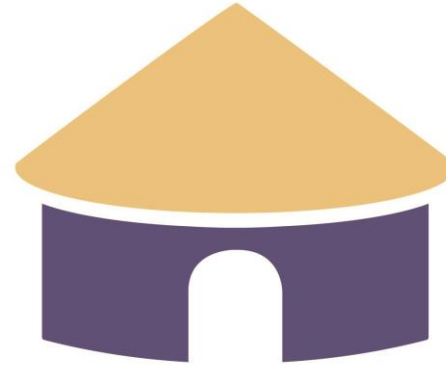


Partnerships  
for Prevention  
of Gender-Based  
Violence in  
Southern Africa



# Partnerships for Prevention

of Gender-Based Violence in Southern Africa

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**Regional Conference**

Advancing Data and Evidence for GBV Prevention and SRHR in Southern  
Africa Region

6<sup>th</sup> – 7<sup>th</sup> March 2024

# The approach

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## **Focus on (primary) prevention**

to alter norms and practices  
that instigate VAWG



## **Promote multi-stakeholder initiatives**

for joint implementation of prevention  
activities to leverage financial and technical  
contributions of various actors

# PfP Flagships

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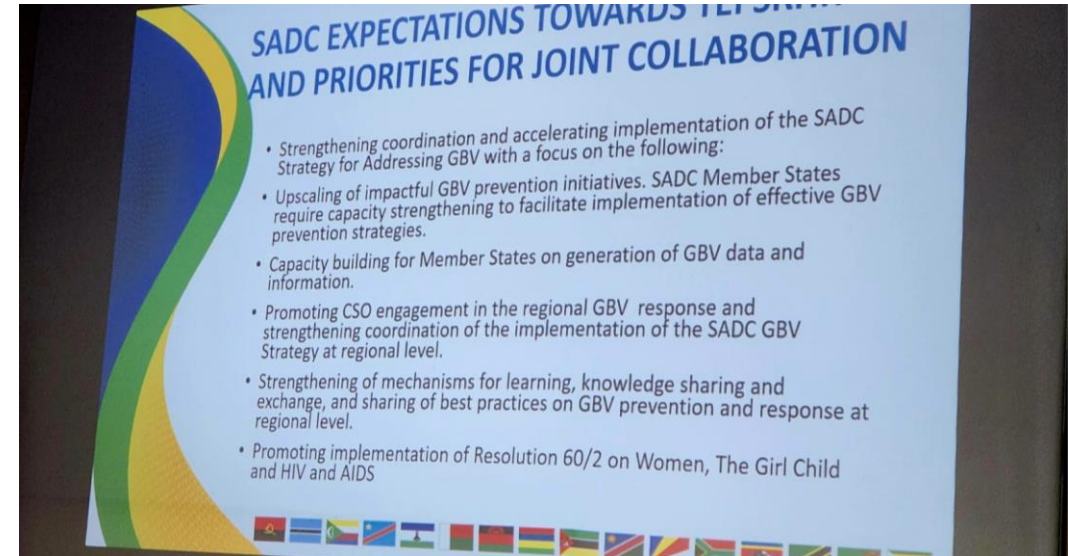
# 2019 Regional Conference, Johannesburg

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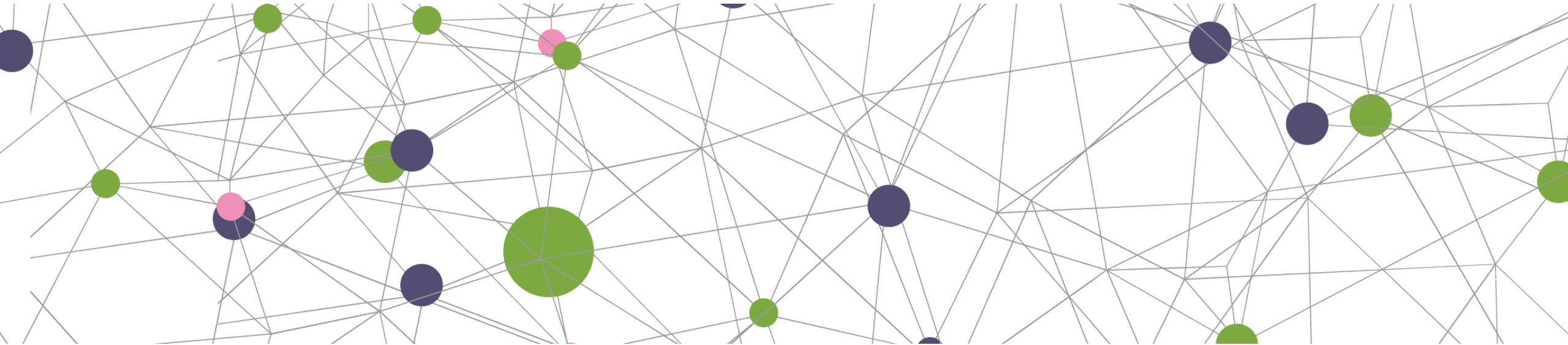


# 2020 Health Stakeholder Workshop, Gaborone



# Thank you

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## Physical address

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## Website

[www.partnershipsforprevention.org](http://www.partnershipsforprevention.org)

# GBV Prevention

## *Research evidence & funding*

Elizabeth Dartnall

GBV Prevention and SRHR Regional Conference

March 2024







- Largest global network for research on violence against women and violence against children
- More than 11,000 members
- One of a handful of research funding mechanisms based in a LMIC and led by women
- Deeply held feminist principles

# Our work



## 01

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### BUILD EVIDENCE

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An increase in innovations tested by strong research designs for improved responses to and prevention of violence against women and violence against children.

## 02

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### STRENGTHEN CAPACITY

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An increase in the number of researchers from low- and middle-income countries leading rigorous, impactful and innovative research on violence against women and violence against children in low- and middle-income countries.

## 03

---

### PROMOTE PARTNERSHIPS

---

A co-operative and nurturing field where knowledge is shared and people collaborate and support each other.

## 04

---

### INFLUENCE CHANGE

---

More resources mobilised and used effectively for research on violence against women and violence against children and evidence-based practice in low- and middle-income countries.

# Why is research important?



**1 in 3**

Women have experienced physical or sexual violence in their lifetime.

**137**

Women, across the globe, are killed by a family member everyday.

**\$1.5 Tr**

In 2016, the global cost of VAW was approximately US\$1.5 trillion

**R36 B**

In 2019, VAW cost South Africa an estimated R36-billion

**.9%**

Overseas Development Assistance is directed to VAW programming (prevention and response).

**.002%**

Overseas Development Assistance is directed to prevention of VAW. Of which, **ONLY 0.1% going to research.**



# Strengthening the evidence base

- No intervention has reduced VAW to zero
- Few interventions have been taken to scale
- Knowledge limited on long term effects and specific mechanisms driving change
- Integrate VAW into broader development programmes



# Why research matters



To ensure that:

- We create contextually relevant, evidence-based solutions to reduce violence against women and children
- Presented solutions are effective
- Presented solutions can be cost effectively implemented with efficacy to scale
- We don't do harm through our interventions

# Learning from the field: Indashyikirwa



- **Indashyikirwa** couples-based intervention which aims to reduce IPV.
- Externally evaluated through a community-level randomized controlled trial (RCT)
- Found to reduce **IPV BY 55%...**

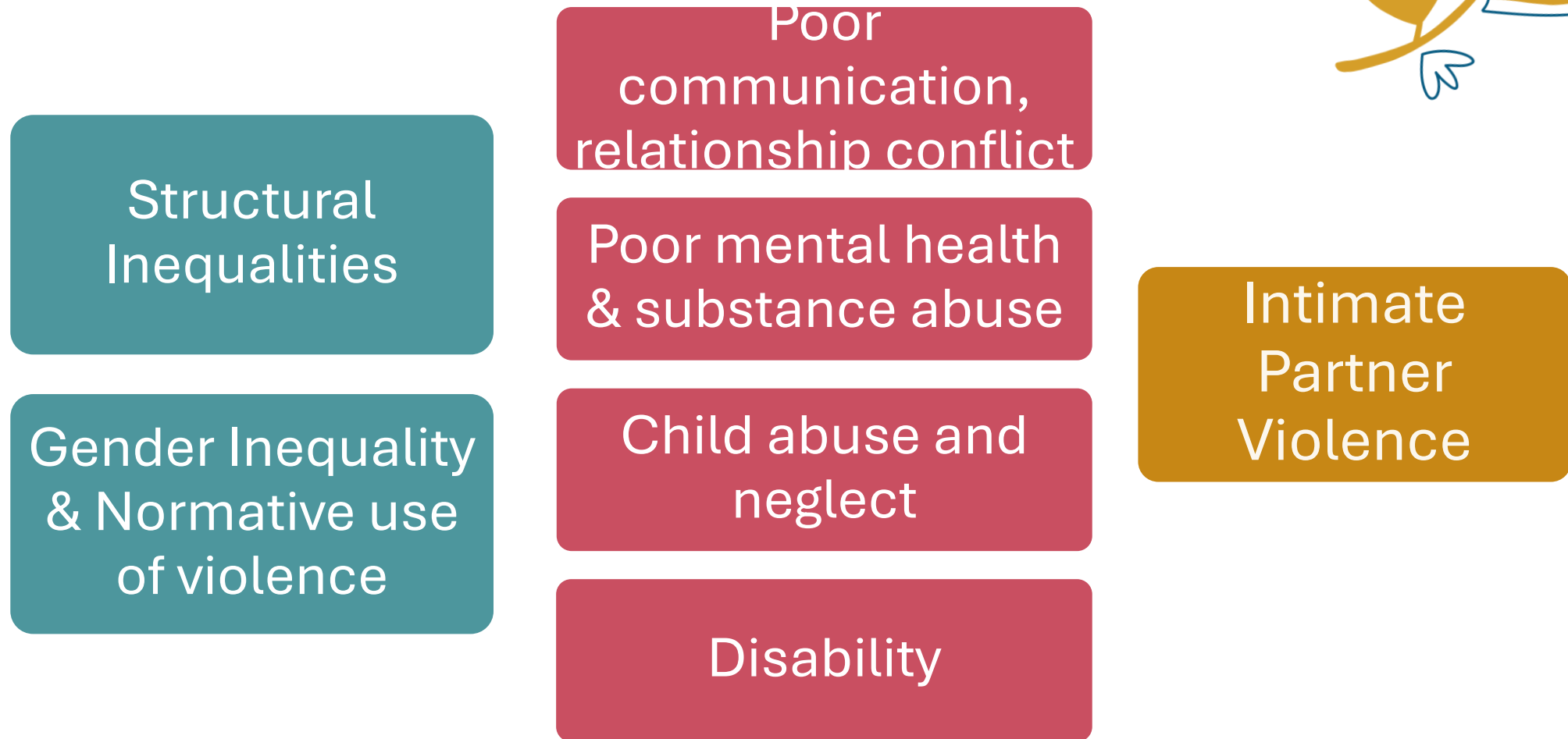
## **BUT**

- Rigorous evaluation of a modified programme found increased IPV risk and a worsening of the wellbeing of couples.
- **Follow up research was critical to interrogate the discrepancies and ensure that future adaptations of this intervention did not do harm.**

(Source: <https://www.whatworks.co.za/global-programme-projects/care-international-Rwanda>;  
<https://www.care.org/our-work/health/fighting-gender-based-violence/indashyikirwa/> ;Dunkle K, Stern E, Chatterji S, Heise L. Effective prevention of intimate partner violence through couples training: a randomised controlled trial of Indashyikirwa in Rwanda. BMJ Glob Health. 2020; 5(12). <https://doi.org/10.1136/bmjgh-2020-002439> PMID: 33355268



# What do we know? Drivers of IPV



# Shared elements of effective interventions

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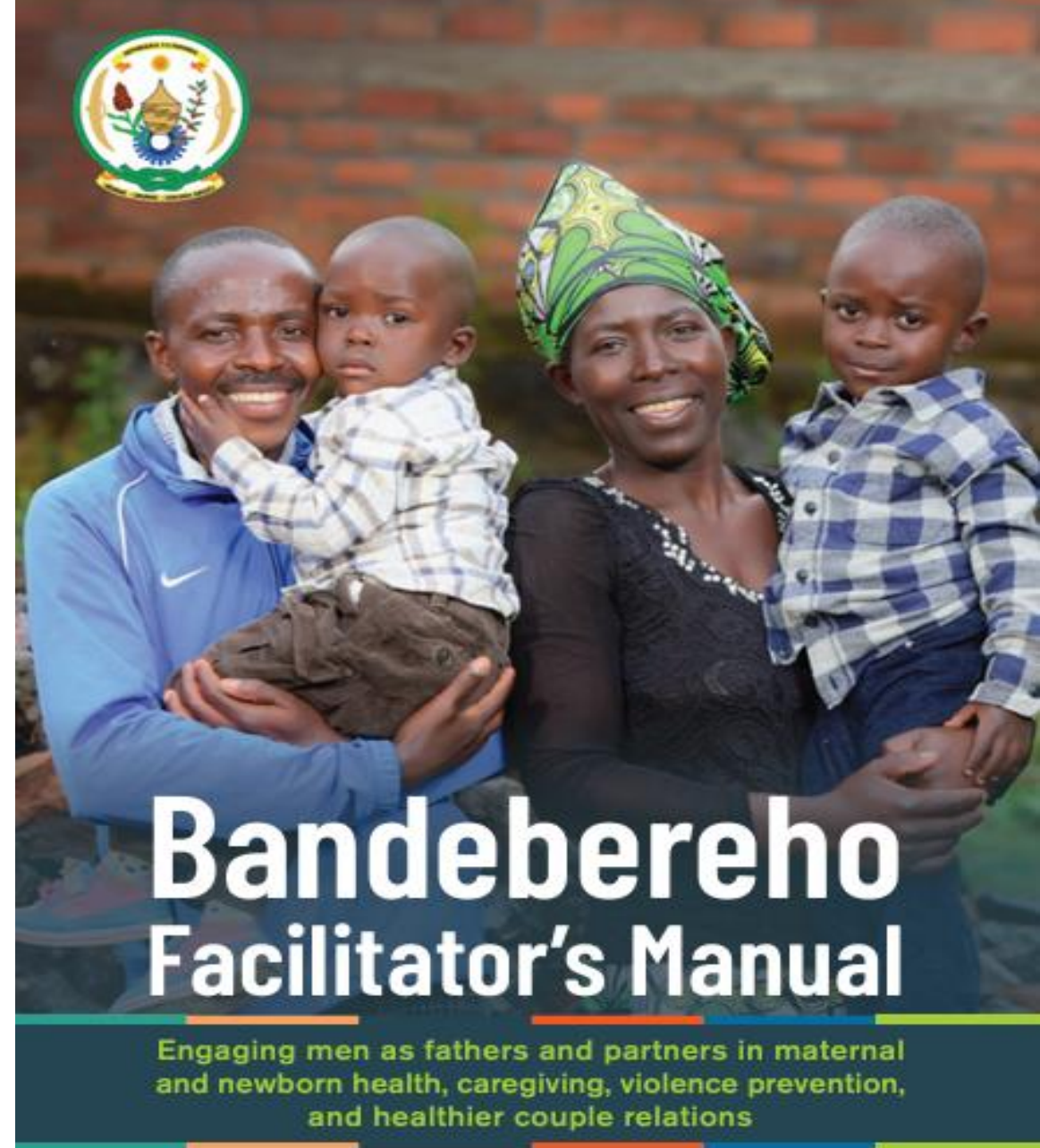
A strong theory of change	Both men & women	Participatory approaches
Address gender inequality	Support survivors	User friendly manuals
More activities / longer duration	Well trained / supported facilitators	Programming across multiple levels

---

## Bandebereho, Rwanda

- Gender-transformative couples' intervention
- 21 month and 76-month follow-up studies:
  - 21 months – Reduction in both VAW and VAC
  - 76-month (6-years) - a large and sustained reduction in IPV and on both parents' use of physical punishment
- Programmes engaging men & women to promote collaborative and non-violent relationships can result in sustained reduction in family violence years later.

Source: Doyle K, et al (2023). Long-term impacts of the Bandebereho programme on violence against women and children, maternal health-seeking, &





# RESPECT – unifying framework

<https://www.who.int/reproductivehealth/topics/violence/respect-women-framework/en/>

8

RESPECT: PREVENTING VIOLENCE AGAINST WOMEN  
A FRAMEWORK FOR POLICYMAKERS

R E S P E C T

**Implement**  
**7 strategies to**  
**prevent violence**  
against women<sup>2</sup>

## → Relationship skills strengthened

refers to strategies aimed at individuals or groups of women, men or couples to improve skills in interpersonal communication, conflict management and shared decision-making.

## → Empowerment of women

refers to both economic and social empowerment including inheritance and asset ownership, microfinance plus gender and empowerment training interventions, collective action, creating safe spaces and mentoring to build skills in self-efficacy, assertiveness, negotiation, and self-confidence.

## → Services ensured

refers to a range of services including police, legal, health, and social services provided to survivors.

## → Poverty reduced

refers to strategies targeted to women or the household whose primary aim is to alleviate poverty ranging from cash transfers, savings, microfinance loans, labour force interventions.

## → Environments made safe

refers to efforts to create safe schools, public spaces and work environments, among others.

## → Child and adolescent abuse prevented

refers to establishing nurturing family relationships, prohibiting corporal punishment, and implementing parenting programmes as mentioned in *INSPIRE - 7 strategies for preventing violence against children*.

## → Transformed attitudes, beliefs, and norms

refers to strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes that uphold male privilege and female subordination, that justify violence against women and that stigmatize survivors. These may range from public campaigns, group education to community mobilization efforts.

# Services ensured – SRH and VAW prevention

- Most women attend sexual & reproductive health services at some point
- The healthcare systems role is early detection and mitigation of its impact – and prevention by identifying & referring children at risk
- Health care workers are uniquely placed to identify survivors and refer them to services.
- A mixed-methods systematic review of 26 studies from LMICs on the effectiveness and barriers to strengthening SRH services response to VAW.
- Interventions to improve response to VAW in SRH services did not escalate violence; and some increased identification & reduced IPV

# Ethical Quality Standards

- We don't know how to ask about violence without asking about violence
- Trauma
- Higher costs of research mistakes
  - Extra risks to confidentiality;
  - Increased violence
  - Underreporting = impression VAWG is “not a problem”

- Ethics:
  - Align with Existing Guidelines. Ensure research conforms to existing guidelines for human research
  - CIOMS, 2016
  - Existing guidance about VAC and VAW research, and research in LMIC.
- Tools and measures:
  - [WHO/DHS VAW IPV module](#)

Source: IPA Methods and Measures presentation; SVRI Blog on ethics: [Is ethical review a barrier to research on violence against women and violence against children in low and middle income countries? | Sexual Violence Research Initiative \(svri.org\)](#)



# How to build the evidence ecosystem in the region

- Advocate for more and better funding – ethical funding
- Using a shared agenda to guide our evidence building
- Co-create and collaborate



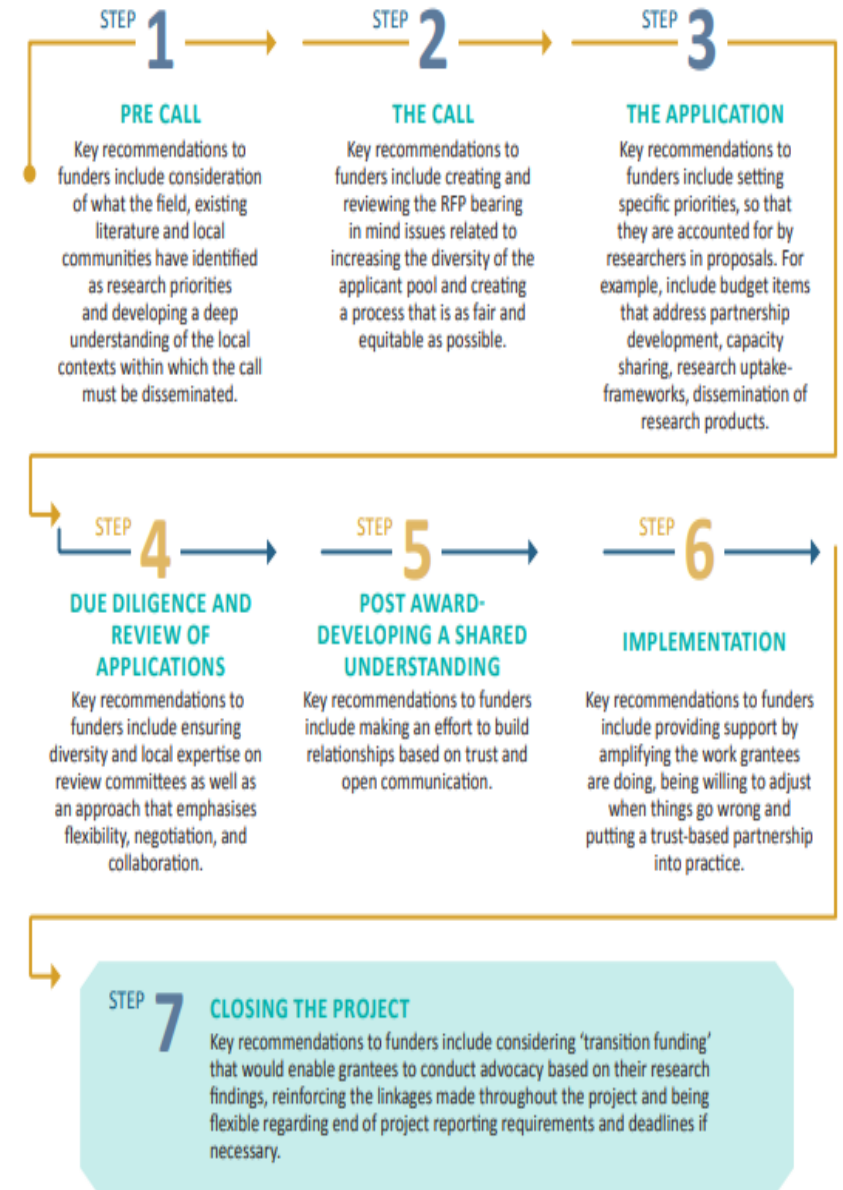
# Advocate for ethical funding

## Work with funders on ways to fund GBV research in LMICs

- Scoping review
- Consultative process (July-September, including 7 FGDs and online survey)

## Key principles include:

- Decolonising knowledge and methods of learning;
- Equity in research partnerships (diversity, accessibility, localisation, dissemination)
- Funding needs to be flexible, adaptive, and long term
- Transform the funder grantee relationship



# Be guided by a shared set of research priorities



1.  
Identify  
evidence  
gaps

2.  
Assist  
research  
planning &  
fundraising

3.  
Advocacy  
tool

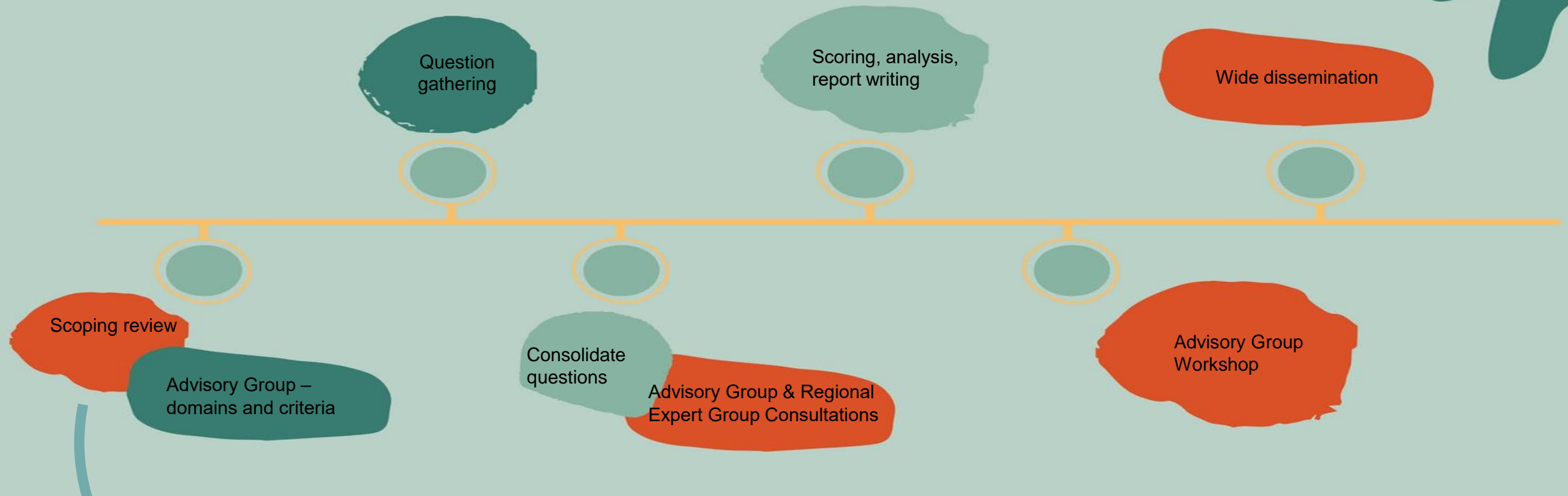
4.  
Monitoring  
tool

5.  
Guide grant-  
making in  
the region

Draws from the **Global Shared Research Agenda for VAWG**: [www.svri.org/documents/global-shared-research-agenda-vawg](http://www.svri.org/documents/global-shared-research-agenda-vawg)



# Africa Shared Research Agenda



## Domain 1

Research on understanding GBV in its multiple forms

## Domain 2

GBV response interventions

## Domain 3

GBV prevention interventions

## Domain 4

GBV prevention & response at scale

## Domain 5

Measures & methods

# Top question under each domain

1

What are the types & prevalence of GBV specifically affecting women & girls with disabilities, living with HIV/AIDS, including sexual violence, early marriage, structural violence & obstetric violence

2

Is multisectoral GBV support adaptable to different contexts & the needs of victims/survivors, including those from marginalised populations?

3

Which interventions working with religious &/or traditional leaders, or other social structures strongly imbued with patriarchy, have been most successful in preventing GBV & why?

4

Which GBV prevention interventions, including social norms change & couples' interventions, can/should be scaled in low resource & rural environments?

5

How can we improve research methods to increase the accuracy of data and reporting of GBV?



# Co-create and collaborate



- Promotes research uptake/impact
- To challenge and subvert traditional knowledge hierarchies and create opportunities to do things in new and different ways.
- Creates a culture of constant critical reflection and learning within and beyond the partnership that enables learning and capacity building for all partners.
- Enhances collaborative processes where knowledge is co-created and co-owned with each partner rather than being extractive or exploitative process.
- Builds better, more effective programmes

<https://www.svri.org/sites/default/files/attachments/2020-10-08/Learning%20together%20brief.pdf>

Locally conceptualised, locally led  
research done in partnership =  
IMPACT!

GRADE, with the Peruvian National Police & the Ministry of Women & Vulnerable Populations evaluated a *Home Visits Programme* on IPV - after the crime has been reported to the police.

**The Impact: An improved, evidence-based risk assessment tool that is now mandatory in all police stations to assist in the prevention of further victimisation of thousands of women reporting IPV in police stations across Peru.**



# Final reflections



- Build on the evidence base - adapt programmes carefully and be guided by research priorities
- Nurture partnerships and courageous collaborations through which we share data, knowledge, learning.
- Integrate VAW interventions in SRH programmes.
- Advocate for more and better funding
- Self and collective care

# Thank you.



[www.svri.org](http://www.svri.org); [elizabeth@svri.org](mailto:elizabeth@svri.org)





# Fast tracking the attainment of sexual and reproductive health and rights in Eastern and Southern Africa

Lessons from 2gether 4 SRHR





## Our Mission

The 2gether 4 SRHR brings together the combined efforts of UNAIDS, UNFPA, UNICEF and WHO, working in partnership with the African Union, RECs and regional civil society, to support continental, regional with applied learnings in country for a collective and coordinated strategic political and programming effort to ensure universal access to SRHR for all, including in humanitarian settings.

It will apply a rights-based approach to SRHR within the context of UHC to reduce maternal mortality (including from unsafe abortion), reduce new HIV/ STI infections, reduce the unmet need for family planning, and reduce GBV.

## The Vision

All people in the East and Southern Africa region are empowered and supported to exercise their SRH Rights and can access quality, people-centred integrated SRHR, HIV and GBV services.

