019).

127. (Nkhanza, 2019).

128. (*ibid*)

129. World Bank (2022) *Malawi Gender-Based Violence Assessment: Scope, Programming, Gaps and Entry Points*.

130. (*ibid*).

131. *Malawian Human Right Resource Centre Report on the National Consultative Dialogue on GBV, 2022*.

The Area Development Committees (ADCs), NGOs, CBOs and FBOs implement a number of programmes to respond to GBV in Malawi. For instance, the ADCs which comprise of trained traditional, religious, and political leaders on GBV support services, receive reports of GBV cases and refer the cases to relevant service providers for follow up.¹³² Conversely, the NGOs, CBOs and FBOs implement empowerment programmes to support victims of GBV. Other CBOs implement the Spotlight initiative which focuses on GBV, sexual reproductive health and rights. Through the Spotlight initiative, CBOs provide training on essential health services to service providers at one stop centers.¹³³ The initiative provides transport such as vehicles, motorbikes, and bicycles to community level GBV response structures.¹³⁴

SASA Faith, STAR, Reflect and SAA organisations provide mentorship programmes to girls on GBV, sexual reproductive health and social norms.¹³⁵ Equally, the spotlight initiative implements community engagement programmes including dialogue meetings with community leaders on addressing harmful practices, norms and beliefs. The initiative trains community leaders on the causes of GBV and, prevention and response to GBV.¹³⁶ Malawi also has community-based mother groups who are linked to community level GBV prevention structures. The mother groups work with male champions or role models who help educate fellow men and boys on GBV. The mother groups refer victims of GBV to community level GBV prevention and response structures.¹³⁷ The UNFPA has established the Men for Gender Now Network (MEGEN). The MEGEN promotes positive masculinity and motivates men to embrace the empowerment of women and girls, and gender equality. The network at community level has trained men and boys on GBV response and prevention. As a result, men and boys have become partners in prevention of GBV in communities.¹³⁸ With regard to economic empowerment, various NGOs, CBOs and FBOs implement empowerment programmes to support victims of GBV.

4.3. The GBV Response in Mozambique

4.3.1. Legislation and Policy Development

Mozambique has developed and implements various laws and policies to combat GBV. The laws and policies provide an important framework for mobilizing response to GBV in the country. In as much as they help respond to and prevent GBV, some laws have weaknesses and thus implementation, monitoring and evaluation of legislation and policies is poor. For instance, the articles of criminal code do not refer to the penalization of perpetrators. Also, the penal code is unclear regarding crime concealment by family members.¹³⁹ Further, in the penal code, crime of concealment is penalized but the penal code says family members

132. World Bank (2022) *Malawi Gender-Based Violence Assessment: Scope, Programming, Gaps and Entry Points*.

133. (Spotlight initiative, 2018).

134. (*ibid*).

135. (World Bank Report, 2022).

136. (Spotlight Initiative, 2018).

137. (World Bank Report, 2022)

138. (UNFPA, 2016).

139. Jethá, E., Keygnaert, I., Martins, E., Sidat, M., and Roelens, K (2021) *Domestic violence in Mozambique: from policy to practice*. BMC Public Health

do not fit into this category, and they cannot be penalized for these aspects.¹⁴⁰ The country is currently working on a draft bill to make revisions on the Inheritance Law. In as much as the country has policies to protect women from sexual harassment in work environments, particularly in cross-border business, there is a lack of a specific policy framework for women's business development which responds to barriers or constraints, including theft of their goods and, sexual harassment from customs personnel. Also, the country lacks specific legislation that meets the needs of women in the face of climate change.¹⁴¹

4.3.2. Coordination, Partnership and Knowledge Management

The Ministry of Gender and Social Action (MGSA) coordinates GBV efforts and implements programmes along with partners and various stakeholders including other government ministries, NGOs and CSOs. However, lack of resources among implementing agencies makes the networking and collaboration on programmes challenging. This also affects the referral pathways and the provision of multidisciplinary services.¹⁴² For instance, over 740000 people in Cabo Delgado province in Mozambique are internally displaced due to conflict. They face all forms of violence, but multidisciplinary services are limited because of the high destruction and closure of GBV response infrastructure during conflict.¹⁴³

