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**Community Mobilization as a tool against sexual and gender-based violence in SADC region**

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## Table of Contents

<b>Summary</b> .....	<b>Error! Bookmark not defined.</b>
<i>Background</i> .....	3
<i>Conceptual Framework</i> .....	<b>Error! Bookmark not defined.</b>
<i>Methodology</i> .....	<b>Error! Bookmark not defined.</b>
<i>Findings</i> .....	<b>Error! Bookmark not defined.</b>
<b>Chapter 1.0 Introduction</b> .....	<b>4</b>
1.1. <i>What is the actual root cause of violence?</i> .....	7
Deep Root causes .....	7
Intermediate causes .....	8
1.2. <i>Dominant responses</i> .....	9
b) <i>Advocacy</i> .....	10
1.3. <i>What has been the result of current interventions?</i> .....	11
1.4. <i>Community Mobilization (Conceptual framework)</i> .....	14
Roots of Community Mobilization .....	14
Application of the concept of Community Mobilization .....	14
Defining Community Mobilization .....	15
Empowerment .....	17
<b>Chapter 2. Methodology</b> .....	<b>17</b>
2.1. <i>Data collection</i> .....	18
2.2. <i>Analysis</i> .....	19
<b>Chapter 3. Results and discussion</b> .....	<b>20</b>
<i>Results in detail</i> .....	24
3.1. <i>Participation</i> .....	25
Participation for prevention .....	25
Participation for raising agency .....	26
Participation for reporting .....	27

Participation for providing care and support.....	28
Limitations and risks of participation.....	29
<b>3.2. Collaboration.....</b>	<b>31</b>
Collaboration through leveraging existing local initiatives.....	32
Taping into local resources.....	33
Task shifting.....	35
Collaboration with local leaders.....	36
Limitations and risks of collaboration.....	38
<b>3.3. Empowerment.....</b>	<b>39</b>
Power as a form of empowerment.....	39
Socioeconomic empowerment for emancipation.....	42
Limitations and risks of empowerment.....	44
<b>Chapter 4. Synthesis: General discussion.....</b>	<b>46</b>
<i>Building collective agency.....</i>	<i>46</i>
<i>Utilizing locally available resources.....</i>	<i>47</i>
<i>Combating inequities.....</i>	<i>49</i>
<i>Creating ownership.....</i>	<i>51</i>
<b>Chapter 5. Concluding remarks.....</b>	<b>54</b>

# Abstract

## Background

SADC has continued to register high rates of Sexual and Gender-based Violence. This violence is usually in the form of physical aggression, psychological abuse, social exclusion, sexual coercion, rape, economic and legal violence. Evidence shows that women, adolescent girls, persons with disabilities, and the LGBTQIA2S+ (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual and Two-Spirit) community are particularly at risk.

The mainstream mitigation strategies have traditionally focused on interventions that are necessary but not sufficient in addressing the unique conditions that perpetuate violence in the region. Community Mobilization has been suggested as useful response to this scourge. There is however lack of well documented evidence on the relevance of Community Mobilization as a tool against SGBV in SADC. This manuscript aims to fill these gaps by interrogating and documenting the relevance of Community Mobilization as a tool against SGBV in SADC. By doing so, it will also be providing grounds for creating better responses to this scourge.

Through a process of systematic literature review, our findings demonstrate that Community Mobilization contributed to creating a protective and transformative social environment to fight SGBV. The three elements of Community Mobilization provided the lens through which this transformation could be realistically imagined. More specifically, Community Mobilization created possibilities of combating SGBV through the following ways: a) by building collective agency, b) by utilizing locally available resources, c) by combating inequities, and d) by creating local ownership.

## Chapter 1.0 Introduction

### **Context and state of Sexual and Gender-Based Violence (SGBV) in SADC.**

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) defines Sexual and Gender-Based Violence (SGBV) as “any harmful act of sexual, physical, psychological, mental, and emotional abuse that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females.”(Phil Moore, 2019). The World Health Organization (WHO) has placed SGBV as one of the top priorities within its set of public health response (WHO, 2013). This step speaks to the growing concern within the entire public and global health response apparatus which points out that SGBV is not only harmful directly to the victim, but it also serves as a breeding ground for several other forms of health complications. Thus, tackling this scourge is of utmost importance in the quest to attain Sustainable Development Goal (SDG) 3 which focuses on the attainment of health and well-being for all.

Despite all the promising global aims, the Southern Africa Development Community SADC region has continued to register high rates of SGBV (Artz et al., 2018; Müller et al., 2021; Rwafa-Ponela et al., 2021). This violence is usually in the form of physical aggression, psychological abuse, social exclusion, sexual coercion, rape, economic and legal violence. Evidence shows that women, adolescent girls, persons with disabilities, and the LGBTQIA2S+ (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Asexual and Two-Spirit) community are particularly at risk (Artz et al., 2018; Bikinesi et al., 2017; Muldoon et al., 2021b; Ruth Ayisi, 2021). Studies have shown that within the region, more than half of the women experience some form of SGBV before the age of 45 (Artz et al., 2018; Muzyamba, 2021b; Nduna and Tshona, 2021). For example, a study from Botswana showed that 67% of women in Botswana experience SGBV in their life time (Mercy Machisa; Roos van Dorp, 2013). It is around 50% in Zambia, Mozambique, and Zimbabwe (Jethá et al., 2021; Muzyamba, 2021b), with Malawi at almost 71% (Ameli et al., 2017). The trend is similar for all the other SADC countries (Artz et al., 2018; Müller et al., 2021).

It is for this reason that the SADC head office launched a specific program on SGBV protocols to tackle the scourge in December of 2021. Specifically, the protocols contain guideline information related to international conventions, responding to survivors of SGBV (SADC,

2021). The aim of the SADC protocol is to align SADC's response to the prevailing international standards and in the process enhance the efficiency of response mechanisms within the region.

Several countries in the region face various challenges with tackling the ever-rising cases of SGBV. At-risk groups in these countries occupy a vulnerable position due to the existence of violence-enabling environments which seem irresponsive to the various efforts aimed at countering the scourge.

The tradition of violence in the region is not new. While violence can be traced as far back as the stone-age, the specific centralization of violence based on sexuality and gender was codified through the colonial-precipitated Christian notions of doing and being which became hierarchized in society during that era (1600s to 1990s) (Medie, 2019). Scientific records show how SGBV cannot be divorced from the complex colonial history of SADC. The normalization of violence of different forms during the colonial era entrenched the trend in the social fabric of society in the region (Morgensen, 2012). The colonial era was maintained and sustained by deliberate entrenchment and normalization of a white heteropatriarchal national manhood achieved mainly through the erasure of existing norms and othering of the rest of society (Burton, 2005; Carter and Klotz, 2001). Settler colonialism in SADC pronounced its sustenance by centering as a hallmark of its survival the notions of racial, sexual and gender superiority in a hierarchized manner. Thus, put concretely, it can be argued that settler colonial rule came into being by mobilizing gendered and sexual power in the region. This reality positions 'gender' and 'sexuality' alongside 'race' and 'nation' as long-standing violent contestations aimed at achieving and maintaining superiority within their 'differences' (Carter and Klotz, 2001).

The notions of hierarchy produced during the colonial era were socially absorbed in society. The absorbed notions of hierarchized contestations instrumentalized the gender violence and sexual abuse that defined life for the colonized people then and are constantly being reproduced today (Dorries and Harjo, 2020). At the same time, colonial violence produced trauma that can be inherited by their descendants while specifically affecting their sexual and gender identity and familial relations in the long run. All these processes served to normalize the violence that is endemic in today's SADC.

The other effect of settler colonialism permeates through its creation of social inequality in society. The provincialization of access of various services based on race, gender and sexuality created the principates that today govern the various forms of access, the basis upon which

social status and power is guaranteed. Having this form of status in society enables or inhibits one's vulnerability to SGBV (Nicholls, 2012; Zambakari, 2018).

In sum, the effect of settler colonialism on SGBV can be viewed from two angles. Firstly, the hierarchized nature of doing and being based on race, gender and sexuality institutionalized what is currently considered the legitimate way of being and doing. This then served to guarantee nationhood, belonging, legitimacy and power to those that found themselves on the favored side of the divide. Meaning that the process legitimized and sustained the contemporary unequal distribution of citizenship and rights by referencing race, gender, and sexual difference as the basis for such heterogeneity (Zambakari, 2018). The heterogeneity in the distribution of citizenship and rights became the basis of differentiation in access to socioeconomic privilege. Meaning that the provincialization of access to social services based on heteropatriarchy and race denied those 'not fitting the bill' the channels of survival thereby creating desperation and inequality, especially among black women and LGBTQIA2S+ community. This lack of access results into the vulnerability that we see today. It is upon this basis that SGBV thrives today (Burton, 2005; Carter and Klotz, 2001; Morgensen, 2012).

To understand the depth and complexity of SGBV in the region, and in particular among the still oppressed populations of the region, it is imperative to undertake a careful investigation of its links to settler colonialism and how these links continue to reproduce these functionings today.

While SGBV was already entrenched as an existing problem in society, the emergence of the coronavirus disease of 2019 (COVID-19) exacerbated it even further. Research has continued to demonstrate how COVID-19 and its associated forms of response such as Lockdowns, Quarantine, Social distancing catalyzed SGBV (Muldoon et al., 2021b).

All countries in the region imposed some form of Lockdowns in 2020. This was done mainly as a way of reducing interaction among people to contain the spread of the virus. Ultimately, this meant that people reduced interactions with those outside their households and were thus mostly confined to their homes. This form of confinement opened new avenues of violence. For example, Muldoon (2021) points out that due to loneliness precipitated by lockdowns, people resorted to substance and alcohol abuse. In the face of such substance and alcohol abuse, SGBV increased especially in households.

In some cases, the COVID-19 measures led to income and job-losses which ultimately increased tensions in households. This tension often led to intimate partner violence (Dlamini, 2021). Women experienced high rates of intimate partner violence during lockdowns, mostly resulting from such tensions (Muldoon et al., 2021b). Lockdowns also made reporting of such violence

difficult due to lack of fully functional legal services in many countries. This situation reduced punitive responses to perpetrators thereby increasing their propensity to commit SGBV again, and a failure for survivors to get justice (Muldoon et al., 2021a; Usta et al., 2021).

The COVID-19 crisis presented its own novel and unique challenges which were oblivious to prevailing interventions. Evidence suggests that violence during the COVID-19 pandemic was mediated through increased risk of economic insecurity, social isolation, quarantine, stress, substance use, job loss etc (Muldoon et al., 2021b; Nordhues et al., 2021). Thus, the new challenges birthed by the COVID-19 pandemic must not be viewed incidentally and outside the SGBV response function, but rather as part of the broader response mechanism to SGBV. This means that any successful response to SGBV in the region must account for all the foregoing changes (Müller et al., 2021; Rockowitz et al., 2021)

## **1.1. What is the actual root cause of violence?**

### Deep Root causes

The root causes of SGBV are both deep and intermediate. The deep causes constitute the historical and cultural normalization of violence. The previous section detailed how settler colonialism introduced violence both as a weapon for sustaining its entrenchment and as a means of visibilizing hierarchy. While the intention of the colonial project was to narrowly use violence for its immediate intention and relevance, its entrenchment has outlived the physical colonial offices. Fenon (1979) had already pointed out the projected effect of such violence on the colonized. The internalization of hierarchy replaced humanized images previously dominant within the intersubjectivity of black people (Nicholls, 2012).

Violence minted by the colonial project on the natives erased a sense of humanity among the oppressed leading to a metamorphosis into another state of being which Martin and Slepian (2018) call the human-abstracted entities. These entities became the new states of being within the psyche of the native. They thrived on dehumanizing 'others' based on gender and sexual orientation (Martin and Slepian, 2018). The other aspect emanating from the colonial violence is the exceptionalism attitude focused on othering women and the LGBTQIA2S+ community. The dominant heteropatriarchal entity functions to exalt itself by casting all else as "others", that is, they are lesser. These notions have sustained and normalized violence against the marginalized

population at a much deeper level as they have been internalized in the psyche of the native and normalized in culture. More precisely, the deeper causes of SGBV result from the colonial-precipitated internalized versions of less human form of being and the culturalization thereof. Contemporarily, these notions are used as tools of oppression against those perceived to be lesser humans as compared to the collective heteropatriarchal version of the 'human tribe' (Nicholls, 2012). Those that do not belong to this version of human tribe are not guaranteed citizenship, humanity nor fair protection under the existing structures of governance.

