



ALCOHOL ACCESS & GBV

R E S E A R C H

Examining Alcohol Availability
and Gender-Based Violence in
Four Countries in Southern Africa

A COMMUNITY-CENTERED APPROACH

PREPARED BY

Southern African
Alcohol Policy Alliance

WITS School of
Public Health

**WITS School of
Public Health**



FUNDED BY

Ford Foundation

Table of Contents

ABOUT THE AUTHORS	6	FINDINGS (QUANTITATIVE DATA)	27
RESEARCH TEAM	8	DESKTOP STUDY, IDENTIFICATION AND VERIFICATION OF ALCOHOL OUTLETS ACROSS COUNTRIES	28
ACKNOWLEDGEMENTS	9	SUMMARY CHARACTERISTICS OF ALCOHOL OUTLETS BY COUNTRY	28
REFERENCE ELEMENTS	10	BOTSWANA	35
LIST OF FIGURES	10	LOBATSE	36
LIST OF TABLES	11	LICENSE STATUS AND CONSUMPTION CHARACTERISTICS	36
ABBREVIATIONS AND ACRONYMS	11	ALCOHOL OUTLET TRADING HOURS AND DAYS	36
EXECUTIVE SUMMARY	13	DENSITY DISTRIBUTION	36
OVERVIEW	13	ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS	38
INTRODUCTION	16	MOLEPOLOLE	39
STUDY OBJECTIVES	18	LICENSE STATUS AND CONSUMPTION CHARACTERISTICS	39
METHODS	19	ALCOHOL OUTLET TRADING TIMES	39
DESKTOP STUDY TO IDENTIFY LICENSED ALCOHOL OUTLETS	20	DENSITY DISTRIBUTION	40
GBV CASE REPORT DATA	20	ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS	41
DEVELOPING THE MAP DEPICTING ALCOHOL OUTLETS, INSTITUTIONAL FACILITIES AND SOCIAL STRUCTURES	21	LESOTHO	42
ALCOHOL OUTLET DENSITY (AOD) AND OUTLET TRADING TIMES (OTT) QUESTIONNAIRE	22	LITHOTENG	43
DATA COLLECTION	22	LICENSE STATUS AND CONSUMPTION CHARACTERISTICS	43
MAPPING LICENSED AND UNLICENSED OUTLETS AND OUTLET TRADING TIMES	22	ALCOHOL OUTLET TRADING TIMES	43
COMMUNITY MAPPING DIARIES AND DEBRIEFING SESSIONS	23	DENSITY DISTRIBUTION	43
KEY INFORMANT INTERVIEWS	24	ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS	45
FOCUS GROUP DISCUSSIONS WITH COMMUNITY STAKEHOLDERS	24	TEYATEYANENG	46
DATA STORAGE AND MANAGEMENT	25	LICENSE STATUS AND CONSUMPTION CHARACTERISTICS	46
DATA ANALYSIS	25	ALCOHOL OUTLET TRADING TIMES	46
		DENSITY DISTRIBUTION	46
		ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS	48