4.3.3. Service Delivery

Mozambique has in place a Multisectoral Mechanism for Integrated Care for survivors of violence which was established in 2012 under the Integrated Care Center (CAI), which bring together the Ministries of Gender, Health, Justice, and Interior sector. This mechanism provides guidelines on the roles and responsibilities of these prioritized line ministries to spearhead the government's commitment to addressing GBV.¹⁴⁴

The Mozambican government in partnership with CSOs and NGOs, and support from donors utilizes the multi-sectoral approach to respond to GBV. For instance, the health sector has established one stop centers to provide specialized multi-sectoral services including health, legal, psychosocial referral, and security to victims of GBV. Under health services, victims of GBV receive HIV post exposure prophylaxis. It is noted that the multi-sectoral service delivery approach has reduced re-victimization levels.¹⁴⁵ Other than the one stop centers providing services, the health sector has developed protocols to improve the services provided at the centers. As an example, the Gender Based Violence Initiative (GBVI) supported the health sector to develop protocols and guidelines for responding to

140. (UN women, 2013).

141. *The Association of Women, Law and Development (MULEIDE) GBV Progress Report to the Southern Africa Trust, 2022.*

142. (Floriza et al., 2016).

143. (Dodorico et al., 2021).

144. USAID: *Lessons from the Gender-based Violence Initiative in Mozambique, 2016.ID,*

145. Floriza,G., Sapp,T.H, Simmons, K. and Messner,A,L (2016). *Lessons from the Gender-Based Violence Initiative in Mozambique.* Arlington, VA: *Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project.*

GBV services at health centers and health posts.¹⁴⁶ Equally, JHPIEGO and Ministry of Health developed the national tools for reporting GBV in health facilities.¹⁴⁷ This has improved the health sector's provision of victim centered services to survivors of GBV. However, domestic case management system does not have a standard form for registration of procedures and referral services provided to the victims of GBV.¹⁴⁸ It is useful for all guidelines and forms to be structured for easy understanding and implementation in all sectors involved in the provision of services to survivors of GBV.¹⁴⁹

In other instance, with support from the Ministry of Interior, the police, and donors, Justice and Children has established women, children, and families care units in all police stations.¹⁵⁰ The units provide services such as counseling, investigation of the case and collection of evidence from victims of GBV. In order to improve their services, the Ministry of Interior developed a training curriculum on rights of women and children and how police sector respond to victims of violence. The training was provided to police officers at police stations and the police academy.¹⁵¹

With regard to the justice sector, the sector has partnered with civil society to implement the domestic violence law in the magistrate courts. As a result, the justice sector has increased the cases handled and judged by the courts. However, despite the efforts of multi-sectoral approach to combat domestic violence, a number of domestic violence cases are under-reported because they are regarded as private matters and women's dependency on their husband make them fail to report these abuses. Also, the multi-sectoral services are not comprehensive because the sectors are poorly funded and people lack information on the GBV services available. For instance, the health sector lacks a specific budget allocated to domestic violence related cases and other sectors who are part of referral pathway are understaffed and underfunded.¹⁵²

The Mozambican government, CSOs and NGOs implement awareness raising activities including campaigns directed to men, women, boys and girls, and community leaders. They have meetings with traditional leaders, produce IEC materials in local languages, use the television and community radios to disseminate information on women's rights, harmful gender norms and traditional practices, causes of GBV and how to combat GBV.¹⁵³ The government has also implemented different campaigns to combat GBV. These included national campaign on Violence Against Women from 2012 to 2017 which raised awareness on GBV through media, radio, television, theatre, public meetings; and the Africa Unite Against Violence on women and girls 2010 to 2015.¹⁵⁴ Also, the government participated in

146. (Dodorico et al., 2021).

147. (Breton, 2015).

148. Jethá, E., Keygnaert, I., Martins, E., Sidat, M., and Roelens, K (2021) .*Domestic violence in Mozambique: from policy to practice.* BMC Public Health

149. (ibid).

150. (Floriza et al., 2016).