### Intermediate causes

Although impacted by the colonial history, most of the SADC region finds itself in a complex interplay of deprivation which range from lack of adequate access to social services such as education, healthcare, housing, transportation, income etc. This deprivation is not necessarily independent of the colonial legacy, it is in fact its manifestation. The socioeconomic conditions predict susceptibility to SGBV. Several studies have demonstrated how deprivation of adequate housing, education, and income increases the risk of violence among at-risk populations (Seid et al., 2021).

Many studies suggest that the lack of access to necessary socioeconomic services robs the population the freedom and real opportunity to assert their rights and their ability to protect themselves against SGBV. Muzyamba et al (2016) showed that it is pointless to urge at-risk population to resist abuse exerted by their economic providers when their very sustenance is dependent on their connectedness to their abusers (Muzyamba et al., 2015) . Evidence elsewhere consistently shows that access to socioeconomic services such as education and housing provides the populations at risk with the necessary protective insulation to resist oppression (Abramsky et al., 2011; Boyle et al., 2009; Kiss et al., 2012).

Higher levels of income among marginalized groups activate the agency to curtail dependencies from harmful and violent networks of survival. There is little need to maintain the networks that catalyze SGBV if one is economically independent. The lack of economic independence on the other hand works the opposite direction. The traditional socioeconomic inequality among populations at risk in SADC is well documented. Scholars have suggested that this sits at the center of the high rates of SGBV. There is higher prevalence of SGBV among groups that are socioeconomically deprived. Socioeconomic deprivation creates fertile grounds for abuse and that is why it is important to focus on such deprivation to create effective interventions (Kiss et

al., 2012). Given the outlined causes of violence in the foregoing, the next quest is to understand what the response has been thus far.

## 1.2. Dominant responses

The existing dominant responses to SGBV can be divided into two broad categories. A legal framework approach, and an awareness-raising strategy (advocacy). Or to put it more succinctly, a legal response, and advocacy-based response.

### a) Legal responses

The legal responses are anchored on the idea that SGBV is a violation of human rights. Particularly, the rights of the survivor, who in this case tends to be mostly female and a member of the LGBTQIA2S+ community. This approach has both a preventative and punitive intention behind its construction.

Legal responses for preventative purposes:

From the prevention side, the approach proclaims that unless marginalized people are granted the opportunity to freely enjoy their rights, especially rights on sexuality and gender, they will continue to suffer violence. Thus, it is the responsibility of duty-bearers to use whatever legal instruments available in that country to guarantee the full protection under the law of the rights and wellbeing of marginalized people. The idea is that protection under the law reduces susceptibility to SGBV. This also means that the people at risk will manage to live a life of dignity with the full confidence that their welfare is protected and guaranteed by legislation. Failure to guarantee such rights erases any protective guarantees to marginalized people and positions them as easy targets for abuse seeing that there are no consequences to anyone who abuses them. Further, such a situation narrows the possibilities of reporting SGBV because of the lack of legal basis for doing so.

On these grounds, global response to SGBV in low-income settings like SADC have focused on transforming legal instruments to ensure that women and LGBTQIA2S+ communities are sufficiently protected under the law. The colonial laws making women and LGBTQIA2S+ community second class citizens have received a lot of backlash in the past two decades in the

region. Several scholars and activities have championed restructuring and reforming laws that disadvantage the at-risk populations. As of 2022, almost half of the countries in the region had either started or completed the process of repealing these laws. This is in the hope that doing so will facilitate preventative measure against SGBV and will foster a reduction in the scourge. Thus, one aspect of the legal response strategy is to promote prevention through legal empowerment of the marginalized groups.

Legal responses for punitive purposes:

Legal instruments in SADC countries have sanctioned SGBV, meaning that any perpetrators of such vices must receive concomitant punishment for their acts. However, in most countries in the region, there is a lack of specific laws directly focusing on SGBV crimes. These crimes mostly fall under the general umbrella laws of rape, assault and causing bodily harm. Different countries have different legislation around this including reporting mechanisms. However, what is clear is that punishments related to SGBV has become more severe across the region. The strengthening of laws to respond to high rates of SGBV means that on average incarcerations have increased in frequency and duration. Predicated on the assumption that law breaking must be minted with a punitive response in which the perpetrator is punished for the wrongdoing, the goal is thus one of justice mainly, but also in a way a deterrent measure for would-be perpetrators.

Supporters of this strategy believe that that severe consequences for the crime of SGBV would restructure the societal appeal and normalization of this form of violence. Higher prison sentences are thus seen as an appropriate response to high rates of SGBV in the region. Any criminal act that is not responded to by appropriate punitive consequences is likely to be sustained in society. Therefore, supporters of harsher sentences believe that strengthening institutions to make reporting of such crime easier and punishments stiffer, is an effective way of promoting justice.

#### b) Advocacy

Much of the funding in the response to SGBV has gone into advocacy. This is based on the idea that increasing the knowledge on SGBV is emancipatory for the marginalized groups. Advocacy interventional programs have two targets; firstly, the individuals of marginalized groups, because

they are (potential) victims of SGBV, and secondly, the structures of oppression because they are sustained by discriminatory laws and norms which must be challenged.

Advocacy targeting the Individual:

The assumption underlying this strategy is that at an individual level, victims of SGBV are mostly unaware of their rights, and lack the means to report. More specifically, victims of violence usually are targets because they lack the means to resist the violence and stand up to their abusers. This is caused by societal normalization of violence against women and LGBTQIA2S+ community members without subsequent understanding of why and how this constitutes violation of the rights of such marginalized groups. Therefore, there is a lack of agency among those receiving the abuse to resist and seek for protection because such abuse is consummated as normal in societal consciousness.

Thus, to rise the agency among the populations at risk, arming them with necessary information through advocacy is seen as useful step. The other need for raising this agency is to ensure that survivors of SGBV adopt the propensity to report such crimes to relevant authorities. This is why most advocacy campaigns are aimed at informing marginalized groups of why to report, how to report, and where to report.

Advocacy targeting the Structural:

The other target of advocacy is the structure of discrimination embedded both in culture and discriminatory laws. Thus, campaigns exist to mobilize a change in culture and legal foundations that make SGBV possible. These systems of oppression must be challenged, and discriminatory laws repealed. The assumption is that when these laws are repealed, marginalized people will be able to claim protection under the law and put a demand upon duty bearers to utilize legal instruments to enforce this protection.

### **1.3. What has been the result of current interventions?**

While the above strategies have dominated the response to SGBV, scholars seem to point to some minimal progress in countering SGBV (Mannell et al., 2019). Most of the progress revolves around the increased level of knowledge on SGBV. Others provide evidence that there has been

increased knowledge regarding the legal support structures for survivors of SGBV. This in turn has broadened the symbolic notion of success resulting from the prevailing dominant strategies in SADC. Symbolic in the sense that there seems to be huge success on the visibility of intangible forms of protection such as knowledge about SGBV and the need to report. This however could be a 'process outcome' which in and of itself provides no evidence of actual mitigation. It is a necessary but not sufficient condition to arrest the scourge of SGBV. Being knowledgeable about the oppression does not automatically translate to resting that oppression. Thus, the success of the prevailing strategies seems to find solace in its symbolic achievement and not necessarily its effect on significantly reducing SGBV.

The usefulness of symbolic achievement based on increasing the level of knowledge has already been discussed by scholars like Paulo Freire (1973). Being knowledgeable is not the same as being aware. Being knowledgeable means having information, whereas being aware means having critical consciousness and genuine agency to act to change ones' situation.

Freire (1973) stated that raising the levels of knowledge is a precursor to creation of critical consciousness (awareness). The former is the step that leads to emancipation through the formation of transformative and action-oriented environments. While there is much celebration regarding the symbolic success resulting from prevailing interventions, Campbell and Cornish (2010) warn that such symbolic progress is not so useful if not accompanied by the material and practical redress of the channels that propel oppression in the first place. As already pointed out above, the channels that propel SGBV are both intermediate (norms, culture) and deep (the various forms of deprivation which include economic, social, material etc.). Serious transformation is thus only present when these channels are altered (Campbell and Cornish, 2012). Building knowledge though necessary, just 'scratches the surface'. It is not sufficient.

Therefore, there are several scholars questioning this symbolic form of success upon which more funding keeps being granted, and more intervention programs developed. Particularly, scholars are questioning the usefulness of such interventions given their dismal performance on reducing the prevalence of SGBV in the region (Campbell and Mannell, 2016; Mannell et al., 2018, 2019). The envisaged results of a substantial reduction in the scourge does not seem to have been fully achieved by the implementation of the forgoing response strategy. The region remains heavily infested by SGBV. Therefore, it seems potent at this point to ask if it is wise to continue the same trajectory? or is it time to stop, rethink and re-strategize?

To emphasize more, other scholars have demonstrated that the symbolic success fails to dislodge the deep root causes of SGBV. Most studies show that economic, sociocultural, and historical constraints shape the agency of populations at risk in resisting SGBV (Mannell et al., 2016, 2018). The prescribed forms of resisting SGBV within the prevailing interventions usually include appeal to report cases of SGBV more, leave violent relationships, ‘smash the patriarchy’ (fighting back) etc.. While these actions are important in preventing SGBV, they fail to recognize the complexity of the networks that sustain SGBV in the first place. The symbolic efforts and achievements do not have the necessary centrifuge to interrogate these complexities. There seems to be deeper constraints that go beyond knowledge of the problem and the means to handle the risks of SGBV. Most vulnerable people have knowledge of their oppression and in some cases the reporting platforms for abuse too (Mannell et al., 2016). However, they have little maneuvering space as most of them are still threatened by the deeper causes i.e. poverty, economic dependency on their abusers, discrimination, disempowerment etc. The knowledge resulting from advocacy-based programs is usually simplistically seen as an end in itself. That it can emancipate the populations at risk. This view fails to account for how SGBV is interlocked with survival strategies that marginalized people find themselves in in low-income settings. The economic, social, and cultural realities that marginalized people find themselves in cannot be cured by simply raising their levels of knowledge.

Beyond this, scholars are pointing to the inherent problems in the symbolic milestones achieved by the current dominant strategies. The problems can be summarized in three broad ways. (1) the current strategies are centered on unhelpful understandings of power implicit in current strategies that brand marginalized as lacking power and heterosexual males as having all the power (Campbell et al., 2012; Campbell and Mannell, 2016). This leads to the initiation of uncritical binaries in which suggest a ‘victim-agent’ relationship. This approach obscures the multi-faceted and sometimes hidden forms of agency of the marginalized groups, including the complex ways in which agency and violence intersect. (2) There is a sustained neglect on the deeper causes of SGBV (Campbell and Mannell, 2016). The historical, cultural, economic, and social dimensions working as breeding grounds for violence are systematically absent in the dominant response strategy. There seems to be lack of real focus on multiplicity of exposure and disempowerment that characterize violence in the region (Alkan and Tekmanli, 2021; Minckas et al., 2020). (3) The lack of attention and realization of the complexity of the agency of the marginalized including the intersecting challenges they face leads to policies and interventions that fail to comprehensively fit the targeted problem.

The prevailing dominant initiatives are reflected in the above three categories. Therefore, after decades of advocacy-based interventions resulting to mostly symbolic outcomes, there is renewed attention to look for better approaches that go beyond knowledge raising. There are calls to focus on the deeper causes of SGBV. That is to ensure that responses conceptualize SGBV as an outcome of historical, economic, and social inequalities at different levels of society. Community Mobilization is thus seen as one strategy that can handle this complexity better.

## **1.4. Community Mobilization (Conceptual framework)**

### Roots of Community Mobilization

Community Mobilization is rooted in the works of Paulo Freire's (1973) on emancipation, and in Catherine Campbell's (2014) work on social transformative spaces, Jürgen Habermas (1984) work on theory of communicative change, including Bourdieu (1977) and Putnam's (1984) work on social capital. These theoretical roots were focused on the need for human centric social change; a kind of social change that is instigated, promoted, and sustained by the marginalized within an enabling environment. At the center of these theory is the notion of power, community, and networks. All these theories reimagined the interconnectedness of relationships of power in society, and the embeddedness of deprivation in structures of systematic oppression. Thus, to concretely emancipate oppressed people, a different kind of interpretation and perception of the existing intersubjectivity was to be adopted. (Bourdieu, 1977a, 1977b; Jürgen Habermas, 1984; Putnam, 1994; Roberts, 2017). Particularly, the theoretical roots of Community Mobilization indicate an emphasis for meaningful participation, collaboration, and empowerment. The three elements are indispensable components of a transformative society in which marginalized people have a realistic platform to realize the change that they want.