Table of Contents

NAMIBIA	49	FINDINGS (QUALITATIVE DATA)	65
OTJOMUISE	50	THEME 1: STRUCTURAL CONDITIONS THAT SHAPE THE AVAILABILITY and REGULATION OF ALCOHOL IN COMMUNITIES	66
LICENSE STATUS AND CONSUMPTION CHARACTERISTICS	50		
ALCOHOL OUTLET TRADING TIMES	50	THEME 2: COLLECTIVE [IN]ACTION IN COMMUNITIES	71
DENSITY DISTRIBUTION	50	THEME 3: THE SOCIAL COSTS OF EASY ALCOHOL ACCESS AND HARMFUL SALES IN COMMUNITIES	76
ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS	52	THEME 4: “NOTHING FOR US, WITHOUT US” - THE VALUE IN AND BENEFITS OF COMMUNITIES PARTICIPATING IN RESEARCH ON DOCUMENTING ALCOHOL OUTLETS	80
REHOBOTH	53	THEME 5: ACCEPTABILITY OF THE PARTICIPATORY TOOL AMONG KEY INFORMANTS	85
LICENSE STATUS AND CONSUMPTION CHARACTERISTICS	53		
ALCOHOL OUTLET TRADING TIMES	53		
DENSITY DISTRIBUTION	53	THEME 6: RECOMMENDATIONS FROM COMMUNITY STAKEHOLDERS AND KEY INFORMANTS ON IMPROVED ALCOHOL CONTROL	86
ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS	55		
SOUTH AFRICA	56	DISCUSSION	90
EASTRIDGE	57	RECOMMENDATIONS	96
LICENSE STATUS AND CONSUMPTION CHARACTERISTICS	57		
ALCOHOL OUTLET TRADING TIMES	57		
DENSITY DISTRIBUTION	57		
ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS	59		
GBV CASE REPORT DENSITY	59		
GBV CASES ACROSS THE EASTRIDGE ZONES	59		
MULEDANE THOHOYANDOU BLOCK J	62	REFERENCES	98
LICENSE STATUS AND CONSUMPTION CHARACTERISTICS	62		
ALCOHOL OUTLET TRADING TIMES	62		
DENSITY DISTRIBUTION	62		
ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS	64		





About the Authors

Janine White is the Principal Investigator (PI) on the alcohol outlet density (AOD) and gender-based violence (GBV) study. She is an academic whose research focuses on the social determinants of health and mental health, and particularly on how structural inequality, mobility, and institutional systems shape well-being across diverse populations. Her scholarship examines the intersections of social policy, lived experience, and access to care, generating evidence that informs more equitable health and social interventions. Dr White holds a PhD in Public Health from the University of the Witwatersrand (Wits), Johannesburg. She is a senior lecturer in the Division of Health and Society at the Wits School of Public Health ((SPH), where she teaches in the Master of Public Health and Master of Science in Epidemiology and Biostatistics programmes.

Aadielah Maker Diedericks is a public health activist. She holds a master's degree in Community Health from the University of New South Wales, Sydney, Australia. She is currently the Secretary General (SG) of the Southern African Alcohol Policy Alliance (SAAPA)—a civil society network across seven countries (Botswana, Lesotho, Malawi, Namibia, South Africa, Zambia and Zimbabwe) in the southern African region lobbying for World Health Organisation (WHO) aligned evidence-based alcohol policies. She has over 30 years of experience in training, material and multimedia product development, and campaign management. She has also worked in the fields of sexual reproductive health, HIV and AIDS, child and youth health, gender, and violence. As the SAAPA SG, she recently served as co-host of the 7th Global Alcohol Policy Conference held in October 2023 in Cape Town, South Africa. Furthermore, she co-authored a paper “Alcohol industry involvement in the delayed South Africa Draft Liquor Amendment Bill 2016: a case study based on Freedom of Information requests”, which was published in April 2025. She is the co-PI of a four-country study in southern Africa investigating the association between alcohol availability and GBV.

Glory Chidumwa holds a BSc degree in Statistics and Mathematics (University of Zimbabwe), as well as a master's degree and PhD

in Public Health (Biostatistics) (Wits). He is one of the first four fellows to receive funding for biostatistics master's training from the Wellcome Trust (UK) under the Sub-Saharan Africa Consortium for Advanced Biostatistics training (SSACAB) at Wits. He has worked as a data scientist at MRC/Wits DPHRU, a data management consultant at the Centre of Excellence in Human Development at Wits, and a statistician at the World Health Organisation, the Africa Health Research Institute and the Wits Reproductive Health and HIV Institute (Wits RHI). He currently works as a lecturer at Wits, where he teaches biostatistics in the postgraduate (MSc, MPH, MMed and PhD) and short-course programmes within the Wits School of Public Health. His interests include statistical aspects of longitudinal and cluster randomised trials, structural equation modelling (SEM) in non-communicable diseases (NCDs), mental and climate health as well as HIV.

Juliana Kagura is an epidemiologist with a research focus on NCDs and factors influencing health and well-being across the life course. She applies advanced methodological approaches, including longitudinal data analysis and spatial modelling, to understand temporal and geographic patterns of disease risk and outcomes. Her most recent work focuses on longitudinal trajectories of experiencing violence from early life into adulthood, including and later experiences of intimate partner violence to inform prevention strategies.