151. Jethá, E., Keygnaert, I., Martins, E., Sidat, M., and Roelens, K (2021) .*Domestic violence in Mozambique: from policy to practice.* BMC Public Health

152. Jethá, E., Keygnaert, I., Martins, E., Sidat, M., and Roelens, K (2021) .*Domestic violence in Mozambique: from policy to practice.* BMC Public Health

153. Floriza, G., Sapp, T.H, Simmons, K. and Messner, A.L (2016). *Lessons from the Gender-Based Violence Initiative in Mozambique.* Arlington, VA: Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project.

the Ending Violence Against Women campaign which encouraged women to talk about their rights and freedom from violence, right of self-defense, greater participation in decision making in political, social and economic life, and equal access to opportunities.¹⁵⁵

The National Human Rights department, under the Ministry of Justice, Constitutional and Religious Affairs, disseminates messages to change the mindset of people on gender, and the department also provides information on legislation which support GBV.¹⁵⁶ Also, the National Human Rights Department engage men and boys on gender issues and the department has managed to make a number of boys and men as agents of change. This approach has helped the education sector reduce early marriages, it has increased the number of girls withdrawn from early or forced marriages, and it has increased completion rate for girls in schools.¹⁵⁷

Aside from the service interventions indicated above, the Gender Based Violence Initiative programme (GBVI) has implemented a number of awareness programmes on GBV.¹⁵⁸ It conducted meetings with communities to discuss on harmful gender norms and attitudes and how they increase incidents of HIV and GBV.¹⁵⁹ Equally, JHPIEGO conducts awareness activities and dialogues on GBV at the community level. The Kulaya project provides counselling services to survivors of GBV.¹⁶⁰ These have all increased the rate of identification of cases, referrals, and uptake of GBV services.

4.4. The GBV Response in South Africa

4.4.1. Legislation and Policy Development

South Africa is a signatory to several international and regional conventions. It has developed and implements legislation and policies to prevent GBV. Despite a comprehensive legal framework, the legislation is not effectively implemented.¹⁶¹

4.4.2. Coordination and Knowledge Management

In the case of South Africa, it was discovered that a coordinated and joint implementation of programmes among organisations was less common, but there was some multi-sectoral cooperation among implementing agencies. Regrettably, the private sector and media were not incorporated.¹⁶² The lack of cooperation between the public sector and CSOs is a problem because the public sector is unresponsive, and CSOs' programmes are

154. (UN Women, 2013).

155. (*ibid*).

156. Floriza, G., Sapp, T.H, Simmons, K. and Messner, A.L (2016). *Lessons from the Gender-Based Violence Initiative in Mozambique*. Arlington, VA: Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project.

157. *Ibid*

158. *ibid*

159. *ibid*

160. (UN Women, 2013).

161. Alber, B., Seidler, M., Raetzell, L., Munalula, C., Libakiso Matlho, L. and Motara, S.E (2018) *Partnerships for Prevention of Violence Against Women and Girls in Southern Africa (PfP)*.

uncoordinated. With regard to knowledge management, there is poor management of information on what intervention works and what intervention can be replicated.

The health sector's response to GBV has been through the establishment and the operation of the Thuthuzela Care Centers (TCCs) and Khuseleka One Stop Centres which are linked to the health care centers. These centers provide multidisciplinary services to survivors of rape, sexual assault, and domestic violence. They offer post exposure prophylaxis (PEP), antiretrovirals (ARVs), trauma counselling, medical care, testing for HIV, court preparation, referrals, and follow up support services to survivors of GBV.¹⁶³ As a result, conviction rates have increased, and secondary victimization has reduced. It should be noted that the number of centers are not sufficient to meet the demand countrywide. Also, services are not comprehensive because of the shortage of multidisciplinary human resource, and medical supplies and equipment at the centers.

Established shelters offer temporal shelter and counselling to victims of GBV. However, these shelters do not take in women with their children or accommodate men. Even then, the shelters are not adequate, and they are not designed to accommodate people with disabilities.

The justice sector response to GBV is through the establishment and operation of the sexual offence courts countrywide. There are over 78 sexual offence courts operated by trained prosecutors who handle rape and sexual assaults cases. However, the Steering Committee on Gender-Based Violence and Femicide report (ISC-GBVF) (2020) states that the courts are not fully equipped to function properly.

The police and security sector's response to GBV involves the establishment of Family Violence, Child Abuse and Sexual Offences (FCS) Units that provide support to victims of abuse. The units investigate and collect evidence on GBV cases for onward submission to the courts. However, the units experience resources constraints in terms of human resources and evidence collection tools.