### Application of the concept of Community Mobilization

Community Mobilization as a response strategy within public health goes back to the era of the HIV pandemic. Its first focused use was its suitability to respond to and address the HIV crisis in some parts of Africa (Campbell, 2014; Macphail Id et al., 2019). In this sense, Community Mobilization was viewed as a critical enabler for useful HIV response. The concept was crafted as a process of engaging community members in establishing community-relevant responses. It captured and paid attention to the root causes of HIV which were embedded in economic, social

norms and structural barriers. Thus, within the continuum of HIV response, Community Mobilization focused on establishing shared concern, community consciousness, building networks, establishing community leadership, and dismantling structural barriers. These elements informed the design and implementation of activities aimed at addressing HIV (Campbell, 2014; Macphail Id et al., 2019) .

Several successful HIV interventions demonstrate evidence of how Community Mobilization had promoted better health outcomes in marginalized communities. For example, a study across sub-Saharan Africa showed how Community Mobilization was useful in promoting care among women living with HIV during maternity (C. Muzyamba et al., 2017a). Another one from rural parts of Zambia emphasized the role Community Mobilization played in promoting health outcomes in women living with HIV despite the absence of properly functional healthcare facilities (C. Muzyamba et al., 2018). Others point to the creation of optimal feasible and locally available avenues of care among marginalized groups (Burgess et al., 2021; Honda et al., 2022; Macphail Id et al., 2019). As a way of promoting mental health in a rural area of South Africa, some scholars showed that Community Mobilization helped to navigate structural barriers to care and thus made possible the creation of avenues of care by relaying on community resources (Campbell and Burgess, 2012; Elias et al., 2021). Most of the studies using Community Mobilization as a response framework point to its success because of its emphasis on meaningful participation, collaboration, and empowerment. This seems to highlight the importance of these three elements both in its conceptualization and utilization. This means that when interrogating Community Mobilization, the starting point must be to first unbundle its constitutes, and then understand how they each contribute to the creation of transformative social spaces.

### Defining Community Mobilization

Community Mobilization as concept defies all attempts to standardize the definition. The concept has been defined and applied differently by different scholars. Despite that being the case, there are important underlying principles that must be present for the concept to be defined as Community Mobilization. Through a synthesis of a catalogue of definitions existing in literature, we established that the concept of Community Mobilization is anchored on meaningful participation, collaboration, and empowerment of the marginalized (Choolwe Muzyamba et al., 2017, 2018; C. Muzyamba et al., 2017a).

*Participation:* Participation in this sense would mean genuine sharing of power between SGBV experts and marginalized groups on the ground (Marston et al., 2020; Minckas et al., 2020). It focuses on building partnerships with local people in creating interventions to allow for local ownership of local problems and solutions. This approach differentiates itself from the idea that problems around SGBV can only be solved by experts outside the communities. In this sense, meaningful participation demystifies the demobilizing notions hinged on faulty assumptions that marginalized people lack a sense of control over their wellbeing and their only source of salvation is external (Rifkin, 2014). Against this background, meaningful participation draws attention to the many ways marginalized groups exercise greater agency over their affairs. Heavily anchored on the views of Habermas and Freire, meaningful participation must take place in a democratic public sphere in which all participants (marginalized groups) have the actual and real opportunity to take part in the design, implementation, and evaluation of all intervention programs on SGBV (Jürgen Habermas, 1984; Roberts, 2017). This form of participation must be created through dialogical and facilitative approaches that allow for knowledge negotiation and transfer of power from experts to communities in a horizontal way. Participation allows for easy acceptance of initiatives that can otherwise be seen as foreign when they are implemented in a manner that fails reflect the realities of the local communities (Axelsson and Axelsson, 2006; Rifkin, 2014).

*Collaboration:* Collaboration is seen as a high degree of horizontal cooperation between various entities involved in a public health intervention (van der Scheer et al., 2021). This form of cooperation usually involves giving importance to locally designed solutions, and available resources without obscuring them. It means visibilizing local ways of doing and being and making this intersubjectivity as part of the response to SGBV. Thus, collaboration entails active, intensive, and open communication between all partners involved in the creation and implementation of the intervention. This is done to maximum the presence of local solutions within the response structure. It speaks against the tendency of infantilizing and patronizing local solutions especially when they do not align with western sensibilities. Studies have demonstrated elsewhere that high degree of collaboration leads to necessary commitment, local buy-in and ownership of the interventions thus propping up its propensity for success (Allen et al., 2009; van der Scheer et al., 2021). This strategy has thus increased the popularity of bottom-up community projects in most low-income countries.

Proponents of collaboration argue that it allows for a structurally consultative process with all players in the community thereby confronting the colonial-like hierarchies that dominate most

top-down approaches. Others point to the fact that collaboration allows for the utilization of local resources. This means that local knowledge systems, human capital, and locally available unique initiatives can be used in context-specific ways. This strategy creates locally feasible options in struck contrast with other strategies that rely on one-size-fits-all approaches (Mukamel et al., 2014).

## Empowerment

Empowerment is a process by which people gain and maintain control of their life by exercising independent decisions regarding their socioeconomic welfare (Mahabeer, 2021; Moore et al., 2014). It is a process of transferring genuine ability and power to the locals for them to self-determine. It involves locals gaining power and socioeconomic agency. Empowerment goes beyond the strict limits of participation and collaboration by prioritizing ownership and action which bring about practical socioeconomic and political change in the lives of the marginalized. Thus, empowerment focuses on people's meaningful ability to control their lives and take action to improve their cultural, social political, legal, and economic realities to fuel their fight against SGBV. Having emancipatory ability allows populations at risk to exercise more independence and control over their lives in ways that insulate them against SGBV.

Other studies elsewhere already established the usefulness of empowerment as health-enabling tool in the continuum of preventative care. For example, a study from SADC on HIV prioritizes the importance of empowerment as a foundation for creating opportunities of prevention. The study pointed out that marginalized groups can reduce their susceptibility to HIV when empowered (Kim et al., 2008). This evidence thus canonizes empowerment as a bedrock for social change and a basis for meaningful insulation against disease or violence.

## Chapter 2. Methodology

To crystalize the evidence of the usefulness of Community Mobilization, we relied on systematic literature review. The process and subsequent application were informed by literature on Community Mobilization. Existing literature on Community Mobilization thus served as a guiding principle on how we applied the concept in our methodology (Choolwe Muzyamba et al., 2018; C. Muzyamba et al., 2017a). Community Mobilization helped with the identification of studies to include in the literature review, analyzing the studies and categorizing our findings.

## 2.1. Data collection

The process included a systematic search in peer reviewed data bases and journals. The following platforms were systematically searched: Scopus, Medline, Cochrane, Web of Science, PubMed, Google scholar, and Index of nursing. The following key words were used to arrive at studies to include: Community Mobilization and Sexual, and Gender-based Violence. In addition, synonyms of the foregoing key words combined in various forms were used to have a thorough and broader capture. A complete chain of words used during the search process are contained in table 1 below.

Table 1. Word combinations for searching purposes

Community Mobilization OR community efforts OR community networks OR community coalitions OR community empowerment OR community participation OR Community engagement OR indigenous strategies OR Local strategies
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AND

Sexual and Gender-based Violence OR sexual violence OR homophobia OR gender violence OR rape OR LGBTQIA2S+ violence Or Violence against women
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Inclusion criteria:

For a study to be included, the study should have:

- Been conducted in SADC region
- Included one or more components of Community Mobilization
- Reported the outcomes of interest (SGBV)
- Been peer reviewed

Search process:

The search process made use of the different word combinations as outlined in table 1 and weighed the returned papers against the inclusion criteria stipulated above. After the first search, 932 papers were returned (see table 2). Titles were then screened to ensure that they aligned with the inclusion criteria, this process reduced the papers to 311. This was then followed by a

systematic screening of abstracts of all returned studies which further reduced the papers to 84. The final screening involved reading all the papers in full to assess how well they aligned with a process which further reduced our papers to 50. The 50 papers were included and used for our analysis.

Table 2.

Search process

Action by round	Number of papers returned
1 <sup>st</sup> round (searching with key words)	932 papers
2 <sup>nd</sup> round (screening of title)	311 papers
3 <sup>rd</sup> round (screening of abstract)	84 papers
4 <sup>th</sup> round (screening of entire paper)	50 papers
<b>Final papers included</b>	<b>50</b>

## 2.2. Analysis

The text of the included publications was analyzed using content analysis. Content analysis is a qualitative analysis strategy that synthesizes and summarizes evidence based on related themes (C. Muzyamba et al., 2017a). This specific process was done deductively; this was based on the theoretical underpinnings of the concept of Community Mobilization which was structured into three components namely participation, collaboration, and empowerment. These three components established the pillars of our analysis. For each of them, we assessed the mechanism through which it contributed to the fight against SGBV. Publications were matched with the specific components and assessed to what extent any of these strategies were useful in addressing SGBV. Each of the three components was separately assessed to understand its specific role in mitigating SGBV and how this process happens in each case. Such a strategy allowed us to establish specific unique links in the functioning of Community Mobilization in relation to its role in SGBV mitigation. These results can be seen in table 4 (Summary of results). Table 3 shows the various publications that contribute to the elements of Community Mobilization and the summary of what each of the main findings of the publications were.

## Chapter 3. Results and discussion

Table 3 Summary of publications included

<b>1. Participation</b>		
<i>Citation</i>	<i>Country(s)</i>	<i>Main findings</i>
(Artz et al., n.d.)	South Africa	Participation useful to combat GBV
(Waterman et al., 2021)	Zimbabwe	Involving stakeholders is essential to prevent SGBV
(Murewanhema et al., 2022)	Zimbabwe	Community involvement necessary to prevent SGBV
(Kohli et al., 2012)	Congo DR	Community involvement providing access to care for survivors
(Kohli et al., 2013)	Congo DR	Family and community efforts necessary to provide useful care for survivors of sexual violence
(Falb et al., 2016)	Congo DR	Involving parents and family members useful in preventing sexual violence against girls
(Glass et al., 2012)	Congo DR	Involving survivors and their families in collective activities useful in providing healing and resilience
(Petersen et al., 2005)	South Africa	Community participation essential for prevention against sexual violence
(Daluxolo Ngidi et al., 2021)	South Africa	Adolescent participation is designing preventative programs key in reducing their vulnerability to sexual violence
(de Lange and Mitchell, 2016)	South Africa	Community health workers key in promoting prevention against sexual violence

(Pettifor et al., 2018)	South Africa	Mobilizing communities useful in modifying harmful gender norms and thereby preventing sexual violence
<b>2. Collaboration</b>		
<i>Citation</i>	<i>Country(s)</i>	<i>Main findings</i>
(Britton, 2006)	South Africa	Collaboration with NGOs useful to combat sexual violence
(Tarkang et al., 2018)	Various	Ubuntu useful in providing care
(Chibanda et al., 2016)	Zimbabwe	Use of grandmother therapist seen as valuable
(Daniels et al., n.d.)	South Africa, Tanzania, Zimbabwe	Involvement of and collaboration with community helps men adopt preventative behavior
(Charlés, 2016)	Congo DR	Use of family therapist seen as valuable in armed conflict situation
(Zikhali, 2019)	Zimbabwe	Traditional leaders helped establish neighborhood security watch which promoted the security of women
(Teffo-Menziwa et al., 2010)	South Africa	Traditional leaders helped prevent SGBV
(Power et al., 2006)	Zimbabwe	Collaboration between boys and girls promotes sexual reproductive health
(Megan Robertson, 2017)	South Africa	Religious leaders important prevention of SGBV
(Murray Id et al., 2020)	Zambia	Collaboration useful to prevent intimate partner violence
(Hampanda et al., 2021)	Zambia	Collaboration between couples important to prevent partner violence
(Koegler et al., 2019)	Congo DR	Solidarity groups useful in helping survivors cope

(Bress et al., 2019)	Congo DR	Collaboration among different stakeholders useful to the health of survivors
(Hilhorst and Douma, 2018)	Congo DR	Collaboration between government and community necessary to prevent sexual violence
(Vaillant et al., 2020)	Congo DR	Engaging men useful in preventing and minimizing sexual violence
(Emina et al., 2020)	Congo DR	Collaboration between different stakeholders increased availability of resources for sexual reproductive care and violence prevention
(le Roux et al., 2020)	Congo DR	Collaboration with faith leaders useful in preventing violence against women
(Vermeulen and Greeff, 2015)	South Africa	Collaboration with families promote resilience against child sexual abuse
(Greene et al., n.d.)	Tanzania	Collaboration between different players useful in preventing sexual violence
(Erika du Plessis, 2019)	South Africa	Ubuntu useful in promoting women welfare and protection against violence
<b>3. Empowerment</b>		
<b><i>Citation</i></b>	<b><i>Country(s)</i></b>	<b><i>Main findings</i></b>
(Muzyamba, 2021b)	Zambia	Empowerment necessary to combat SGBV
(Myers Tlapek, 2015)	Congo DR	Empowering women necessary to allow them resist GBV
(Müller, 2017)	South Africa	Legal empowerment necessary but not sufficient
(Dill et al., 2016)	South Africa	Citizenship, belonging, status of empowerment necessary to resist violence against the LGBTQ+ community
(Muzyamba et al., 2015)	Zambia	Empowerment important for SRH