Thato Maboya is a Junior Data Manager and Migration Reconciliator under the Gauteng Research Triangle (GRT-INSPIRED) Project. He holds a Postgraduate Diploma in Data Science from Wits University and a BSc in Computer Science and Statistics from the University of Limpopo.

Sikelela Madonsela is the Data Manager at GRT-INSPIRED. He holds a master’s degree in Applied Data Science and has experience managing, analysing, and ensuring high-quality data across research projects.

Relebogile Mapuroma is a public health researcher with core interests in epidemiology and implementation science, focusing primarily on communicable diseases, comorbidities, and health system performance. Her work explores disease patterns. She is also interested in spatial analysis to understand geographic variations in disease burden and to support targeted public health decision-making.

Eulender Mbetse is a Data Analyst at GRT-INSPIRED with a strong background in mathematical modelling and population studies. She holds an Honours degree in Applied Mathematics and has experience cleaning, analysing, and reporting real-world demographic and household data.

Sinalo Kamva Nobheqwa is a Spatial Data Analyst with a degree in Geosciences from Nelson Mandela University (NMU) and an honours degree from the same institution. She is an MSc candidate at the University of Pretoria in Geographic Information Systems (GIS), with research focused on detecting and monitoring changes in dwelling movement and extent in an informal settlement using geospatial methods. She is currently employed as a Spatial Data Analyst for GRT-INSPIRED under the Wits Health Consortium (WHC), at the Wits School of Public Health. Her work involves conducting a longitudinal Health and Demographic Surveillance System (HDSS) study on selected sites, in collaboration with three universities: Wits, the University of Johannesburg, and the University of Pretoria.





Research Team

Acknowledgements

COUNTRY	SAAPA MEMBERS	RESEARCHERS/ RESEARCH ORGANISATION	CBOs
Botswana-Lobatse	Jerry Moloko	Research Excellas	Botswana Association for Psychosocial Rehabilitation
Botswana-Molepolole	Jerry Moloko	Research Excellas	Hope Worldwide
Lesotho-Lithoteng	Lisebo Kose Molemo Mpeta	Research Analytica	She-Hive
Lesotho-TY	Lisebo Kose Molemo Mpeta Thabo Mokhutsoane	Research Analytica	-
Namibia-Otjomuise	Verona Du preez Mercia Farmer	Unihealth	-
Namibia-Rehoboth	Verona Du preez Mercia Farmer	Unihealth	-
South Africa-Eastridge	-	Aadielah Maker-Diedericks	Mitchell's Plain United Residents Association
South Africa-Muledane Thohoyandou Block J	-	Mukundi Tshifhango Michell Ramunyai Calvin Ramanyimi	Far North Community and Care Development

Makhosazana Ndlovu is a Research Assistant for the Alcohol Availability & Gender-Based Violence Study. She holds a Bachelor of Arts degree majoring in English Studies and Philosophy and is currently pursuing a postgraduate qualification in Development Studies. She has worked in various research roles during her six years of professional experience. Her work spans the fields of gender studies, youth employment and enterprise development, education, and public

health. Makhosazana is also a published author of the fiction novel Millennial Woman and the founder and publisher of Millennial Woman Magazine. She brings strong skills in stakeholder engagement and advocacy and is committed to advancing public health research while translating evidence into practical strategies that support communities and inform policymakers across southern Africa.

This report is the culmination of a collective effort, and we wish to express our sincere appreciation for the individuals and institutions whose contributions made this work possible.

Firstly, thank you to the community mappers whose commitment under often demanding conditions ensured the integrity and completeness of the data collection process. Their knowledge of their communities, perseverance and sensitivity in mapping alcohol outlets were critical to the credibility of the study. We are equally indebted to all participants in the focus group discussions and the key informants who generously shared their time, experiences, and insights. Their willingness to speak candidly about complex issues provided the empirical foundation for this report.

We wish to thank Makhosazana Ndlovu for her administrative and logistical support during the study. Her involvement in coordinating documentation, facilitating communication, and assisting with aspects of data management contributed to the completion of several key milestones.