A CBO, Sonke Gender Justice Organisation, under the Shukumisa campaign advocates for government's accountability on sexual violence in South Africa. It monitors the implementation of South Africa's Sexual Offence Act. Also, it monitors the government's implementation of victim friendly approaches in the provision of services to victims of sexual violence by hospitals, police and courts. It also raises awareness in the communities on GBV.¹⁶⁴

162. *Ibid*

163. *Ibid*

164. (Eerdewijk et al., 2018)

The government, CSOs and NGOs including Gender Links, People Opposing Women Abuse (POWA), Tshwaranang Legal Advocacy Centre (TLAC), the Women's Legal Centre and Sonke Gender Justice Organisation, with support from donors, implement various GBV prevention interventions. These include the annual 16 Days of Activism Against GBV Campaign which raises awareness in society on GBV, and the 365 Day National Plan to End Violence Against Women and Children. The Plan identifies and eradicates drivers of GBV.¹⁶⁵ For example, Sonke Gender Justice Organisation in partnership with the National Taxi Council launched a 12-month campaign called Safe Ride Campaign to reduce sexual and gender-based violence and harassment in taxis and taxi ranks. Through dialogues with taxi drivers, the organisation raised awareness on eliminating violence against women.¹⁶⁶

Furthermore, CSOs engage with traditional leaders and religious leaders. The CBOs sensitize traditional leaders and religious leaders on the harmful traditional beliefs that fuel GBV. Other CBOs engage with men and boys on gender norms that increase the incidences of GBV. Also, CSOs use multimedia campaign to sensitize communities on causes of GBV and how GBV can be eliminated.

The Department of Higher Education and Training (DHET) through HIGHER HEALTH implement various programmes to prevent GBV. These include publication of the Policy Framework to Address Gender-Based Violence in the Post-School System in 2020 and the establishment of ministerial task team on GBV and sexual harassment at universities. The department provides health and wellness programmes and services among others, on GBV and sexual and reproductive health rights (SRHR). Through HIGHER HEALTH, '2 Curriculum' was integrated into educational institutions in 2019 and over 595,000 people have benefited from the curriculum. The 'Future Beats Campaign' which is a radio-centered health promotion and social awareness campaign among 13 campus and community radio stations with a combined audience of 800,000 has also been of benefit.

HIGHER HEALTH implements the 'First Things First' programme which provides GBV screenings on campuses of higher education institutions.¹⁶⁷ Equally, in 2020 the department of Basic Education (DBE) piloted Comprehensive Sexuality Education (CSE) in three areas. The students benefited from the CSE which has topics such as gender equality, bullying prevention, GBV, sexual abuse and sexual diversity. The department of Basic Education also implements the Adolescent Girls and Young Women Programme which aims to support and strengthen the retention of adolescent girls and young women in school. Furthermore, South Africa has established a Gender Based Violence and Femicide Fund (GBVF) with funding from the private sector (65%) and international multinational organisations (35%). The main objective of the fund to support research, awareness and support organisation engaged in combating GBV. Currently it supports 110 community-based organisations committed to taking action against GBV.¹⁶⁸

165. Alber, B., Seidler, M., Raetzell, L., Munalula, C., Libakiso Matlho, L. and Motara, S.E (2018) *Partnerships for Prevention of Violence Against Women and Girls in Southern Africa (PfP)*.

166. (Eerdewijk et al., 2018)

167. (ISC-GBVF, 2020).

168. *Reflective Report on the Implementation of the South African National Strategic Plan on GBVF, 2022.*