(Jan et al., 2010)	South Africa	Economic empowerment, education and skills training important to fight SGBV
(Raimundo and Chikanda, 2016)	Mozambique	Entrepreneurship empowering women
(Namwaka Mwakamui, 2021)	Zambia	Empowerment of women through village banking useful
(Derera et al., 2020)	Zimbabwe	Fighting IPV via entrepreneurship
(Kogler et al., 2019)	Congo DR	Economic and Social empowerment necessary to prevent SGBV
(Quattrochi et al., n.d.)	Congo DR	Empowerment of women necessary to resistance against violence
(Bass et al., n.d.)	Congo DR	Economic, Social and Mental empowerment necessary to promote resilience against sexual violence
(de Lange and Mitchell, 2016)	South Africa	Community and women empowerment key is promoting prevention against sexual violence
(Kilgallen et al., 2021)	Tanzania	Promoting the power and status of women prevents intimate violence
(Decker et al., n.d.)	Malawi	Empowerment in the form of defense skills useful in preventing sexual violence against girls
(Austrian et al., n.d.)	Zambia	Socio and economic empowerment of girls useful in making them resistant to sexual violence
(Ranganathan et al., 2021)	South Africa	Economic empowerment of women allows them to resist sexual violence
(Kim et al., 2007)	South Africa	Microfinance programs among women useful in promoting resilience against sexual violence

(Bloom et al., 2020)	eSwatini	Food security and promoting agency necessary to prevent partner violence
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The results in table 4 below show how each specific element of Community Mobilization uniquely operates within the SGBV response. The first column shows the specific elements, and the second column shows the summarized version of how each of the elements mediates SGBV response

Table 4. Summarized results

<b>Global Themes  (Community Mobilization element)</b>	<b>Organizing themes  (Mechanism through which each Community Mobilization element works)</b>
Participation	<ul style="list-style-type: none"> <li>• Participation for prevention</li> <li>• Participation for raising agency</li> <li>• Participation for reporting</li> <li>• Creates platforms of care and support</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• leveraging existing local initiatives</li> <li>• Taping into local resources</li> <li>• Task shifting</li> <li>• Collaboration with local leaders</li> </ul>
Empowerment	<ul style="list-style-type: none"> <li>• Power as a form of empowerment</li> <li>• Socioeconomic empowerment for emancipation</li> </ul>

## Results in detail

Our findings as indicated in table 4 demonstrate a varied array of how different components of Community Mobilization contribute to the fight against SGBV. Different studies that have been conducted throughout the SADC region reflect a trend of Community Mobilization's positive impact on addressing SGBV. To very varying degrees and ways, Participation, Collaboration and Empowerment provide a formidable base for addressing the various risk factors leading to high SGBV in the region. In the following sub-sections, we demonstrate uniquely how each of these components operate.

### **3.1. Participation**

The studies reviewed indicate that generally participation operates in four different ways. These are a) it fosters prevention, b) raises agency for resistance, c) creates possibilities for reporting and d) creates platforms of care and support. All these elements work uniquely and collectively to serve as a useful response to SGBV. Below we explain in very specific ways how each of these elements

#### Participation for prevention

Promoting prevention of SGBV is seen as a priority within the spectrum of response. Prevention has proved difficult in SADC; the region which has continued to register high rates of SGBV. The reasons for this high number have already been explored in previous sections. It is however worth noting that unless the preventative mechanism is strengthened, the challenge of SGBV will barely be addressed.

Consistently with many other studies elsewhere, the evidence from SADC suggests that participation by at risk population in various SGBV mitigation programs is key in creating avenues of prevention. Most of the evidence also emphasize that this form of participation must be meaningful rather than symbolic or tokenistic to arouse strategies and possibilities of prevention.

Participation allows for the creation of awareness of the problem of SGBV. Participation in various programs focusing on the fight against SGBV seemed to increase the social consciousness of populations at risk regarding their vulnerability (Artz et al., n.d.). Participation was also meant to visibilize the pathways through which SGBV thrived. This process allowed for participants of SGBV-response programs to reflect on and unpack the various risk factors contributing to high incident rates of SGBV. Participation creates an opportunity to uncover the various forms society necessitates and breeds violence. Like Freire (1973) demonstrated

participation leads to a process of gathering of information to better structure the real lived realities of the people suffering some form of oppression. This process involves decodification of situations of oppression in which marginalized groups begin to identify and see themselves within that oppression. When populations at risk to SGBV participate in response programs, they begin to see the various ways and situations that make them vulnerable. It is upon these aspects that they reflect on their vulnerability, question it, and begin to build actions that help them present some form of resistance towards the scourge.

Some studies show how having family members participate in various interventions allows them internalize methods of identifying some 'red-flags' within their domestic environments and thus enforce some protective measures on populations at risk. Further, seeing that most of the abuse happens within the family, having family members participate in response programs allows for the creation of family-based protective capabilities.

Beyond the family, many scholars have already pointed out how the raising of consciousness through participation also enables information to spread to other stakeholders in society. Participation of various people in responding to SGBV necessitates the creation of an insulation block through the collection of society resistance nudges. This happens when information about the dangers of SGBV becomes absorbed in the community's consciousness beyond the groups at risk. These entities help in creating the nudges of resistance. This is even more useful if these nudges of resistance are made up of people with relative power in society. Prevention in this sense is instituted through the direct restraint from would-be perpetrators and by the creation of specific defensive systems that range from presence of law enforcers in high risky situations, community members standing up for victims etc. All these actions help to create preventative mechanism in ways that reduce the rate of SGBV.

#### Participation for raising agency

Igniting agency is another way of fostering prevention. Agency is seen as the force behind necessary actionable steps to prevent SGBV in the region. Many of the studies demonstrate how participation is an agency-enabler (Artz et al., n.d.; Daluxolo Ngidi et al., 2021; Glass et al., 2012; Minckas et al., 2020). These studies revealed how through participation motivation for action was enhanced. For example, various studies from the region showed how participation in SGBV response programs allowed for the internalization of awareness of SGBV beyond just having the knowledge about it. Participation narrowed the gap between knowledge and awareness. Knowledge can be seen as the factual information around the subject of SGBV

acquired mostly from external authoritative sources, and as such, does not allow for internalization, reflexivity and in the process reinforces power asymmetries without creating any agency. However, awareness connects and relates knowledge to people's own realities and creates a link between the exposure and vulnerability to SGBV and various aspects of their lives. Awareness thus produces a transitory understanding of one's position within the social fabric sustaining violence and at the same time creates lenses through which the given status quo can be rejected. Therefore, programs that are centered on just increasing the level of knowledge on SGBV such as educational and advocacy campaigns only raise knowledge levels without a corresponding rise in awareness. However, programs in which community members and especially populations at risk fully participate create awareness and the propensity to resist the violence in more practical terms (Elias et al., 2021; Freire, 1973).

The raising of agency is seen as an important ingredient in the continuum of prevention against SGBV. Most studies from the region pivoted around the necessity of creating agency through participation. Participation is held as an enabler of agency. For the agency to be successfully translated into action, there is a need for it to be collective. The aim of participation must be to promote collective agency within communities. This collective agency strengthens the resistance and, in the process, self-enforces its preventative ability.

Ultimately, participation enables community members to identify the SGBV-fight as their own struggle, away from the usual detached attitude arising from top-down strategies that currently dominate the SGBV response. Through participation, communities begin to own the struggle, give it meaning and sustainably spearhead the prevention process.

### Participation for reporting

Studies show that most cases of SGBV go unreported (Muzyamba, 2021b). This is especially problematic in low-income settings that characterize most parts of SADC. Lack of clear, adequate, and accessible legal institutions make it very difficult to report. Failure to report is also tied to survival dependence of victims of violence on their perpetrators. Lack of reporting sustains the violence in communities because there is usually no retribution for the perpetrators and as such there is little motivation to stop the practice. A culture of 'no-reporting' has dominated most parts of SADC and has caused challenges in addressing the scourge. Several scholars have pointed out how challenges surrounding reporting of SGBV obfuscates preventative possibilities. Reporting is seen as tool for prevention. This is because it allows for

the building of protective capabilities to those at risk and punitive consequences towards perpetrators. The region has long suffered from the lack of reporting (Glass et al., 2012; Kohli et al., 2013).

Some studies from SADC region show how participation can strengthen the reporting process (Muzyamba, 2021b). Participation provides access to reporting systems and structures through boosting the visibility of channels of report. Many people remain unaware of the reporting procedures within their locations. Being part of the SGBV response programs makes the process of reporting more visible and accessible. This has allowed for the availability of platforms that enable survivors to confidentially report incidents and, in the process, receive timely and non-discriminatory legal assistance. In addition to making report procedures visible, participation also raises the agency for reporting. The raised motivation to report further provides disincentives for committing violence on the part of would-be perpetrators. The evidence from SADC suggests that when collective reporting is inculcated in the daily response to SGBV in region, there is likelihood of reduction in cases of violence (Artz et al., 2018; Kohli et al., 2012; Vermeulen and Greeff, 2015). The participatory-triggered reporting motivation however should not be seen in isolation, but rather it should be seen within the greater possibilities of survival and resistance created by Community Mobilization as a whole. This is because participation promotes agency-meaning that it accounts for the interconnectedness of economic dependency of survivors on their abusers.

#### Participation for providing care and support

Care and support serve as important constituents of SGBV response. SGBV can be inflicted in different forms, which means that the type of care and support needed can take various forms. Depending on the type of violence inflicted, care and support can range from provision of medical assistance such as post-exposure prophylaxis, treatment for physical injuries, including surgery, if necessary, pregnancy tests and abortion services. Other forms of care and support such as psychological, legal, nutritional, social, and economic assistance may also be needed.

Several scholars have pointed out how care and support services are challenging in most low-income countries because of lack of adequate official facilities to respond to such emergencies (Temmerman et al., 2019). Most communities especially in rural areas provide little forms of care and support after a violent encounter. This means that any possibilities of averting further suffering resulting from the violence are diminished by this lack of care and support.

Evidence coming out of various studies from SADC suggests that the way to counter this difficult is to promote community participation in response programs. Participation provides opportunities for awareness building by community members as well as populations at risk. This means that in cases of SGBV, people in communities may be able to respond in ways that are health-enhancing thereby filling the gap resulting from lack of adequate official care and support.

The studies coming from different parts of the SADC region showed how some community initiatives that involved participation created possibilities of coping (Allen et al., 2009; Bloom et al., 2020; Bress et al., 2019; Dada et al., 2021; Muldoon et al., 2021b). For example, an intervention in Congo implemented a “Prevention Pack Program” which was a community-engaging program involving the disbursement of pre-packaged post-rape medical kits containing post-exposure prophylaxis, antibiotics in case of any sexually transmitted diseases etc. With the help of various community resources Panzi Hospital in Congo DR made use of community participation to provide emergence products necessary for reducing suffering post rape (Bress et al., 2019). This program demonstrated how including local people in interventions can provide opportunities of care in the absence of adequate resources. Another study within the same region in Congo revealed how participation of the populations at risk as well as the wider community provided opportunities of care in form of nutrition, peer support, psychosocial care etc. (Muzyamba, 2019c).

The above scenario reveals that participation is useful in responding to and providing forms of support and care especially when there is lack of adequate official response mechanisms and resources in the given community. The evidence from some parts of SADC show how support and care is enhanced when there is increased participation of community members in the line of response.

#### Limitations and risks of participation

Participation can sometimes be used in unhelpful ways. For example, there is a huge risk of participation becoming a platform for tokenism. This could be reflected in the form of perfunctory or symbolic inclusion of at-risk populations or some community members in response activities. Such acts have no real value in advancing the ends of participation. The kinds of participatory studies explored in this manuscript could not be thoroughly verified as to whether they included meaningful participation or just simply tokenistic forms.

Different participatory activities observed in our analysis aimed to create and promote critical thinking and reflection about participants own realities regarding SGBV. The purpose here is to allow for the translation of the participants' own lived experiences with SGBV and through that propose, imagine, and invent new ways of resistance. The question of whether this process flows smoothly from awareness, critical thinking and followed by actions remains difficult to trace. There seems to be no easy way to trace this process of change, and questions as to whether such a process is indeed linear still remain unanswered. Still, some more questions remain. Such as how far can participation go to claim a causal link between the good results observed in the various initiatives in SADC so far? What are the mechanisms through which this change process can be accurately accounted for? Is the documented evidence provided in the various studies enough to cement and canonize participation as the best approach in addressing the various aspects of SGBV?