We are appreciative of the Research Advisory Panel - Professor Richard Matzopoulos, Professor Nicola Christofides, Dr Leane Ramsoomar-Haripasaad, Mr Phenyo Sebonego, Miss Refiloe Harris and Miss Geraldine Kanyinga - for their intellectual guidance, critical engagement, and support during the study. Their collective expertise strengthened the methodological rigour of the

study. The panel's feedback at pivotal stages enhanced the overall quality and coherence of this work.

We also wish to thank Professor David Everatt, PI of Gauteng Research Triangle (GRT-INSPIRED) for taking up our invitation to collaborate on this study with such enthusiasm, energy, and positivity. Under his stewardship, his team (acknowledged in the authors section) provided robust spatial analyses and management of the REDCap data repository, ensuring data security and integrity throughout the study.

We extend our deep appreciation for the advice and review of reports throughout the different phases of the study of Prof Susan Goldstein of PRICELESS SA - SAMRC/Wits Centre for Health Economics and Decision Science and board member of SAAPA

Finally, we extend our appreciation to the South African Police Service (SAPS) at local, provincial, and national levels for their cooperation and support in facilitating access to gender-based violence data. The willingness of SAPS structures to engage with the research team and to enable access to administrative data was instrumental in advancing this work. Moreover, their facilitation of relationships with counterparts in the other countries brought us closer to obtaining the data (although at the time of analysis, this was still not available).



Reference Elements

LIST OF FIGURES

Figure 1: Days when alcohol is sold	30
Figure 2: Hours of alcohol sale in the area	30
Figure 3: Type of alcohol sold	31
Figure 4: Consumption premises type	31
Figure 6: Alcohol outlets per zone type	32
Figure 5: Reported license status of alcohol outlets	32
Figure 7: Lobatse license status and consumption characteristics of alcohol outlets	36
Figure 8: Lobatse alcohol outlet trading hours	37
Figure 9: Heatmap showing the distribution of alcohol outlets in Lobatse	37
Figure 10: Buffer zone showing proximity to service points in Lobatse	38
Figure 11: Molepolole license status and consumption characteristics	39
Figure 12: Molopolole alcohol outlet trading hours	40
Figure 13: Heatmap showing the distribution of alcohol outlets in Molepolole	40
Figure 14: Buffer zone showing proximity to service points in Molepolole	41
Figure 15: Lithoteng, Lesotho -reported license status and consumption characteristics	43
Figure 16: Lithoteng, Lesotho alcohol outlet trading hours	44
Figure 17: Heatmap showing the distribution of alcohol outlets in Lithoteng, Lesotho	44
Figure 18: Buffer zone showing proximity to service points in Lithoteng, Lesotho	45
Figure 19: Teyateyaneng, Lesotho - reported license status and consumption characteristics	46
Figure 20: Teyateyaneng, Lesotho - alcohol outlet trading hours	47
Figure 21: Heatmap showing the distribution of alcohol outlets in Teyateyaneng, Lesotho	47
Figure 22: Buffer zone showing proximity to alcohol outlets in Teyateyaneng, Lesotho	48
Figure 23: Otjomuise, Namibia - reported license status and consumption characteristics	50
Figure 24: Otjomuise, Namibia - alcohol outlet trading times	51
Figure 25: Heatmap showing the distribution of alcohol outlets in Otjomuise, Namibia	51
Figure 26: Buffer zone showing alcohol outlets' proximity to service points in Otjomuise, Namibia	52
Figure 27: Rehoboth, Namibia - reported license status and consumption characteristics	53
Figure 28: Rehoboth, Namibia - alcohol outlet trading times	54
Figure 29: Heatmap - distribution of alcohol outlets in Rehoboth	54
Figure 30: Buffer zone showing alcohol outlets proximity to service points in Rehoboth, Namibia	55
Figure 31: Eastridge, South Africa - reported license status and consumption characteristics	57
Figure 32: Eastridge - alcohol outlet trading times	58
Figure 33: Heatmap showing the distribution of alcohol outlets in Eastridge, South Africa	58
Figure 34: Buffer zone showing alcohol outlets proximity to service points in Eastridge, South Africa	59
Figure 36: Eastridge, South Africa - GBV cases by trading times	60
Figure 35: Eastridge, South Africa - GBV case report density by reported license status and consumption characteristics	60
Figure 37: Eastridge, South Africa - GBV cases by alcohol outlets across zones	61
Figure 38: Eastridge, South Africa - distribution of reported GBV categories by gender across zones	61