4.5. The GBV Response in Zambia

4.5.1. Legislation and Policy Interventions

Zambia has developed and implements a number of laws and policies to combat GBV. These have to some extent increased the number of GBV cases reported to the police, and those handled and disposed of by the courts. However, the relevant legislation has a number of gaps, is poorly implemented, and thus hinders the government and CSOs' efforts to combat GBV.¹⁶⁹ For instance, the Anti-GBV Act has provisions for the establishment of the Anti-GBV committee, the Anti-GBV Fund, and construction of shelters. However, these have not been adequately addressed.¹⁷⁰ The Anti-GBV Act stipulates what consists of GBV, but it does not stipulate the penalties. These are provided for in the Penal Code. Also, the Anti-GBV Act has no provision for marital rape, and it does not refer to school related gender-based violence and economic violence. Abuses such as emotional and psychological abuse are not explicitly provided for in the Penal Code, therefore making it difficult to take legal action against offenders.¹⁷¹ Further, the Criminal Procedure Code Act number 88 of the Laws of Zambia does not provide the fixed period within which the case should be disposed of. Thus, it normally takes too long for GBV cases to be disposed of. The National Gender Policy is under review because of gaps that include weak policy provisions and lack of a clear financing mechanism. It also has no implementation plan that guides how the policy would be operationalized. It is also important for the Policy to respond to new forms of GBV and, be harmonized with Anti-GBV Act No.1 of 2011 and the Children's Code Act No 12 of 2022.¹⁷²

4.5.2. Coordination Mechanism and Knowledge Management

The Gender Division of the Government of the Republic of Zambia (GRZ), with support from donors, coordinates all GBV programmes and interventions implemented by NGOs and CSOs at national and local levels. However, the Gender Division does not have adequate human resources hence there is a lack of proper coordination among GBV programmes.¹⁷³ With regard to knowledge management, ZAMSTATS conducts prevalence surveys on GBV as part of the ZDHS. Also, the USAID-funded Stop GBV Phase 1 (2012-2018) project began a process to develop a national GBV information management system, but it was not completed.

4.5.3. Service Delivery

According to the World Bank (2023) report, the GRZ in 2011 developed National Guidelines for the multidisciplinary management of survivors of GBV. The guidelines explain how the police, legal, health and psychosocial sectors should respond to GBV. Development of the

169. World Bank (2022) *Zambia Gender Based Violence Assessment Report*

170. (GRZ-United Nations Joint Programme on GBV phase II, 2019).

171. World Bank (2022) *Zambia Gender Based Violence Assessment Report*

172. *Zambia Alliance of Women: Report of the National Consultative Dialogue on GBV, 2022*

173. World Bank (2022) *Zambia Gender Based Violence Assessment Report*

multidisciplinary Guidelines was spearheaded by GRZ - UN Joint Programme for Prevention and Response to GBV Phase I and II. For instance, the legal sector established the user-friendly fast track courts to expedite the time when the case is heard and judgement is passed. Currently, the country has established six fast track courts in provincial districts including Lusaka, Kabwe, Kasama, Choma, Ndola and Chipata.¹⁷⁴ However, the unavailability of fast track courts in other provincial districts has made GBV survivors in those areas fail to access the fast track services. As a result, GBV cases are heard in the conventional courts which are not user friendly, as they are not designed to handle GBV cases.¹⁷⁵ The fast track courts have inadequate staff in that one magistrate judge handles cases both in the fast track courts and conventional courts. This delays the period of disposing off the GBV cases. Equally, a number of magistrates have not received training on how to handle GBV cases. World Bank (2023) indicated that an additional four fast track courts were being constructed in Solwezi, Mansa, Mpika and Mongu.

With regard to the health sector's response to GBV, the Ministry of Health with support from various donor agencies, Ministry of Community Development and Social Services (MCDSS), and NGOs have established hospital based One Stop Centres (OSCs) and Village Led One Stop Centres (VLOSCs), and temporal protective shelters for GBV survivors in some districts.¹⁷⁶ Currently, 54 OSCs are supported by the USAID- funded Stop GBV II project and the EU-funded Natwampane Project.¹⁷⁷ The centers provide comprehensive multidisciplinary services in one location. The services include psychosocial counselling, legal and referral services to survivors of GBV.¹⁷⁸ According to the Report of the Committee on National Guidance and Gender Matters (2022) the provision of multidisciplinary services in one location has improved multi-sectoral coordination and reduced the movements the victim has to make to seek services. It has helped victims not to relive the trauma as it was in the past where they had to explain the abuse at each service provider before accessing the service. However, a number of centers have inadequate multidisciplinary personnel including nurses, social workers, counselors and police victim support unit officers.¹⁷⁹

One Stop Centers are found in limited locations and majority of the people are not aware of the services provided at the centers. In fact, some people are not aware of their existence.¹⁸⁰ It has been reported that a number of centers lack medical supplies including Post-Exposure Prophylaxis (PEP) and medical equipment to conduct medical examination. The centers sometimes do not have adequate rooms to conduct counselling sessions with survivors of GBV.