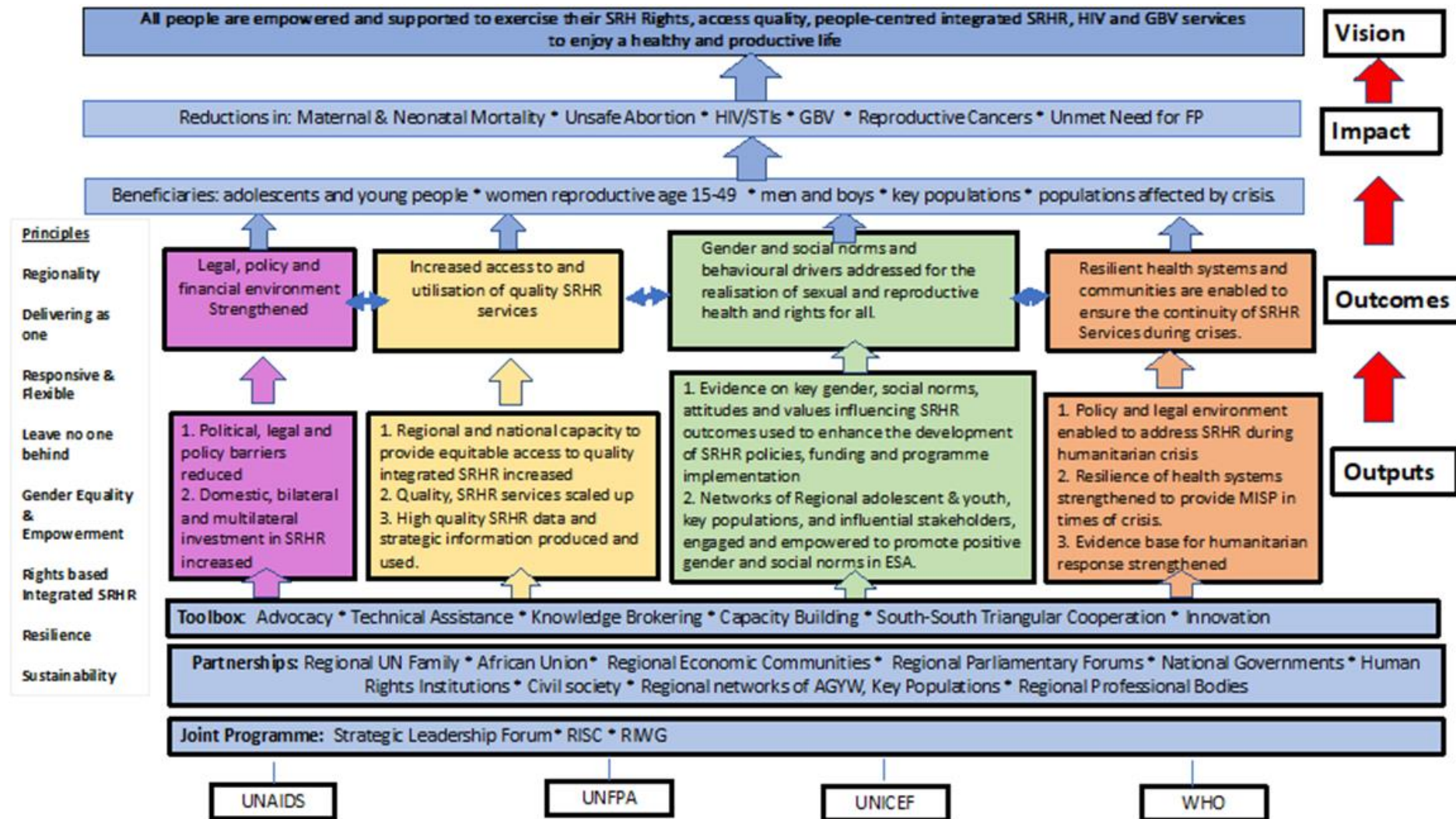
## The Goal

Contribute towards the attainment of the SRHR-related targets of the SDGs:

- *Goal 3: Ensure healthy lives and promote well-being for all at all ages.*
- *Goal 5: Achieve gender equality and empower all women and girls.*

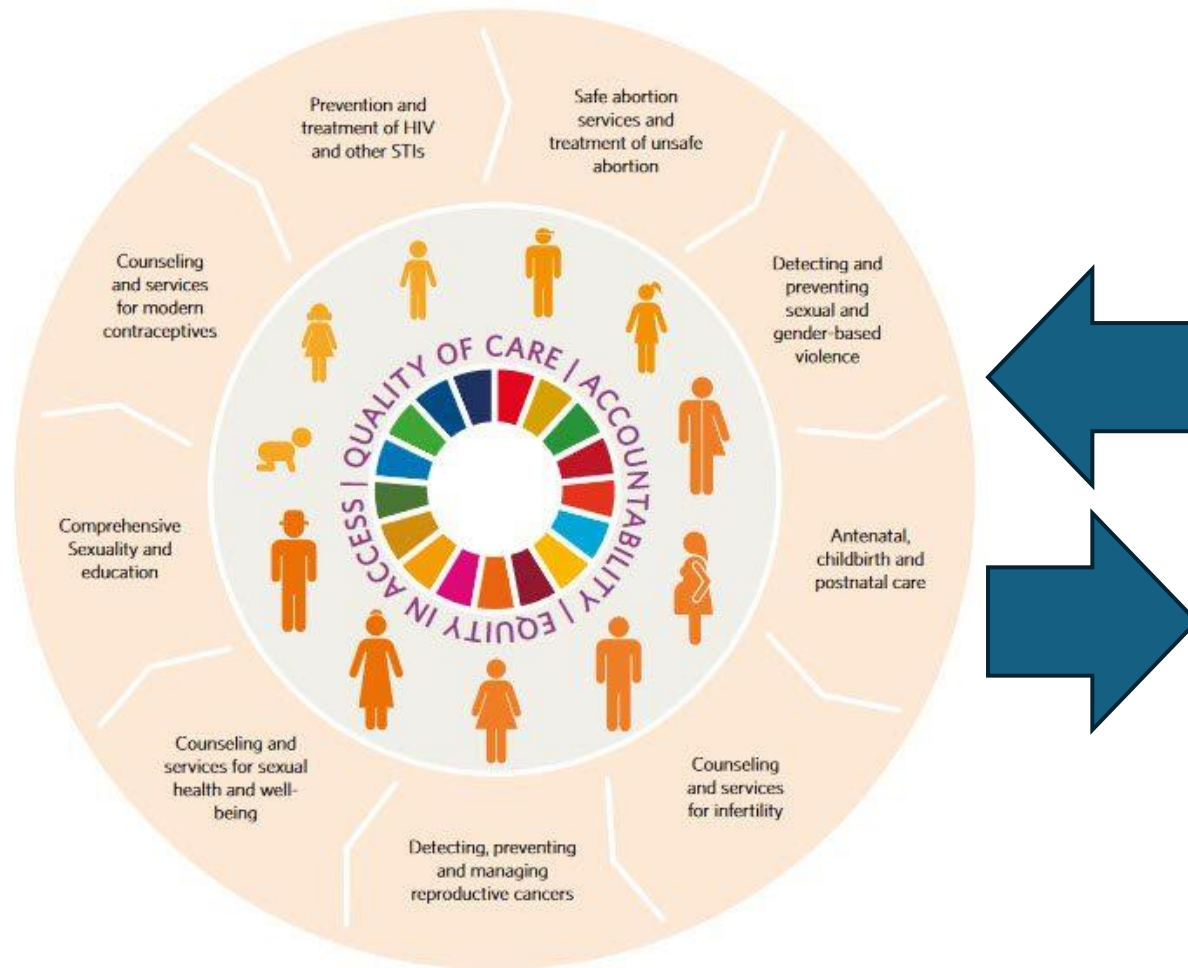


# Theory of Change



The ICPD Programme of Action broadly defines reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”

Figure 1. A comprehensive definition of sexual and reproductive health and rights



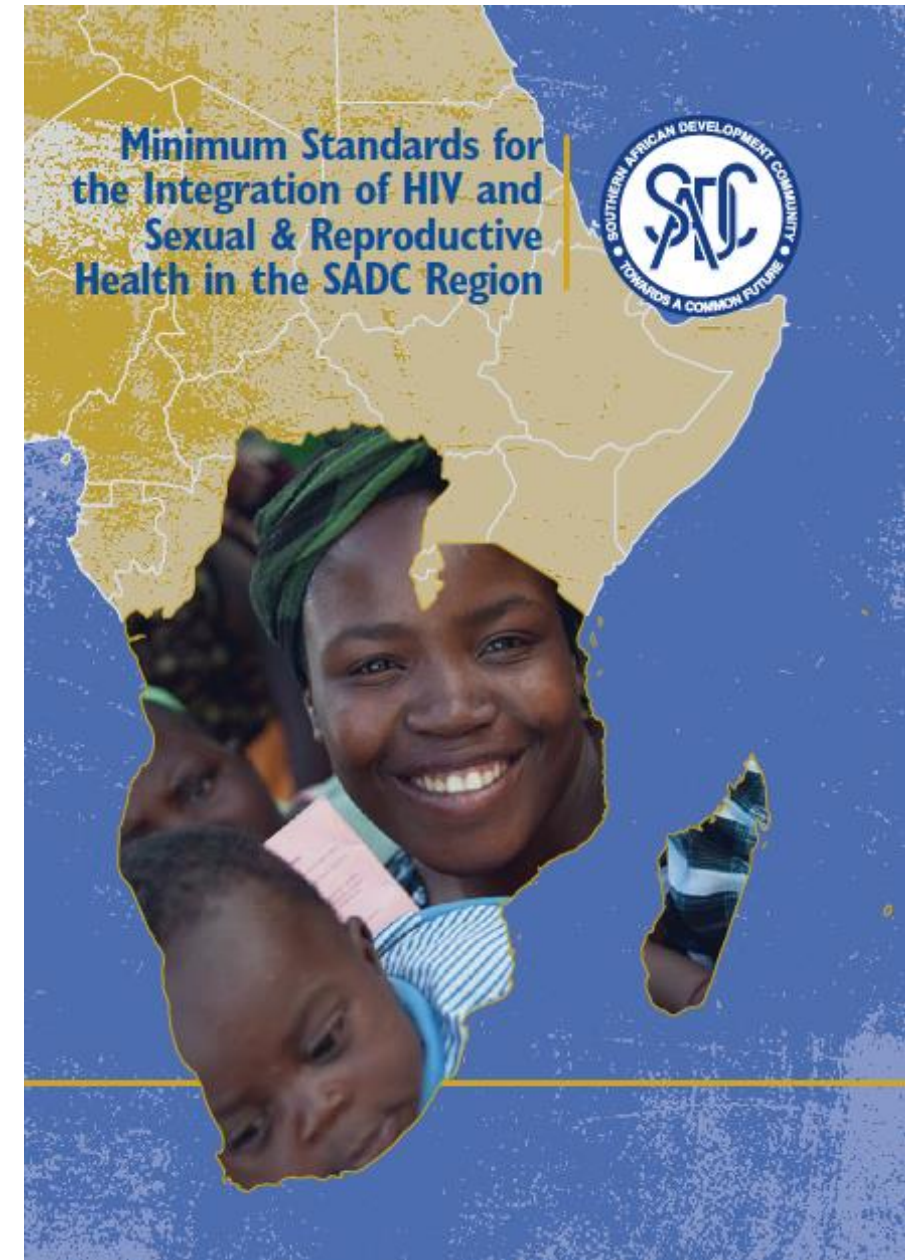
### Sexual and Reproductive Health and Rights:

- 1) Bodily integrity and autonomy,
- 2) Define their own sexuality, including sexual orientation and gender identity and expression,
- 3) decide whether and when to be sexually active
- 4) Choose their sexual partners, have safe and pleasurable sexual experiences.
- 5) have safe and pleasurable sexual experiences;
- 6) Decide whether, when, and whom to marry;
- 7) decide whether, when, and by what means to have a child or children, and how many children to have;
- 8) have access over their lifetimes to the information, resources, services, and support necessary to achieve all the above, free from discrimination, coercion, exploitation, and violence



# Linkages and integration

- **Linkages:** The bi-directional synergies between **laws, policies, programs, services and advocacy** around SRHR/HIV, recognizing that SRHR, HIV and GBV share root causes in poverty, gender inequality, gender based violence and social marginalization.
- **Integration:** The process of bringing together in a holistic manner different kinds of related SRHR, HIV and GBV interventions at the levels of legislation, policy, programming and service delivery to ensure access to comprehensive integrated SRHR services in an efficient and effective manner.
- **Bi-directionality:** Both linking SRHR with HIV - related policies and programmes and linking HIV with SRH-related policies and programmes.
- **Universal health Coverage** is new opportunity for integration ensuring that the minimum package of service is integrated into the national essential services packages and the essential medicines list.

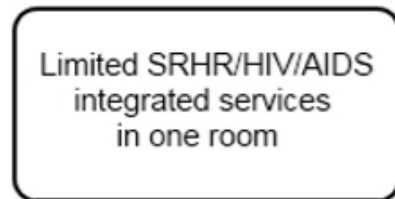


# Facility-based Models of Integration

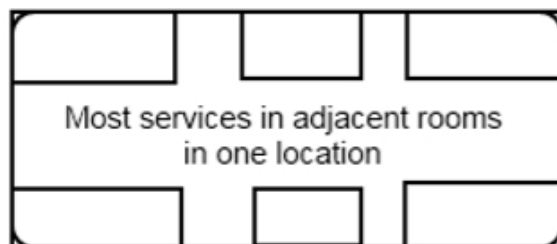
The model that is chosen has to be contextualized to the situation of the country, the district and the Facility.

## Facilities & Proposed Models

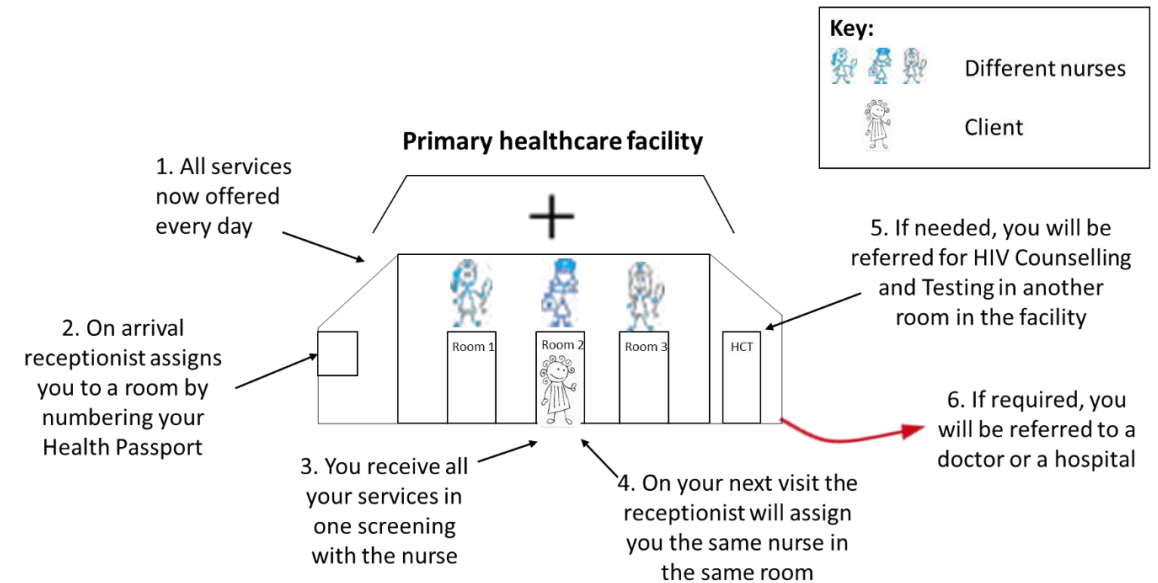
### Kiosk Model : Clinic/ Health post



### Supermarket Model: Proposed for Clinics

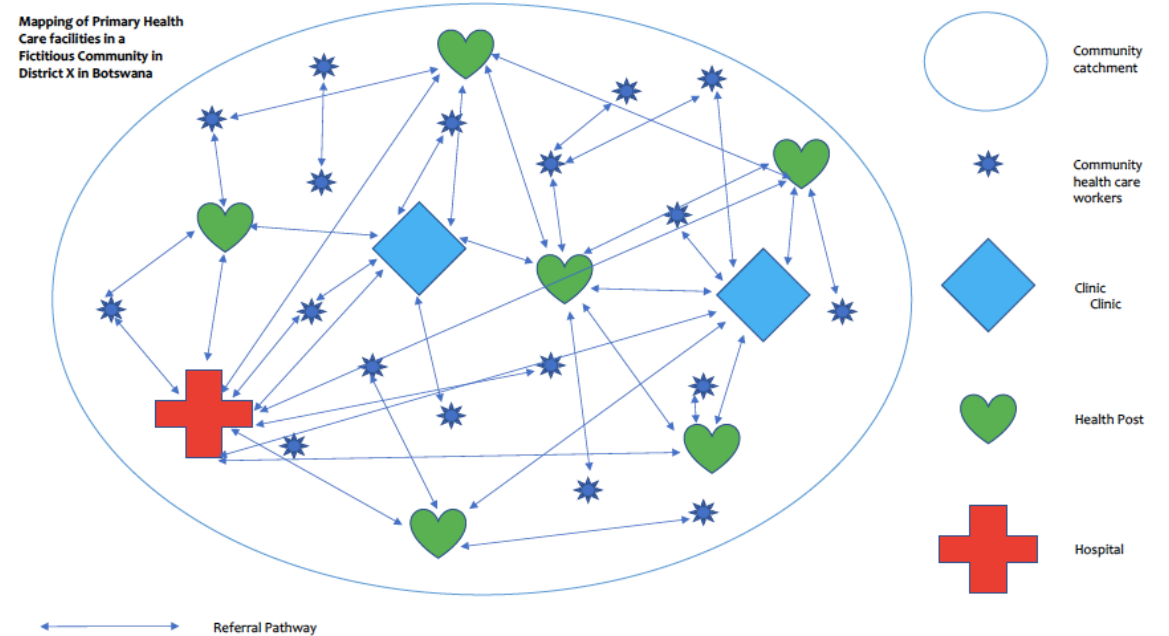


### Mall Model : (Hospital)



# Community Based Models of integration

- Community based models are important in particular in times of humanitarian crisis and ensuring that services that can be provided through CHWs are provided while more advanced cases can be referred to health facilities.





# Fast tracking the attainment of sexual and reproductive health and rights in Eastern and Southern Africa

Lessons and insights from Phase I



2gether  
4SRHR



UNAIDS



UNFPA

unicef  
for every child



World Health  
Organization



# Integration of SRHR Services in twelve countries

## Results on addressing gender norms and GBV



Capacity built at the regional and national levels to **enhance legislative and policy frameworks that address GBV**, with **laws** impacted in **4 countries**

**Strategic information** on gender and GBV developed and to inform programming:  
**Gender assessments in 6 countries**  
**Rapid assessment of male behaviours in 5 countries**



**Capacity enhanced for health-care workers** to improve the GBV response and services for survivors of violence.

**4 guidelines developed**

**2 curricula updated**

**4,222 health-care workers trained**



**Male engagement** enhanced to create awareness and bring about a change of attitude towards SRHR and GBV, with **men and boys' programmes** implemented in **7 countries**

**12 knowledge products created**



# What were the results

- The enactment of laws and the development of strategies further strengthens the legal protections for women and ensures that they have the right to bodily autonomy and integrity, and legal recourse. However, developing a law or policy is one step – the actual realization of this right depends on its implementation.
- Services were strengthened through investments made in the development of national guidelines, training curricula, the training of health care workers and integrated service delivery and strengthening health information services:
  - % of facilities delivering integrated services increased from 51% - 71%
  - % of clients accessing GBV services provided with the full package of PEP increased from 33% to 63%
  - % of clients accessing GBV services provided with HIV Testing showed no increase – 51 – 53%.
  - % of clients accessing GBV services screened for STIS increased from 40% to 64%

# Findings from selected research / Assessments



Formative assessment of the structural, social and behavioural drivers that facilitate or impede the uptake of SRHR services and the impact of COVID-19 on adolescent boys and young men aged 18 -34 years using a life course approach in Lesotho, Malawi, Uganda, Zambia and Zimbabwe.



# **Policy Analysis of the inclusion of male SRHR needs in national policies and strategies in 5 countries**

- Only one country had a specific policy related to male engagement, and many policies do not make explicit what male engagement actually means.
- The SRHR needs of men and boys not fully included in national health, gender and education policies.
- Role of men as change agents sparsely articulated in policies and strategies (e.g. directives to establish Male Action Groups in Uganda, and to empower men to promote and patronize SRHR services in Malawi)
- Of concern - only few documents contained programmatic interventions emphasizing a key role for men and boys in eliminating GBV (e.g. the National Gender Policy of Zimbabwe)
- Blind spots: Adolescent expectant fathers, gender transformative approaches, Budgets to address men's SRHR, incorporation of men's health into essential health services packages.



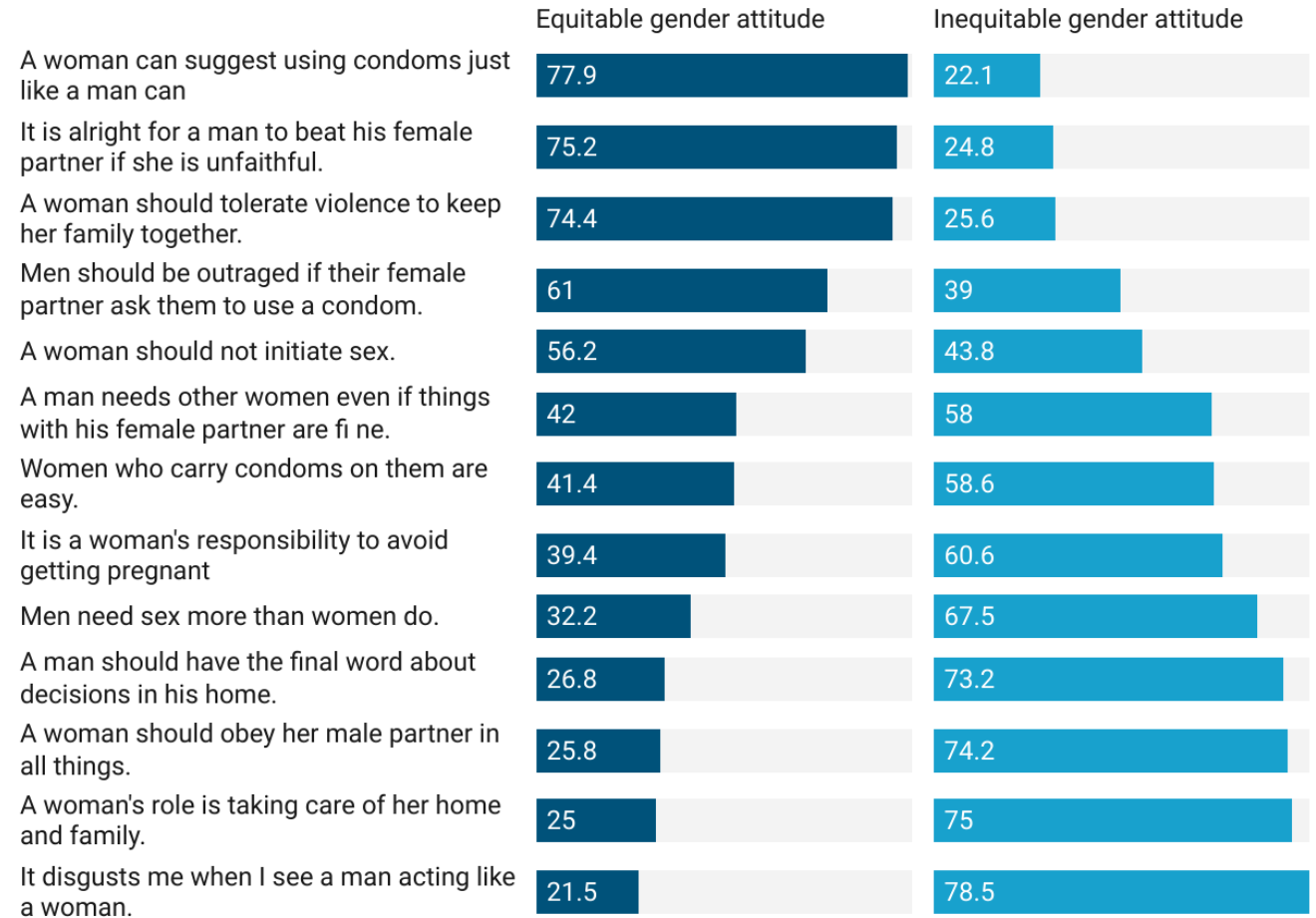
# Social and gender norms and behaviours in relation to men and boys and SRHR

Using qualitative and quantitative methodologies the study asked men about their gender related attitudes using the gender equitable men's scale:

- Quantitative (interview-based survey, n=1021). Purposive sampling.
- Qualitative (ABYM focus groups, n=26, provider; programme implementers interviews, n= 25; government officials, n=26)

Limitation: Small sample size

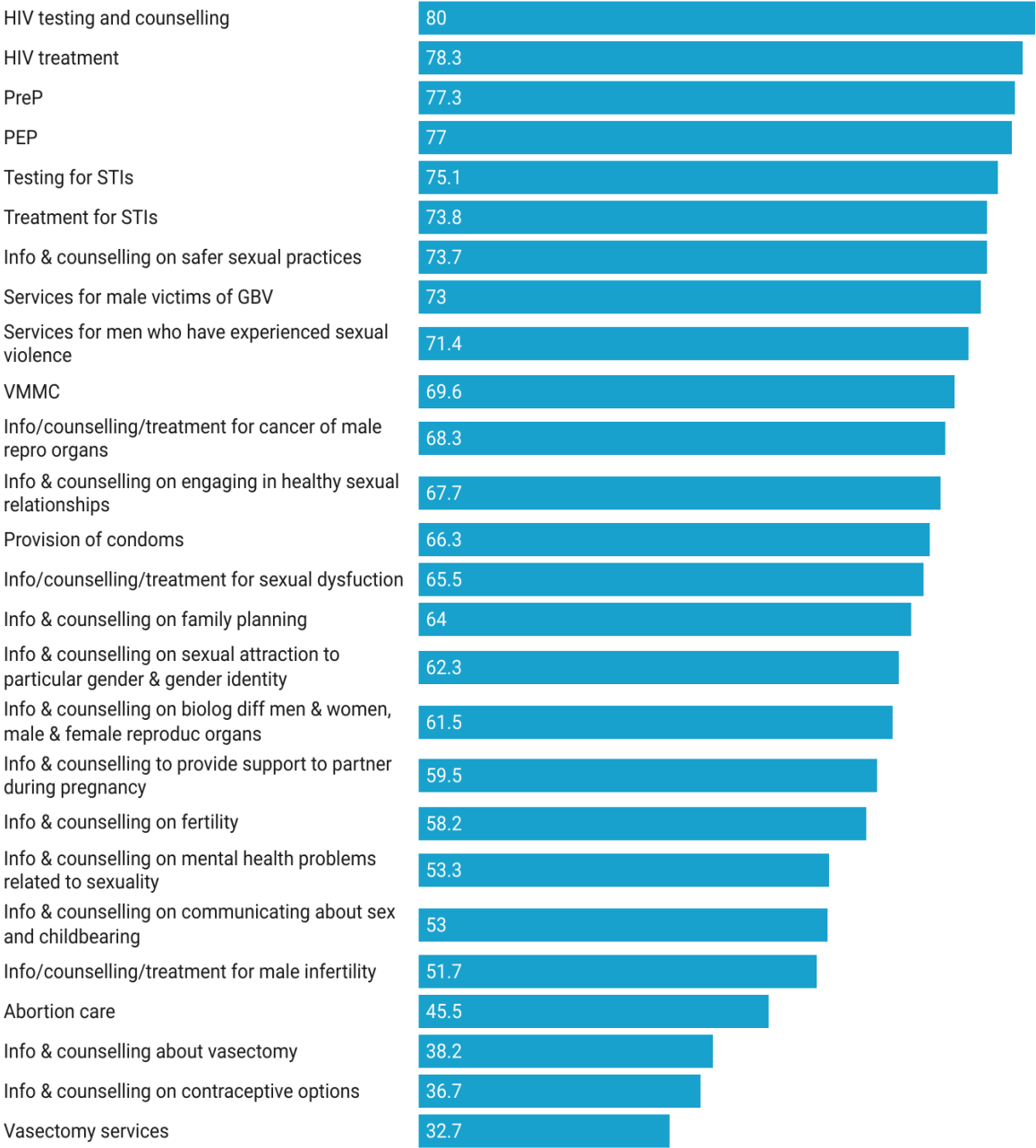
**Conclusion: Progress made but a lot remains to be done to address gender norms and attitudes.**



# Mental Health and IPV

			Column %
HIV stigma	Do you think most people with HIV/AIDS are supported by their families when they disclose their HIV status	No	24.1%
		Yes	75.9%
Depressive symptoms	I felt sad (Please indicate how often you have felt this way during the past week)	Rarely < 1 day	54.3%
		Some of the time (1-2 days)	31.4%
		Occasionally (3-4 days)	10.9%
		All of the time (5-7 days)	3.4%
	I felt lonely (Please indicate how often you have felt this way during the past week)	Rarely < 1 day	55.4%
		Some of the time (1-2 days)	29.2%
		Occasionally (3-4 days)	12.7%
		All of the time (5-7 days)	2.7%
	I felt hopeful about the future (Please indicate how often you have felt this way during the past week)	Rarely < 1 day	17.1%
		Some of the time (1-2 days)	15.1%
		Occasionally (3-4 days)	24.4%
		All of the time (5-7 days)	42.0%
Intimate Partner Violence	In the last 12 months, how many times did you <b>physically force your current or previous partner to have sex</b> with you when they did not want to	Never	82.8%
		Once or more times	17.2%
	In the last 12 months, how many times did you use <b>threats or intimidation to get your current or previous partner to have sex</b> when they did not want to	Never	88.2%
		Once or more times	11.8%
	In the last 12 months, how many times did you <b>force your current or previous partner to do something sexual that they did not want to do?</b>	Never	85.5%
		Once or more times	14.5%

# Services that men want to be available

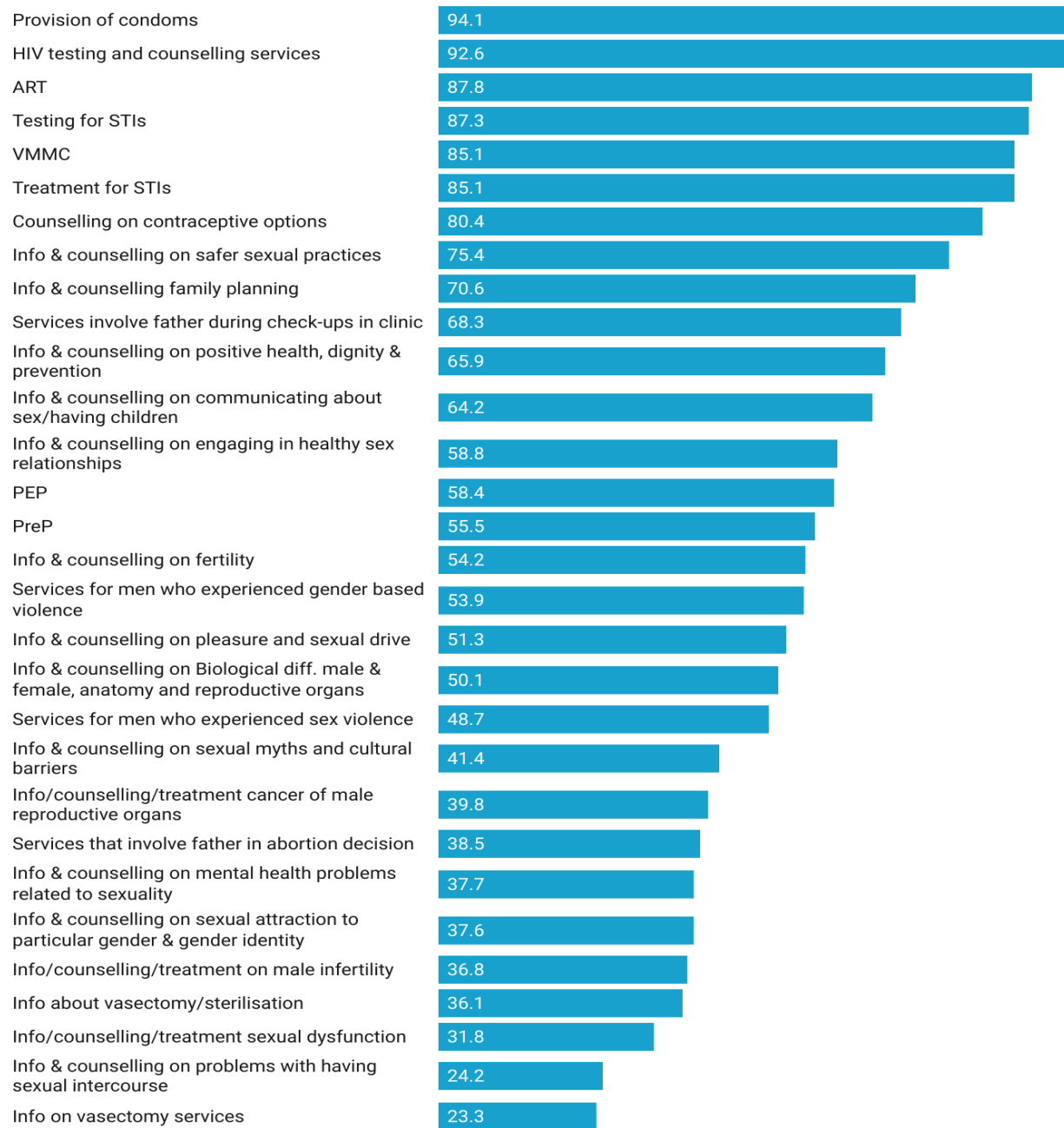


73.7% of men want services for male survivors of sexual violence.

