



Finding solutions for Africa

Gender Based Violence & Femicide (GBVF)

SEMINAR

15 October 2024

UL
Turfloop

Presenter: Prof Hans Onya, DPH, MPH, M Med., PhD.



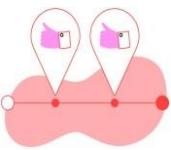
BACKGROUND: OVERVIEW OF GBV



Violence has been part of the South African social context for decades, rooted in historical apartheid policies and underpinned by high levels of inequality and poverty, racism, unequal gender power relations, and hostility to sexual and gender diversity¹.

Between 25% and 40% of South African women have experienced sexual and/or physical IPV in their lifetime².

Prevalence estimates of rape in South Africa range between 12% and 28% of women ever reporting being raped in their lifetime³





OVERVIEW.....



The President recently declared GBVF a second Pandemic in South Africa

Femicide is estimated to be five times higher than the global average

1 in 5 ever partnered women aged 18+ have experienced intimate partner violence

Violence is estimated to cost SA ZAR24 to 42 billion annually





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OVERVIEW.....

In Limpopo Province, more than two thirds of women (77%) have experienced some form of gender-based violence in their lifetime, including partner and non-partner violence.

According to the national police crime statistics there are 30 identified GBVF Hotspots in South Africa,

Mankweng: No. 9 Hotspot and Position 3 on sexual offenses in the country





OVERVIEW.....



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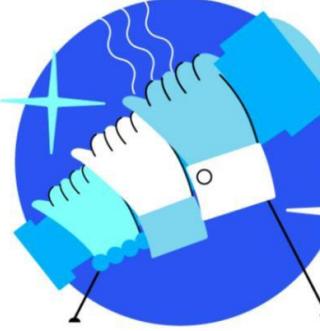
According to the Provincial Crime Registrar, the overall domestic violence in Mankweng appears to have decreased by 14% between the 2022/2023 and 2023/2024 financial year, sexual assault and attempted murder increased by 50% during the same period.

This is worrisome.





Our approach to addressing GBVF



There have been several national reports of GBVF that included GBVF in Limpopo provide.

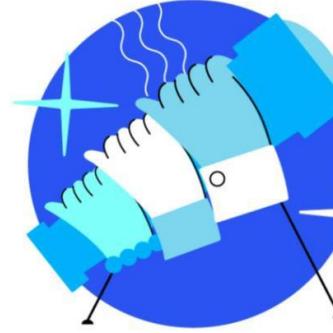
There have been reports of GBVF specific to Limpopo province

The bulk of these report concentrated on eliciting prevalence rates, perpetrators, drivers of GBVF and even making recommendations.

We could not locate any of these studies that have designed and tested a a comprehensive community-based intervention



Our approach to addressing GBVF



The Health Promotion Programme of University of Limpopo, the University of Limpopo Gender Desk, the Limpopo Victim Empowerment Centre, the New Horizons for Sustainable Development, both not-for-profit organizations, the DIMAMO Population and Health Research Centre and the Capricorn District of the Limpopo Provincial Department of Social Development formed partnership to fill this gap.



THE PROJECT COMPONENTS



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S/No	Activities	Year 1		Year 2		Year 3	
		1 st half	2 nd half	1 st half	2 nd half	1 st half	2 nd half
		2023		2024		2025	
1.	Baseline study		M1				
2.	Intervention Development		M2				
3.	Intervention			M3			
4.	Intervention Monitoring				M4		
5.	Evaluation					M5	

*M=Milestone: KEY: M1 = Formative studies; M2 = Intervention development; M3 = Community Intervention; M4 =Monitoring; M5 = Evaluation





THIS PROJECT



The model uses best practice approach that can be effective in responding to GBVF as well as violence against other vulnerable and minority populations such as LGBTQ+, the elderly and disabled members if the society.

The project focuses on Community Engagement, capacity building through empowerment education and training process, and Social and Behaviour Change (SBC) communication as core change strategies.



PROJECT AIM



To engage with key members (people/institutions) on the ground in Limpopo Province to plan and implement a range of social behaviour change and community engagement measures, based on health promotion principles that will prevent violence against women and children within communities. We started with DIMAMO and hope to replicate in other communities in the Province.

Duration: Three (3) years (subject to funding)



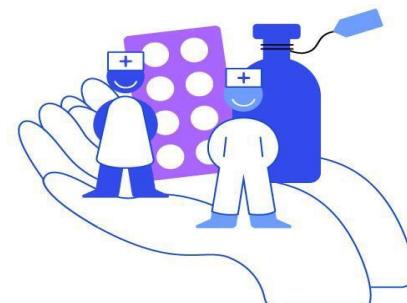


This seminar



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- **We have completed the baseline study**
- **In keeping with Ethics, and in line with our research protocol dissemination plan as well as intervention development process, we needed to share**
- **We choose to do so by a way of a one-day seminar.**





PURPOSE OF SEMINAR



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The main purpose of this seminar is to share the key findings of baseline research, initiate the formation of a coalition group and identify potential resources to tackle violence against women and children, the elderly, the disabled members of community and marginalized groups such as the LGBTIQ+ in Mankweng and the surrounding villages.





SEMINAR AIM



This seminar aim to highlight the current state of GBVF in Mankweng and surrounding villages and galvanise support to change the position of Mankweng in the list of GBVF HOT SPOTS in the country.

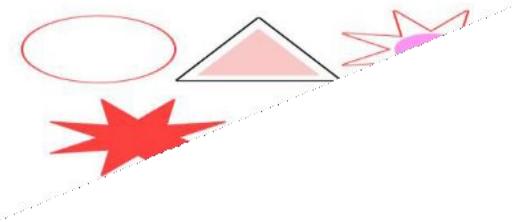


SERMINAR OBJECTIVES



The following objectives are set to be achieved:

- 1. To disseminate our key research findings of the current state of GBVF in Mankweng and the surrounding villages;**
- 2. To generate a list of current and potential stakeholders working to reduce GBVF in Mankweng and the surrounding villages in order to consolidate our stakeholder audit report;**
- 3. To network for the formation of a coalition of community influencers, groups and organisations to fight the scourge of GBVF in the Capricorn District of Limpopo Province; and**
- 4. To identify possible sources of funding and other available resources to enable us develop and our strategy.**



HIGHLIGHT OF GAPS IDENTIFIED

- **Violence is endemic in the community and very little conscious effort is being made by traditional leaders and key community influencers to address the problem;**
- **Existing interventions by DSD had very little focus on GBVF. Priority/funding was given to organisations dealing with elderly people, drop-in centres, and people with disabilities. It is only recently (2024) that the DSD provided funds to NPOs specific for GBVF work. To what extent the funding will have impact is yet to be determined;**
- **The competencies of Social Workers and other agencies responsible for addressing issues of GBVF need strengthening;**
- **The few NGO's, CBO's and other agencies attempting to address GBVF are poorly funded;**
- **Effective coordination of work on GBVF is lacking; and**
- **Inadequate support for income generation by the unemployed women and other vulnerable members of the community.**



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THE END

THANK YOU