174. *Ibid*

175. *(Report of the Committee on National Guidance and Gender Matters, 2022).*

176. *World Bank (2022) Zambia Gender Based Violence Assessment Report*

177. *(ibid).*

178. *Rabson, J., Schone, G., Mvula, A., and Rasing, T. (2017). The cost of GBV in Zambia.*

179. *(ibid).*

180. *World Bank (2022) Zambia Gender Based Violence Assessment Report*

181. *Rabson, J., Schone, G., Mvula, A., and Rasing, T. (2017). The cost of GBV in Zambia.*

With regard to shelters, it was observed that both government and NGOs' shelters are insufficient. Hence some victims are forced to go back and live with their abusers because the shelters are full, and the services provided are inadequate.¹⁸¹

The Zambia Police Service has established the Police Victim Support Units (VSUs) in police stations and police posts countrywide. According to the Police Act of 2011, the VSU is supposed to provide counselling service to the survivors of GBV. However, police stations in rural areas do not have spaces which are designated as VSUs, let alone counselling rooms. The VSUs in rural areas have inadequate trained VSU officers and transport to follow up victims of abuse. Equally, World Bank (2023) observed that the Police department lacks resources such as forensic equipment and tools, Sexual Crime Kits and Deoxyribonucleic Acid (DNA) reagents which are required for evidence collection. Also, because VSUs are poorly funded they are not able to provide prompt response to GBV as per their mandate in the Anti GBV Act, 2011.

According to World Bank (2023) the government and NGOs are implementing interventions and programmes aimed at preventing GBV. For instance, the GRZ/UN Joint programme on GBV phase II, USAID Stop GBV project phase II and Natwampane projects are engaging traditional leaders in the fight against harmful traditional practices which increase incidences of GBV and early child marriage. The traditional leaders have been trained on what consists GBV and how they can handle GBV cases in their chiefdom. On the other hand, USAID Stop GBV Project and the Zambia National Men's Network (ZNMN) are engaging men and boys as change agents. Equally, the government and various NGO are raising awareness on GBV using various communication channels including community and school dialogues, community dramatic performances, information education and communication (IEC) and radio and television stations in English and local languages. GIZ's Strengthening Girls Rights Program raises awareness on GBV, HIV and reproductive health among youth.¹⁸²

Other prevention interventions in the country include YWCA which is supported by UNFPA under the Ending Child Marriage project, the Childline/Helpline which provides online counselling and referral services, the Girls Education and Women's Empowerment and Livelihoods (GEWEL) project, and the USAID DREAMS project which are implementing Child-Friendly Spaces for Building Life Skills including, decision making and negotiation. Also, the project provides knowledge to girls in sexual reproductive health, GBV and HIV. Also, the YWCA runs a total of nine shelters in seven districts in Zambia. Approximately, 500

182. World Bank (2022) *Zambia Gender Based Violence Assessment Report*

women are provided with shelter and support which include building women's economic abilities to reduce their current vulnerabilities. The shelters also provide link GBV survivors to services. However, the shelters are not adequate, there is need of more shelters

With regard to reducing women's dependence on men which fuels GBV, the government and NGOs are implementing empowerment programmes including the GEWEL project; the GRZ-UN Joint Programme and Natwampane Project. The projects provide entrepreneurship and vocational training, savings groups management, and farm inputs supplies to both women and girls.

5. RECOMMENDATIONS



GBV.

Interventions for addressing GBV must be scaled up, particularly, there is need to improve the efficiency and effectiveness of integrated services for survivors of GBV. There must be prioritization and strengthening of programming for addressing negative customary practices- increasing male engagement. In addition, efforts for economic empowerment of women must be scaled with increased coverage and there should be deliberate efforts to increase agency for women and girls.

Inclusion of socially excluded groups such as people. Countries should also increase the scope of community response mechanisms-especially in urban areas/localities. There is also a need to strengthen the victim centered GBV service delivery stems in order to build trust amongst survivors.