71% of men want services for men who experience sexual violence.

67% want information and counselling on engaging in healthy sexual relationships.

The least desired services: Infertility (51.7%), abortion care (45.5); info and counselling on vasectomy (38.2), contraception (36.7)



# Current services available in the community

- Information and counselling for men who experience sexual violence (54%)
- Services for men who experience sexual violence (49%)

Least available services: Mental Health (37%), Infertility (37%), information on vasectomy (36), dysfunction (31.8%), problems with sexual intercourse (24.2%)

# Scoping study on Female Sex Workers

- The lifetime prevalence of violence revealed in the studies ranged from 21% to 82%.
- A pattern of generalised violence against WSS from paying clients, male partners, strangers, family members, friends/acquaintances, and the authorities emerged.
- Factors associated with violence included context within which the sex work occurs, alcohol use, particular sex exchange interactions, and personal factors (low education, low income, marriage, youth, high client volume, time in sex work, forced sexual debut, and internalised sex work stigma).
- WSS seldom access services after violence. Evaluations of two programmes, a woman-focused HIV intervention, and the DIFFER project, showed improvements. Findings suggest that targeted programmes should be paired with improving general health services and focus on promoting collective agency amongst WSS.



# ARE YOU PREPARED?



@Smart911

## The impact of climate change on GBV

# Impact of Climate Change on GBV

- *Formative research* on the risks of climate change on intimate partner violence in sub-Saharan Africa.
- Using large-scale microdata from demographic health surveys, the report shows the relevance of climatic impacts and extreme weather events for violence. On average, a one standard deviation temperature anomaly leads to a 3 per cent increase in the probability that a woman is affected by physical violence, according to estimates based on DHS data. Younger and less educated women are disproportionately affected by climatic impacts and more at risk of IPV, in particular in Southern and Central Africa.
- The research highlights large differences in projected rates of intimate partner violence, depending on future climate impacts and the resilience of societies. Under the best case scenario the share of women affected by IPV in SSA is expected to decline from around 24 per cent in the baseline year of 2015 to 14 per cent in 2060. Under the worst case the share of women affected in 2015 is hardly likely to change but the number the number of women experiencing violence is expected to increase by more than 90 million from today until 2060.
- The results of the study underscore the importance of ensuring that national climate policies and relevant national gender policies incorporate adaptation measures that address the impact of climate change on women and girls, with interventions tailored to communities. Education, economic empowerment, access to health care, legal protections, and involving men as allies and advocates for gender equality are key approaches to addressing IPV.



A graphic with a red background featuring various white and yellow icons related to emergency services and technology. The icons include a medical truck, a heart rate monitor, a speech bubble, a battery, a location pin, a plus sign, a speech bubble with 'S.O.S', a plus sign in a square, and the 'GrouperTalk' logo. The word 'EMERGENCY' is written in large, bold, white capital letters, and 'PREPAREDNESS' is written in smaller, bold, white capital letters below it.

# EMERGENCY

**PREPAREDNESS**



*GrouperTalk*

# MISP Readiness Assessment

## What is it?

**Emergency situations** exacerbate the vulnerability of women, girls, and marginalized groups and reduce their access to sexual and reproductive health (SRH) services even though SRH needs persist and often increase during crises.

**The Minimum Essential Services package** includes a series of essential, evidence-based, life-saving actions required to respond to reproductive health needs at the onset of a humanitarian crisis to save lives, through ensuring access to these essential SRH services.

**MISP Readiness assessment** – regional wide assessment for countries to take stock of strengths and weaknesses regarding their preparedness to provide MISP.





# Recommendations



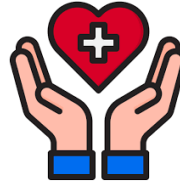
Incorporate SRHR into regional, national disaster plans and recovery plans, and incorporate a humanitarian perspective in national SRH plans.



Strengthen coordination between the development sector and humanitarian sectors



Data: Standardize and digitalize data collection tools, strengthen disaggregation of data, improve GBV-related data collection.



Increase the availability and accessibility of confidential and safe spaces with appropriate clinical care and referral



Translate IEC materials and make them accessible for people with disabilities.



Address gender inequalities, prevention of sexual violence, invest in strategies that empower women and girls





Improve supply chain management for GBV commodities



Train and increase qualified medical personal to deal with GBV

# Looking forward from the Assessments

The assessments provide the foundation upon which we can engage with countries to develop roadmaps to address specific areas that they want to address.

- Men and Boys  roadmaps focus on incorporating male engagement into policies and strategies, addressing male norms and attitudes, supporting programme interventions for men and boys.
- MISP Readiness Assessments  All 22 countries have developed national roadmaps to strengthen the provision of MISP that has been integrated into their core workplans.

The assessments are also used to support advocacy to create an enabling environment for people to be able to exercise their rights. E.g. the Scoping Study on sex workers, tracking of the impact of COVID-19 on SRHR which led to countries putting in place to ensure the continuity of services.

# Technical Assistance and Knowledge Hub



TA Hub

A database UN  
technical experts

A database of technical  
experts, professional  
associations, organisations,  
academic institutions, and  
service providers



Knowledge Hub

SRHR Knowledge Hub as an  
online regional one-stop  
information and knowledge  
platform on SRHR

# Conclusion

- The fulfillment of the rights dimension of SRHR is an enabler for people to be able to access services.
- Integration needs to be tailored to what is possible based on the context in which it is happening.
- Community health care workers, lay counsellors and community groups should be capacitated to provide not only integrated services but also to detect and support survivors of GBV with referrals to services.
- Men and boys need to be engaged holistically as clients with their own health and social needs, as partners, and as advocates for women's rights.
- There is a need to adopt both a development and humanitarian perspective in policies, programmes, the delivery of services and we need to track disruptions to services to ensure that we are able to advocate for a response.



# With Appreciation

- Government of Sweden and the Regional SRHR Team of Sweden
- Elizabeth Zishiri and the M&E Team of 2gether 4 SRHR
- Angela Baschieri and Chiagozi Udeh – Study on Climate Change
- Prof. Kay Govender, Carolien Aantjes, Sean Beckett from UKZN – Men and Boys Study.
- Prof. Catriona Macleod, Rhodes University, Scoping Study on women who sell sex.
- Nesrine Talbi, Michael Ebele and Mathias Gakwerere – MISP Readiness Assessment



# **CAPACITY BUILDING WORKSHOP SESSIONS ON DATA: Insights and measures to improve GBV and SRHR data collection**

**Southern Africa Regional Conference  
“Advancing Data and Evidence for Gender-Based Violence Prevention and SRHR in the Southern Africa Region”**

Johannesburg, South Africa 06th – 07th March 2024



Implemented by



Partnerships  
for Prevention  
of Gender-Based  
Violence in  
Southern Africa



## Session Objective

To examine the importance of multi-stakeholder coordination and data integration in strengthening linkages and referral systems for GBV prevention and SRHR.

Outcome: Gain insights into the flow of data across sectors, identify challenges in data integration, and explore strategies for improving multi-sector coordination to enhance GBV prevention efforts.



## KEY ISSUES:



**Importance of multi-stakeholder coordination and data integration in GBV prevention and SRHR**



**Understanding Linkages and Referral Systems in GBV prevention and SRHR** - Overview of key components and stakeholders involved in establishing effective referral pathways.

## KEY ISSUES:

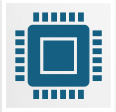


**Mapping Data Flows Across Sectors** - Overview of data sources relevant to GBV prevention across sectors such as health, justice, social services, education, and civil society and identification of points of intersection and potential gaps



**Understanding Linkages and Referral Systems in GBV prevention and SRHR** - Overview of key components and stakeholders involved in establishing effective referral pathways.

## KEY ISSUES:



**Challenges in Data Integration** - common challenges and barriers to data integration for GBV prevention, including siloed information systems, data privacy concerns, and lack of interoperability. Identifying challenges faced by participants in integrating data across sectors and sharing experiences



### **Strategies for Enhancing Data Integration**

Technology solutions, data-sharing agreements, capacity-building initiatives, and standardized data-collection tools Case studies showcasing successful approaches to data integration in GBV prevention and SRHR programmes



### **Multi-Stakeholder Collaboration**



**Best practices and lessons learned from successful collaborative initiatives**

**Grace Bulenzi-Gulere is a Programme Specialist –Gender Statistics** at UN Women, Uganda Country Office.

Before joining UN Women in 2018, Grace worked for the Uganda Bureau of Statistics, on Statistical Coordination of the National Statistical System-NSS, coordinated the design and implementation of the Plan for National Statistical Development (PNSD/NSDS), monitoring and evaluation of statistical programmes.

Grace leads the Uganda Country Office - UN Women's efforts on Governance, Gender Responsive Budgeting, Gender and HIV and Leave No One Behind-LNOB, Women's Participation in Politics and Leadership and Gender Statistics to support the delivery of GEWE in Uganda.

Grace has coordinated the CO efforts to integrate gender equality and gender statistics in the CO Strategic Note, National Development Plan, The United Nations Sustainable Development Cooperation Framework and the eventual development of the UN Joint Programme for Data and Statistics –UNJPDS to ensure the inclusion of gender indicators in the SDGs.

Grace is currently leading the implementation of *Making Every Woman and Girl Count*—UN Women's flagship gender data and statistics programme in Uganda.



## **CAPACITY BUILDING WORKSHOP SESSION ON DATA: Insights and measures to improve GBV and SRHR data collection**

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By Grace Bulenzi-Gulere

Programme Specialist- UN Women Uganda

## UN Women Global Perspective of VAWG

- Violence against Women and girls (VAWG) is the most pervasive human rights violation globally. Decades of advocacy & other efforts by feminist & Women's Rights Organizations & Networks have elevated public attention & increased State commitments to end this pandemic, working to address its consequences.
- However, many women and girls continue to experience violence, across all stages of their lives. It occurs in various forms and takes place in all settings, both physical and increasingly, virtual spaces.
- COVID-19 has intensified this situation, escalating the urgency to act, while creating an unprecedented opportunity to draw from the significant evidence to show that VAWG can be prevented, and efforts can respond & support survivors.

***'There is potential to create a world where women and girls can enjoy their right to live free of violence'.***

## | UN Women Advances these – Solutions to address VAWG

- UN Women works to accelerate efforts to end all forms of VAWG in the region, drawing upon our Signature Interventions & Triple Mandate which works through **Normative, Coordination & Operational** approaches.
- **Stakeholder engagement**; UN Women works with diverse partners to ensure international, regional, and national commitments uphold the right to live free of violence and that commitments made are implemented and monitored to achieve their intended results.
- These efforts build on the significant legal and policy foundation that exists across Africa and focus on closing the implementation gap and ensuring accountability for commitments made.

## | UN Women Advances these – Solutions to address VAW ...

- **At the operational level,** UN Women works to support regional & national institutions to implement their commitments to end VAWG by advancing capacities, promoting increased investments on the issue, & strengthening multi-stakeholder partnerships & collaboration toward the delivery of evidence-based, context-specific interventions across East and Southern Africa (ESARO).

### **This holistic approach comprises:**

- 1) An enabling legislative and policy environment.
- 2) Comprehensive and coordinated evidence-based prevention efforts.
- 3). Quality, multi-sectoral essential services for survivors of violence, recognizing their diversity of experiences and needs.

# |UN Women Global Perspective of VAWG – Solutions ...

## **Coordination mandate; UN Women;**

- Works to deepen partnerships with State actors, CSOs, & Dev't Partners (incl. the UN System). Within Civil Society, Women's Rights & Feminist Organizations, Networks, & Movements are key constituencies & leaders in EVAW historically,
- Provides support to these groups to amplify their voices in various spaces, contribute to their efforts to enhance institutional capacities & programming on EVAW, & strengthen solidarity between & among groups.
- Convenes platforms & spaces for dialogue, exchange of knowledge & promising practices, coordinates joint initiatives for EVAWG, & encourages collaborative advocacy efforts to raise attention & visibility of the issues.
- Convenes regional processes in support of the inter-agency UN Trust Fund to End VAWG.



# UN Women Global Perspective of VAWG – Solutions ...

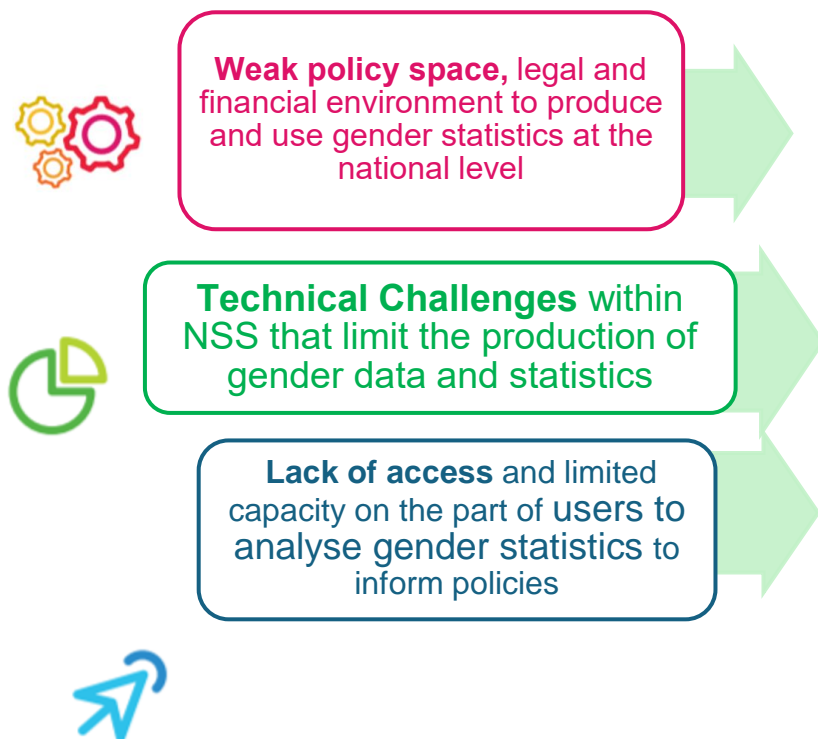
UN Women designs Flagship programmes to address the triple mandate for example for data and statistics to address SDG data demands especially on SDG 5 the UN Women designed the '***Global Flagship Programme of Making Every Women and Girl Count (Women Count)***'

The Women Count programme addresses three interrelated challenges along the Tripple Mandate;

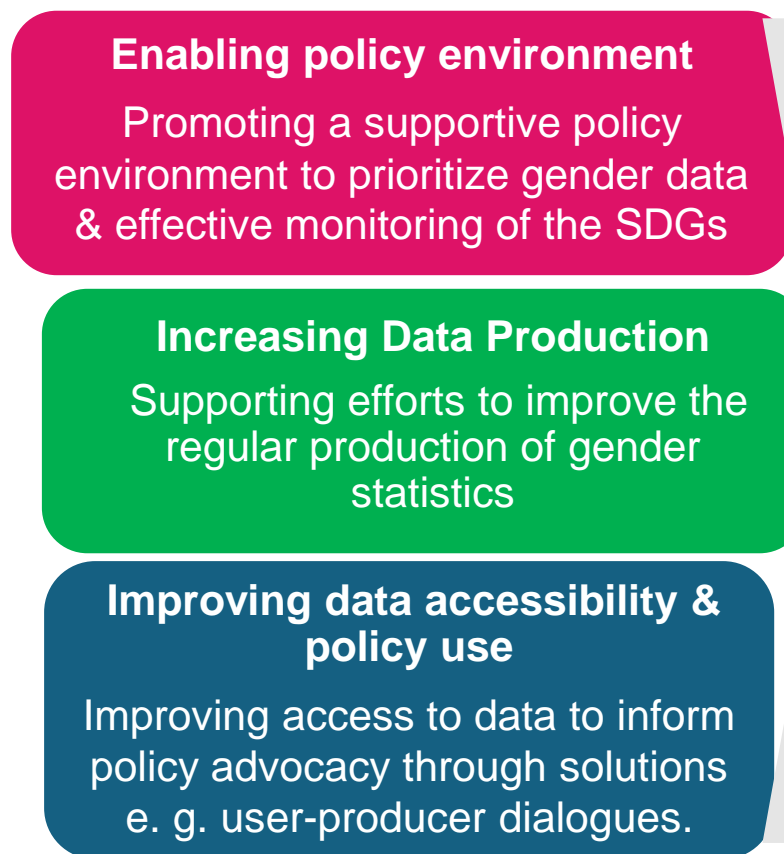
1. Weak policy space, legal and financial environment to produce and use gender statistics at the national level;
2. Technical Challenges within NSS that limit the production of gender data and statistics;
3. Lack of access and limited capacity on the part of users to analyse gender statistics to inform policies.

# UN WOMEN'S STRATEGY FOR CHANGE ON GENDER STATISTICS & DATA: THE WOMEN COUNT PROGRAMME

## Three Inter-related Challenges



## Women Count Solutions



SP Outcome 6  
on Gender  
Data &  
Statistics

Global Policy Support Project

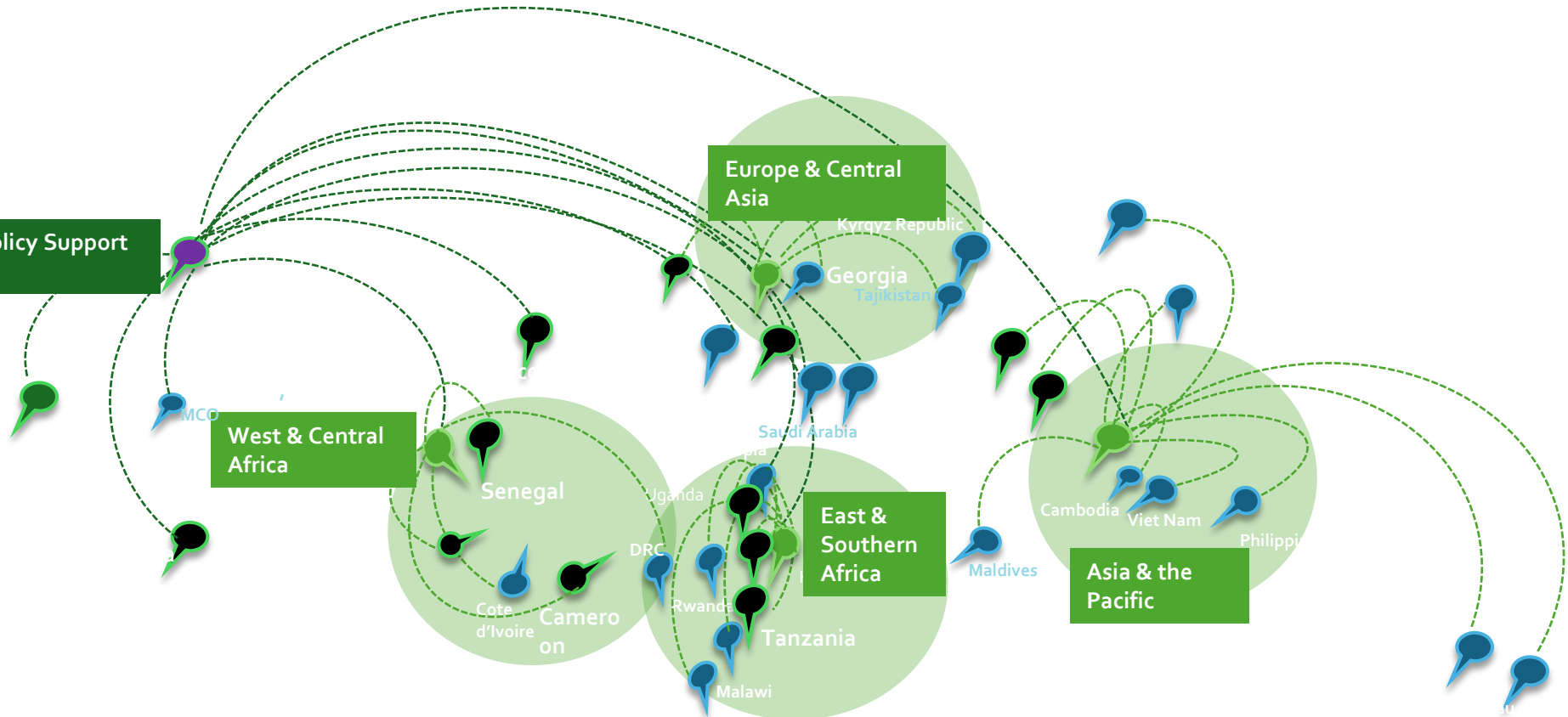
Centre of Excellence on Gender Statistics

West & Central Africa

Europe & Central Asia

East & Southern Africa

Asia & the Pacific



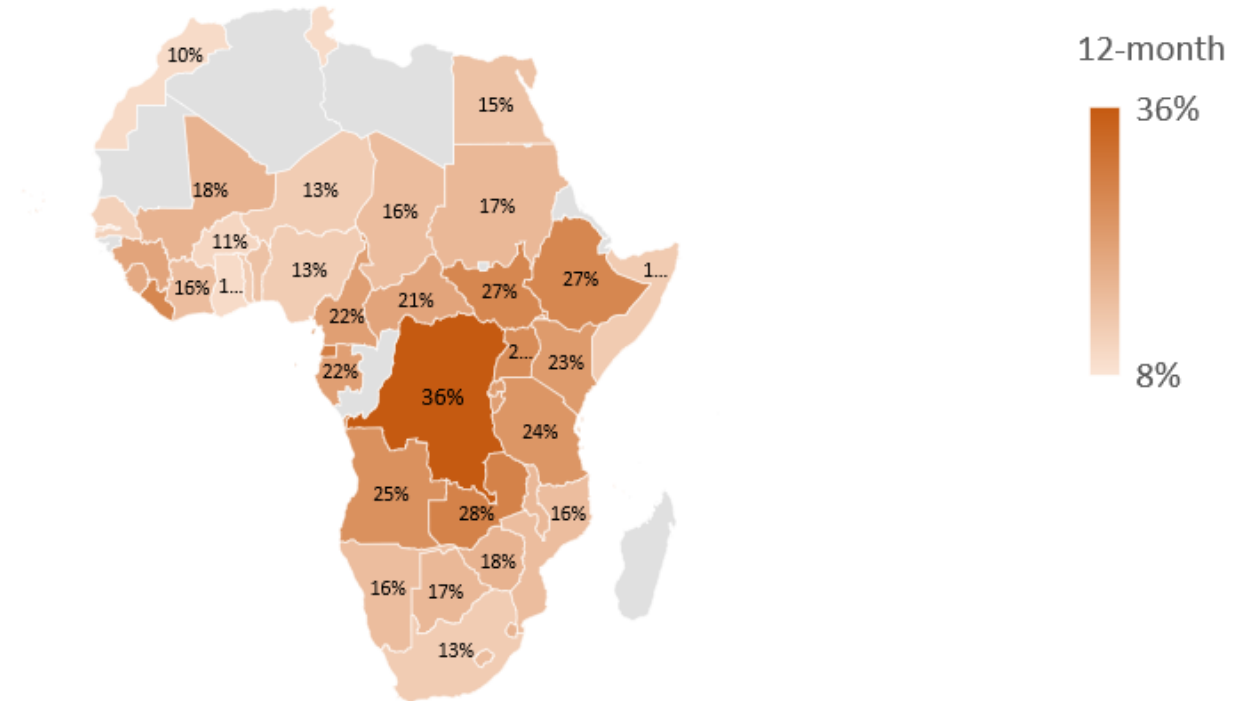
# Prevalence data – where are we?