Clearly, participation presents further challenges of reproducing the very thing it criticizes because in most cases the instigators of participation process still remain unequally powerful. This form of inequality is not simply destroyed by involving some community members without properly ceding privilege and power by those in positions of authority, mostly program managers and funders. Implementing participation perfectly in the real world is still challenging. It has all the risks that we have identified. Even though the studies explored do not labor to demonstrate this, there is enough literature pointing to the challenges and risks embroiled in participation as a concept. So, this criticism mostly speaks to that.

While it is true that participation has all these challenges, it is however worth noting that the aim of participatory efforts is not puritanic. Participation is a process that is indeed messy and imperfect. However, the process itself aims at providing some corrective elements to the current efforts centered on dominations of communities by elites. It offers a chance and attempts to bring a shift in the balance of power thereby allowing the marginalized populations to self-determine their programs and interest. It promises to provide opportunities for improvement in the line of response to SGBV. It is not perfect, but here our aim is not to make the perfect the enemy of the good. The evidence coming out of various parts of SADC suggest that there is value in this imperfect process which also offered many low-income communities some possibilities of efficient SGBV response. It is here where participation gains its strength. That even in the depth of inadequate resources, participation allows for the participants to tap into the strengthens of communities and provide forms of prevention, care, and support.

## 3.2. Collaboration

Collaboration is understood from the perspective of creating synergies between existing community strategies and external efforts to promote the fight against SGBV. Currently, there exists a patronizing attitude towards low-income countries that suggests that these areas lack useful local resources necessary to fight against SGBV. The notion that local communities in SADC are devoid of any useful local resource and strategies is based on colonial mentalities that see Africa mostly only as a place of desperation and in need of western saviorism. This tendency dominates today's global health responses. A divide has been created between the local vs the global wherein the local is dislodged to the peripheries of legitimacy. Most of the existing response programs inherently assume that there is little use in paying attention to any existing local strategies regarding the fight against SGBV.

The condescending and patronizing tendencies viewing Africa as a place of desperation and always in need of western intervention is in line with the common critique against such tendencies in literature branded as the Whiteman's burden. The problem with such an approach is that it annihilates any existing local strategies fit for context in pursuit of mostly western approved options which in most cases either are unattainable in the local communities or fail to garner local buy-in (C. Muzyamba et al., 2017a; Muzyamba, 2019a; Muzyamba et al., 2015).

A plethora of research has already demonstrated that for interventions to work, they must find ways to work with existing local strategies rather than dismissing them for the sake of adopting foreign ways of doing. This tendency is the reason for most failed global health interventions (Boum et al., 2021; Campbell et al., 2012; From Local to Global, 2009; Mannell et al., 2019). The thinking that local strategies are mundane and backwards characterizes most prevailing response activities, leading to the domination of only western approved methods (Campbell and Burgess, 2012; Campbell and Cornish, 2012; Campbell and Mannell, 2016).

Contrary to the usual patronizing tendencies about African possibilities, research shows how most parts of Africa are rich in resources which are useful and suitable for the context to address most global health needs (Campbell et al., 2012). This instruction is not a critique against western intersubjectivity, it is rather a call for a democratic cooperation between western and local strategies in ways that optimize outcomes in the local. This also means that most of the existing local efforts can be seen as complements rather than substitutes to western ways of doing. Within the context of collaboration, researchers have intimated that there is a need to find

linkages and workable avenues in which the local vs the global can democratically work together to produce better health outcomes in the global south (Campbell et al., 2012).

Concomitantly, most scholars have demonstrated how solutions ignoring local doings fail to produce desired results. Evidence suggests that unless local resources and context is fully accounted for, interventions fail to ensure sustainability and success in the long run. It is for this reason that there has been a push recently to include as much as possible already existing efforts and to take advantage of local resources.

In this sense, collaboration has taken the form of creating working networks between existing efforts and resources with foreign interventions with the purpose of making possibilities of sustainability and local buy-in. The usefulness of this strategy can be seen from different angles as explained below

#### Collaboration through leveraging existing local initiatives

Evidence from some parts of SADC emphasizes the need for collaboration to sustain the fight against SGBV (Artz et al., n.d.). Local efforts tend to find fertile ground and local buy-in much easier than imported efforts. Several communities around SADC were implementing community-driven initiatives to address SGBV. For example, the “Son of the Soil Daughters of the Land” poetry and writing sessions in Johannesburg, South Africa provided mechanism for citizen-making, and awareness-building for lesbian, gay, and bisexual SADC migrants and asylum seekers in Johannesburg (Dill et al., 2016). Similarly, a community-led program known as “Congolese program for survivors of sexual violence” in conflict infested parts of Eastern Congo provided care services to women who fell victim of sexual violence in the area (Kohli et al., 2012). Other local initiatives from Congo include the “Solidarity group” which provided care to survivors of violence in the form of economic and psychosocial support (Koegler et al., 2019).

Similar initiatives can be found in various parts of SADC. The evidence here suggests that cooperating with already existing efforts is a useful way to enable scaling up and ultimately provision of care and response to SGBV. Societies are not just simply passive and waiting for Western precipitated initiatives. They are full of small-scale and sometimes unstructured initiatives that are trying to make possibilities of care and support in very difficult situations. These small initiatives go unnoticed or sometimes are underappreciated. They are also not perfect; in most cases they are lacking in several ways. However, their lack of perfection should not be seen as a reason to obscure them in pursuant of externally approved efforts.

With the emphasis of evidence-based practice within global health, a trend has emerged in which interventions that do not suit the western understanding of ‘evidence-based’ are dislodged to the peripheries of importance (Muzyamba, 2019b). Most local initiatives are being curtailed to accommodate evidence-based strategies which are in most cases filled with western appeal. Though understandable, most of these strategies approved by the West remain utopian in low-income countries. These are usually wonderful ideas that are just not practically available or feasible in most low-income countries. A clear example is how Zambia in 2010 following the advice of the WHO outlawed the practice of traditional maternal care in preference for facility/skilled based care. Even though the later was mostly unavailable to most of the rural population (Choolwe Muzyamba et al., 2018; C. Muzyamba et al., 2017b; Muzyamba, 2019b). This tendency is indicative of how local initiatives are mostly seen as barbaric for lacking the touch of ‘modernity’, a concept which speaks to western sensibilities. Consequently, there has been little effort to make good use of available local strategies in responding to SGBV.

From the evidence gathered in our analysis. Creating opportunities of cooperation between local and global responses provides better chances of successes. The two approaches can in most cases serve as complements to each other rather than substitutes. Building on existing efforts while ensuring that proper form of collaboration is attained between the local and the global should be the preferred option. It should not be a competition to dominate each other, but a cooperation to perfect each other. In most cases, the two approaches can learn from each other and thus complement each other. The evidence suggests that when external and local efforts collaborate, they promote effective response to SGBV. This form of cooperation can be done by joining efforts to scale up or by working to improve the areas lacking, complementing each interventions’ efforts, and creating more possibilities of response.

#### Taping into local resources

There is a myth that suggests that local communities do not have useful resources. While it is true that there are several challenges including institutional challenges to responding to SGBV, there are however plenty of resources locally that can be used to supplement the gaps left by inexistent or inefficient institutions.

Most African communities have abundance of cultural assets that allow for care and support in ways that are not yet fully acknowledged. Home-based care and support for survivors of SGBV has been providing alternative options of care given the lack of adequate facilities meant to

absorb such assignments. Most societies especially rural areas lack governmental facilities specifically meant to provide special care for survivors. Most of the burden of care and support in the region has been taken up by home-based care and support. Here, community and family members have been providing various forms of care and support to those affected by SGBV. The immediate community is also the first witnesses and respondent to SGBV cases, thus in most cases, they have been crucial in providing the necessary form of care and support.

Providing care and support to a fellow community member is anchored in the very spirit of 'ubuntu'. Though not adequately recognized and appreciated, the culture of Ubuntu is a useful asset to SADC. This cultural resource is based on respect, humanity ethics, and the interconnectedness of people. It has been a useful resource in upholding confidentiality, affording respect and care, and a central requirement in responding to SGBV (Tarkang et al., 2018). The very principles of Ubuntu which preach virtuous attitudes such as love for all, kindness, and helping others sit at the very center of the SGBV response scale. The principle provides most SADC communities with a useful and necessary opportunity of care and support. This asset is even more useful given the breakdown in most official systems of response in the region.

Further, Ubuntu also aids the movement by regarding justice as a form of equality. This means that Ubuntu puts the interest of the populations at risk to the front and creates possibilities of reporting in case of SGBV in ways that are context specific, particularly offering ways to navigate the challenging reporting channels in SADC. Thus, in a way, Ubuntu offers important practical response alternative in context-specific ways. Such cultural assets have barely been appreciated let alone promoted as a basis of care and support. There have been little efforts placed to maximize and recognize the role that such cultural provisions play in responding to SGBV in the region (Erika du Plessis, 2019; Tarkang et al., 2018).

Another useful resource that can be leveraged is social capital. Based on the different levels of connection in society, social capital seems to be an avenue of care and support in SADC. Social capital has been held as a protective factor against SGBV. Intra-network dynamics both among community members and with significant others shape marginalized people's experiences in ways that provide them the ability to resist, report, and receive care and support when exposed to SGBV. African societies treasure neighborhood connections and conviviality, factors which form a wider network of social capital. It is within such networks that a lot of care and supported is mediated (Honda et al., 2022; Ranganathan et al., 2021)

## Task shifting

Related to the above two ideas, the concept of task shifting has gained popularity due to the scarcity of functional governmental institutions to respond to global health needs. Task shifting is a process where tasks and responsibilities are formally moved from specialized or skilled workforce to less specialized workers. This is done to enhance efficiency in delivery of services within the SGBV response continuum.

Some parts of SADC have mainstreamed the concept of task shifting by officially recognizing the role played by informal care providers. In some cases, peer support and self-help groups have been officially structured and tasked with the responsibility of providing different forms of care ranging from legal advice to psychosocial counselling. In Zimbabwe, a group of grandmothers in communities have taken up the tasks of providing therapy in areas where there is no skilled care (Chibanda et al., 2016). These grandmothers have been officially recognized by the ministry of health and are working as designated care providers despite not having specialized training in the field. Most of the skills they possess are gained through experience and some form of support and training from the ministry of health and NGOs (Chingono et al., 2022). This is an example of what can be done when certain tasks are shifted from a centralized location that is inaccessible. Task shifting solves this problem by bringing the care right into the community. By 2022, there were over 700 grandmothers trained in Zimbabwe to provide psychosocial support. This had increased the access to therapy and helped to close the gap created by the inefficient healthcare system in Zimbabwe (Chibanda et al., 2016). Congo DR also created a similar initiative. Congo created the official role of Family Therapist. Here, different families especially in the war-ravaged areas of eastern Congo in which rape was highly prevalent, special training by the ministry of health and other NGOs allowed for the establishment of family therapists. A member of a family was trained in therapy provision and that person became the focal point person in case of SGBV case in the family (Charlés, 2016; Muzyamba, 2019c).

Examples of the many ways tasks have been officially shifted from the central government channels and taken right into the community has in most cases increased the rate of care and support. The strategy normally involves providing minimal amount of training to community members who then serve as direct respondents in the communities thereby creating immediate responsive options especially in areas where no formal care exists. Working together with the community in this sense mitigates some of the challenges of lacking adequate workforce.

These findings suggest that when SGBV is as problematic as it is in SADC, and at the same time countries lack the necessary workforce to provide care and support in various forms, relying on task-shifting helps create opportunities of care in ways that are valuable to the communities. These options are usually cheap for governments and highly accessible to the population. It can be seen as an optimum and efficient option given the available local resources in SADC countries. This is a more realistic solution than the usual mainstream recommendations that suggest that governments must construct more (costly) facilities of care and train more health personnel. While such recommendations sound good, they are never taken up by states due to lacking funds or just lacking priority; and while this remains so, cases of SGBV continue going up without possibilities of care and support to those to whom this kind of violence is targeted. Task shifting thus serves as a 'palatable' and more feasible recommendation to governing entities that either have no funds or fail to prioritize response to SGBV, which seems to be the case in most parts of SADC.