The specific recommendations are provided in the following sections.

5.1. Legislation and Policy Development

5.1.1. Addressing the Dual Legal System

- Develop a platform to engage law makers and custodian of customary law to repeal the aspects of customary law that subjugates women and girls.
- Use the Constitutional review processes to remove customary law and ensure the rights of women and girls.
- Institutionalize the development and use of Bylaws in Chiefdoms.

The recommendations emerging from this position paper are targeted at improving various legal and policy, institutional and service delivery in addressing GBV. Firstly, there is need for SADC and the five member states to make concerted efforts to addressing the dual legal system and creating uniformity in legal and policy provisions. Management of GBV of data and information must be strengthened. It is recommended that SADC explores the establishment of a regional coordination system and a database for GBV information. The issue of GBV is now a crisis and must be treated as such. Therefore, governments and cooperating partners should increase budgetary allocations to

5.1.2. Ensure Uniformity in Legal and Policy Provisions.

- Governments should strengthen institutional and legal frameworks for GBV case reporting, registration, and prosecution, guided by the SADC Model Law on GBV.
- Governments should conduct research on the impacts of laws and policies on GBV in order to improve implementation of laws and policies on GBV.
- SADC should strengthen its monitoring of the implementation of policies and laws by its member states.
- Increase the awareness of information about the legal frameworks, criminal justice system and support services for GBV to the citizens. This entails that government should provide information in all formats and languages that meets the information need of the community members.

5.2. Coordination and Knowledge Management

5.2.1. Addressing the Issue of Data, Information Management and Coordination.

- Develop a regional coordination system and database for GBV information
- The key ministry that coordinates GBV activities should have a database of all implementing agencies' GBV programmes
- Countries should collaborate with all stakeholders implementing GBV programmes and they should incorporate sectors including the private sector and media and, the community, traditional and religious leaders.
- At country level, key ministry should have a database where all implementing agencies, research institutions and academia can document information including GBV programmes, research evaluation findings of GBV programmes, best practices and, successes and challenges of GBV programmes.

5.3. Service Delivery

5.3.1. Strengthening the victim centered GBV service delivery to build trust amongst survivors.

- Sectors should strengthen the multisectoral/multidisciplinary approach in the delivery of friendly victim centered service. This means that sectors should have adequate resources including infrastructure, human resource, funds, transport, medical and equipment and evidence collection tools.
- The Justice and security sectors services providers should be adequately trained on GBV legislation and policies; and should ensure the proper implementations of the policies and legislation to combat GBV.
- Increase national coverage and the availability of efficient and speedy justice delivery system for survivors of GBV. This includes providing specialized training for court personnel to handle GBV cases.
- There is need to build strong linkages in the criminal justice system. Prosecutors must build better cases, involve psychosocial services and provide support such as transport for both the survivors of GBV and the witnesses

5.3.2. Address GBV as a crisis issue and hold governments accountable for increased budgetary allocation to GBV.

- Governments should increase its funding for the Ministry of Gender but also explore alternative ways to generate financing for GBV prevention and services. This could include resources from the private sector. The South Africa GBVF Response Fund can be used as good practice.

5.3.3. Prioritize and strengthen programming for addressing negative customary practices-increasing male engagement.

- Service providers should explore community-based protection for survivors of GBV. For instance, in the absence of modern shelters which require a lot of investment, communities can construct simple village level shelters for survivors of GBV
- The government and various stakeholders must use multimedia platforms to disseminate information. This means that the private sector, media, survivors of GBV, men and boys, traditional leaders, community leaders and religious leaders should be involved in the design of interventions and communication materials.
- GBV prevention programmes should utilize the education system to help sensitize on GBV, rights and laws and so GBV should be integrated in the school curriculum.

5.3.4. Increasing scope of community response mechanisms-especially in urban areas/localities

- Service providers should explore alternative services for psychosocial counselling in the absence of adequate social workers.
- There should be increased involvement of community members and survivors of GBV in the design of GBV response interventions.
- Community members could be trained to provide psychosocial services and intergenerational trauma services in communities for men, women, boys and girls.