Intimate Partner Violence:

12-month experiences(WHO):

World: 13% vs. **Sub-Saharan Africa: 20%**

12-Month Prevalence of Physical and/or Sexual Intimate Partner Violence



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2010

82

countries and areas  
with survey data

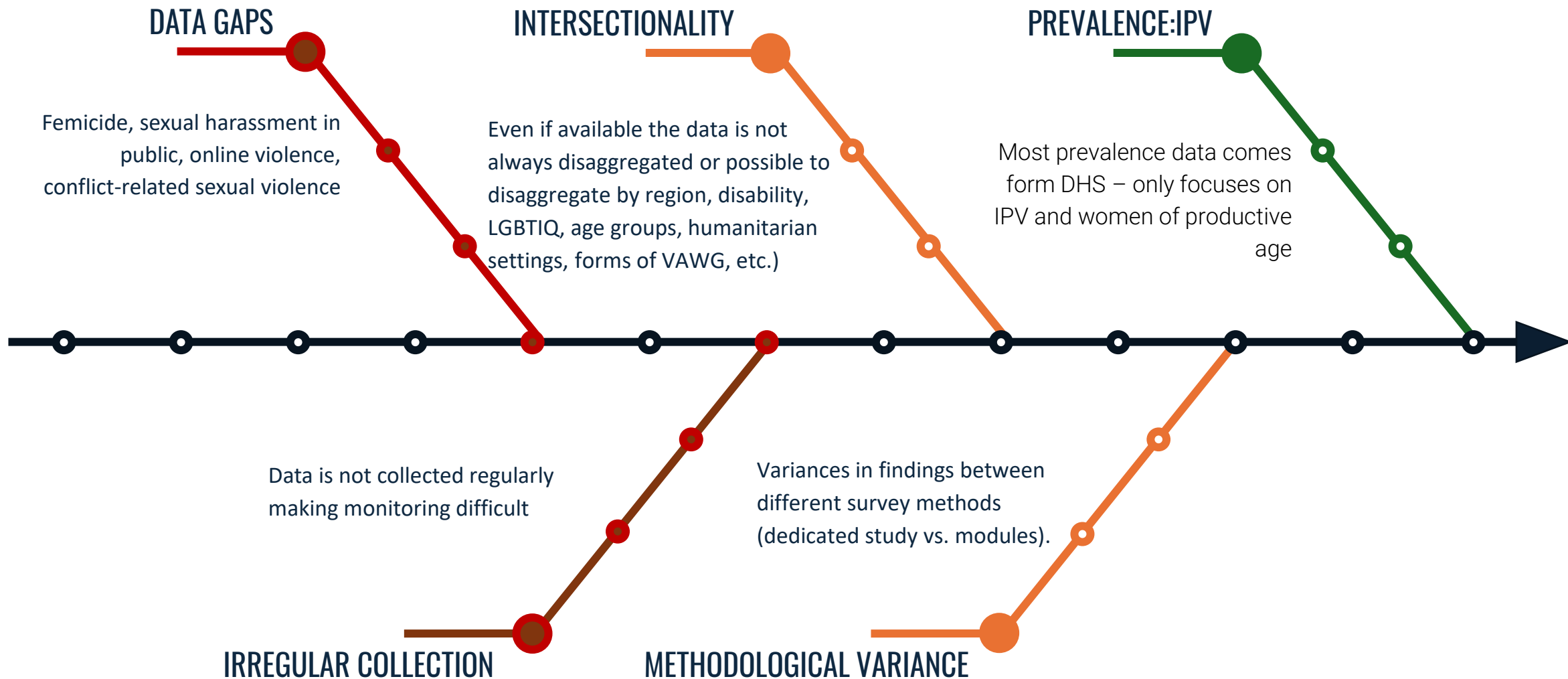
2018

161

countries and areas  
with at least one  
population-based  
survey

Sources: WHO/SRH/21.7 © World Health Organization 2021+ Somalia DHS 2020

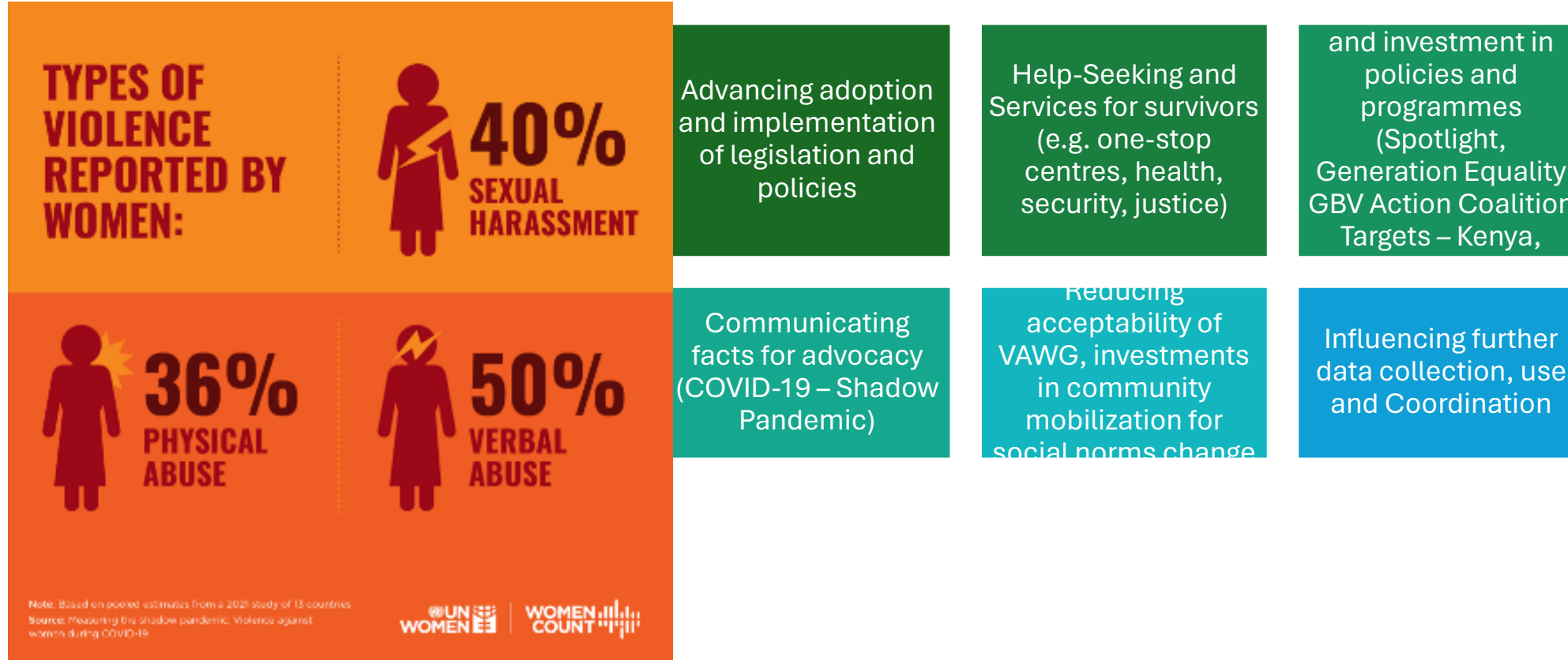
# REMAINING GAPS AND THE OBSTACLES





# VAW DATA – INFORM POLICY AND PROGRAM INTERVENTIONS AND MONITORING

Prevalence Data contributes to advocacy efforts from women's rights orgs and supports government commitments for increased investments at global and national levels :



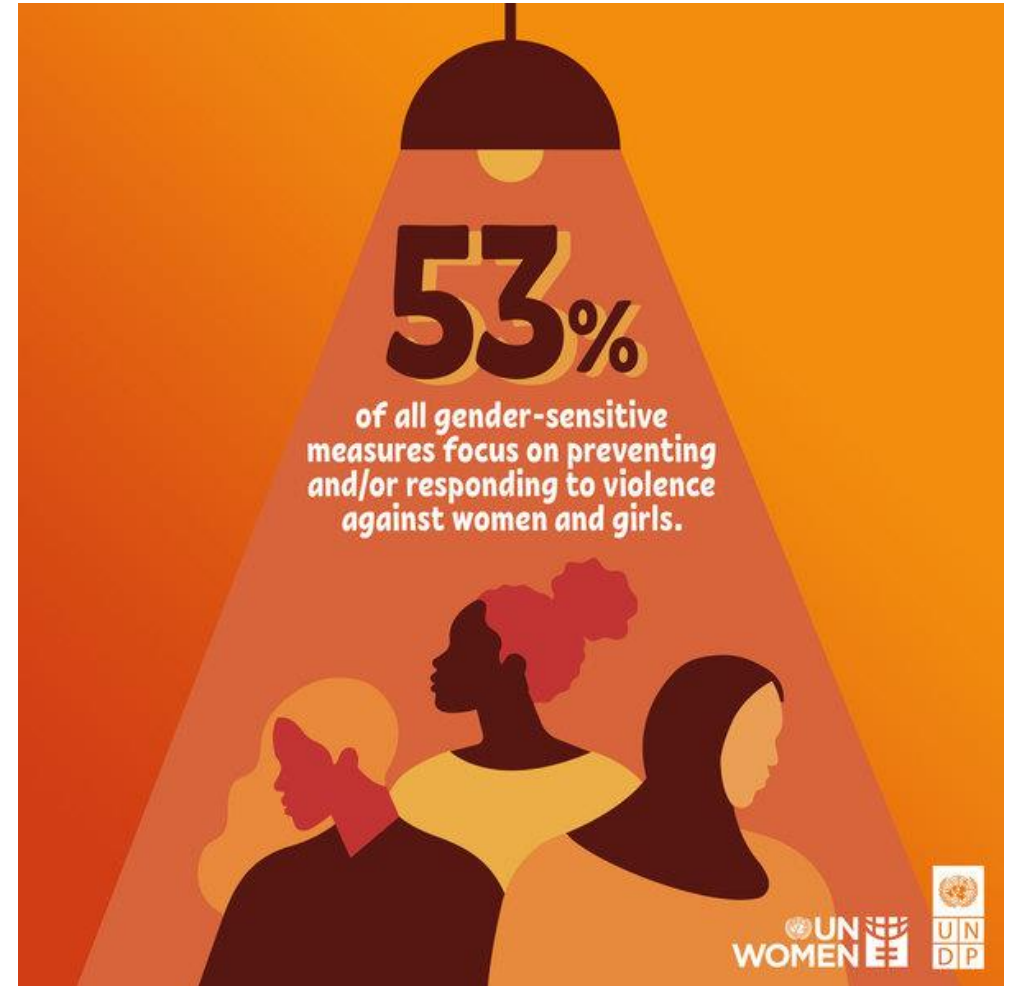
# Vaw data informs investments

Global and Regional investments (COVID-19 and VAWG), types of initiatives – EU-UN Spotlight Initiative; DFID What Works to Prevent VAWG

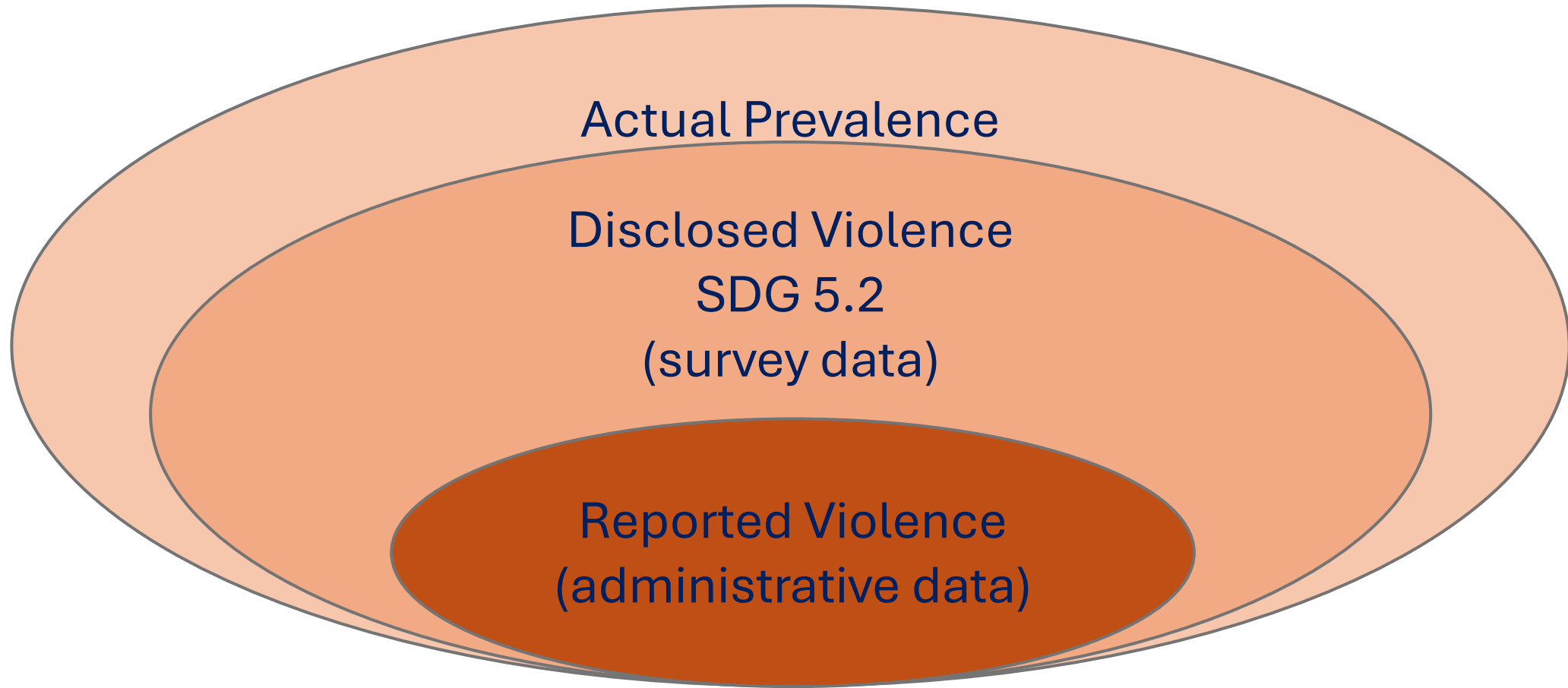
Country-level targeting where interventions will focus (geographic areas, age groups and type of intervention)

Data on risk factors – examples:

- link between VAW & VAC,
- link between IPV & Child Marriage



# WHY IS RELIABLE VAW DATA NEEDED?



*Source: Adapted from EIGE, Gender Equality Index 2015. Measuring gender equality in the European Union 2005–2012. Report, European Institute for Gender Equality*

# THREE FOCUS AREAS

## Methodological Development

**Strengthening & Dissemination of standards for VAW data collection:**

- psychological intimate partner violence (IPV),
- violence against older women
- violence against women with disabilities;
- Guidelines for the collection, analysis, sharing and use of administrative data on VAW,

## Capacity Development

- VAW prevalence data in Arab States and Africa
- Selection of institutions in each region to lead
- Ownership and sustainability.

## Data Use

Increased collection and use of VAW data for advocacy, policy and programming, through strategic data literacy and data dissemination initiatives including data producers and data-users dialogues.

- **Women Count Phase II in ESARO**

Assessment of data collection mechanisms & management systems; and design and implementation of Integrated multi-year interventions.

**Expand the support towards the improvement of gender data production through administrative data sources**

1. Support the work of the collaborative on administrative data
2. Develop a quality assessment framework for administrative data
3. Assess and develop improvement plans for administrative data that is relevant to gender sector
4. Emphasis on admin data related to trade, land ownership, GBV. If no other support is available through other UN partners also CRVS and education.



- Inter-agency collaboration and partnerships are key to the programme's success



**UNODC**

United Nations Office on Drugs and Crime



**NSOs**



United Nations  
Statistics Division



United Nations  
Economic Commission  
for Africa

**PARIS21**



INTERSECRETARIAT WORKING GROUP  
ON HOUSEHOLD SURVEYS



**UN**  
environment  
programme



**World Health  
Organization**

**unicef**



**THE WORLD BANK**



**UN-HABITAT**



**International  
Labour  
Organization**



**AFRICAN DEVELOPMENT  
BANK GROUP**  
Building today, a better  
Africa tomorrow

**UN WOMEN**

**WOMEN  
COUNT**

## • Collaborative on Administrative Data

- 40+ members, countries, and international Organisations
- Sharing of learning and best practice around admin data
- Member-driven activities
- Inventory of resources



- **Training course for data owners / Ministries, Departments and Agencies**

- 4 modules for piloting with selected countries
  - Introduction to admin data and the NSS
  - Different forms of engagement
  - Mapping of sources
  - Quality management
- More modules planned for later
  - IT infrastructure
  - Data linking
- Initially started and financed under the UNSD Dev. Account 13



Better decisions through Administrative Data, Communication and Collaboration

Module 1+2  
learning on administrative data



Mapping of Administrative Data Sources and Assessing their Useability

Module 3

E-learning on administrative data



Quality Management of Administrative Data

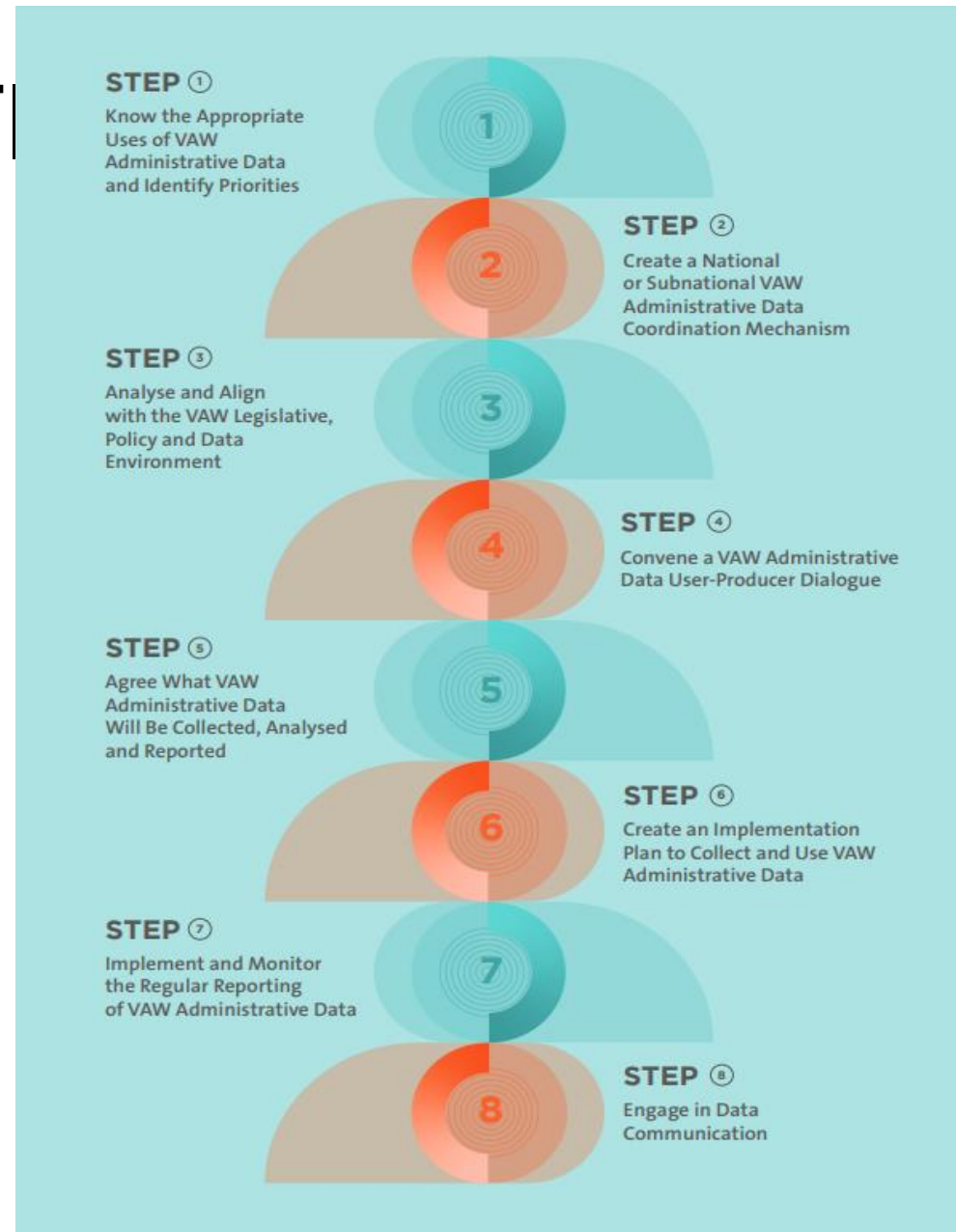
Module 4

E-learning on administrative data

# GLOBAL TECHNICAL GUIDELINES ON WORKING WITH ADMINISTRATIVE DATA

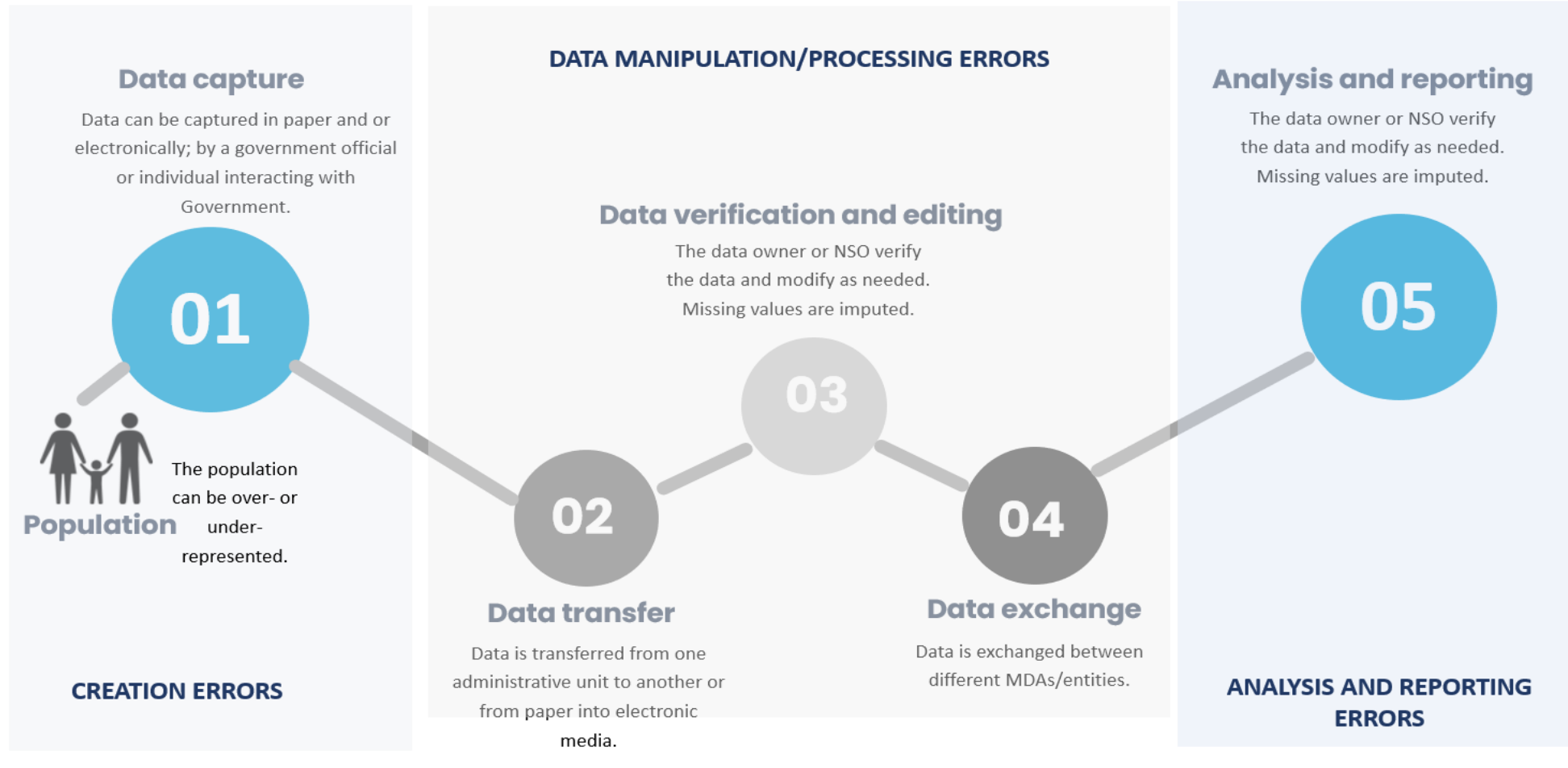
Follow these eight basic steps as a VAWG specialist when you facilitate work on improving administrative data systems in your country.

Source: UN Women/WHO Guidance on VAW and administrative data



# SOURCE OF ERRORS DURING THE ADMINISTRATIVE DATA LIFE CYCLE

## Sources of errors during the data lifecycle

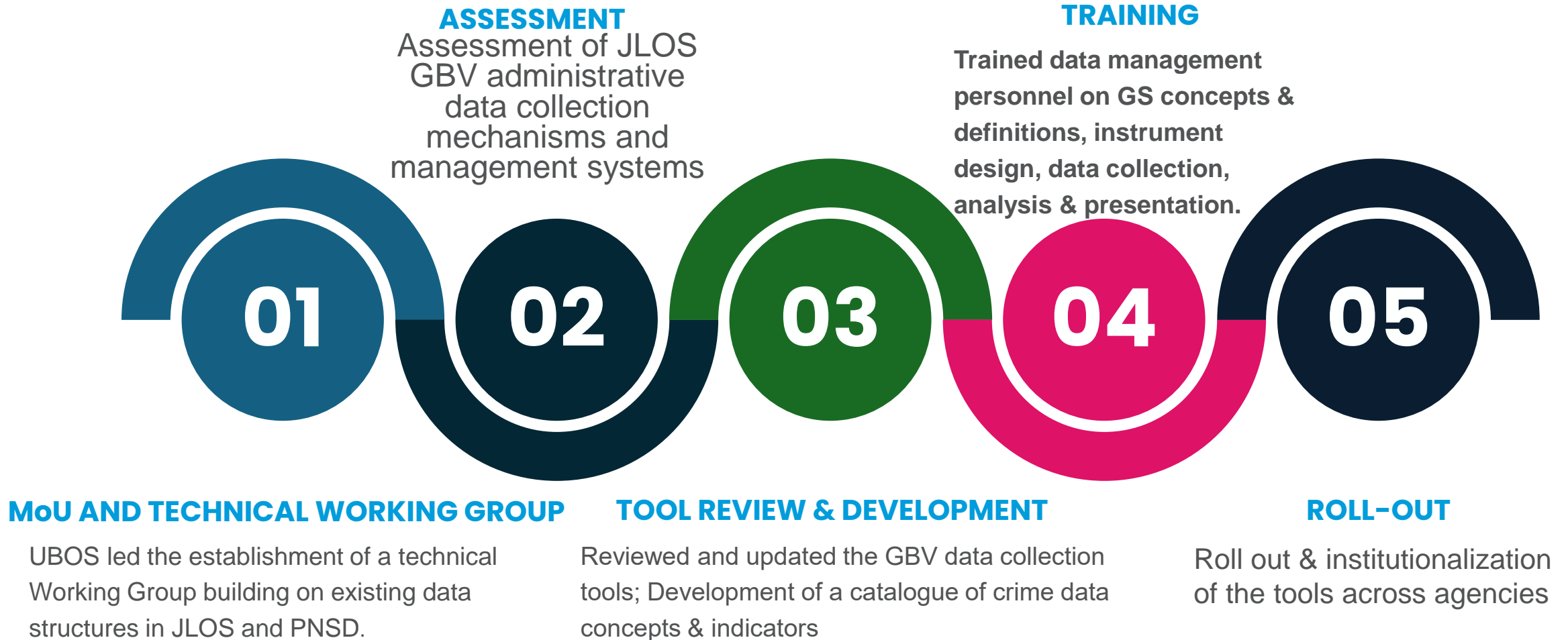


Source: UNSD/UNWOMEN/Collaborative on Administrative data Quality Toolkit



# Country case: Uganda

## GBV Admin Data Support for Justice, Law, and Order Sector



# • Achievements

## ENABLING ENVIRONMENT

- **Six JLOS-MDAs namely; UPF, Judiciary, Office of the ODPP, UPS, DGAL, and MGLSD have become more responsive to GBV & related GS & data requirements**
- Improved coordination mechanisms for production of quality GBV/VAWG & related gender data for GEWE & SDGs.
- Improved planning of GBV and related gender statistics through strategic for statistics.
- Adoption of national set of gender indicators, used to monitor GBV, GEWE and SDGs.
- Equipment for data capture provided to 18 JLOS MDAs.

## DATA PRODUCTION

New data are filling critical gender data gaps to monitor GBV, VAWG and related SDGs and influence national policies

- Data collection tools revised, GBV requirements integrated and quality GBV data produced.
- The reviewed tools for collection of GBV Data have been institutionalized.
- Comprehensive Data available from the national VAWG /VAC/Family survey to support monitoring GBV and related gender-responsive GEWE & SDG indicators.
- Citizen Generated Data (CGD) Guideline/Toolkit has been developed to support generating alternative data to complement official statistics.

## DATA ACCESS, USE & IMPACT

GBV and related gender data are increasingly accessible and used to shape policies

- Policy Briefs developed based on mining & analysis of administrative data from UPF, ODPP and Judiciary and have triggered policy debate on increased access to justice.
- MDA staff have enhanced data collection and management, analysis, presentation & reporting skills through training by Economic Policy Research Centre and UBOS.
- UPF, Judiciary, ODPP, UPS, DGAL & MGLSD Data Management Personnel have strengthened capacity to produce and use GBV & GS.
- Training on GBV and GS production is being rolled out by the UPF, Judiciary and ODPP.

# Lessons Learned & Challenges encountered

## What worked well



Linkages between data sources and standardization of data collection tools and multiple interventions on VAWG- Survey, qualitative studies, Admin data, and CGD.



Alignment and integration in National, Regional, and Global best practices. and commitments benchmarked at countries, regions, and global levels.



Multi-stakeholder partnerships are worth the investment for synergy and enhanced coordination & harmonization of data management and complementarity for a better picture.



Internal UN Women demand driven collaboration and synergy in programming with EVAW Team with support and funding from the Spotlight Initiative.

## Challenges



Increased demand for financial and technical support for emerging data needs due to COVID 19 effects and GEWE and SDG priorities.



Human and financial resource constraints need for harmonization of efforts to reduce duplication



Inadequate technical capacity and infrastructure



Need to find more and strengthen synergies with other UN and UN Women Programmes.

## • Outcomes and Impacts

1

GBV, related GS & Data is used for monitoring the National Development Plan;

- Update of SDG Indicators & National Priority Gender Equality Indicators-NPGEIs, GEWE commitments, Voluntary National Review, shared on Gender Statistics Web-Based Portal hosted by UBOS & National GBV Database Hosted by MGLSD.

• 2

- GBV and GS & data requirements have been integrated into UN Women Strategic Note -SN; UN System-UN Sustainable Development Cooperation Framework –UNSDCF and the UN Joint Programme on Data and Statistics designed and launched between the Government and the UN.

# UNITE!

ACTIVISM TO END VIOLENCE  
AGAINST WOMEN AND GIRLS

16 DAYS OF ACTIVISM AGAINST  
GENDER-BASED VIOLENCE  
25 NOVEMBER TO 10  
DECEMBER 2022



## MOVING FORWARD REGIONALLY

1. Continued collaboration and integration with Spotlight initiative at country level.
2. Institutionalization of VAW prevalence survey training (APHRC and University of Ghana).
3. Technical support for the use of guidance notes, statistical best practices and statistical frameworks related to VAW.
4. Promotion and testing of the femicide statistical framework.
5. User producer dialogues to promote evidence-based decision-making.