#### Collaboration with local leaders

Scholarly evidence suggests that collaboration with local leaders enables easy acceptability and sustainability of response programs. A lot of initiatives focusing on promotion of the welfare of marginalized groups fail to find local buy-in when they are viewed as foreign. Many campaigns that focus on establishing safe environments for populations at risk have failed to attract acceptance among community members. For example, calls to respect the rights of women and especially the LGBTQIA2S+ community have been attacked as amounting to imposition of a western agenda on African priorities. People have gone as far as accusing the move as an encroachment on African culture. Some have characterized such efforts as being neocolonial in nature (Muzyamba et al., 2015). The reasons why such accusation easily find appeal is because most of the interventions seem to be championed by people who are foreign to the local communities. This is especially so in poorer societies in which champions and conveyers of such interventions are wealthy NGO bureaucrats. Local people tend to see interventions in line with what the conveyers represent. They thus fail to relate with the message behind the intervention on grounds that the messenger is foreign and so too is their message. Locals tend to see such messages as not respecting their culture and out of touch with their reality. Several studies have reported negative outcomes from interventions that are purely driven by foreign entities (Campbell et al., 2012; Campbell and Burgess, 2012).

To localize interventions, conveyers and champions of such interventions must be familiar to the locals. Representation has big impact on acceptability. Relating to the subject matter in ways that seem, look and sound familiar to indigenous reality increases the appeal of the message. The faces behind messages on SGBV matter to the target groups. Beyond this, the reputation of such champions is also key. People held in high esteem in communities tend to convey the message in ways that are more understandable and acceptable to the people in the community. Having local elites allows for this process to take place. A local elite who is both held in high esteem and is familiar to the local population is a better carrier of the message.

Studies already established the important role played by some local leaders such as elders, traditional and religious leaders in promoting the welfare of at-risk populations. (Campbell and Mannell, 2016; Mannell et al., 2018, 2019). Interventions that utilize local leaders have produced promising results. For example, a neighborhood security watch system promoted by traditional leaders in Nkayi district of Zimbabwe enhanced the security of the community thereby ensuring the protection of women's welfare (Zikhali, 2019). Another similar example can be found in KwaZulu-Natal, Northwest, and Limpopo provinces of South Africa in which traditional leaders were trained to address SGBV (Teffo-Menziwa et al., 2010). The evidence from this study suggests that these leaders became successful champions of the fight against SGBV because of the authority and reputation they held. Meaningful changes were observed in the areas in which the traditional leaders operated.

Faith-based leaders have also proved to be useful in addressing SGBV. For example, the South African Faith and Family Institute (SAFFI) documented how religious leaders were instrumental in preventing SGBV (Megan Robertson, 2017). Here, the evidence suggests that religious leaders provided critical safe spaces to foster conversations on gender justice and violence against women. They provided a platform for reflection on tools, and ways of challenging SGBV. This was considered important in changing SGBV. This finding speaks to the importance of operating within the familiar frames and spaces, led by familiar and local authority figures. Religion and cultural traditions play a huge role in the intersubjectivity of people in SADC. Religion and culture are important and, in some cases, sacred source of moral compass. These two institutions inform people's daily attitudes, and the authority yielded by leaders therein is wholly embraced by the followers. It is for this reason that any successful mitigation programs against SGBV in the region must make maximum use of both traditional and religious leaders.

## Limitations and risks of collaboration

SGBV is mediated in very complex ways. Communities themselves can be toxic chambers that sustain and reinforce SGBV. The structures of communities that work to reinforce SGBV have not fully been unpacked. The cycle and feed-back loops that propel violence operate from much more complex spaces which include disempowerment of populations at risk, stigmatization of survivors, and lack of stern punishment on perpetrators. While studies have demonstrated the relevance of collaboration as a necessary means to fight SGBV, it still however has some limitations. For example, it has not paid particular attention to the broader societal dynamics that breed SGBV in the first place.

Some existing structures that are used as a basis for collaboration if not properly scrutinized can themselves be the very catalysts of SGBV. Just because an initiative is local does not necessarily mean it is good for fighting SGBV. As explored earlier in this manuscript, the reasons why SGBV has persisted in the SADC region stems from various factors such as entrenched homophobic and patriarchal attitudes, and the lack of empowerment for the populations at risk. Most people who fall victim to SGBV find themselves trapped under the economic care of their abusers.

Therefore, collaboration that involves the very systems and people who may portray the very elements they claim to fight may be counterproductive. While is not always the case, this risk however exists and may need to be accounted for in the process of establishing collaborative links with local initiatives. Systems that make SGBV easily flourish based on their violence-inviting foundational make-up should be challenged regardless of whether they are local or global. Collaboration should not be done in ways that further entrench the violence.

Collaboration also poses the risk of successful local initiatives being dwarfed by more powerful foreign counterparts. Since collaboration is based on local vs foreign working together within the existing frameworks of response, financially and symbolically more powerful global efforts tend to overshadow or obscure local initiatives. This imbalance risks rendering local initiatives irrelevant in the process of collaboration, sometimes much to the detriment of the local communities.

Further, if the question of power imbalance is not handled properly, collaboration may become the very thing it claims to be fighting. Different entities both within the local and the global can wield power in very unequal ways making collaboration a difficult task. Collaboration can become harmful if power, patriarchy, and homophobia are sustained within the interaction.

Collaboration thus calls for careful introspection and reflexivity throughout the process to minimize these imbalances.

Despite all these shortcomings, it is important to note that most forms of cooperation anywhere are inherently prone to exercising and reflecting power imbalances. Therefore, the risk of power imbalance within SGBV collaboration response must be seen in this context. While it is not perfect, it seems to provide good grounds for relevance and for a serious fight against SGBV. And while in operation, a constant introspection and reflexive attitude is highly recommended. This is to ensure that there is constant learning and improvement to minimize the risks and maximize the benefits.

### **3.3. Empowerment**

The concept of empowerment within the framework of SGBV response finds appeal in its ability to provide communities and individuals a chance for resisting violence in ways that build protective insulations both at an individual level and at community level. Empowerment of populations at risk helps create health-enabling environments in which SGBV can be fought. Social relations and SGBV have been widely studied and the evidence coming from such studies provide the basis for unpacking how violence can be understood from social determinants of health. Education level, living conditions, social status, employment status, income level etc. all create different levels of risk to SGBV.

Relative socioeconomic deprivation increases susceptibility to SGBV. Not only that, having little control over important aspects of one's life also increases susceptibility. This happens in situation where given the varying degrees of power relations, some groups in society may lack bodily autonomy, ability to self-determine, and are at the same time meant to bend to the needs of dominant groups. Women and the LGBTQIA2S+ communities are in most cases the victims of such health-inhibiting social trends.

An antidote to socioeconomic and power deprivation is the creation of empowering social spaces wherein marginalized groups can redeem and regain equality in all aspects of their lives. Thus, empowerment must be understood in the context of power and socioeconomic conditions in which marginalized groups regain their humanity.

Power as a form of empowerment

The concept of power can be understood from two angles, namely, symbolic and material forms of power.

*a) Symbolic version of power*

From a symbolic position, power is reflected in the form of tacit and unconscious modes of social or cultural dominations. It reflects a form of social hierarchy within social institutions (Campbell and Cornish, 2012). The symbolic dimension of power also accounts for meanings, ideologies and worldviews that dominate the imaging of a given demographic group. This also includes the ways in which the given demographic group understands itself and is understood in society. Symbolic power forms the basis of how different groups are understood, valued, and respected in society. For example, in a heteropatriarchal society, ideologies about gender and sexuality limit the social value of women and the LGBTQIA2S+ community. This hierarchy is what dominates most of the heteropatriarchal tendencies within intersubjectivity in most SADC countries. It is exactly this that perpetuates and sustains SGBV as lives and experiences of marginalized groups are considered subordinate. This means that any form of redress and fight against SGBV must be centered on the need to deconstruct these power dynamics and allow for more equal systems that guarantee all the ability to live without domination. In addition, the concept of recognition plays a crucial role in locating the symbolic standpoint of marginalized groups in society. This means that in order to address this, it is important to focus on the recognition of individual and/or group's dignity, worth and legal rights to equality as a basis for empowerment.

Several studies have shown how guaranteeing power through recognition of marginalized groups helps to prevent SGBV. A collection of evidence from all over Africa shows how recognition of sex workers by legitimizing their profession and granting them legal rights helped them fight against SGBV (Moore et al., 2014). This means that their status was visibly amplified to get rid of the negative status society had accorded them. When a group of people's status in society is denigrated and delegitimized, they became easy targets for violence and abuse. This also empowers their perpetrators who work on the premise that they will be no punishment for abusing marginalized people in society.

Recognition of the LGBTQIA2S+ community and other marginalized groups has provided them with protection against abuse. South Africa has provided symbolic forms of power to the LGBTQIA2S+ community by providing a legal basis for their protection when they passed the

low protecting same sex relationships (Müller, 2017) . An example from Zambia also provides insights on how providing some recognition and legal protection would empower the LGBTQIA2S+ community to resist SGBV (Muzyamba et al., 2015)

Another study from Congo DR confirms how empowering survivors of sexual violence through social cognition and positive representations helped them deal with various forms of mental health issues (Quattrochi et al., 2019). This speaks to the value of symbolic power as a means of empowerment to provide protection against SGBV, and as a coping mechanism for survivors. It is however important to note that symbolic power is necessary but not sufficient to address the root causes of SGBV, hence the next step, material version of power.

#### *b) Material version of power*

Here power is seen from the actual possibility of marginalized people to act based on their needs. It can be seen as a resource-based agency that relates to the extent to which marginalized groups can actually access the resource that they need. For example, it is one thing to make pronouncements that marginalized groups have legal rights but another to make such pronouncements actually accessible to them. Thus, it refers to the concrete opportunities available to marginalized groups to exercise their power. This is particularly key when it relates to legal recognition and access to rights promised or enshrined in the constitution.

Creating actual and concrete possibilities for marginalized groups to have the power to demand for protection and receive it is central to understanding the relevance of material power. Many studies have shown how symbolically most marginalized groups have received formal recognition and protection under the law, but they continue to suffer deprivation because they lack the material capital to turn legal promises into tangible gains. Countries that placed legal recognition and protection for LGBTQIA2S+ community are still struggling with ensuring that this community is actually protected against SGBV (Müller, 2017). Many countries in SADC are beginning to provide legal protection for marginalized groups, but they still have not sufficiently provided material power to these groups to allow them to enjoy these rights. Many still live in conditions that increase their risk. Cases of SGBV are still high and people still find it difficult to access the legal protection despite the constitutional promises. Unless the material aspect of power is guaranteed, there is little benefit from symbolic gestures that still leave marginalized people unprotected.

While the need for devolving power and granting equal treatment to all is necessary to fight SGBV, it must be stated that power is not easily granted. It is never conceded without demand. Powerful groups and heteropatriarchal beneficiaries seldom re-allocate health-enabling power or resources to the marginalized groups without assertive demand from the marginalized. Loss of power to many of those that enjoy it feels like oppression and they are less likely to let go of their privilege and status. Sustained demand from those excluded is necessary to change power dynamics. Lessons can be learned from the South African Treatment Action Campaign (TAC) in which grassroots campaigns against powerful pharmaceutical companies forced these powerful companies to allow access to life-serving generic antiretroviral treatment to low-income people (Grebe, 2011). This demonstrates how small groups of highly marginalized people can mobilize into effective ambitious coalition to demand and bring about change. The lessons from the treatment action campaign provide a lens from which to imagine the transformation of structures of oppression and transfer of material power to the very people that need it in ways that make the opportunities of survival practically available to them.

In similar ways, marginalized groups must form coalitions to fight for the change of the status quo. Unless there is serious and sustained demand to change the structures of power both symbolically and materially in SADC, SGBV will continue to dominate. It thrives on power relations and the demand to radically address this has not been prioritized enough. The change must come from the bottom up. The push must come from the bottom. Marginalized people must own and define the terms of their demands without the process being hijacked by those that benefit from it.

#### Socioeconomic empowerment for emancipation

It has been continuously shown that SGBV thrives on socioeconomic deprivation. This happens mostly because marginalized people's sustenance can sometimes be at the mercy of their abusers. The lack of socioeconomic independence increases the susceptibility to SGBV of marginalized groups. In most parts of SADC, women, and members of the LGBTQIA2S+ community find it difficult to progress within the economic social ladder due to discriminatory structures (Mannell et al., 2019; Muzyamba et al., 2015). This inevitably forces them to rely on other people for their sustenance making it impossible to break free from such companionships should they become victims of abuse perpetrated by their economic sponsors. Poverty in which most populations at risk find themselves deeply undermines their agency in fighting SGBV. Their economic disadvantage in relation to cisgender heterosexual men makes fighting any form of abuse more difficult.