5.3.5. Social inclusion in GBV Responses- e.g. people with disabilities.

- Service delivery should address issues of social exclusion in GBV responses with focus on specific context of experience, to include people with disabilities, sex workers, older persons, LGBTQI+, domestic workers, male cattle headers, internally displaced people due to conflict and climate change.

5.3.6. Ensuring Economic Empowerment of women.

- There is need to implement innovative economic empowerment approaches for women to reduce their economic dependence on men.
- Women should be supported to venture in to non-traditional economic activities that will remove them from the cycle of poverty so that they can venture into big businesses such as restaurants, hotels, lodges, agricultural related businesses, supermarkets.

5.3.7. Increasing Agency for women and girls

- There is need to improve women's agency, through addressing the public and private structures and systems for women to take up leadership roles in GBV programmes.

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45. *World Bank (2022) Malawi Gender-Based Violence Assessment: Scope, Programming, Gaps and Entry Points.*
46. *World Bank Data (2022).*
47. *World Bank (2022) Zambia Gender Based Violence Assessment Report*
48. *United Nations Development Programs (UNDP) Report (2022).*
49. *Universal Declaration on Human Rights (UDHR) of 1948.*
50. *Zambia Alliance of Women (ZAW) National consultative dialogue on GBV (2022)*

7. Appendix 1:

7.1. Methodology

The report was prepared using data collected from a desk review that was conducted from 27th July to 31 August 2023 and stakeholder consultations from a Regional Dialogue that was held from August 30th to 31st. The position paper was prepared from 1st to 20th September 2023.

7.1.1. Desk Review

The literature review was conducted to provide an overview of the status of GBV in Lesotho, Malawi, Mozambique, Zambia and South Africa. Data collection was focused on the following areas:

- Status of GBV in the selected countries
- Types of GBV prevalent in each country and causes
- Any interventions undertaken to address GBV past and present
- Any advocacy interventions undertaken in the selected countries around GBV
- Policy development around GBV

Documents for the literature review were primarily searched online. The search engines that were utilized include google and google scholar. Data was collected through websites, data obtained from previous studies, government, government agencies, UN Agencies, Non-governmental organisations; Educational institutions; previous assessments from consultancies; archives; and newspapers and journals. The online search was limited to documents published from 2000 to 2023. However, conventions document that date as far back as 1948 were included in the search. Additional documents were requested from relevant institutions including government, civil society organisations and UN agencies. The documents retrieved from the online search included scholarly articles and journals; government agencies, United Nations agencies and NGOs' documents.

7.1.2. Stakeholder Consultations

Southern Africa Trust provided reports of Nation GBV dialogues that were undertaken in 2022 by its partners: Muleide Mozambique; Eastern and Southern Africa Small Scale Farmers Forum (Lesotho); Zambia Alliance of Women (ZAW); and Malawi Human Rights Resource Centre MHRRC. Consultations through the Regional Dialogue that was organized by the Southern Africa Trust in Sandton, South Africa (30-31 August 2023) facilitated the triangulation of the data collected through desk review, as well as providing an opportunity to fill information gaps. The dialogue drew participants from various backgrounds and institutions, including government officials, representatives from non-governmental organisations (NGOs), activists, survivors, and community leaders.

The list of countries and the participating institutions is provided in the table below:

7.2. Regional Dialogue on GBV: List of Participating Institutions

Country	Institution
Lesotho	The Ministry of Local Government and Chieftainship
	Women and Law in Southern Africa Lesotho
Malawi	The Ministry of Gender Community Development and Social Welfare,
	Malawi Police Service
	Senior Chief Hendrina Julita Bezai Dowa,
	The Malawi Human Rights Resource Centre
Mozambique	Ministry of Interior-Department for Assistance Of Family And Children Victims Of Violence
	Ministry of Gender, Child and Social Action
	Muleide, Mozambique
South Africa	The Directorate of Social Empowerment of Women in the Department of Women, Youth and Persons with Disabilities
	The Southern Africa Trust
	The Ford Foundation
	The GBVF Response Fund
	The Centre for the Study of Violence & Reconciliation
Zambia	The Gender Division, Office of the President of Zambia
	The Zambia National Prosecution Authority of Zambia -Gender-Based Crimes
	Zambia Alliance For Women
	Sonke Gender Justice-Zambia
Botswana	The SADC Gender Unit



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