## Advancing Data and Evidence for GBV Prevention and SRHR in Southern Africa: Namibia Leave No One Behind Standard

Presenter: Ms. Selma Shifotoka, Senior Data Quality Specialist, NSA

**March 2024**

**39 Melrose Boulevard, Johannesburg, South Africa**



# Introduction

NSA established in 2012 on the basis of the Statistics Act 9 of 2011;

- To constitute the central statistical authority for the state
- To collect, produce, analyze and disseminate official and other statistics in Namibia
- To develop and coordinate the **National Statistics System**

# NSA intervention on GBV and SRHR data

- Data Quality Assurance (DQA)



- NSS Coordination



# DQA: Namibia's LNOB standard

- In line with the Agenda 2030 principle
- Specifies the standardized questions and definitions for national data collection tools, in line with international best practices.
- Supports data generation of quality, disaggregated, comparable data
- Ensures that all population groups (e.g. GBV victims or perpetrators) can be described by national data for improved interventions

# DQA: Namibia's LNOB standard

The standards was developed by NSA through a twofold phase;

- Consultations with TWG
- National validation workshop

Standard was gazetted in 2020, for all data producers in the NSS (including those responsible for GBV data tools)

# DQA: Standardized variables

- Age
- Sex
- Geographic location of usual residence (U/R, Region, Constituency)
- Citizenship
- Type of citizenship
- National ID documents (Birth certificate, IDs)



# DQA: Standardized variables (cont...)

- Albinism
- Functionality
- Ethnicity
- Education levels
- Marital status
- Orphanhood

# NSS Coordination: Capacity building

- Socialization of the LNOB standard continues, e.g. 2023 Census
- Standing MoUs with OMAs focused on capacity building (data collection, processing and analysis)
- NSA, supporting implementation of the X-road data exchange initiative (government administrative data)

# Challenges in GBV data production

- Lack of harmonized GBV indicators across the SADC region
  - Namibia's 2023 gender statistics assessment based on the PARIS21 and UN Women conceptual framework
  - DHS based on standard questions
  - LNOB standard will ensure comparability
- Many countries in the SADC region face resource constraints, including inadequate infrastructure
  - MoUs allowing for capacity building and collaborations

# Challenges in GBV data production

- Fragmented Data Systems for GBV data collection efforts
  - Digital tool X-road data exchange platform to address fragmentation & LNOB standard will ensure comparability of data
- Outdated data (e.g. DHS, NAMWAYS) and lack of targeted surveys
  - NSA Strategic Plan 2023- 2027 focuses on improvement of quality and use of administrative data sources

# Opportunities for National Statistics Offices (NSOs)

- NSOs could focus on strengthening quality & use of administrative data
- Strengthen use of data science applications to support data producers (e.g.: Police using paper-based forms)
- NSOs to have dedicated gender statistics units

# Opportunities for National Statistics Offices (NSOs)

- Development of statistical standards (e.g.: LNOB Standard) to ensure disaggregation & comparability of data
- Leverage capacities & experience within and beyond SADC to not “reinvent the wheel” & ensure comparability





# thank you!

**Visit NSA Online**

[www.nsa.org.na](http://www.nsa.org.na)

[digitalnamibia.nsa.org.na](http://digitalnamibia.nsa.org.na)

[geofind.nsa.org.na](http://geofind.nsa.org.na)



# **Data collected and analyzed as part of Monitoring and Evaluation**

Southern African Regional Conference on Gender based Violence Prevention

06 to 07 March 2024

Johannesburg, South Africa,

Melrose Arch

Mr Lehlohonolo Takalimane

Bureau of Statistics Lesotho

# OUTLINE

- Context
- Sources of data collected
- Methods of analysis
- M&E Findings



# Context

Assessment of whether programs achieve intermediate and long-term objectives related to gender norms and health status requires gender-relevant information.

The integration of gender in the M&E activities of health programs is important for the collection of the required information; for understanding the effectiveness of gender-integrated programming in changing gender norms; reducing gender inequalities; and improving service delivery, access to services, and health outcomes.





- Most of SDG 5 indicators as well as many of gender indicators in the other SDGs are not collected on a regular basis.
- These limitations in data availability persist in key areas of GBV and SRHR.
- Need to identified these gaps and to address them so as to reach the global goal targets by 2030 and improve the lives of women, men and children across the continent.

# Country Programs

- GBV Prevention and Response Project in 2018 by Democratic Republic of Congo
- GBV Prevention and Response Project in 2022 by Tajikistan
- Increasing Access to Quality Integrated SRHR, HIV and SGBV Services in Lesotho 2022





# Frameworks

- Regional Strategy and Framework of Action for addressing GBV 2018 – 2030
- United Nations Development Assistance Framework for Lesotho 2019 – 2023
- National Sexual, Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (SRMNCAH & N) Strategic Plan 2021/2022- 2025/2026





# Indicators and Sources of Data



- Indicators
- Data Sources
  - Surveys
  - Administrative data

# Analysis

Data analysis does not necessarily mean using a complicated computer analysis package. However, it involves taking the data that's collected and looking at it in the context of the questions that need to be answered in the results of the framework.



# M&E findings

Implementing evidence-based decision-making in M&E requires a multi-faceted approach that involves building capacity at all levels of data sharing

using multiple data sources to guide and explore most available data, through development standardized data collection tools,

fostering a culture of evidence-based decision-making and using data visualization and communication tools to effectively.





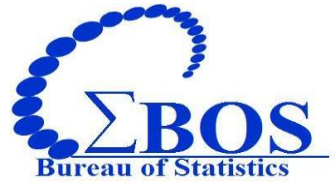
**THANK YOU**

**KHOTSO, PULA, NALA!!!!!!**

# Questions for the Participants

- Does your respective countries have National Strategic Development Plan ?
  - If yes, does it address the issues of GBV prevention and promotion of SRHR?
- Does your institution have a GBV Strategic Plan?
- Are there monitoring and evaluation tools to track or assess the above frameworks
- If NO, Why? And how are the strategies been assessed?





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# Data that integrates GBV and SRHR: Collecting and utilizing SRHR data for effective GBV prevention strategies and programming

*Insights from A Review of Country Health Facility Data Tools and the SADC SRHR Scorecard*



# Background

Review of Health Facility Tools

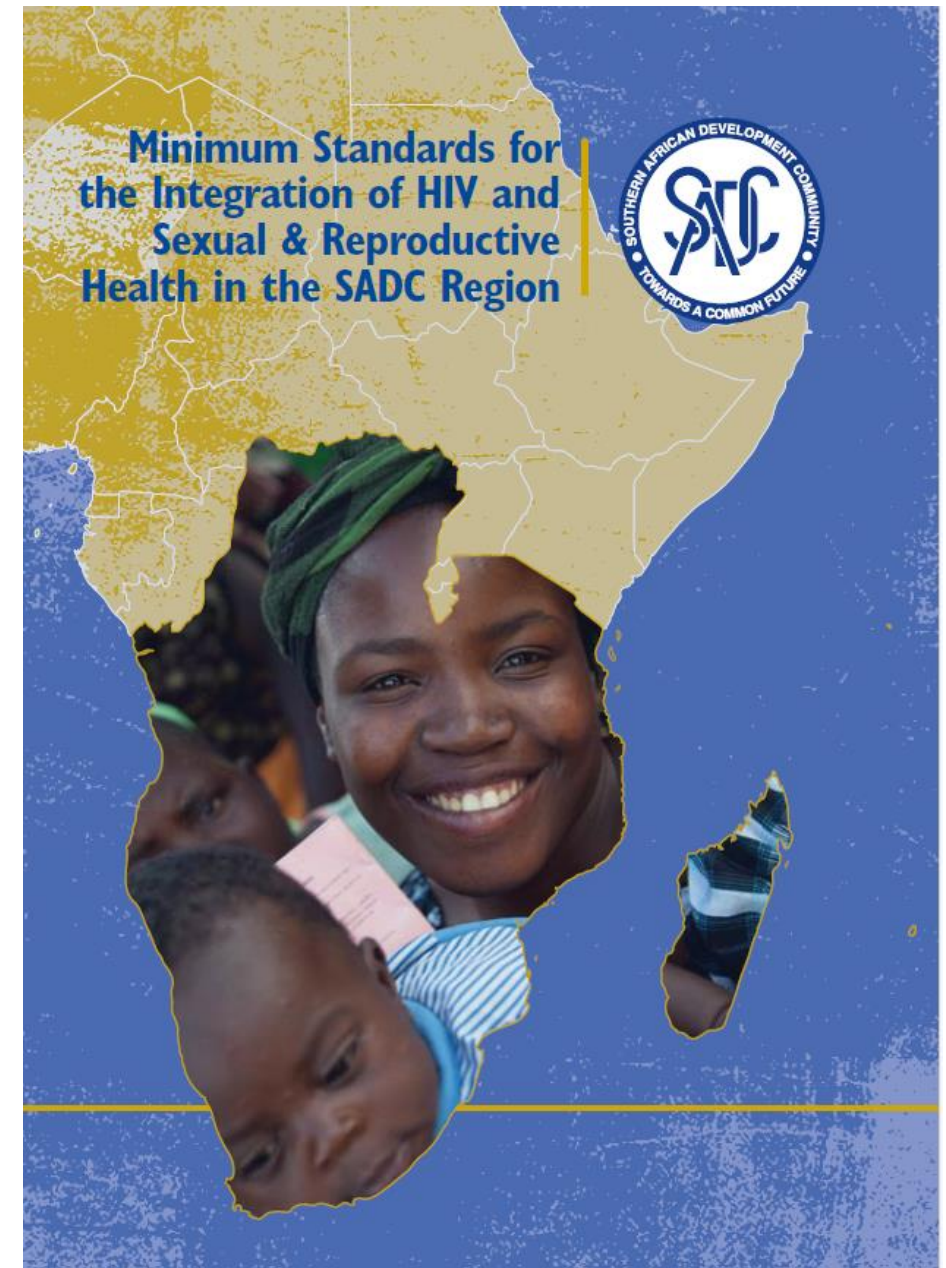
SADC SRHR Scorecard

# **Review of country health facility tools:**

## **Background**

The study was done in Botswana, Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Uganda, Zambia and Zimbabwe to explore the:

- Extent to which countries have data reporting tools in place to capture the provision of the essential package of SRHR services against the essential service package as defined.
- Extent to which the data collection tools capture the delivery of integrated services provided at different service delivery points.
- Extent to which the registers or summary sheets capture data relating to age, sex, and geographic location



# **Review of country health facility tools: Results (1)**

Data collection tools were submitted by the ten countries for the following services: ANC (10/10); FP (9/10); Maternity, Labour and Delivery (9/10); HIV CCC (7/10); PNC (6/10).

Service delivery points for which data collection tools were least provided for included cervical cancer (4/10), STIs (2/10) and GBV (1/10).

None of the ten participating countries provided registers that tracked the delivery of CAC or PAC services.

# Review of country health facility tools: Results

(2)

- The absence of a data collection tool does not necessarily mean that these services are not being monitored or reported, as they may be integrated into the registers of other services.
- Some facilities record services in makeshift registers and partner registers.
- However, as this review demonstrates, cervical cancer, GBV and CAC/PAC were services least likely to be integrated into the data collection tools of other service delivery points.

# Review of country health facility tools: Results

(3)

SRHR, HIV and GBV elements included in **ANC facility registers** when benchmarked against the SADC Minimum Standards

SADC Minimum Standards	Bots	Esw	Les	Mal	Nam	SA	Zam	Zim
1. Screening for malaria and provision of relevant malaria in pregnancy prevention and treatment services				√			√	√
2. EMTCT, including HTC and provision of antiretrovirals both for prophylaxis and treatment		√	√	√	√	√	√	√
3. Information on HIV prevention, including provision of male and female condoms								√
4. Family planning information, counselling and provision of contraceptives and/or referrals			√				√	
5. Information on ART prophylaxis and early infant diagnosis for HIV-positive clients	√	√	√			√	√	
6. Information and counselling on infant and young child feeding			√	√	√			√
7. Laboratory services, such as CD4 and viral load testing, for HIV-positive clients	√	√	√		√		√	√
8. Advocacy campaigns and targeted social behaviour change communication campaigns to promote male involvement in uptake of SRH and HIV services		√	√				√	√
9. Information on access to corticosteroids for women in pre-term labour to prevent respiratory distress syndrome in premature babies			√					
10. Information on the importance of facility delivery, as opposed to home delivery, especially for HIV-positive pregnant women								
11. Information on re-testing for HIV in antenatal care for HIV-negative clients		√	√	√	√	√	√	



# Review of country health facility tools: Results

## (4)

SRHR, HIV and GBV elements included in **Family Planning facility registers** when benchmarked against the SADC Minimum Standards

SADC Minimum Standards	Bots	Esw	Les	Mal	Nam	SA	Zam	Zim
1. HTC, including provider-initiated testing and counselling referral for clients testing HIV-positive	√	√	√			√	√	√
2. TB screening for all clients testing HIV-positive and management of those testing positive for TB as per the Harmonized Minimum Standards for the Prevention, Treatment and Management of TB in the SADC Region			√			√	√	
3. Information on HIV prevention, including provision of male and female condoms	√	√		√	√		√	
4. Information, screening and treatment services for STIs			√			√	√	√
5. Information on and screening for cancers of the reproductive system	√	√	√			√	√	√
6. Information on and provision of human papilloma virus vaccine services								
7. Advocacy campaigns and targeted social behaviour change communication campaigns to promote male involvement in uptake of SRH and HIV services								

# Review of country health facility tools: Results

## (5)

SRHR, HIV and GBV elements included in **HTC facility registers** when benchmarked against the SADC Minimum Standards

SADC Minimum Standards	Bots	Esw	Les	Mal	Nam	SA	Zam	Zim
1. Family planning information, counselling, provision of contraceptives and/or referrals	√					√		√
2. Information on and screening for cancers of the reproductive system.						√		√
3. STI screening and treatment.	√					√		√
4. Information on HIV prevention, including provision of male and female condoms.			√			√		
5. Information on voluntary medical male circumcision.	√				√	√		√
6. Advocacy campaigns and targeted social behaviour change communication campaigns to promote male involvement in uptake of SRH and HIV services.								
7. TB screening for all clients testing HIV-positive and management of those testing positive for TB as per the Harmonized Minimum Standards for the Prevention, Treatment and Management of TB in the SADC Region.	√				√	√		√
8. Information on SGBV and provision of post-exposure prophylaxis information and services.	√					√		√
9. Provision of essential SRH services and commodities to key populations such as MSM and sex workers.						√		√
10. Safe legal abortion and post-abortion care services.								
11. Referrals to harm-reduction units or programmes for intravenous drug users to minimize substance abuse.						√		

This scorecard is a high-level strategic tool to track progress at a political level across the SADC region in the implementation of the strategy for SRHR in the SADC Region 2019-2030 against core indicators. The milestone 2023 scorecard tracks the second of five milestones. The overall goal is to reach or exceed the 2030 SDG targets.

↑ An upward arrow indicates that the 2023 value is greater than the 2021 value.  
 ↓ A downward arrow indicates that the 2023 value is less than the 2021 baseline value.  
 \* An asterisk indicates that 2023 value was re-entered for 2023.

Legend: Performance against expected milestone

SDG Target achieved
2023 Milestone achieved / Achieved target: continue existing efforts to sustain and further the gains made
-1% to -14.9 %   Target not achieved: sustain and expand efforts in order to reach the target
15% to -29.9%   Target not achieved: review existing efforts and make considerable investments in order to reach the target
-30% or more   Target not achieved: review and make significant efforts to achieve the target
No target set
No applicable
No Data / No Milestone set

2023 Qualitative data summary

SADC SRHR Indicator	Angola	Botswana	Comoros	Dem. Rep. of Congo	Eswatini	Lesotho	Madagascar	Malawi	Mauritius	Mozambique	Namibia	Seychelles	South Africa	United Republic of...	Zambia	Zimbabwe	SADC
1a. Maternal Mortality Ratio (inst.)	119.0	202.7	158.0	65.3	114.0	14.9	14.6	94.9	30.8	63.5	24.7	0.0	100.2	74.5	120.8	104.0	79.7
1b. Maternal Mortality Ratio (population)	259.0	249.4	186.4	147.0	102.0	108.0	400.0	470.0	32.0	452.0	181.0	0.0	99.0	196.1	202.0	462.0	199.5
2a. Neonatal Mortality Rate (inst.)	44.0	No data	10.0	3.5	26.2	16.0	15.0	6.5	8.4	4.0	9.4	8.3	10.0	3.5	13.0	26.0	10.0
2b. Neonatal Mortality Rate (population)	24.0	17.5	10.0	27.0	20.0	16.0	20.0	27.0	8.4	30.0	20.0	8.3	10.0	14.0	27.0	92.0	24.0
3. Adolescent Birth Rate 10-19 years	17.6	43.7	32.8	109.0	87.0	206.2	111.0	10.1	19.5	180.0	82.0	46.5	38.4	112.0	24.1	108.0	69.8
4a. Obstetric admissions due to treatment of abortion	No data	32.6	2.7	No data	28.0	6.0	2.9	3.7	No data	38.0	7.5	77.1	N/A	4.1	14.1	No data	14.1
4b. Percentage of maternal deaths due to abortion	6.9	0.0	6.9	No data	8.0	58.0	0.7	5.3	0.0	14.3	9.6	0.0	6.5	0.7	26.0	3.6	6.5
5. Percentage of women of reproductive age with unmet need for family planning (%)	39.0	No data	0.3	25.7	15.0	9.2	14.7	15.1	12.7	23.0	12.0	No data	12.0	21.0	20.0	8.4	14.9
6. Proportion of facilities providing integrated SRHR services	98.0	46.1	66.0	No data	100.0	100.0	No data	100.0	100.0	96.6	No data	No data	100.0	N/A	100.0	99.0	100.0
7. Percent of primary schools that provided life skills-based HIV and sexuality education L...	No data	91.0	100.0	No data	100.0	99.0	100.0	100.0	100.0	95.0	100.0	100.0	88.1	100.0	100.0	100.0	100.0
8. Percentage reduction in new HIV infections (from 2010)	40.0	66.0	30.0	58.0	72.0	74.0	151.0	72.0	42.0	41.0	48.0	118.0	17.0	68.0	53.0	78.0	55.0
9. Rate of MTCT of HIV	15.0	1.0	0.0	27.5	1.4	8.0	17.2	1.6	0.0	12.4	4.1	10.0	0.4	2.6	10.0	8.1	6.0
10. Percentage condom use with last high-risk sex amongst AGYW 15-24	12.0	76.8	70.0	24.0	71.4	84.1	7.1	64.5	N/A	48.4	74.7	51.3	67.0	No data	42.0	84.1	65.8
11. STI incidence rate - Number of new cases of reported STIs (syndromic cr...)	7.2	3.6	0.3	0.0	3.6	No data	0.8	1.0	0.0	3.7	2.4	0.3	4.0	No data	0.3	1.0	1.9
12. Proportion of females who have received the recommended number of dos...	N/A	0.4	N/A	No data	No data	72.1	No data	52.3	N/A	94.0	No data	82.1	97.0	64.0	38.0	95.0	72.4
13. Minimum legal age of consent to marriage	18	21 with exception	18	18	18	18 years	18	18	18	18	21	18	18	18	21	18	N/A
14. Legal status of abortion	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Illegal	Restricted	Restricted	Restricted	Restricted	Restricted	Legal	Restricted	Restricted	Restricted	N/A
15. Existence of laws and policies that allow adolescents to access SRHR services witho...	No	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	No	N/A
16. Proportion of women who have experienced IPV (physical and/or sexual) in last...	21.7	26.2	12.0	5.0	4.8	No data	15.5	24.3	1.1	18.8	31.0	0.4	10.0	No data	47.0	39.8	17.2
17. Proportion of women who have experienced sexual violence in last twelve month...	4.5	2.3	10.1	23.0	0.2	No data	12.2	14.0	0.2	6.0	7.0	No data	2.9	10.1	14.0	18.0	8.0
18. % Annual budgets allocated to health sector	7.0	10.7	12.0	8.7	11.0	6.1	6.1	10.0	3.3	No data	11.8	5.1	8.1	7.3	6.0	11.0	8.2
19. Density and distribution of health workers per 10000 of population	19.3	35.0	4.4	23.7	26.4	No data	1.1	21.9	116.0	1.9	62.1	110.9	15.2	11.0	27.4	11.9	23.7
20. Proportion of services within the essential package of SRHR services covered by ...	77.8	45.8	No data	No data	100.0	100.0	No data	63.6	88.9	87.5	No data	64.4	100.0	No data	100.0	No data	88.2

LHM: 2021 Scorecard at a glance summary <https://hrh.sadc.org/About-the-scorecard/>  
<https://hrh.sadc.org/About-the-scorecard/> / 2021 Baseline scorecard  
<https://hrh.sadc.org/About-the-scorecard/> / 2021 Scorecard

Developed by: [hrh](https://hrh.sadc.org/) - right to health and development  
<https://hrh.sadc.org/>

# SADC SRHR SCORECARD

- A high-level accountability tool populated every two years by SADC Member States to measure progress of the implementation of the SADC SRHR Strategy.
- It has a total of 20 indicators with the following tracking progress on GBV against the SADC and SDG target of reducing GBV by 100%:
  - Proportion of ever-partnered girls and women (ages 15 and above) subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months
  - Non-partner sexual violence prevalence

<https://public.tableau.com/app/profile/sadc.srhr.scorecard2239/viz/SADCSRHRSCORECARD2023/2023English>

# **Data Collection Methods for SRHR in GBV Prevention**

Health facility Records

Health Management Information Systems

Demographic Health Surveys

Other sources outside Health Information Systems

# Health facility records (*Review of Facility Tools*)

- **Uganda** is the only country which provided a standalone GBV register and has also integrated SGBV into the Integrated ANC Register and the Group MCH register.
- Makeshift registers and partner registers were common across countries
- Botswana, Kenya, Lesotho, Malawi, South Africa, and Zimbabwe have integrated GBV into the registers of other service delivery points.
  - **Botswana** has integrated GBV into their ANC, STI and Other Services Summary Register for new attendees and repeat attendees, it's Out-Patient and preventive Health ASRH Monthly Summary Sheet and HIV testing and counselling monthly report.
  - **Kenya** has integrated counselling and referral for SGBV survivors into its RH, MCH summary forms, Service Delivery Logbook, its family planning register, Out-Patient under and over 5 tally sheets.
  - **Lesotho** has integrated GBV issues into their Family Planning Register.
  - **Malawi** monitors intimate partner violence in its Index Testing Services that tracks whether the client is at risk of GBV or whether the client has experienced GBV.
  - **South Africa** had one data element in its PHC Tick Register relating to monitoring of SGBV, as well as referral for GBV in its HTS register.
  - **Zimbabwe** has integrated GBV into their HTS Register under post-test linkages and as one of the purposes for syphilis testing in the STI Register.

# Health Management Information Systems

- Country HMISs are for the most part populated using data from the health facility records.
- Because the majority of the countries do not have GBV registers their HMIS in turn does not capture GBV data.
- Comoros, Eswatini and Tanzania (IPV), cited HMIS as their source for GBV indicators in the SADC SRHR Scorecard



# Demographic Health Surveys and other surveys

- The majority of the countries cited DHS as their source for reporting on GBV indicators in the SADC SRHR Scorecard – Angola, Madagascar, Malawi, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe (9/16)

# Non Health Information Systems Data Sources

- Some countries cited sources outside of the Health Information System – DRC (Annual Report of Minister of Gender, Family and Child), Mauritius (Ministry of Gender Equality and Family Welfare), Seychelles (Seychelles Police) (3/16)
- Botswana cited a Study (Botswana National Relationship Study).
- Lesotho reported that they had no GBV data to report against the SADC SRHR GBV Indicators

# Recommendations

- Countries to develop **reporting tools that monitor and report on GBV** within their health systems.
- The health sector should examine how to **strengthen the integration of GBV into the various monitoring tools** used by the health system, with a particular focus on the primary SRHR/RMNCAH entry points used by women, including family planning, STI Screening, HIV testing and treatment and ANC services.
- With advent of **digital technologies** countries should advocate for one multisectoral M&E system that links the different data sets on GBV within health services, and non-health services such as ministries of justice, police, and social services to improve data collection, ensure referral and follow up with clients, that can lead to health, psychosocial and justice outcomes for survivors.
- **Regional economic communities to engage the health sector and others (justice, security, and social services) to explore how to strengthen the monitoring and reporting on GBV** including improving guidelines in their minimum standards on entry points in which the monitoring on reporting on GBV.

Interactive session

# Barriers to SRHR Integration

1. What are the key common challenges and barriers to integrating SRHR data into GBV prevention efforts
2. What are some of the best practices and innovative solutions for overcoming these challenges?

**Thank you!**

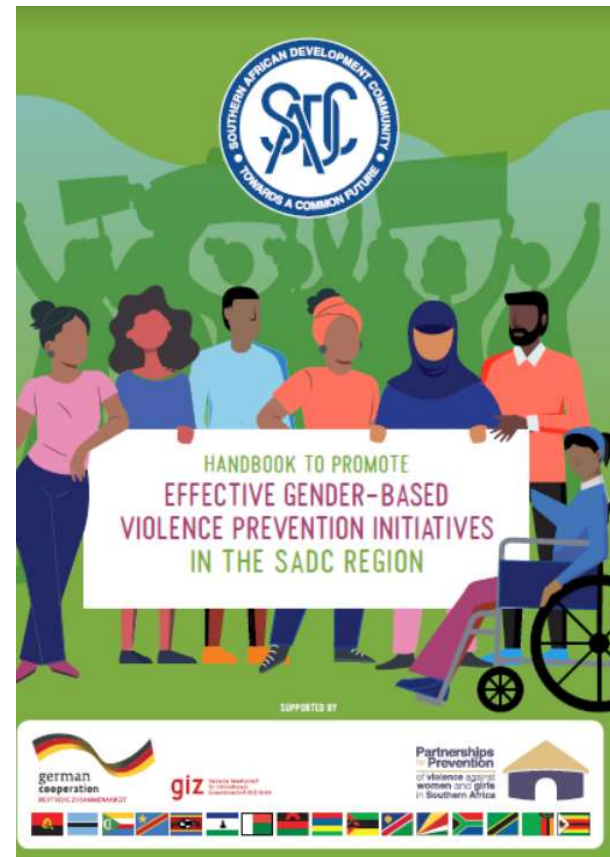
# Preventing GBV: An Overview of Promising Interventions and Emerging Lessons

DR LINA DIGOLO

**REGIONAL CONFERENCE: Advancing Data and Evidence for GBV Prevention and SRHR in Southern Africa**

6-7 March 2024

Johannesburg, South Africa





## Primary Prevention



Stop violence  
before it starts

## Secondary Prevention



Detect violence  
early and prevent  
the recurrence of  
violence

## Tertiary Prevention (response)



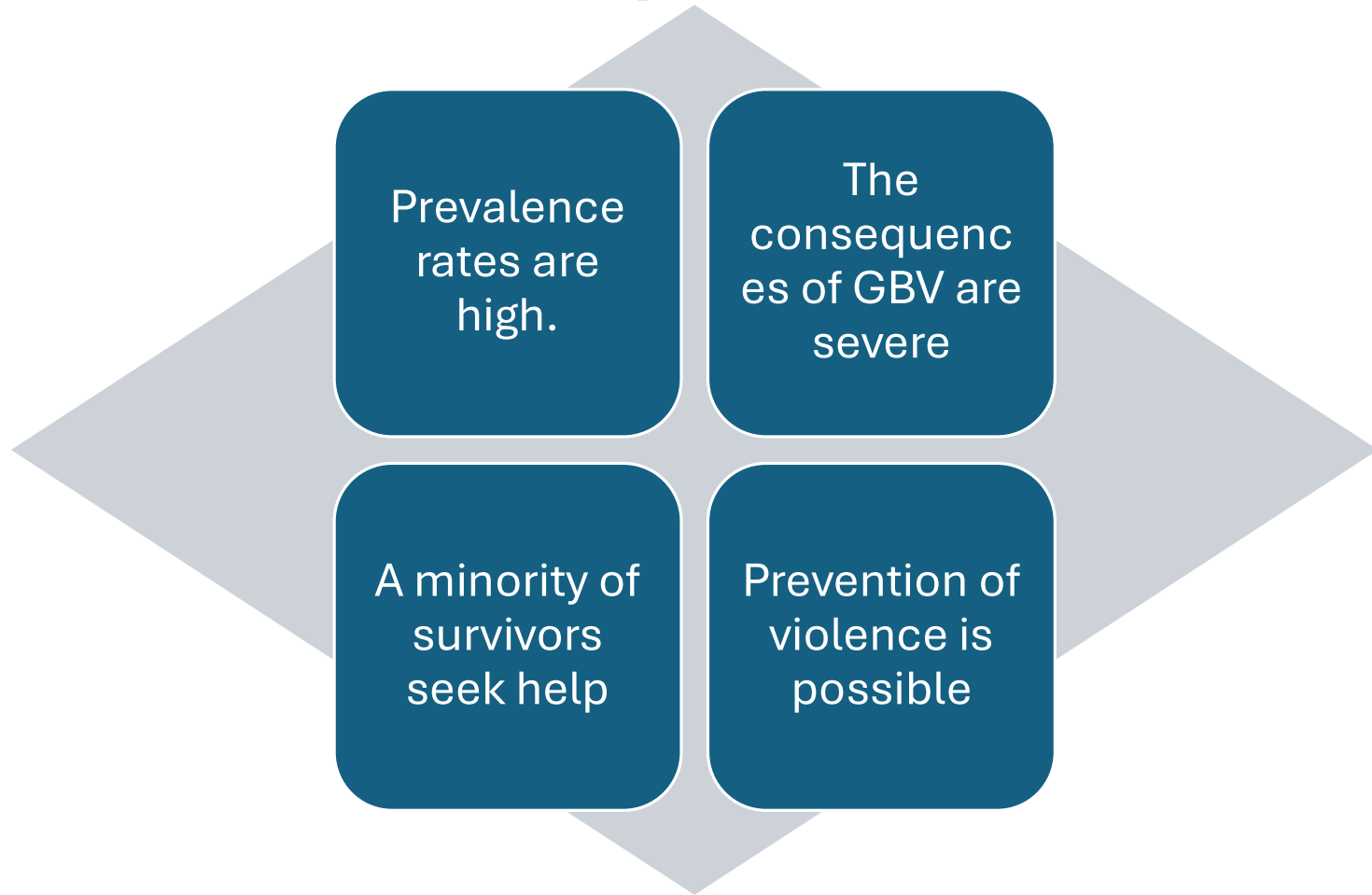
Meet the immediate  
needs of survivors to  
limit the impacts of  
violence