Figure 39: Muledane Thohoyandou Block J, South Africa - reported license status and consumption characteristics	62
Figure 40: Muledane Thohoyandou Block J, South Africa - alcohol outlet trading times	63
Figure 41: Heatmap showing the distribution of alcohol outlets in Muledane Thohoyandou Block J, South Africa	63
Figure 42: Buffer zone showing alcohol outlets' proximity to service points in Muledane Thohoyandou Block J, South Africa	64

LIST OF TABLES

Table 1: Number of licensed alcohol outlets by country and research site	28
Table 2: Description of type of alcohol outlet by country	29
Table 3: Alcohol outlet densities for each zone at the eight study sites	33
Table 3: Alcohol outlet densities for each zone at the eight study sites	34

ABBREVIATIONS AND ACRONYMS

AOD	Alcohol outlet density
CBO	Community based organisation
COVID-19	Coronavirus disease 2019
CPF	Community policing forum
FGD	Focus group discussion
GBV	Gender-based violence
GPS	Global positioning system
HED	Heavy episodic drinking
HREC	Human research ethics committee
ICA	Intercoder agreement
IPV	Intimate partner violence
KI	Key informant(s)
KII	Key informant interview(s)
NGO	Non-governmental organisation
NSPV	Non-intimate sexual partner violence
OTT	Outlet trading times
PI	Principal investigator
RAP	Research advisory panel
REDCap	Research Electronic Data Capture
SAAPA	Southern African Alcohol Policy Alliance
SADC	Southern African Development Council
SAMRC	South African Medical Research Council
SPH	School of Public Health
TRREE	Training and Resources in Research Ethics Evaluation
TY	Teyateyaneng
WITS	University of the Witwatersrand, Johannesburg



Executive Summary

OVERVIEW

The aim of the study was to examine the association between alcohol outlet density, trading hours, and incidents of gender-based violence (GBV) in selected communities across Botswana, Lesotho, Namibia, and South Africa, using a participatory mapping approach to document alcohol availability.

The research responds to the concern that high outlet density, extended trading hours, and widespread unlicensed retailing contribute to the structural conditions associated with heightened vulnerability to violence, crime, and social harm in the region. A cross-sectional mixed methods design was used, combining desktop analysis of licensed outlets, participatory field verification, spatial modelling, and qualitative inquiry. In South Africa, spatially disaggregated GBV data were overlaid with a map of outlet density to explore geographic associations.

Key Quantitative Findings

Findings from the quantitative component reveal discrepancies between administrative records and observed alcohol availability, as well as marked variation in outlet density and trading patterns across sites.

1. Alcohol availability is substantially underrepresented in administrative systems: The desktop analysis identified 348 licensed alcohol outlets across the eight study sites whilst the participatory field verification and community mapping identified 787 outlets. Nearly half the alcohol retail environment within the sites would not have been captured using administrative data alone. This highlights limitations in existing regulatory data systems and discrepancies between official licensing records and on-the-ground availability.

2. Unlicensed outlets constitute a significant proportion of alcohol availability: Across the four countries, only 33% of identified outlets within the sites were reported as licensed. Most alcohol outlets within the sites therefore operate outside formal licensing frameworks, raising implications for regulatory oversight and enforcement.

3. Alcohol availability differs by country in outlet type: Marked variation in outlet types was observed across countries. Botswana was characterised by a high proportion of homebrew outlets. Lesotho reflected a mixed environment of small retail e.g., bars, shops and informal outlets. Namibia showed a higher concentration of shebeens, bars, and cuca shops. South African sites were characterised by informal takeaway outlets and off-consumption sales. These findings indicate that unlicensed alcohol availability is context-specific.