Economically empowering populations at risk provides them with some level of security necessary to combat SGBV. For example, in Limpopo province of South Africa, the Intervention by Microfinance for AIDS & Gender Equity (IMAGE) program was initiated as a strategy to give women economic independence through microfinance, education and skills. The aim was to help them create possibility to protect themselves against HIV and intimate partner violence (Jan et al., 2010). The evidence here suggests that financial support coupled with education, and skills training provided women with socioeconomic independence and ability to resist SGBV. This form of empowerment was seen as useful.

Another study from eSwatini revealed that increasing food security among women had the potential to reduce their susceptibility to SGBV (Bloom et al., 2020). This means that having food security increased their ability to have a say in their sexual reproductive health and gender relations. The study concludes by highlighting that providing food relief to low-income women has the potential to reduce women's risk of experiencing SGBV. When women worry less about their nutritional needs and that of their children, they tend to experience a raised sense of agency for gender justice and equality.

All in all, in a heteropatriarchal society, straight cisgender men remain dominant in the socioeconomic hierarchies. In such a space, women and LGBTQIA2S+ community members remain at the lower end of the socioeconomic hierarchy making their position more prone to abuse because they lack the capacity to stand up without risking more economic hardships. That notwithstanding, the different marginalized groups in SADC have not just been passive and lacking any agency to act on their needs. There is a lot of evidence suggesting that in many countries, marginalized people have been mobilizing thereby creating forms of empowerment necessary to challenge inequities. For example, women have dominated the entrepreneurial space in Zimbabwe where most of the small-scale businesses are owned and ran by women. This gives these women more bodily autonomy and allows them to resist SGBV (Derera et al., 2020).

There are many examples that demonstrate the role that women have played in ensuring the economic survival of communities through SADC. The idea that most of the economic burden is carried out by men while women are only confined to household chores needs further inspection. Women have led the way in creating economic opportunities in informal ways. They have dominated the informal sector because of the rigidities associated with the patriarchal system which creates barriers for women's social mobility and barely allows them into the formal sector. Despite the many barriers to this, several women in the region continue to initiate economic coping mechanisms that mitigate the structural barriers they face. More evidence from

Maputo, Mozambique reveals how women took on the economic burden of cross-border trading between Mozambique and South Africa (Peberdy, 2000; Raimundo and Chikanda, 2016).

Frustrated with patriarchal conditions making it difficult for women to access capital in Zambia, some women came up with an initiative known as “Village Banking”. Here, women contributed small amounts of money into a common pool that then became a source of loans to members of that village bank. This initiative provided capital to women who stood no chance of getting loans from banks. These loans were granted without requiring any collateral. This initiative mitigated the financial difficulties that many women face given the impenetrable banking rules that mostly disadvantaged low-income women. Several success stories about this initiative have been shared in Zambia in which women’s economic conditions were uplifted (Namwaka Mwakamui, 2021).

All the above initiatives from SADC have been created by women refusing to accept the status quo of marginalization; a status quo that economically privileges men over women. Thus, these women created various forms of economic-empowering ventures to promote the welfare of women in ways that allow them to cope and reduce their dependency on men. Having economic independence guarantees agency and a formidable say over their bodies. Economic empowerment of women has traditionally been linked to better sexual reproductive health. This is important because attaining such a status provides women with a protective insulation against SGBV.

Ultimately, the evidence shows that women have been broadly navigating various barriers in society to make available opportunities of survival and coping. They have the technical know-how to navigate the negative systematic economic barriers. This means that there is already potential for scale up and broadening economic initiatives at community level by women. To help enhance this, there is a need to create a favorable environment for women to champion and spearhead their own empowerment priorities. In most cases, women create enabling environments that promote their progression on the social mobility ladder. Social mobility of women has faced barriers. But despite all the barriers, the evidence from SADC shows how women have been in the forefront of creating opportunities of survival within heteropatriarchal societies that structurally confine them to a subordinate position.

#### Limitations and risks of empowerment.

While empowerment has been praised for being an enabler of agency, it is important to interrogate the ways in which the concept itself has been practiced in reality. There is a need for

caution in the way empowerment is actualized and made sense of within SGBV conversations. It does not automatically follow that a program branded ‘empowerment program’ always leads to empowerment. However, there is enough evidence that suggests that the so-called empowerment programs can sometimes be disempowering; not always, but sometimes. That is why empowerment programs must be carefully assessed to see that they meet the threshold. For empowerment to be guaranteed, empowerment programs must lead to realistic and visible positive changes in participants’ lives.

Further, given the popularity of the concept, the concept risks being fetishized and even reified and, in the process, obscuring its emancipatory potential. When empowerment becomes a fetish, it loses the ability to be a functional tool and bends to the dictates of superficiality.

Empowerment in this sense is often won as a badge of honor for the purposes of displaying virtuousness rather than using it as an actual serious tool of emancipation. Initiators of empowerment programs should not fall for this temptation.

Further, it is important to make a distinction between empowerment and emancipation.

Empowerment generally aims to enable marginalized people develop capacities that can help them act successfully within the same systems of oppression. Whereas emancipation involves critically analyzing, challenging, resisting the very power structures sustaining oppression. Thus, empowerment is incomplete if it does not include emancipation. Emancipation aims to destroy structures of oppression.

It is also particularly important to locate the position of power within empowerment programs. This is because power tends to maintain its dominance, thus if there are powerful people involved in the setup of empowerment programs, there is a risk that the program may reflect the interest of the powerful. Thus, this form of empowerment reproduces the very thing it claims to fight. Particularly, this happens in programs that are funded by foreign money. Such kind of funding tends to come with conditions and expectations that can sometimes maintain or reproduce the hierarchies forcing the recipients to remain powerless. It is for this reason that some critiques suggest that empowerment programs championed by western money can sometimes reproduce colonial-like tendencies if not well structured.

Despite its shortcomings and risks, empowerment as a Community Mobilization element provides the necessary platform for invoking the much-needed agency among marginalized groups in ways that provide a basis for fighting SGBV more sustainably. The hierarchies that exist in society today have been the basis for the high rates of SGBV, thus addressing this scourge is reliant on an empowerment strategy that guarantees real emancipation. The risks

highlighted here do not overshadow the potential of this concept in fighting SGBV, they simply serve as reminders for constant introspection to allow for optimum benefit from the concept.

## Chapter 4. Synthesis: General discussion

Given the relatively high SGBV rates in SADC region, the aim of this manuscript was to explore the role that Community Mobilization could play in mitigating against this scourge. To this end, we have cultivated some evidence from the region that contribute to creating context for protective and transformative pathways in the fight against SGBV. The three elements of Community Mobilization have provided the lens through which this transformation can be realistically imagined. These findings provide lessons for policy and practice. Looking across the three elements of Community Mobilization, a lot of lessons can be drawn regarding how Community Mobilization operates to redress SGBV, the processes therein, the potential it promises, and its limitations. Looking across all the three elements of Community Mobilization, it is clear that the combined effect of these elements can be synthesized into four main categories: a) building collective agency, b) utilizing locally-available resources, c) combating inequities, and d) creating local ownership.

### **Building collective agency**

Firstly, all the three elements of Community Mobilization (participation, collaboration, and empowerment) contribute to the process of agency-building. Participation-based interventions help to create awareness, whereas collaboration promotes ownership, and empowerment creates realistic opportunities to take action. From different angles, it can be seen how Community Mobilization fortifies the foundation of collective agency. Community Mobilization occurs when citizens develop collective sense of agency to sustainably challenge SGBV. Thus, communities mobilize when they are truly empowered and aware of the social conditions that put marginalized people at risk of SGBV. Within this understanding, it was emphasized that just acquiring knowledge is not necessarily the same as having awareness (which entails a deeper understanding of social conditions sustaining SGBV and developing the agency to act), and likewise, just taking part in a program labeled as ‘empowerment program’ does not guarantee empowerment (which emphasizes emancipatory potential).

SADC is home to various participatory, collaborative and empowerment-based interventions aimed at fighting SGBV. They are still at small-scale level, but they are there. These interventions are spread across the region and implemented in different forms. All of them

contribute to developing collective agency to address SGBV. What we see in this quest is the fact that, there is potential for transformation through this path informed by the catalyzation of networks and collective actions in a multidimensional fashion. These actions seem to engage the personal agency of all demographics (race, social class, gender, and sexual orientation) and their interpersonal relations at multiple levels to form a unified form of collective agency. The intention here is to cultivate a united front to prevent SGBV, provide care and support to survivors, and to employ punitive measures against perpetrators. Individually established forms of agency unite to broaden their front and, in the process, forming a larger collective layer of societal agency. This collectivity of actions reflects a level of consciousness committed to addressing SGBV. While such actions are still at small-scale level in the region, they seem to provide potential and hope in reimagining what should dominate the response to SGBV. The evidence reviewed in this study provides a picture of how the current Community-Mobilization-based interventions have contributed positively to fostering collective agency. Further, this is also important because it provides for a bottom-up consciousness-raising effect. This form of raising consciousness has been praised for promoting sustainability in the sense that the process is owned locally and maintained so. Some studies elsewhere cement this position, which is that Community Mobilization has potential to enhance collective agency to sustainably combat SGBV in ways that other interventions do not (Campbell and Mannell, 2016). Most prevailing initiatives focus on transforming systems from a top-down approach which usually involves pushing to change homophobic and sexist legislation. While this may sound useful, lacking a conscientized society to absorb such changes renders the change itself symbolic and lacking practical use. As a precondition for a specific form of social transformation, absorptive capacities in the form of collective agency must first be established. Thus, the collective agency plays two roles; firstly, it catalyzes transformation, and on the other hand it guarantees local buy-in. Both very important ingredients in the process of sustainable social transformation. Community Mobilization therefore provides an important platform to rethink efforts aimed at targeting SGBV and provides the lens to adopt more sustainable interventions against SGBV.

## **Utilizing locally available resources**

In this manuscript, we have demonstrated that local communities in SADC are not conglomerates of passive community members lacking initiatives; they are in fact a collective unit of useful human resource full of feasible, cost efficient, and relevant initiatives working to counter SGBV in context specific ways. Local communities in SADC have shown that even

though they may lack adequate and responsive official government institutions, they are capable of creating opportunities of care, and support including protective chambers against SGBV. Community Mobilization has exposed local talent, initiatives, resourcefulness, and resilience under not so favorable conditions.

Most governments either lack finances to invest in efficient response to SGBV or the subject itself is not prioritized enough by them. Thus, recommendations that continue to suggest the usual prescriptions hinged on imploring these same governments to increase their investment in different response institutions such as hospitals, security, legal systems etc. sound good on paper but they are impractical. Governments that do not have the finances or/and do not prioritize SGBV never adopt such recommendations. It seems futile to continue providing utopian prescriptions that post little success in fighting SGBV. The amount of energy, time, money, and effort spent on these theoretically wonderful solutions could be channeled to more feasible options that can actually make a difference in people's lives. Combating SGBV in SADC must be alive to the realities and challenges of SADC and work within these realities. Uncritically transposing solutions that have worked well in the western world onto the SADC terrains can be counterproductive. As some scholars have highlighted, the biggest problem with the current dominant response strategy to SGBV in SADC is that it prides itself on appropriated western ways of doing, which in most cases do not fit the local terrain (Campbell and Burgess, 2012). This tendency reflects coloniality within global health particularities. The local vs the global relations in global health have come to mean the eclipsing of the local. Local ways of doing are demoted to the peripheries of legitimacy in preference for 'attractive' and 'superior' western approved methods.

What this manuscript has shown is that SADC is home to various ingenious strategies even in the presence of structural difficulties. The impact of such initiatives can be seen across the region. Whether it is local strategies of survivors providing support to each other, or local women creating empowerment platforms for other women, or ubuntu-precipitated initiatives by locals to provide protection, care, and support to populations at risk; examples are many. Most of these initiatives are cheap, readily available and are easily embraced by locals due to their familiarity. Reviews of the many local initiatives have painted a positive picture of their impact on providing much-needed care, especially in places that have been neglected by government programs.

Community Mobilization also utilizes local religious and traditional leaders as agents of change. The role played by such leaders has been documented across the region. Such leaders are revered

and are influential in transforming attitudes in society. Local leaders occupy authoritative roles in communities wherein they successfully promoted the fight against SGBV. The evidence gathered revealed how successful interventions become when they made use of local leaders (Megan Robertson, 2017; Teffo-Menziwa et al., 2010; Zikhali, 2019).