## Why should we increase our efforts on primary prevention?

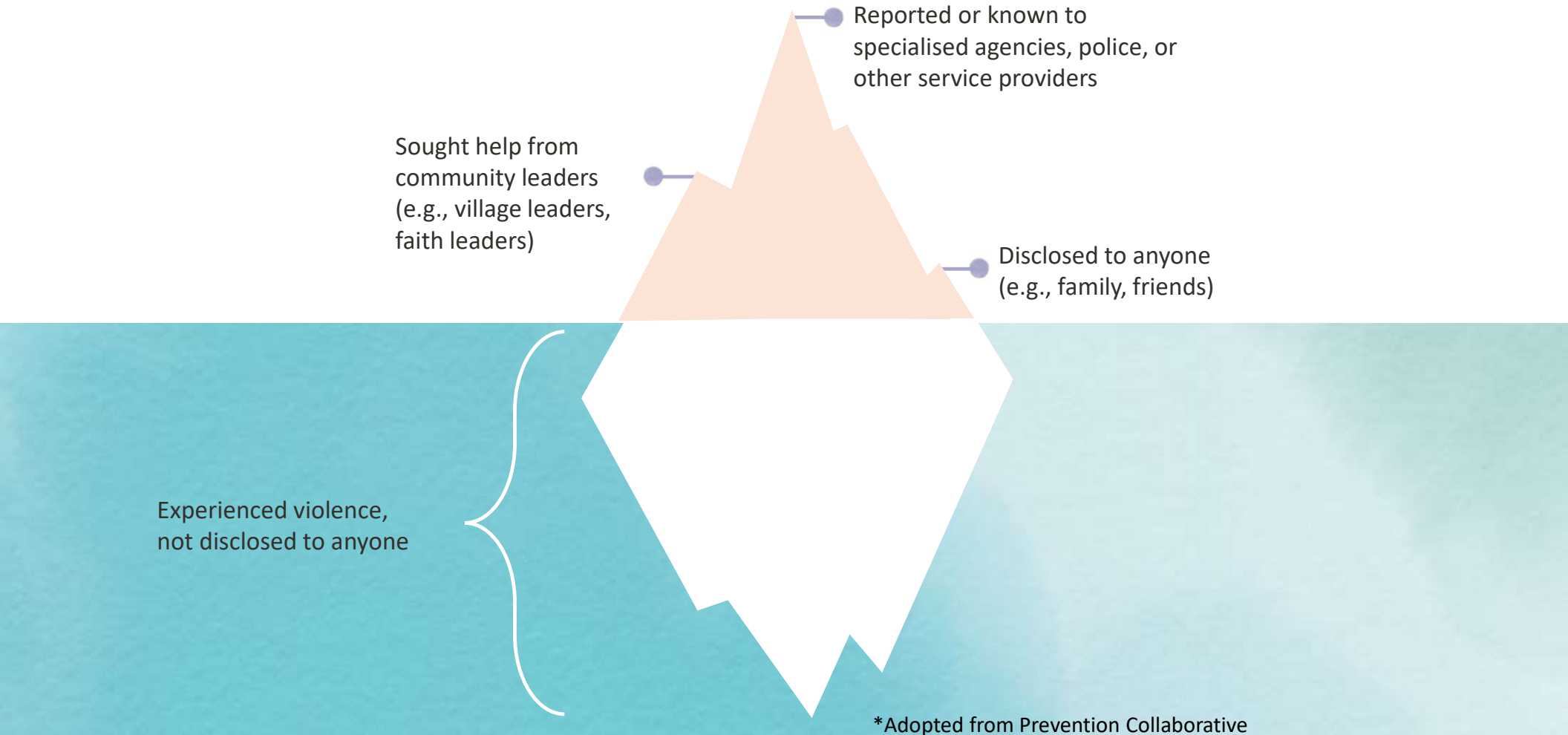
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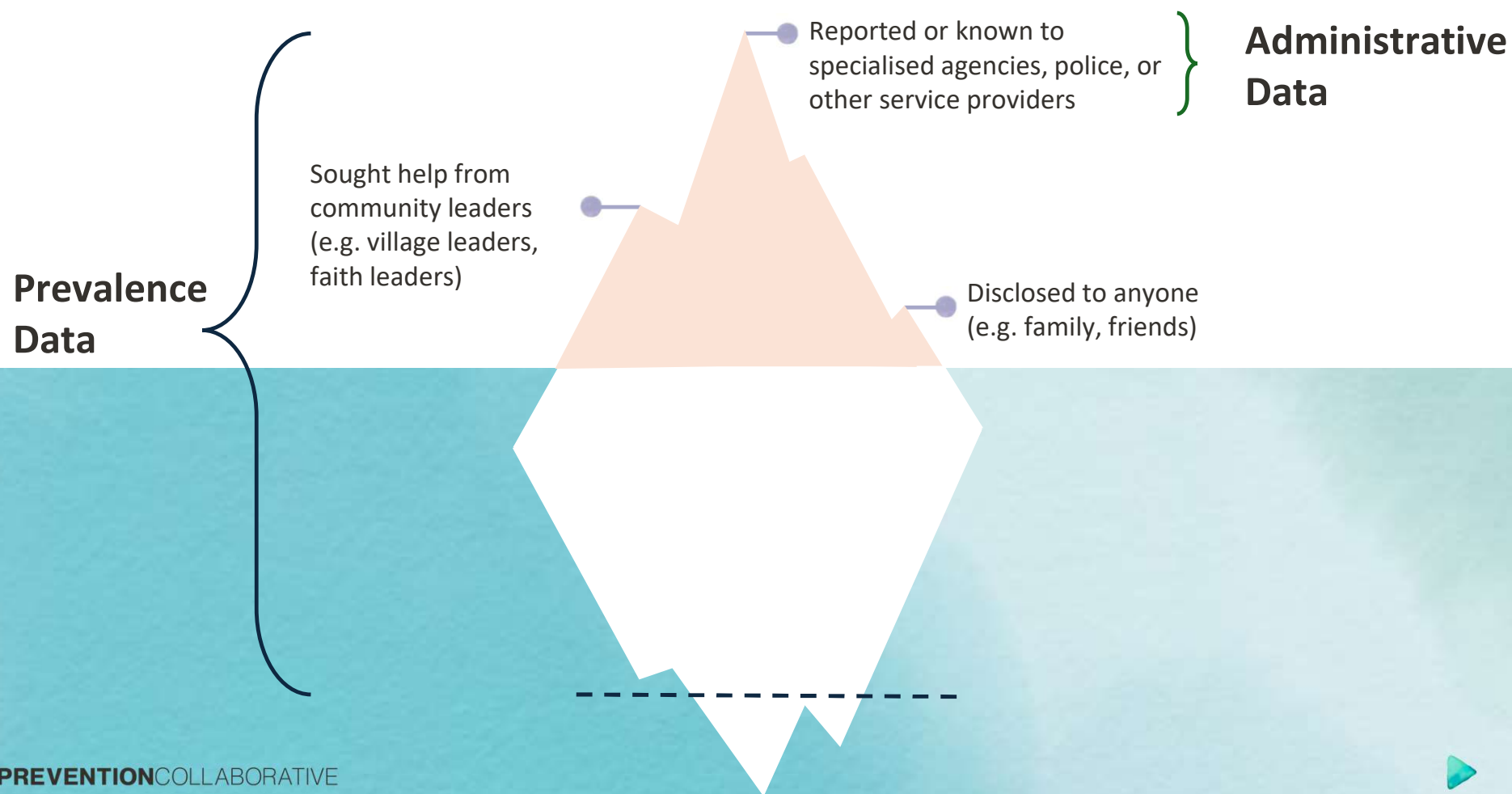
# Why should we focus on prevention of GBV?

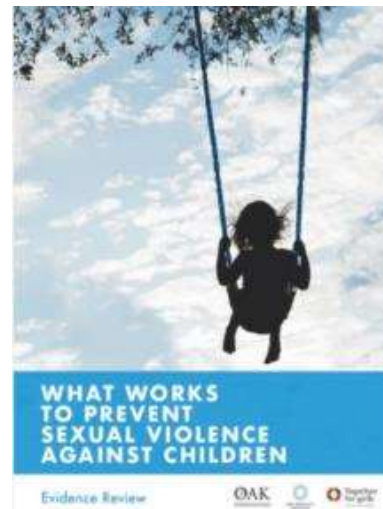
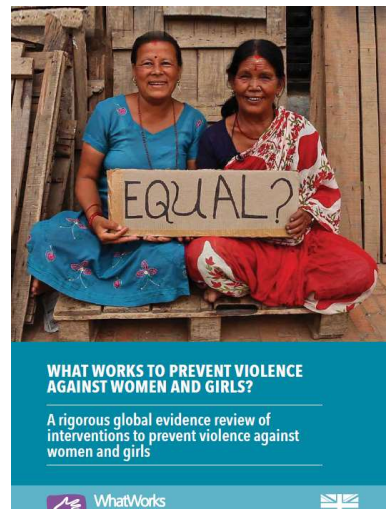


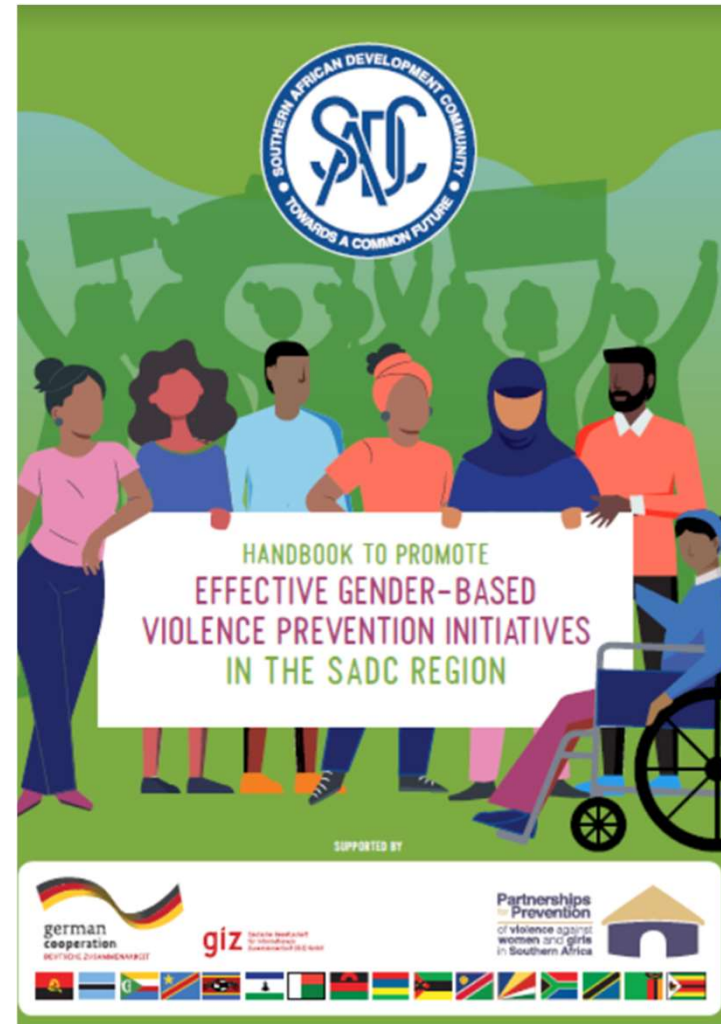
# A minority of survivors seek help: Tip of the iceberg



# Prevalence vs Administrative data



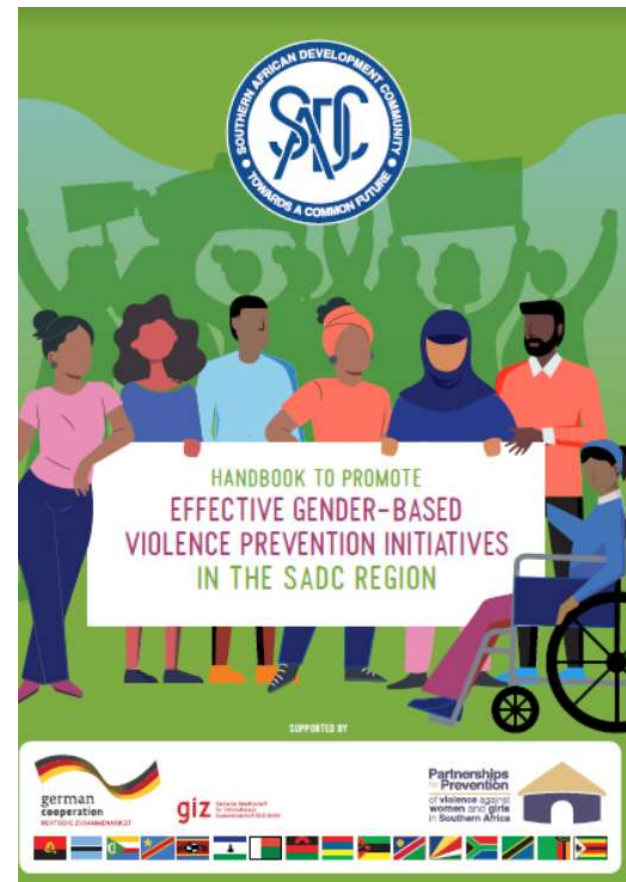






# What is in this handbook?

- Chapter 1: The nature, magnitude, and consequences of GBV.
- Chapter 2: Risk and protective factors for GBV
- Chapter 3: Why focus on primary prevention of GBV.
- Chapter 4: Evidence base for GBV primary prevention strategies
- Chapter 5: Key considerations for the adaptation and scale-up of GBV prevention programmes
- Chapter 6: Implementation considerations for GBV prevention programmes



The successful violence prevention programmes:

Reduced one or more forms of violence within programmatic time frames

Reduced known GBV risk factors such as shifted gender inequitable beliefs, improved mental health, reduced harmful substance use, etc

Had the potential to be adapted to other contexts in the same country or different countries

Had the potential to be scaled up to reach more people or communities.

Ref: Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Jewkes, R (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to prevent violence against women and girls global Programme, Pretoria, South Africa

<b>Socio-ecological model Level</b>	<b>Types of Interventions</b>
Interventions that primarily focus on the <b>individual level</b>	<ul style="list-style-type: none"> <li>i. Economic empowerment interventions</li> <li>ii. Interventions to tackle alcohol abuse as a key risk factor for VAWG</li> </ul>
Interventions that primarily focus on the <b>relationship or family level</b>	<ul style="list-style-type: none"> <li>i. Couples' interventions</li> <li>ii. Parenting interventions</li> </ul>
Interventions that primarily focus on <b>groups or at the community level</b>	<ul style="list-style-type: none"> <li>i. Community Activism/ mobilisation interventions to shift harmful gender attitudes, roles, and social norms</li> <li>ii. Interventions that engage faith-based and traditional actors in preventing violence against women and girls</li> <li>iii. Group-based workshops with men and women to promote change in attitudes and norms</li> <li>iv. Digital technology for GBV prevention</li> </ul>
Interventions that primarily focus on a <b>structural or institutional level</b>	<ul style="list-style-type: none"> <li>i. Implementation and enforcement of Laws</li> <li>ii. Interventions that establish a safe and enabling school environment</li> </ul>



Interventions that primarily focus on the **individual level**

- Economic empowerment interventions
- Interventions to tackle alcohol abuse as a key risk factor for VAWG

Economic empowerment programmes have the potential to reduce violence in several ways

- Economic security is likely to improve the physical well-being of household members
- Where poverty and food insecurity are key stressors and triggers of conflict in a relationship, economic transfers alleviate this stress and reduce the potential for conflict
- Increasing bargaining power for women in relationships, which provides them with an option of exiting a violent relationship



# Types of Economic Empowerment programmes

---

***Economic transfers***, including cash, food transfers and food vouchers.

---

***Microfinance, savings, or livelihood strengthening only interventions*** include using microfinance, village savings and loan associations (VSLAs) or other income-generating activities or vocational/job training approaches only.

---

***Combined economic and social empowerment interventions*** –where the economic components are overlaid with social empowerment components (often with a strong emphasis on gender transformation).



## **Combined economic and social empowerment interventions**

### **IMAGE project**

- Programme goal:
  - Improve the economic well-being and independence of communities
  - reduce vulnerability to both HIV and GBV
  - Foster community mobilization to address common concerns.
- Has two components:
  - Microfinance component
  - Empowering women leaders to catalyze broader activism and social mobilization





# IMAGE project: Study Findings

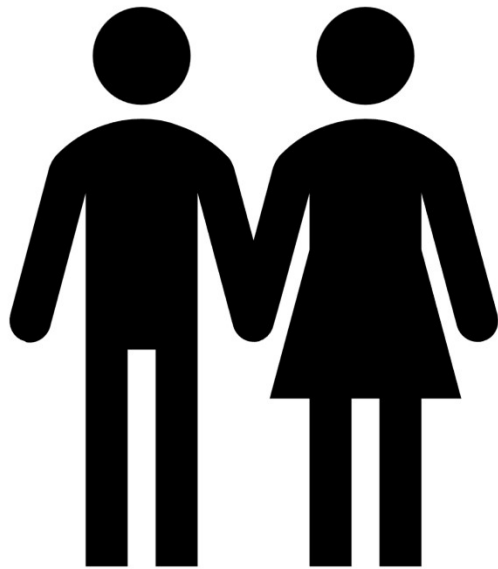
- Increased household expenditure and assets and increased membership in savings groups;
  - **55% reduction in risk of physical or sexual violence from an intimate partner**
  - **Women's empowerment:** improvement in self-confidence, challenging gender norms, autonomy in decision-making, and collective action.
- *Pronyk et al, The Lancet 2004, Kim et al, AJPH 2006*





Interventions that primarily focus on the Relationship or Family level

- Couples' interventions
- Parenting interventions



## Couples' interventions

---

Focus on the unequal power relations, relationship conflict, and poor communication that drive intimate partner violence

---

Work with both members of a couple to promote healthy relationships

---

Are typically group-based and follow a participatory curriculum of 10 to 20-plus workshops, combining single-sex and mixed sessions

---

Emphasise critical reflection about gender roles and norms and about building knowledge and skills for healthy, non-violent relationships.

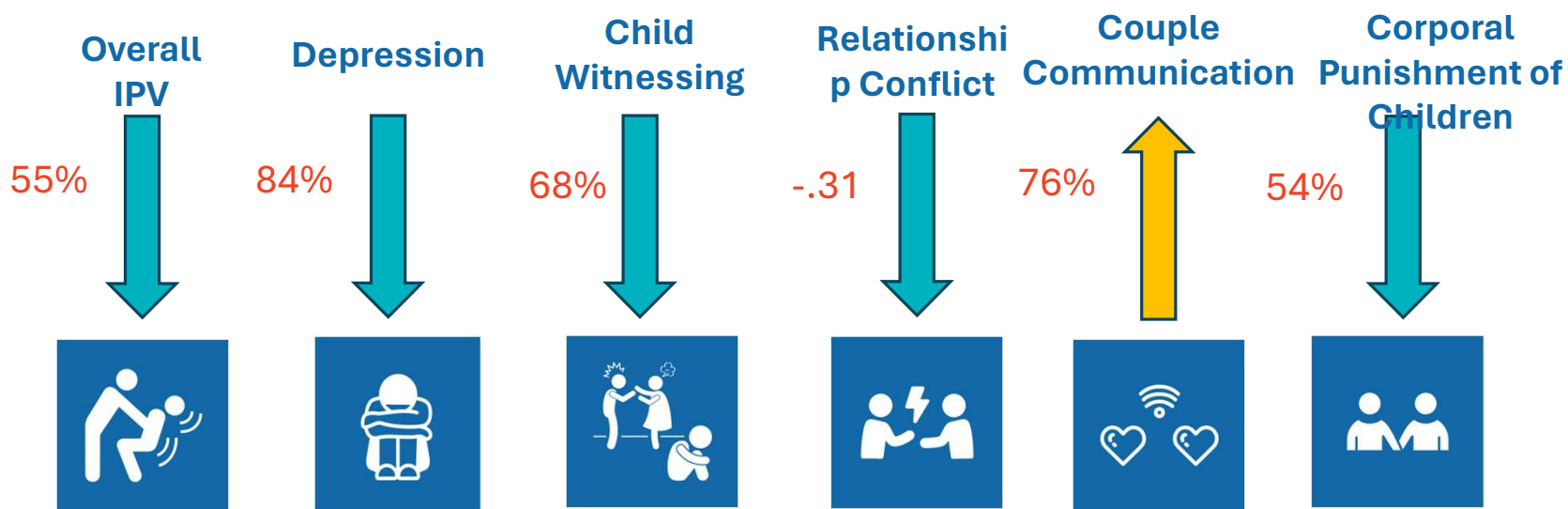
# Indashyikirwa: IPV prevention in rural Rwanda

- Designed to reduce levels of intimate partner violence, as well as to improve the response to survivors.
- Programme component:
  - A 21-session participatory training curriculum for couples
  - Community-based activism (based on the SASA! model)
  - Direct support to survivors of intimate partner violence through women's safe spaces
  - Training and engagement of opinion leaders



## Indashyikirwa results (women)

### Participation in the couple's curriculum



Figures derived from adjusted odds ratios comparing couple's training participants to VSLA alone





Interventions that primarily focus on groups or at the community level

- Community Activism/ mobilisation interventions to shift harmful gender attitudes, roles, and social norms
- Interventions that engage faith-based and traditional actors
- Group-based workshops with men and women to promote change in attitudes and norms
- Digital technology for GBV prevention

# Community Activism to shift harmful gender attitudes, roles, and social norms

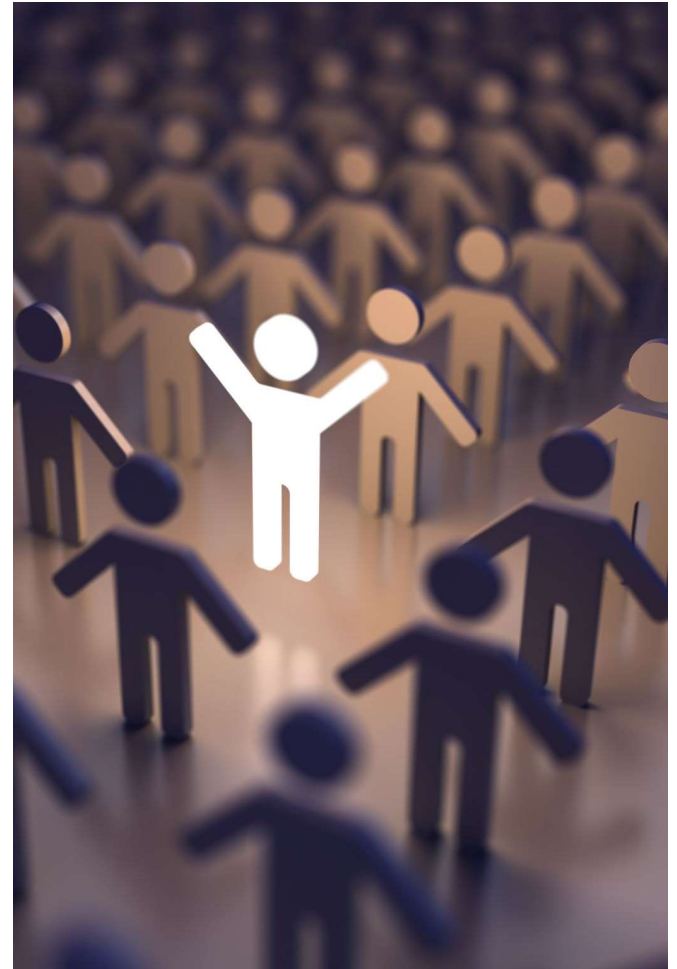
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There is good evidence showing how well-designed and implemented community mobilisation interventions can reduce VAWG

---

Achieving community-level impact requires:

- Extensive engagement over at least two years
- Specific mechanisms for diffusing programme ideas to ensure a high proportion of community members are meaningfully exposed to the intervention.
- Community activists have intensive gender transformative training, skills building and mentoring.







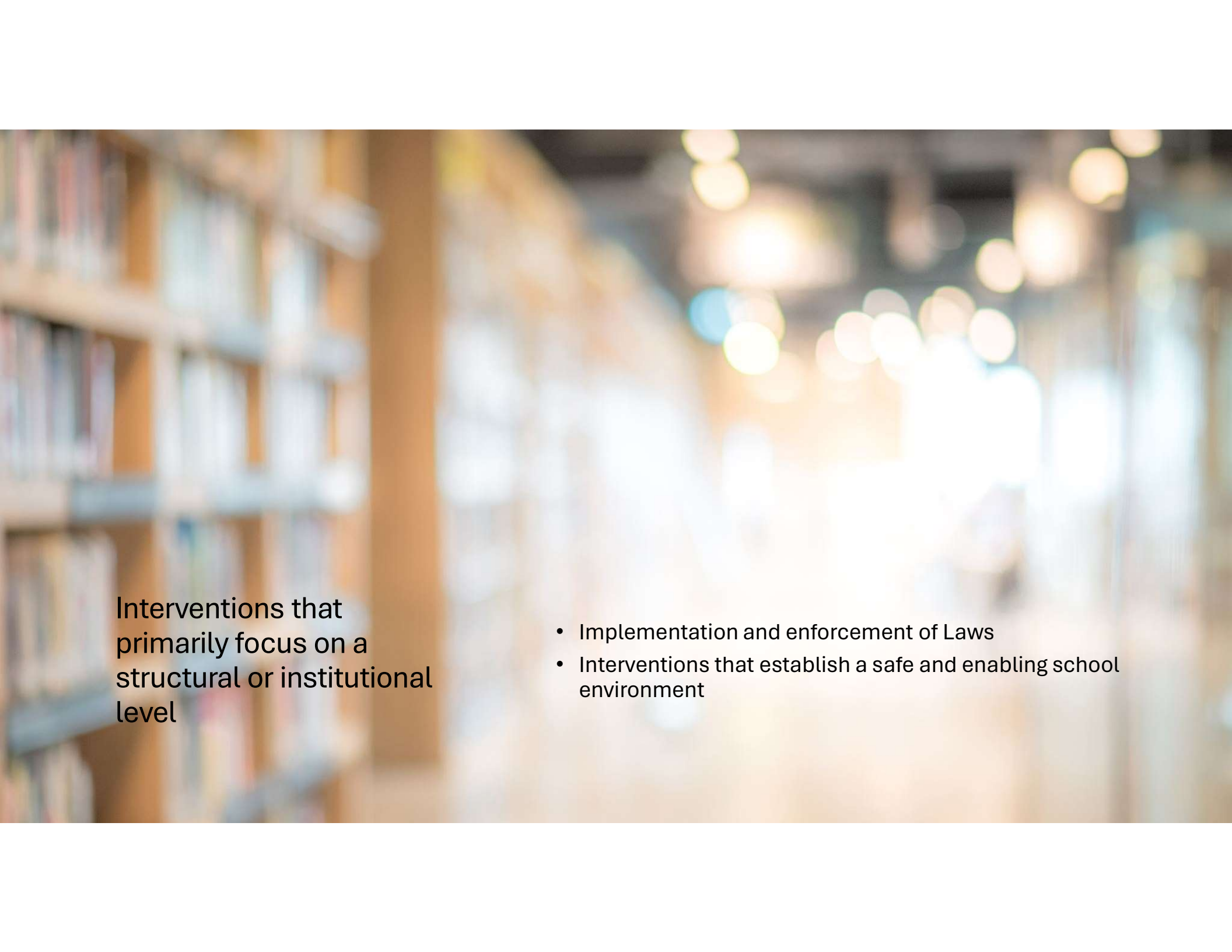
**SASA!: Community Activism to shift harmful gender attitudes, roles, and social norms in Uganda**

- SASA! is a community-mobilisation project designed to transform gender relations and power dynamics to prevent HIV and violence against women (VAW).
- It works through trained community activists based on a “stages of change” (Start, Awareness, Support, Action) model over a minimum 30-month period.



## SASA!: Study Findings

- SASA! was associated with reductions in past year experience of physical and sexual IPV among women in SASA! communities and lower acceptance of IPV among both women and men
- SASA! has now been adapted and implemented in 20+ countries worldwide.
- Source: Abramsky et al., 2014



Interventions that primarily focus on a structural or institutional level

- Implementation and enforcement of Laws
- Interventions that establish a safe and enabling school environment



# School curriculum-based interventions

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Use schools as an entry point to prevent violence e.g., dating violence, peer violence, and corporal punishment

---

Focus on either male or female peer groups separately or together and address gender norms and attitudes before these become deeply ingrained in youth

---

Sessions are delivered in class by teachers or facilitators or after school, usually by trained facilitator



## **IMPOWER:** Self-defense training delivered in schools and colleges to prevent sexual assault in Malawi

- Implemented with primary and secondary-school girls in rural Malawi.
- Weekly, 2-h sessions for 6 weeks
- IMPOWER emphasizes early recognition of boundary testing, negotiation, diffusion and distraction tactics, and verbal assertiveness over physical self-defense
- After the six weeks, two-hour refresher courses are performed every 3–6 months



## IMPOWER: Study Finding

- An evaluation of the programme showed significant reduction of the incident rate of sexual assault reported in intervention schools (Decker et al., 2018).