4. Extended trading hours contribute to temporal availability: A substantial proportion of outlets operated seven days a week, and 24-hour trading was documented at several sites, particularly in Botswana and Namibia. In many instances, the observed trading hours of licensed outlets exceeded their officially registered hours, highlighting limited or a lack of enforcement.

5. Outlet density varies across sites: Outlet density calculations revealed substantial variation across the eight sites, whether measured per square kilometre or per population. The density ratio at both Lesotho sites was significantly higher than at the other sites.

6. Geographic association with GBV in one site:

Despite numerous attempts, the only GBV data obtained was for Eastridge, South Africa. A spatial overlay analysis of the data revealed a geographic association between higher outlet concentration zones and higher densities of reported GBV cases. While causality cannot be inferred, the spatial pattern aligns with community accounts linking alcohol availability to violence risk.

Key Qualitative Findings

Focus group discussions and key informant interviews across all four countries described alcohol availability as a pervasive feature of community life. High outlet density, extended trading hours, and widespread informal and unlicensed sales were consistently associated with GBV, crime, family strain, and broader social



disruption.

Participants from communities and the authorities expressed different experiences of law enforcement. In Botswana and Lesotho, community participants emphasised limited inspections and the inconsistent application of trading-hour restrictions. In Namibia and South Africa, concerns were raised regarding enforcement gaps and the perceived inconsistent application of trading-hour and licensing regulations. Across sites, enforcement officials cited resource constraints and procedural limitations, while community members reported limited influence in licensing processes. These dynamics contributed to the normalisation of non-compliance.

Economic vulnerability was identified as a key driver of informal and unlicensed trading in Botswana, Lesotho, and Namibia, where unemployment and limited livelihood options were frequently raised. In South Africa, participants similarly acknowledged informal trading as an income-generating activity. Across the countries, alcohol sales were described as embedded within household survival strategies, resulting in ambivalence toward enforcement.

Participants in Namibia and South Africa emphasised the temporal dimension of availability, including late-night trading and having access to alcohol on credit. In Botswana and Lesotho, the proximity of outlets to residential areas and public institutions was highlighted as a concern. Despite such contextual differences, the physical and temporal availability of alcohol was consistently described as contributing to the experience of crime and to the increased risk of domestic conflict and violence towards women and children.

The knowledge of licensing processes and regulatory frameworks varied across countries. In South Africa and Namibia, officials demonstrated familiarity with legal provisions, whereas community members often reported limited awareness and experience of public participation mechanisms. In Lesotho and Botswana, participants expressed uncertainty regarding complaint procedures and the transparency of licensing decisions. In several sites, the fear of retaliation from traders constrained reporting.

The participatory mapping process was positively received in all four countries. Community members in Botswana and Lesotho highlighted the value of visualising outlet concentration, while participants in Namibia and South Africa emphasised the importance of documenting unlicensed outlets not reflected in administrative records. Across contexts, participatory mapping was regarded as strengthening local understanding of alcohol availability.

Recommendations

Drawing on the combined quantitative and qualitative findings, the study proposes the following policy and practice recommendations:

1. Institutionalise community participation in alcohol governance.

Community participation in documenting alcohol trading practices should be formalised as a standard and ongoing component of alcohol regulation. Community-generated data captures unlicensed trading, extended operating hours, and localised impacts that are often not reflected in administrative systems. Integrating structured community documentation into licensing and monitoring processes would strengthen evidence-based decision-making and create sustainable pathways for locally grounded oversight.

2. Review and limit licensing in residential areas

The awarding of liquor licences in residential zones requires urgent review. High outlet concentration and proximity to homes were consistently associated with community-level harms, including crime, GBV, family disruption, and diminished quality of life. Licensing authorities should explicitly consider residential vulnerability, proximity to sensitive institutions, and cumulative neighbourhood impact in licensing decisions.

3. Incorporate outlet density into licensing frameworks

Alcohol outlet density should be introduced as a formal regulatory criterion to prevent oversaturation and clustering. Density-based thresholds would enable authorities to manage cumulative exposure within defined geographic areas and mitigate the structural effects of

concentrated availability.