Utilizing local resources does not mean eradicating foreign initiatives. Community Mobilization provides for collaboration. Here, Community Mobilization emphasizes the need for a horizontal none-dominating form of cooperation between local and global efforts. One that ensures complementarity in a manner that reduces risks for both and maximizes benefits for both. SGBV response can benefit from global efforts if localized and made to align with local priorities. Several examples of collaborative-based interventions reviewed in this manuscript provide the basis for SADC countries to critically promote useful forms of collaborations and reassess those that sustain hierarchies.

## **Combating inequities**

SGBV thrives on the inequities that renders some segments of the population less valuable based on gender, race, or sexual orientation. SADC exhibits all these forms of inequities which create perfect grounds for unequal power distribution, hierarchized social status, and unfair access to socioeconomic opportunities and legal rights. These factors make those on the peripheries of these types of privileges susceptible to SGBV. Protective capabilities against SGBV are formed and gained by one's life gaining value through the attainment of the foregoing forms of privilege. If a person has no legal claim of protection based on their sexual orientation, race, or gender, they become an easy target for SGBV. The imbalance in power distribution based on difference also creates grounds in which the 'powerful' can do as they want without any recourse while those they harm, usually the 'powerless' suffer without protection. These inequities should not be seen as given. They are not natural outcome of society's evolution. They are in fact residues of colonial impositions in which hierarchies were emphasized as a basis of governance. Social, cultural, and religious institutions and practices have absorbed these differences and normalized them. This has led to a situation we see now, which is that the intersection of these inequities increases the susceptibility to SGBV.

Addressing SGBV must start by first challenging these inequities. There can barely be any serious transformation without transforming the very inequities that privilege some people over others. Community Mobilization offers a potential opportunity as a first step to begin challenging the

status quo. Community Mobilization provides insights into how power relations can be transformed from both a symbolic and material perspective. Through the three elements of Community Mobilization (participation, collaboration, and empowerment), the study demonstrated the various ways Community Mobilization can achieve this. Below we explain how the specific elements achieve this.

Participation restores the humanity of marginalized people. It is a symbolic gesture that restores marginalized people's humanity in the sense that they are recategorized as equal players in the process of addressing SGBV. It is a process that gives back power to the people to determine their own priorities and interventions in ways that enhance their position in society. Participation gives value to social representations. This is particularly important to enhance the social value of groups that are alienated and disfavored.

Collaboration allows for the valuing of local initiatives and provides opportunities for scale up without obscuring the local. Collaboration thus promotes the local as a powerful entity that can sustainably promote change in society. This transfer of symbolic power is important in challenging the damaging and infantilizing tendencies that usually view the local as agency-lacking entity in need of western saviorism.

Empowerment provides important contribution towards enhancing both symbolic and material aspect of power, as well as tangible creation of access to socioeconomic opportunities. Empowerment also allows for marginalized groups to gain recognition as legitimate constituents of society that are also entitled to legal and socioeconomic protection from the state.

The evidence from the SADC region affirms that when marginalized groups fight off inequities, their protective capabilities against SGBV are enhanced. It is a process of regaining their humanity in ways that establishes means to survive independently and become legitimate claimants of protection socioeconomically and legally from the state. Some examples analyzed in this manuscript include local initiatives in which sex workers, and the LGBTQIA2S+ community members were granted legal recognition and protection under the law, and how this process changed their realities. Countries around the region are currently in the process of repealing the discriminatory laws. This is because there is strong evidence that suggests that such discriminatory laws provide justification for SGBV and other forms of abuse targeted against members of such marginalized groups. The repealing of discriminatory laws should not be seen as an end, but only the first step towards real emancipation. Conditions that allow for

marginalized people to benefit from such legal transformations are equally important. Community Mobilization offers promise to help create these social transformative spaces.

If SADC must truly fight SGBV, there is a need for interrogating the inequities that currently dominate the region. Community Mobilization can help to catalyze enthusiasm, social consciousness, and action to seriously transform the current situation. Not only is the Community Mobilization necessary to ignite a movement to rethink the inequities, but it is also an avenue that allows for constant reflexivity and learning. Because Community Mobilization is essentially people driven, it provides for contextualization in ways that are reasonable and useful to the local context. The people driving the change are in the community and they are thus constantly aware of the local realities, and they are more capable of adapting the movement to suit the context as it unfolds.

Community Mobilization is also alive to the fact that in SADC, changing the current inequities will not happen sustainably without the change resulting from a push from the bottom, a bottom-up approach, a people's movement. Community Mobilization adheres to this call by prioritizing the ownership, participation and empowerment of the very people being affected by SGBV. Another important emphasis by Community Mobilization is its focus on emancipatory forms of participation, collaboration, and empowerment. These elements when implemented superficially can be counterproductive, that is why Community Mobilization highlights the importance of these elements being emancipatory.

All in all, Community Mobilization is both a tool and platform upon which serious redress of the inequities observed thus far can more seriously be challenged. It offers useful avenues in which various intervention can effectively fight SGBV-sustaining inequities. The evidence showing how useful it has been to SADC, albeit at small scale is encouraging. This points to the fact that there is huge transformative potential in relying on Community Mobilization to build protective capacities at an individual level and protective structures at a societal level (Austrian et al., n.d.; Decker et al., n.d.; Derera et al., 2020; Moore et al., 2014; Quattrochi et al., 2019; Ranganathan et al., 2021). The various ways Community Mobilization operates is useful in providing for and establishing the first step towards reimagining the fight against SGBV in a more impactful way.

## **Creating ownership**

While several interventions have been implemented in the SADC region, a plethora of scholars have been critical of the dominant strategies. More precisely, they questioned their efficacy

because most of these interventions lacked local buy-in. The SGBV response terrain in SADC is full of interventions which have been critiqued for being out of touch with the realities of SADC. For example, in exploring the various SGBV-related interventions, some scholars questioned the usefulness of many interventions in the region on grounds that they failed to fit the context, they lack local buy-in, they were unsustainable, and sometimes they reflected colonial-like tendencies (Campbell and Mannell, 2016; Mannell et al., 2016, 2018, 2019; Minckas et al., 2020).

The argument has been that firstly, interventions that are successful must be contextual and instil local buy-in. The interventions must be useful and seen to be useful by those they are meant for. Most researchers worry that the dominant interventions against SGBV in SADC still lack unique contextualization and are in most cases generic. They lack any effective attention to the unique history, culture, and realities of the region. Over the decades, international organizations, local NGOs, and governments have invested substantial amounts of money in creating interventions against SGBV in the region. Still, the amount of funding does not seem to have significantly reduced the rates of SGBV. Serious question must now be asked as to whether the money is being channeled in the right direction and to the right targets.

Misalignment between interventions and local realities is the number one reason for why interventions fail. If within the intervention the wording and characterization of the problem of SGBV fail to align with locally relatable frames, that intervention is bound to fail. It is for this reason that investing in local buy-in becomes necessary. Having an intervention that lacks local participation, collaboration and empowerment can easily render the intervention irrelevant due to lacking local buy-in

The other critique towards dominant interventions is that they seem to adopt a more confrontational posture. A confrontational posture may produce good results in the global north but may be problematic for the social terrain of SADC. Some scholars have pointed out that in order for an intervention to work in SADC, it must be nested within the prevailing cultural standards and expectations. Respect for authority figures within SADC seems highly treasured and thus confronting such authority may not easily be adopted and assimilated. In fact, such tactics may attract collective disapproval from society in general. Most measures that have attempted to use this strategy have failed to garner local support. While it is true that most of the violence is instigated by the very people in power, however, simply confronting such authority though well intended may sometimes fail to find appeal within wider society. Such an act is simply dismissed as 'not being part of our culture'. The complicated nature and entanglement of

culture and power within SADC must be carefully and contextually interrogated. It is important to focus on allyship building, rather than creating tension with those in power through confrontation.

The underlying assumption in dominant interventions seems to suggest that powerful figures must be confronted to create equality and equity. While this is true, understanding the context of such dynamics given how power and cultural traditions are intertwined in SADC can provide a better campus. Evidence from some studies in the region suggests that in many cases, interventions that force marginalized people to castigate and reprimand their powerful abusers fail to account for how such relations serve as networks of survival for the marginalized. Thus, such interventions may look good on paper but are completely unpractical in reality.

Through the MeToo movement, the Western world has seen a revival of the social justice movement, and in most cases, this movement in the West is characterized by militancy and puritanical attitudes. SGBV interventions in West concomitantly embody a confrontation tendency in ways that seem to work for that region. It works in those spaces due to cultural institutions that allow for protective capacities within social systems, and because of the prevalence of socioeconomic independence among most populations at risk. The social benefits systems that are already established in the West also allow for people that face socioeconomic risks and shocks for whatever reason to rely on the state to cover their wellbeing. Such conditions are not present in SADC. Conditions that support such interventions are firmly established in the West but not in SADC. Therefore, it seems potent to posit that militant and confrontational movements may make sense in affluent spaces but not so much in low-income situations. In low-income communities an application of realistic and culturally attentive interventions should take precedence over trendy militant tactics from the West.

This manuscript provided evidence from SADC of how Community Mobilization is anchored on the elements of local participation, collaboration, and empowerment to ensure that local people become part of the process. This is with the intention of allowing local people to own the process. Local ownership of interventions has long been associated with greater success and sustainability. Local ownership allows for the development of long-lasting institutions that guarantee local buy-in. Such a strategy also promotes interventions that are attentive and responsive to context, and that can sustainably accommodate the emancipatory and transformative drive necessary to effectively fight SGBV.

Community Mobilization is also cheap and relies heavily on what is available locally. A strategy that is cheap and reliant on local possibilities counters the challenges that dominant interventions face, which mostly is centered around lack of funding, sustainability, and ownership. Community Mobilization provides great potential in addressing the SGBV scourge in SADC. The concept has already proved useful in addressing various other global health related challenges such as maternal health (Choolwe Muzyamba et al., 2018).

## Chapter 5. Concluding remarks.

The SADC region has continued to register high prevalence rates of SGBV. In response, various forms of interventions have been implemented over the years. These dominant interventions have scored some success, particularly, symbolic forms of success which have been credited for raising the level of knowledge around the subject of SGBV. The increased level of knowledge is seen as a first step towards mounting a resistance front against SGBV. However, this form of success has been criticized for being superficial and failing to tackle the actual causes of SGBV. There has been renewed attention towards finding solutions that tackle deeper causes of SGBV. Community Mobilization has been suggested as a strategy that can handle this complexity better. Thus, the focus of this manuscript was to address this question. More princely, our aim was to explore the role of Community Mobilization in mitigating against SGBV in SADC region.

To answer the question, we relied on a systematic literature review. Through this process, we cultivated evidence from the region that highlighted the ways in which Community Mobilization contributed to creating a protective and transformative social environment to fight SGBV. The three elements of Community Mobilization provided the lens through which this transformation could be realistically imagined.

Community Mobilization created possibilities of combating SGBV through the following ways: a) by building collective agency, b) by utilizing locally available resources, c) by combating inequities, and d) by creating local ownership.

More precisely, Community Mobilization (through participation, collaboration, and empowerment) contributes to the process of agency-building. Participation-based interventions help to create awareness, whereas collaboration promotes ownership, and empowerment creates realistic opportunities to take action. From different angles, we can see how Community Mobilization fortifies the foundation of collective agency. Community Mobilization occurs when

citizens develop collective sense of agency to sustainably challenge SGBV. Thus, communities mobilize when they are truly empowered and aware of the social conditions that put marginalized people at risk of SGBV.

Further, we demonstrated that local communities in SADC are not conglomerates of passive community members lacking initiatives; they are in fact a collective unit of useful human resource full of feasible, cost efficient, and relevant initiatives working to counter SGBV in context specific ways. Local communities in SADC have shown that even though they may lack adequate and responsive official government institutions, they can create opportunities of care, and support including protective chambers against SGBV. Community Mobilization has exposed local talent, initiatives, resourcefulness, and resilience under not so favorable conditions.

Community Mobilization can also be seen as a tool and platform upon which serious redress of the inequities that promote susceptibility to SAGBV can be challenged. It offers useful avenues in which various intervention can effectively challenge SGBV-sustaining inequities.

Lastly, we provided evidence from SADC that showed how Community Mobilization promotes local ownership of SGBV interventions. Community Mobilization enables local people to own the process. Local ownership of interventions has long been associated with greater success and sustainability. Local ownership allows for the development of long-lasting institutions that guarantee local buy-in. This also allows for the creation of interventions that are attentive and responsive to context, and that can sustainably accommodate the emancipatory and transformative drive necessary to effectively fight SGBV.

Community Mobilization is also cheap and relies heavily on what is available locally. A strategy that is cheap and reliant on local possibilities counters the challenges that dominant interventions face which mostly is centered on lack of funding, sustainability, and ownership. Community Mobilization provides great potential in addressing the SGBV scourge in SADC.

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