# **Elements of the design and implementation of effective GBV prevention programmes**



# Design Elements

**Rigorously planned with a robust theory of change rooted in knowledge of local context**

**Tackle multiple drivers of VAWG, such as gender inequity, poverty, poor communication, and marital conflict**

**Work with women and men, and where relevant, work with families**

**Integrate support for survivors of violence**

**Use group-based participatory learning methods for adults and children that emphasise empowerment, critical reflection, communication, and conflict resolution skills building**

**Gender and social empowerment and fostering positive interpersonal relationships**

**Carefully designed user-friendly manuals and materials supporting all intervention components to accomplish their goals**

**Age-appropriate design for children with a longer time for learning and an engaging teaching method such as sport and play**

# Implementation Elements

**Optimal intensity: duration and frequency of sessions and overall programme length enable time for reflection and experiential learning.**

**Staff and volunteers were selected for their gender-equitable attitudes and non-violent behaviour and thoroughly trained, supervised and supported**

# Things we know do not prevent or reduce violence

Focusing exclusively on “awareness raising”

“Once-off” workshops or trainings

Improving quality of formal services (important but not prevention)

Raising the severity of criminal penalties

Police training/sensitization



# Engaging **RTAs** to prevent **HIV**, Teen pregnancies and **GBV**. Experience from Zambia

07.03.2024

By Felix Bwalya.



Implemented by



## Strengthening Girls' Rights!

Reproductive health and HIV prevention for young women and girls, in Zambia (SGR II)

Partnerships  
for Prevention  
of Gender-Based  
Violence in  
Southern Africa

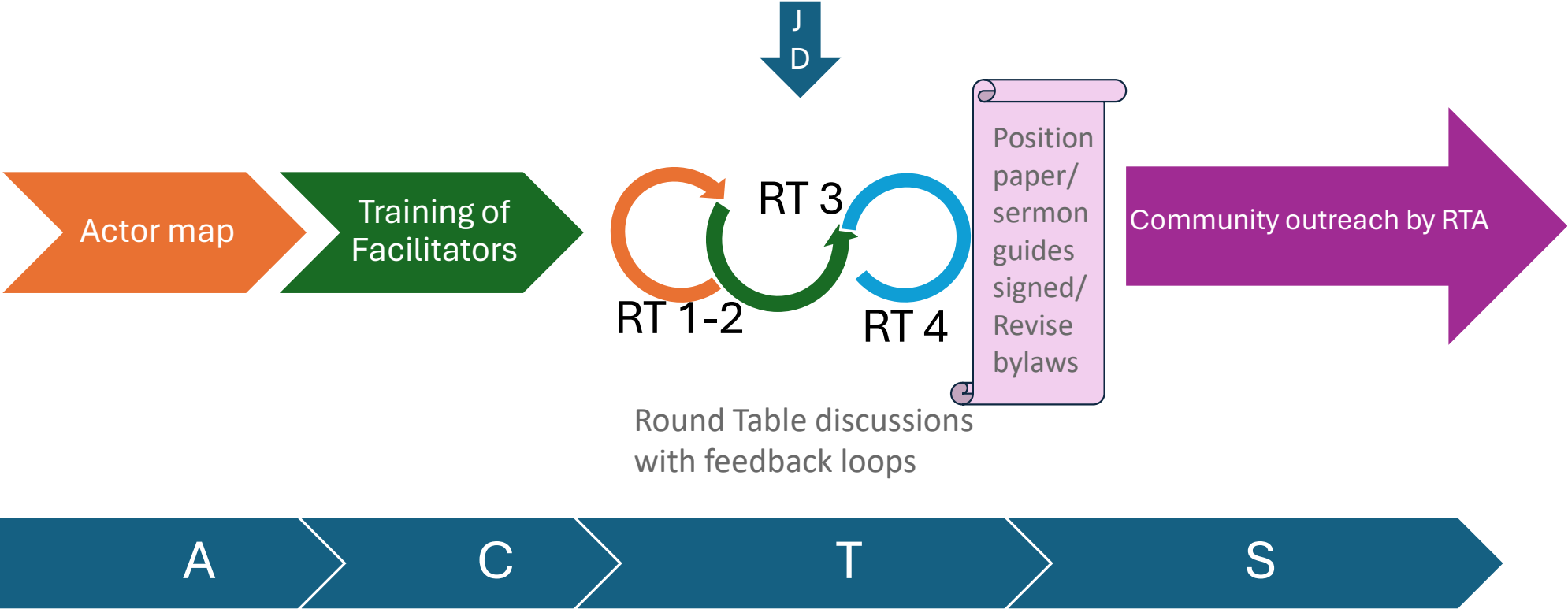








# CONTEXTUAL ISSUE STUDY METHODOLOGY



- 
- A close-up photograph of a pair of hands, palms up, holding a vibrant blue butterfly with orange and black markings on its wings. The background is dark, and the hands are illuminated, creating a soft glow around the butterfly. The butterfly is positioned in the center of the frame, with its wings spread wide. The hands are cupped around it, with fingers slightly curled. The lighting highlights the texture of the skin and the delicate structure of the butterfly's wings.
- **Guiding principles of engagement:**
    - “rules of engagement”,
    - build on common ground,
    - critical mass
  - **Implementation criteria for successful**
  - **1. Safe spaces**
    - Clear goals
    - Mutual learning.
  - **2. Sustainability:**
    - Train facilitators.
    - Same stakeholders.
    - Community sensitization
  - **3. Contextual influencers:**
    - Revise guiding documents
  - **Challenges**
  - Change is a slow process, attrition, technology, pandemic, personal conviction versus institution



Implemented by



## Strengthening Girls' Rights!

Reproductive health and HIV prevention for young women and girls, in Zambia (SGR II)

Partnerships  
for Prevention  
of Gender-Based  
Violence in  
Southern Africa





**White Ribbon Campaign Namibia**

*Creating a violence free generation*

## **About the White Ribbon Campaign Namibia Regional Conference**

**Advancing Data And Evidence For GBV Prevention & SRHR In Southern Africa CONFER**

**FROM THE 6-7 March 2024**

**PRESENTATION**

**By: Pumulo Simakumba Coach& Mentor, Speaker, Facilitator & Trainer**



The White Ribbon Campaign Namibia Is An NGOs Focused On Engaging Men & boys To campaign To Speak Out & To Take Action To End Violence Against Women, “Through”. It Is Part Of The Branch Of The Global Campaign To Ensure Men And Boys Take More Responsibility For Reducing The Level Of Violence Against Women And Children.



EDUCATION



ACTION



DISCUSSIONS





## WHY ENGAGE MEN AND BOYS IN Violence Prevention?



- **Work with men and boys is necessary.** As perpetrators, the target audience for primary prevention, holders of the social norms and influencers on other men, men must to be engaged to reduce and prevent gender-based violence.
- **Work with men and boys can be effective.** As the evidence base grows, evaluation data appears, lessons are learned, and best practices are shared, we know this may be the missing compliment to past decades of work.
- **Work with men and boys can be positive.** There is a much broader spectrum of positive roles for men and boys to play than perpetrator or potential perpetrator of gender-based violence. These roles not only prevent and reduce violence against women and promote gender equality, but also improve the lives of men and boys by freeing them from these harmful and limiting aspects of masculinities.
- The violence perpetrated by men against women must stop and it is up to men to stop it.

Most men do not commit violence against women, but all men have a role in Ending it. If we all start By making a Pledge, never to commit, Excuse, or Remain silent about men's violence against women in all its forms, that will make a huge difference.





- Men are important role models to other men especially to boys and can teach other men including their own sons to Stop the Violence.
- Men can help to create a culture where the behavior of the minority who treat women and girls with contempt becomes unacceptable.
- Men and boys in their various roles as individuals, community members, leaders, educators, fathers, family members, staff of NGOS or policy makers have a responsibility and important role to play in promoting gender equality and ending violence against women and girls.

By doing so our approach is designed to bring men to the bigger picture, so they can understand the consequences and effects of GBV, and its connections to HIV and AIDS analyze it, and consequently feel compelled to do something about it.



## OUR GOAL



- Raise awareness of Violence against women (VAW) in all its forms.
- Challenge male attitudes which condone VAW.
- Educate men so that they feel better able to speak up against VAW.
- Encourage men to talk to other men about the issues to end the climate of male silence on the subject of VAW
- Develop a wide support network of male volunteers across Namibia
- To encourage and enable men to take a leadership role in ending men's violence against women.

The White Ribbon Campaign believes the key to break the cycle of men's violence against women lays in the hands of men, it is up to men themselves to realize that there is a need to change and to make that change.



E-mail: [wrcnamibia@gmail.com](mailto:wrcnamibia@gmail.com)

Making **violence against women**  
a thing of the past



## THE MISSION & VISION

- Our Vision is a nation in which every women & the Girl- Child Lives in Safety, free from all forms of Men's Violence and Abuse.
- A masculinity that embodies the best qualities of being human, with women and men working in partnership to create a culture of non-violence and peace.



WRCN programme are integrated into three key approaches:

**Men as partners**



**Men as clients**



**Men as agents of change**







# Why should we address the issue of violence against women?



- Violence against women is a huge problem in our society and across the world, touching the lives of almost everyone at some point in their life, whether this is personally, or through the experience of a friend or family member.





- **This is an issue which affects society as a whole, it is not something which should be kept hidden ‘behind closed doors’**
- **It is only when ALL men and women acknowledge and take action against violence against women that such violence can be prevented.**
- **We need to challenge the structures which support it and create a society which finds violence against women totally unacceptable.**



Making **violence against women**  
a thing of the past





 **White Ribbon Campaign Namibia**  
**TAMAR CAMPAIGN**  
*We Can - We Shall - We Will*

# STOP

*The Violence*

**Don't my brother, do not force me  
Such a thing should not be done  
Don't do this wicked thing".**  
2 Samuel 13:12

**Save a Tamar Campaign aims at:**  
Challenging the church as God's instrument to  
against any form of violence meted out on women

**Why focus on the Church?**  
The Church is well placed to address violence against women as it is a significant force in the transformation and development of the church  
The Church is well placed to address violence against women as it is a significant force in the transformation and development of the church  
The Church is well placed to address violence against women as it is a significant force in the transformation and development of the church

**The Tamar Vision**  
A Country/continent, which is free from violence against women in which men and women relate as equals

**Tamar Campaign Objectives**  
The Tamar Campaign aims to challenge the church as God's instrument to against any form of violence meted out on women  
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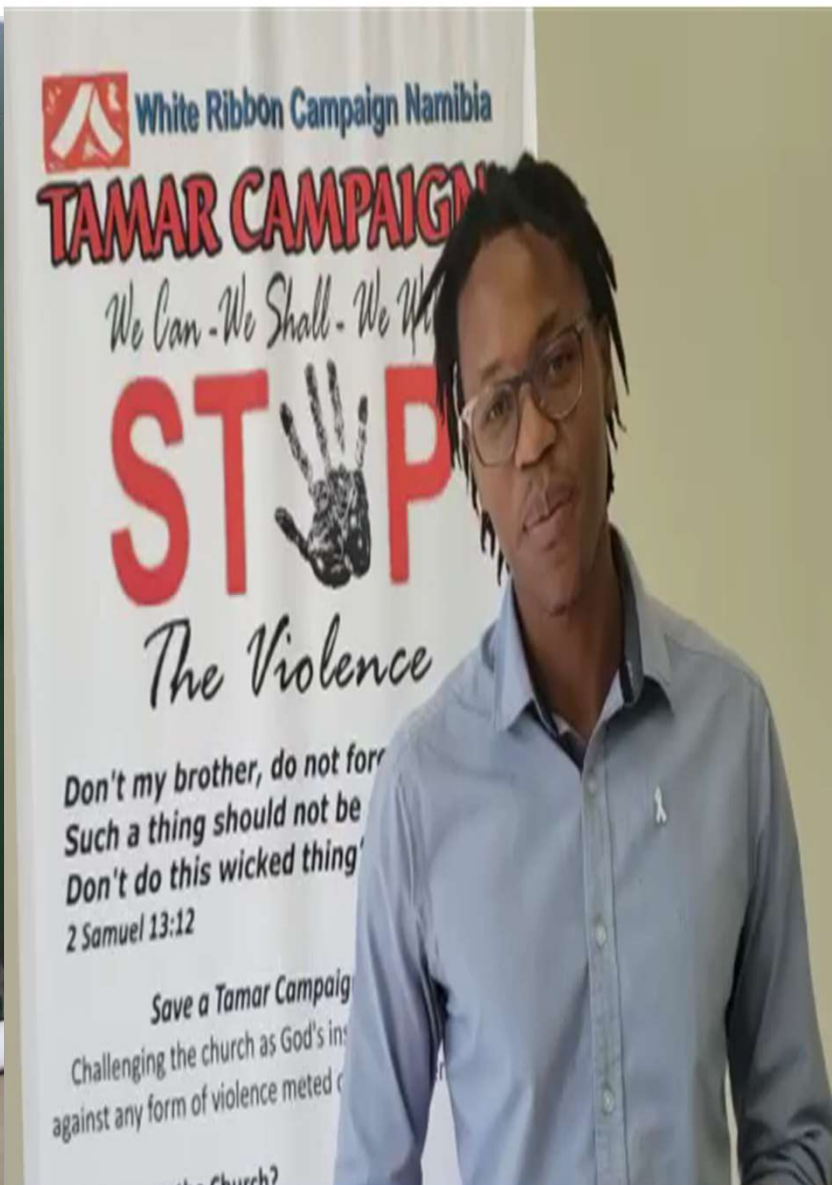
**Why is White Ribbon Campaign Namibia?**  
The White Ribbon Campaign is a global movement to end violence against women  
The White Ribbon Campaign is a global movement to end violence against women  
The White Ribbon Campaign is a global movement to end violence against women

**STOP VIOLENCE**  
BREAKING THE CHAIN TO VIOLENCE  
For more information contact us at tamar@white-ribbon.org or tamar@white-ribbon.org





Making **violence against women**  
a thing of the past

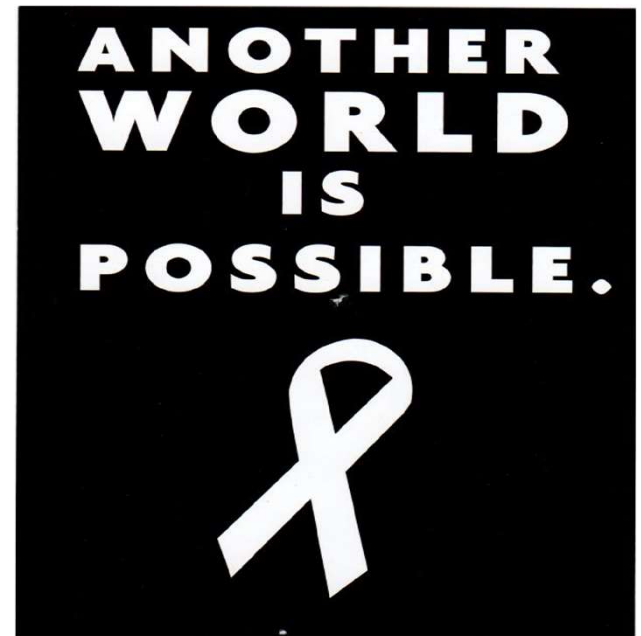






## Imagine a World without Gender- based Violence

- What would it be like ?
- What prevents it?
- What do men need to do ?





Together WE Can #Change The Story



A large white ribbon graphic, which is a symbol for HIV/AIDS awareness, is positioned behind the text. It is set against a solid orange square background that occupies the center of the slide.

**Thank you for  
listening!**



# Evidence-driven partnerships with private sector actors for gender-based violence prevention and SRHR

SADC-GIZ Southern Africa Regional Conference on Advancing Data and Evidence for GBV prevention and SRHR in the Southern African Region

Johannesburg, 6-7 March 2024

# The role of the private sector in GBV prevention and SRHR

Gender-based violence violates fundamental human rights and is a major barrier to achieving gender equality and SRHR

Violence prevention is the whole of society working together deliberately and sustainably

Systemic discrimination and inequalities, including in private sector spaces, contributing to reduced SRHR and increased GBV

There is both a strong ethical argument and a compelling business case for companies

Leaders in business have room to influence, internally and externally, and must lead by example, based on solid understanding of the problem, and based on their own positionality

Companies have 'easy access' to staff, and have opportunities to engage beyond their immediate staff (through families, through business partnerships, through supply chain

## The role of the mining sector

4m LSM

13m ASM

Policies and Procedures

Training and Awareness

Support Services

Partnerships – as opposed to donor relations

Promoting Gender Equality

Supply Chain Management

PSEAH, within business and outside the fence

## Evidence and partnerships...

- The ‘clashing of universes’ – long-term investments in addressing root causes of violence vs. the (perceived) short-term need to act and proof ‘impact’
- The understanding of evidence – and willingness and readiness, at all levels, to engage with meaningfully with the evidence in the design of programming that is evidence-driven and sustainable
- Intentionally and sustainably integrating violence prevention and gender-transformative work into community-based programmes across other key areas LSMs are engaged in, most notably education, health, SED
- Partnerships – among mining sector role players, and between the mining sector and other key stakeholders, incl. research, government, private sector actors outside of mining



## ... and Evidence partnerships

- Evidence partnerships – where does mining sector research go? Who has access to it? Opportunities for integrated and transparent research, from baselines to implementation and monitoring data, to evaluation data
- Evidence partnerships for implementation at scale
- ‘Independent’ engagement with data from diverse stakeholders – Mining sector ombud (as a starting point)

# Thank you

**Marcel Korth**  
Principal: Gender & Health

[marcel.korth@angloamerican.com](mailto:marcel.korth@angloamerican.com)

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# Transforming the SADC Regional SGBV Policy Response for Adolescents & Young People: Case of Regional Guidelines

*Regional Conference - Advancing Data & Evidence for GBV Prevention and SRHR in the Southern African Region*

*7<sup>th</sup> March 2024*

*Johannesburg, South Africa*

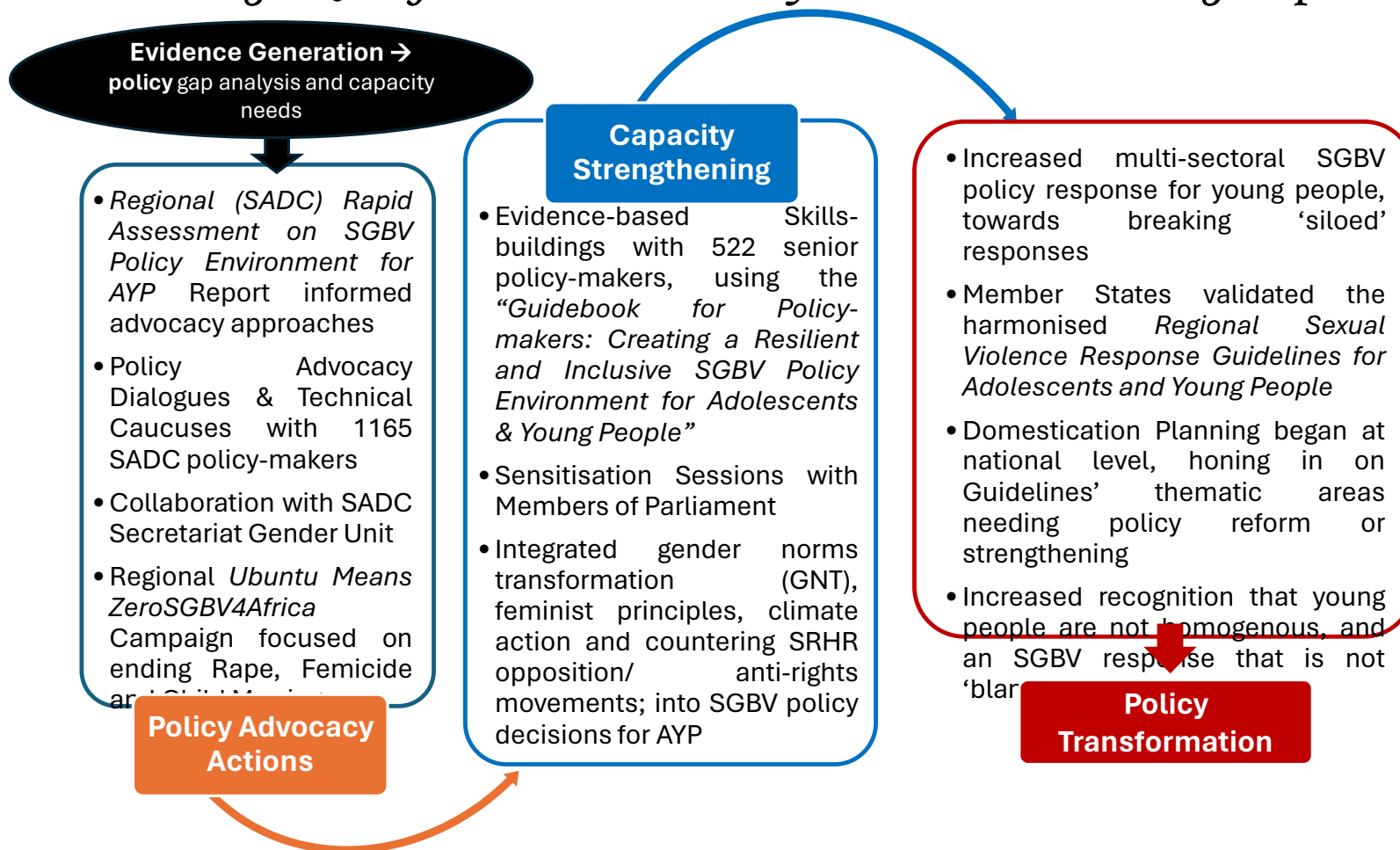
**Rouzeh Eghtessadi**  
**Executive Director**  
[rouzeh@safaid.net](mailto:rouzeh@safaid.net)

## *How did it start?*

- Recognised need for a harmonised approach to the sexual gender-based violence (SGBV) policy response for adolescents and young people. SAfAIDS Regional Transforming Lives (TLives Phase 1) Programme, supported by Sida, developed *Regional Sexual Violence Response Guidelines for Adolescents and Young People*, with guidance from SADC Secretariat Gender Unit and consultation with SADC Governments
- Applied Evidence → Regional (SADC-wide) Rapid Assessment on the SGBV Policy Response for Adolescents & Young People → Further informed by data on impact of COVID-19 pandemic, climate and economic crises on risk & vulnerability to SGBV
- Conducted Advocacy Actions (2018-2022) with Ministries of Gender/Women's Affairs, Health, Education, Justice and Youth from 16 SADC Member States, and reps from Offices of Prime Ministers/Deputy PMs; motivated multi-sectoral collaborative devt of Guidelines. The Guidelines were validated by Member States (2022). Member States began developing Domestication Plans for the Guidelines (2023-24)
- Sensitised Members of Parliament in SADC-PF Standing Committees (Gender Equality, Women Advancement & Youth Development Committee, Democracy, Governance & Human Rights; Human, Social Development, Special Projects, and Joint Standing Committee) and Regional Women's Parliamentary Caucus, to apply oversight role. Technical support to devt of SADC Model Law on GBV; and popularised it as a governance tool, alongside the Guidelines
- Supported SADC Sec. Gender Unit, to develop GBV Scorecard & Indicators for SADC Regional Strategy and Framework of Action for Addressing GBV (2018-2030) endorsed by Ministers of Gender in 2023. The indicators can measure Guidelines' components

# What Was Done?

## Generating Champion Policy-maker Actors in Ending Sexual Gender-based Violence for Adolescents & Young People



# *Now & Onwards*

Guidelines aligned to SADC Regional Indicative Strategic Development Plan (2020-2030) and Regional Strategy and Framework of Action for Addressing GBV (2018-2030). Implementing mechanisms: Leadership, partnership coordination, key population engagement, resourced workplans. Thematic areas are rights-based:

- (i) Prevention & Risk Mitigation (including cyber-safety),
- (ii) Protection & Safety,
- (iii) Service Provision & Management (including address of perpetrators) and
- (iv) Planning, M&E and Reporting

Support Member States with Guidelines domestication, with a gender responsive lens. Member States' Domestication Plans measured by Barometers. A ZeroSGBV4Africa Think-tank of regional policy-makers, reps of youth, traditional and religious sectors review domestication progress & analyse Barometers

Examples of some Domestication progress:

- Angola: Initiated review process of national legislation to stop transfer of pregnant girls to night schools
- Botswana: Ministry of Gender motivated to update life-skills curricula & harmonise response for SGBV perpetrators
- Lesotho: Ministry of Education incorporated sexual violence prevention in the Health Professions Manual, being used in sensitizing health workers and young people
- Mauritius: Influenced Office of Prime Minister to roll-out the National strategy and Action Plan, and to ensure GBV remains as a priority issue on the national agenda
- Seychelles, Malawi, Zimbabwe & Zambia: Amid Cyclones/other natural disasters, policy-makers championed climate action, illustrating intersection between climate crisis and SGBV i.e., child marriages, exposure to rape

Skills-building on gender norms transformation (SAfAIDS GNT4SRHR Model) for more gender responsive SRHR policy-making

Thought-leadership Ref Grp, Knowledge Exchange, Learning Symposia & Good Practices will amplify Member States' journeys in domestication - to inform future similar SRHR policy advocacy pathways



***Siyabonga  
Thank You  
Merci  
Obrigada***

‘We appreciate what SAfAIDS is doing in the region, the Guidelines align with our national laws and is a document we are going to make use of, on how to address the issue of sexual violence among young people’

- *Mpendulo Masuku, Deputy Prime Minister’s Office, Kingdom of Eswatini*

‘This document (Guidelines) is very valuable. So, domesticating it in Namibia will be valuable for the county and complimentary to the laws’

- *Sophia Coetzee, Ministry of Health and Social Services, Namibia*

‘I am motivated to continue working with young people. This (Guidelines) is a good move for Zambia, and we are committed to using it’

- *Gift Bwembya, Gender Division in Cabinet Office of the President, Zambia*

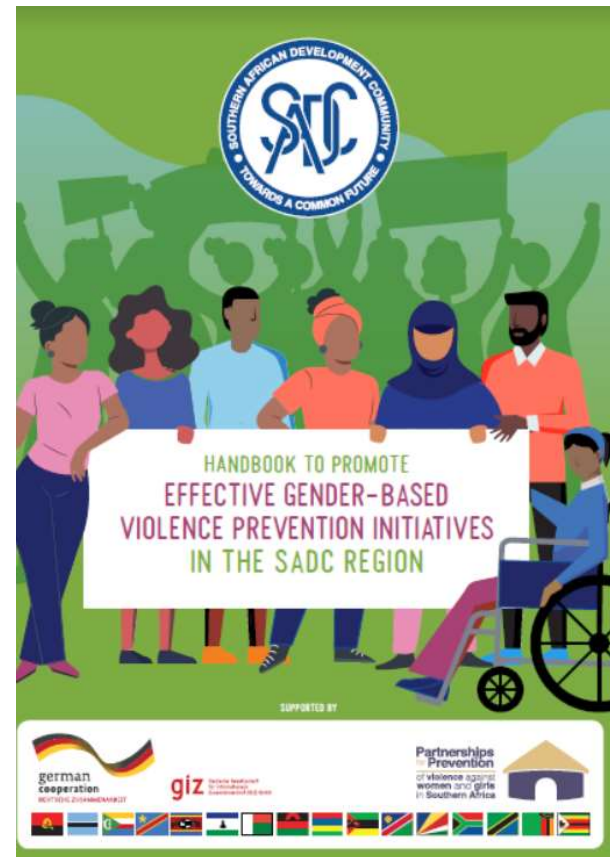
# Preventing GBV: An Overview of Promising Interventions and Emerging Lessons

DR LINA DIGOLO

**REGIONAL CONFERENCE: Advancing Data and Evidence for GBV Prevention and SRHR in Southern Africa**

6-7 March 2024

Johannesburg, South Africa



## Primary Prevention



Stop violence  
before it starts

## Secondary Prevention



Detect violence  
early and prevent  
the recurrence of  
violence

## Tertiary Prevention (response)



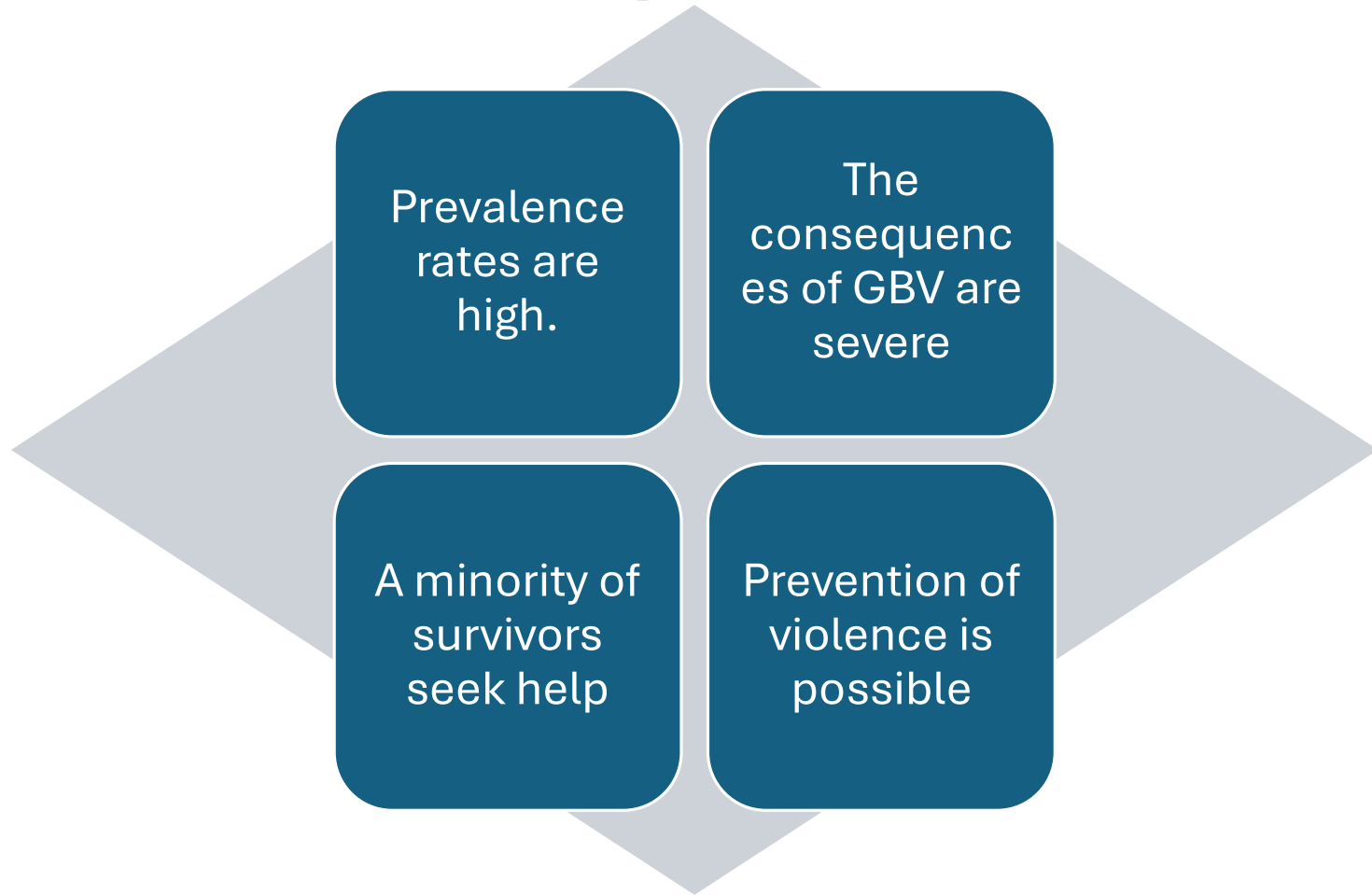
Meet the immediate  
needs of survivors to  
limit the impacts of  
violence

## Why should we increase our efforts on primary prevention?

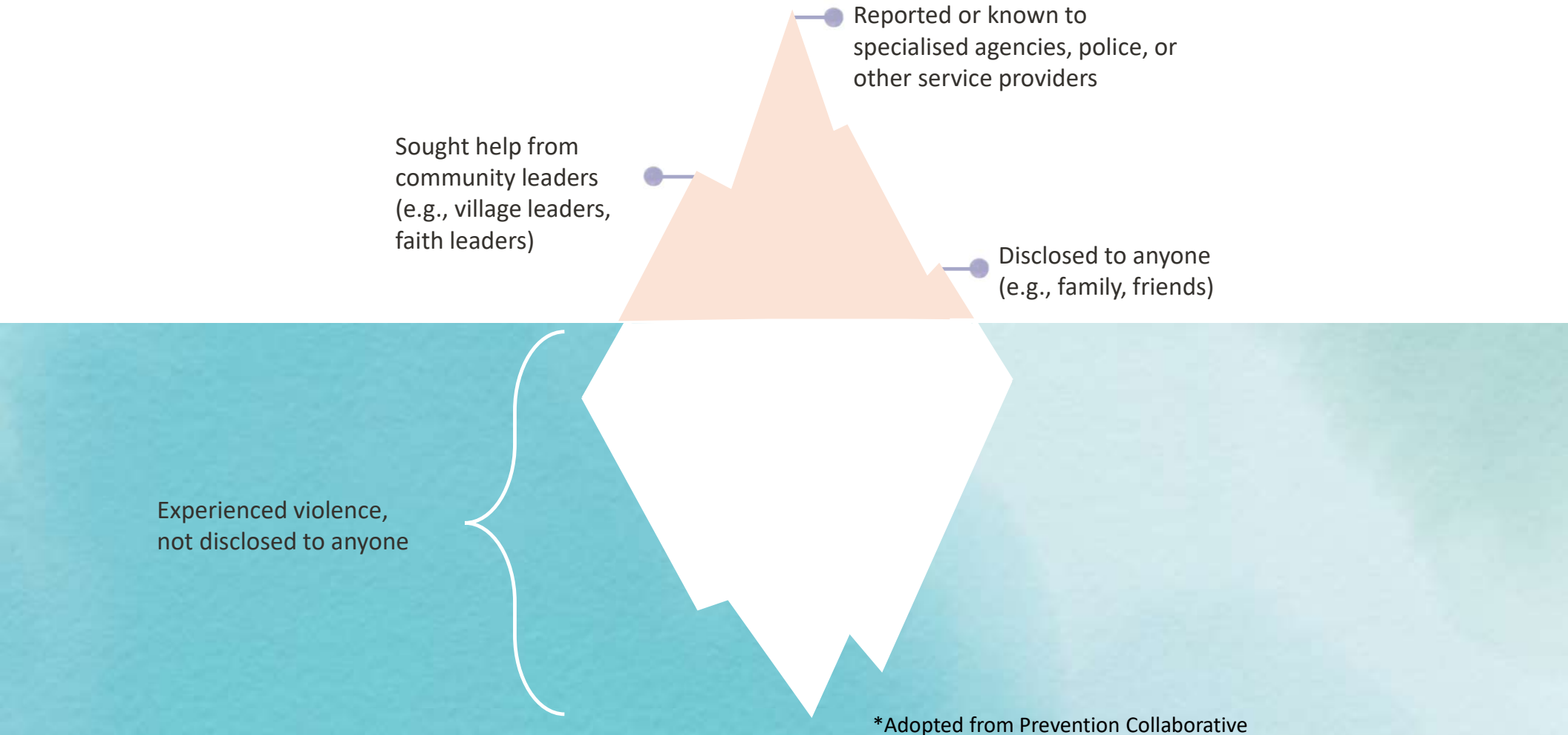
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# Why should we focus on prevention of GBV?

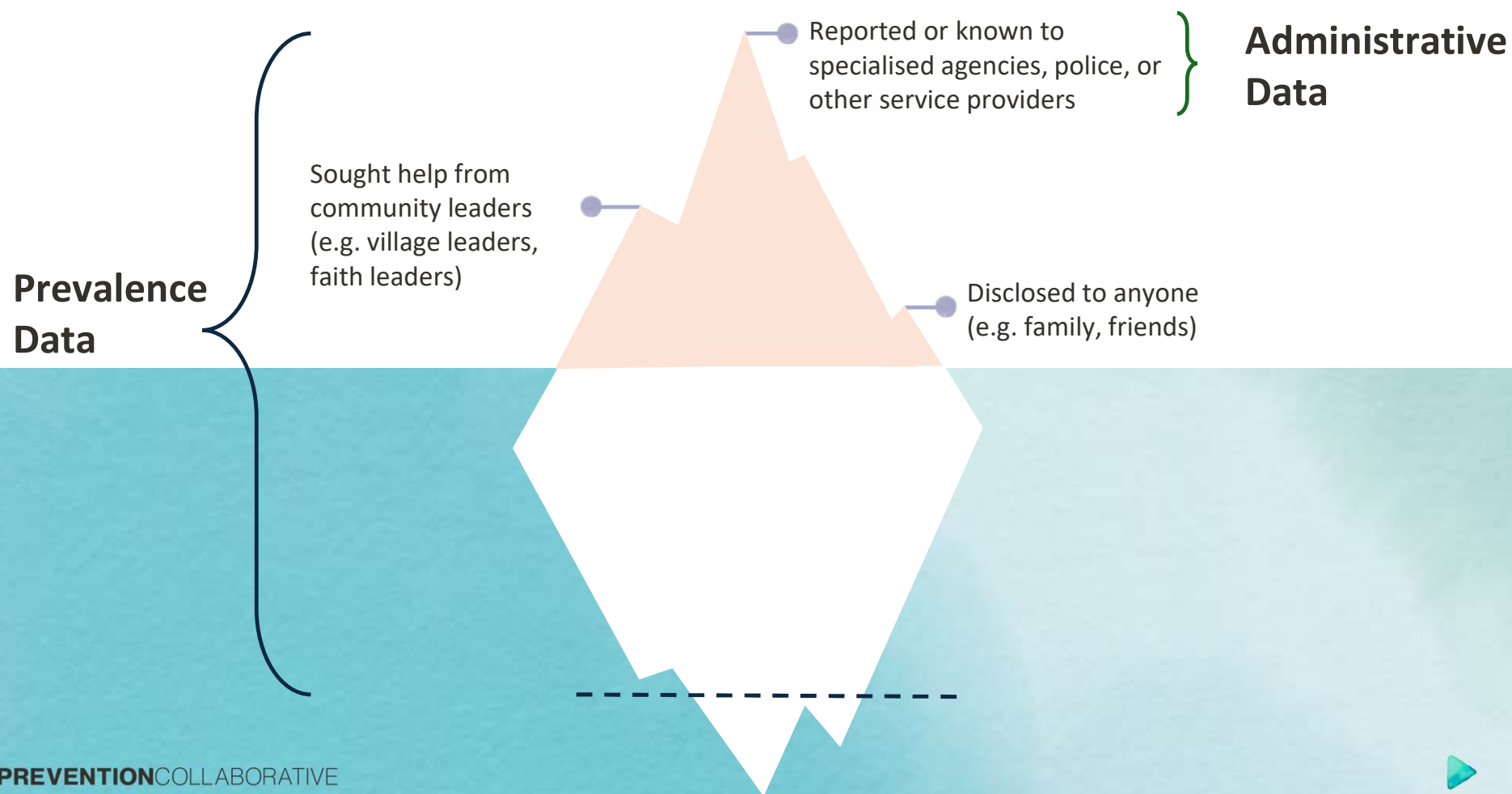


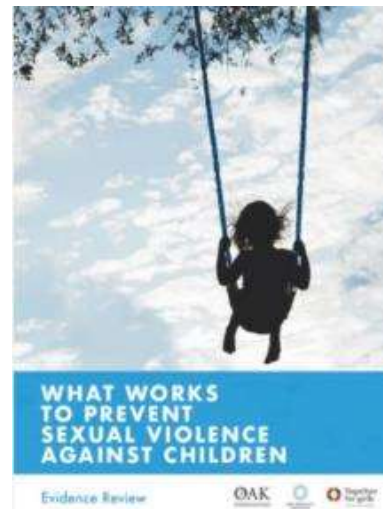
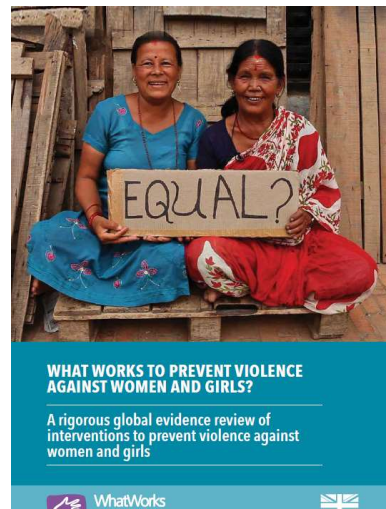
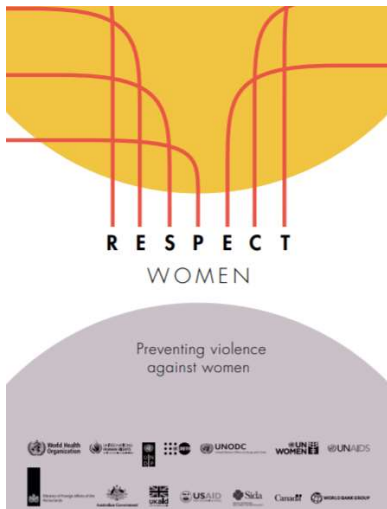
# A minority of survivors seek help: Tip of the iceberg





# Prevalence vs Administrative data

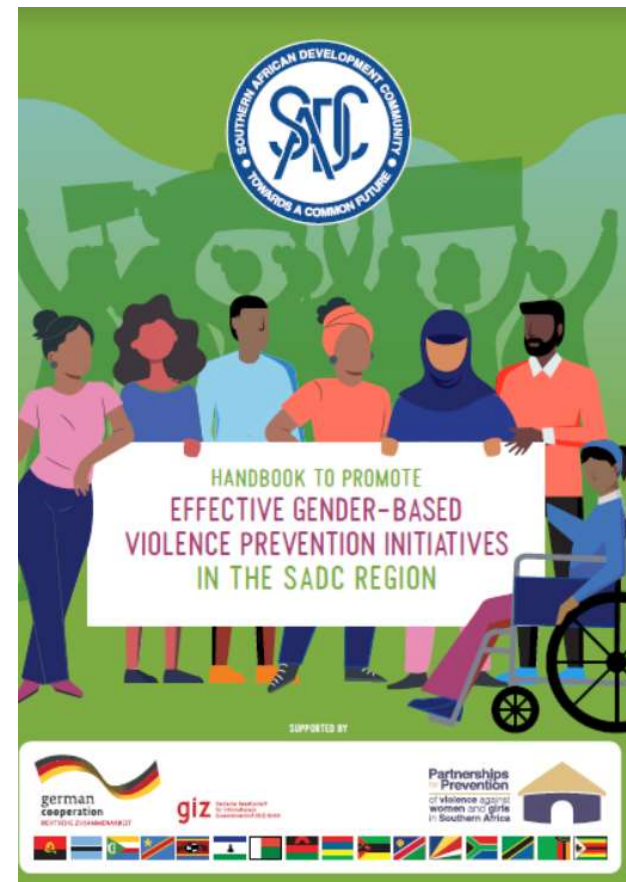






# What is in this handbook?

- Chapter 1: The nature, magnitude, and consequences of GBV.
- Chapter 2: Risk and protective factors for GBV
- Chapter 3: Why focus on primary prevention of GBV.
- Chapter 4: Evidence base for GBV primary prevention strategies
- Chapter 5: Key considerations for the adaptation and scale-up of GBV prevention programmes
- Chapter 6: Implementation considerations for GBV prevention programmes



The successful violence prevention programmes:

Reduced one or more forms of violence within programmatic time frames

Reduced known GBV risk factors such as shifted gender inequitable beliefs, improved mental health, reduced harmful substance use, etc

Had the potential to be adapted to other contexts in the same country or different countries

Had the potential to be scaled up to reach more people or communities.

Ref: Kerr-Wilson, A.; Gibbs, A.; McAslan Fraser E.; Ramsoomar, L.; Parke, A.; Khuwaja, HMA.; and Jewkes, R (2020). A rigorous global evidence review of interventions to prevent violence against women and girls, What Works to prevent violence against women and girls global Programme, Pretoria, South Africa

<b>Socio-ecological model Level</b>	<b>Types of Interventions</b>
Interventions that primarily focus on the <b>individual level</b>	<ul style="list-style-type: none"> <li>i. Economic empowerment interventions</li> <li>ii. Interventions to tackle alcohol abuse as a key risk factor for VAWG</li> </ul>
Interventions that primarily focus on the <b>relationship or family level</b>	<ul style="list-style-type: none"> <li>i. Couples' interventions</li> <li>ii. Parenting interventions</li> </ul>
Interventions that primarily focus on <b>groups or at the community level</b>	<ul style="list-style-type: none"> <li>i. Community Activism/ mobilisation interventions to shift harmful gender attitudes, roles, and social norms</li> <li>ii. Interventions that engage faith-based and traditional actors in preventing violence against women and girls</li> <li>iii. Group-based workshops with men and women to promote change in attitudes and norms</li> <li>iv. Digital technology for GBV prevention</li> </ul>
Interventions that primarily focus on a <b>structural or institutional level</b>	<ul style="list-style-type: none"> <li>i. Implementation and enforcement of Laws</li> <li>ii. Interventions that establish a safe and enabling school environment</li> </ul>





Interventions that primarily focus on the **individual level**

- Economic empowerment interventions
- Interventions to tackle alcohol abuse as a key risk factor for VAWG

Economic empowerment programmes have the potential to reduce violence in several ways

- Economic security is likely to improve the physical well-being of household members
- Where poverty and food insecurity are key stressors and triggers of conflict in a relationship, economic transfers alleviate this stress and reduce the potential for conflict
- Increasing bargaining power for women in relationships, which provides them with an option of exiting a violent relationship



# Types of Economic Empowerment programmes

---

***Economic transfers***, including cash, food transfers and food vouchers.

---

***Microfinance, savings, or livelihood strengthening only interventions*** include using microfinance, village savings and loan associations (VSLAs) or other income-generating activities or vocational/job training approaches only.

---

***Combined economic and social empowerment interventions*** –where the economic components are overlaid with social empowerment components (often with a strong emphasis on gender transformation).

## **Combined economic and social empowerment interventions**

### **IMAGE project**

- Programme goal:
  - Improve the economic well-being and independence of communities
  - reduce vulnerability to both HIV and GBV
  - Foster community mobilization to address common concerns.
- Has two components:
  - Microfinance component
  - Empowering women leaders to catalyze broader activism and social mobilization



# IMAGE project: Study Findings

- Increased household expenditure and assets and increased membership in savings groups;
  - **55% reduction in risk of physical or sexual violence from an intimate partner**
  - **Women's empowerment:** improvement in self-confidence, challenging gender norms, autonomy in decision-making, and collective action.
- *Pronyk et al, The Lancet 2004, Kim et al, AJPH 2006*



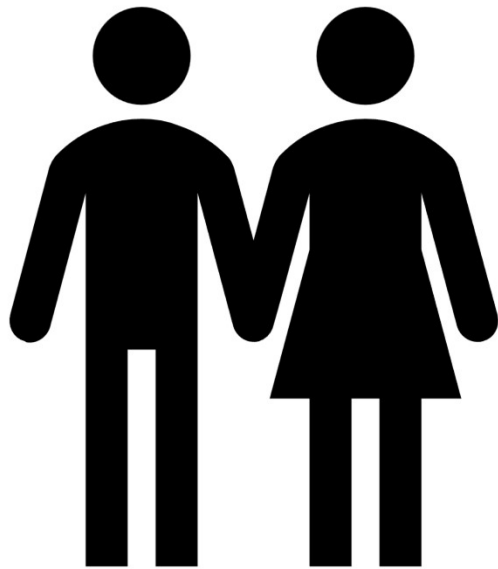




Interventions that primarily focus on the Relationship or Family level

- Couples' interventions
- Parenting interventions





## Couples' interventions

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Focus on the unequal power relations, relationship conflict, and poor communication that drive intimate partner violence

---

Work with both members of a couple to promote healthy relationships

---

Are typically group-based and follow a participatory curriculum of 10 to 20-plus workshops, combining single-sex and mixed sessions

---

Emphasise critical reflection about gender roles and norms and about building knowledge and skills for healthy, non-violent relationships.

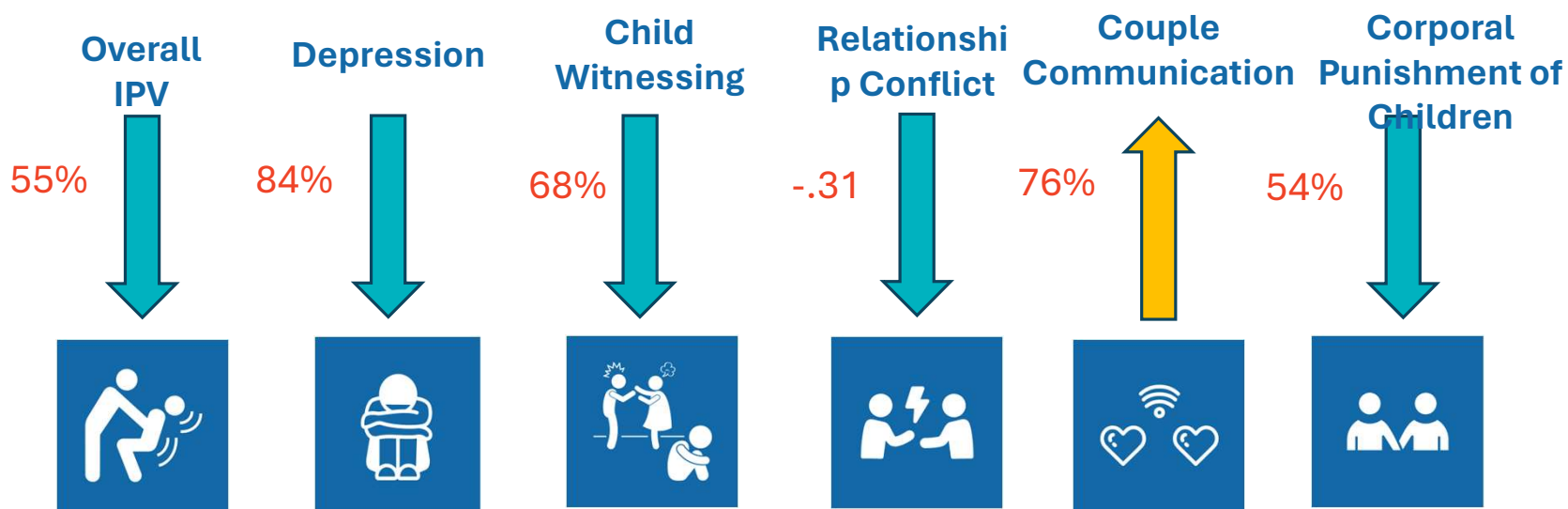
# Indashyikirwa: IPV prevention in rural Rwanda

- Designed to reduce levels of intimate partner violence, as well as to improve the response to survivors.
- Programme component:
  - A 21-session participatory training curriculum for couples
  - Community-based activism (based on the SASA! model)
  - Direct support to survivors of intimate partner violence through women's safe spaces
  - Training and engagement of opinion leaders



## Indashyikirwa results (women)

### Participation in the couple's curriculum



Figures derived from adjusted odds ratios comparing couple's training participants to VSLA alone



Interventions that primarily focus on groups or at the community level

- Community Activism/ mobilisation interventions to shift harmful gender attitudes, roles, and social norms
- Interventions that engage faith-based and traditional actors
- Group-based workshops with men and women to promote change in attitudes and norms
- Digital technology for GBV prevention

# Community Activism to shift harmful gender attitudes, roles, and social norms

---

There is good evidence showing how well-designed and implemented community mobilisation interventions can reduce VAWG

---

Achieving community-level impact requires:

- Extensive engagement over at least two years
- Specific mechanisms for diffusing programme ideas to ensure a high proportion of community members are meaningfully exposed to the intervention.
- Community activists have intensive gender transformative training, skills building and mentoring.







**SASA!: Community Activism to shift harmful gender attitudes, roles, and social norms in Uganda**

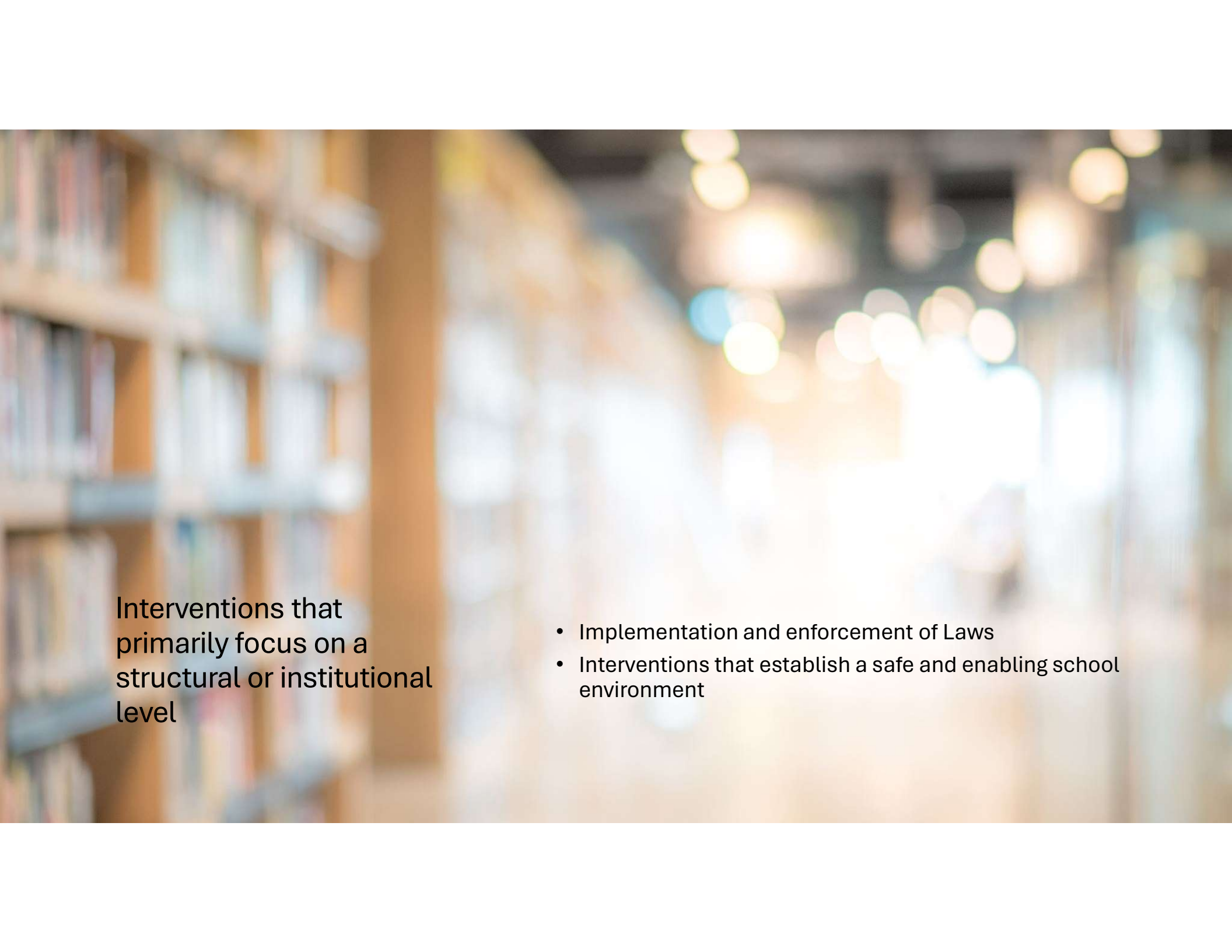
- SASA! is a community-mobilisation project designed to transform gender relations and power dynamics to prevent HIV and violence against women (VAW).
- It works through trained community activists based on a “stages of change” (Start, Awareness, Support, Action) model over a minimum 30-month period.





## SASA!: Study Findings

- SASA! was associated with reductions in past year experience of physical and sexual IPV among women in SASA! communities and lower acceptance of IPV among both women and men
- SASA! has now been adapted and implemented in 20+ countries worldwide.
- Source: Abramsky et al., 2014



Interventions that primarily focus on a structural or institutional level

- Implementation and enforcement of Laws
- Interventions that establish a safe and enabling school environment



# School curriculum-based interventions

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Use schools as an entry point to prevent violence e.g., dating violence, peer violence, and corporal punishment

---

Focus on either male or female peer groups separately or together and address gender norms and attitudes before these become deeply ingrained in youth

---

Sessions are delivered in class by teachers or facilitators or after school, usually by trained facilitator



## **IMPOWER:** Self-defense training delivered in schools and colleges to prevent sexual assault in Malawi

- Implemented with primary and secondary-school girls in rural Malawi.
- Weekly, 2-h sessions for 6 weeks
- IMPOWER emphasizes early recognition of boundary testing, negotiation, diffusion and distraction tactics, and verbal assertiveness over physical self-defense
- After the six weeks, two-hour refresher courses are performed every 3–6 months



## IMPOWER: Study Finding

- An evaluation of the programme showed significant reduction of the incident rate of sexual assault reported in intervention schools (Decker et al., 2018).



# **Elements of the design and implementation of effective GBV prevention programmes**



# Design Elements

**Rigorously planned with a robust theory of change rooted in knowledge of local context**

**Tackle multiple drivers of VAWG, such as gender inequity, poverty, poor communication, and marital conflict**

**Work with women and men, and where relevant, work with families**

**Integrate support for survivors of violence**

**Use group-based participatory learning methods for adults and children that emphasise empowerment, critical reflection, communication, and conflict resolution skills building**

**Gender and social empowerment and fostering positive interpersonal relationships**

**Carefully designed user-friendly manuals and materials supporting all intervention components to accomplish their goals**

**Age-appropriate design for children with a longer time for learning and an engaging teaching method such as sport and play**

# Implementation Elements

**Optimal intensity:  
duration and frequency of  
sessions and overall  
programme length enable  
time for reflection and  
experiential learning.**

**Staff and volunteers were  
selected for their gender-  
equitable attitudes and  
non-violent behaviour  
and thoroughly trained,  
supervised and  
supported**

# Things we know do not prevent or reduce violence

Focusing exclusively on “awareness raising”

“Once-off” workshops or trainings

Improving quality of formal services (important but not prevention)

Raising the severity of criminal penalties

Police training/sensitization