4. Strengthen and operationalise community consultation mechanisms

Existing legal provisions requiring community consultation in licensing processes should be consistently implemented and monitored. Consultation mechanisms must be accessible, transparent, and timeous to ensure meaningful participation before license approval, thereby reducing post-award conflict and strengthening regulatory legitimacy.

5. Resource and reinforce monitoring of licensed outlets

Effective enforcement requires adequate human and financial resources. Monitoring systems should prioritise compliance with trading hours, preventing sales to minors, and prohibiting supply to unlicensed traders. Consistent enforcement of penalties, as prescribed by law, is necessary to shift entrenched non-compliant practices.

6. Address unlicensed trading through targeted and context-sensitive strategies

Targeted enforcement against unlicensed outlets is essential to reducing informal alcohol availability. However, enforcement approaches should recognise the socio-economic drivers of informal trade. Where feasible, regulatory action should be accompanied by pathways for formalisation or alternative livelihood support to avoid deepening economic precarity.

7. Standardise GBV data collection and integrate alcohol indicators

A harmonised reporting framework for GBV across the four countries should be developed, including routine documentation of alcohol involvement where applicable. Standardised data systems would improve cross-country

comparability and enable more targeted, evidence-informed regulatory responses.

8. Improve access to localised GBV data for regulatory planning

Restrictions on accessing police-station-level GBV data should be reviewed to enable spatially disaggregated analyses. Timely access to localised data would support responsive licensing, targeted enforcement, and the monitoring of high-risk zones.

9. Establish a regional learning and coordination platform

A regional forum across the four countries—and potentially within a broader SADC framework—should be established to facilitate knowledge exchange on liquor licensing administration, enforcement models, community participation mechanisms, and data integration practices. Shared learning may strengthen regulatory coherence across contexts facing similar structural challenges.

10. Further research into community mapping of alcohol outlets should:

- Investigate the connection between alcohol outlet characteristics and community outcomes, such as physical and mental health, especially for vulnerable populations.
- Map licensed and unlicensed outlets, focusing on trading hours and patterns over time to understand alcohol trade mechanisms in urban and rural areas
- Examine compliance and non-compliance drivers among outlet owners, including enforcement practices and the role of suppliers in unlicensed trading.
- Evaluate the effectiveness of regulatory interventions, including licensing changes, trading hours, and public awareness campaigns.



1

Introduction

Alcohol use, its related harms, and its connection to gender-based violence (GBV) continue to pose a significant challenge both globally and within southern Africa. Although alcohol is widely available and socially accepted, the majority of adults worldwide do not drink at all. Global data shows that over half of the world’s adult population abstains from alcohol, demonstrating that the substantial harms we observe, ranging from poor health outcomes to violence, economic strain, and community instability, are concentrated among a smaller group of people who consume alcohol at harmful levels (1). This uneven distribution underscores the need for a combination of broad, systems-level strategies and targeted, context-specific interventions.

INTRODUCTION

The COVID-19 pandemic illustrated how sensitive alcohol use is to social and economic conditions, such as restrictions (1). While overall global consumption decreased slightly between 2019 and 2020, this shift was not uniform (1). Restrictions reduced access in some communities, but in others, drinking shifted into homes, creating hidden risks and exacerbating stress-related consumption (1). This uneven pattern reinforces that alcohol use is shaped by surrounding conditions such as poverty, job insecurity, weak enforcement, and social norms, and not simply by individual choice (1).

Alcohol-related harm extends well beyond individual drinkers. Families, children and entire communities feel the effects. Alcohol contributes to preventable injuries, emotional strain, interpersonal conflict, financial pressures and neighbourhood insecurity (2–5). A significant share of global deaths from interpersonal violence is attributed to alcohol use (1), indicating its role in escalating conflict, particularly within homes and intimate relationships. While alcohol is not the root cause of GBV, it intensifies risk, increases severity, and creates environments in which violence becomes more likely. Most notably, women carry a disproportionate burden of these harms.

Southern Africa faces particularly acute alcoholism challenges. The region is characterised by concentrated heavy drinking among those who drink, despite moderate average consumption at the population level (1). Heavy episodic drinking (HED) is strongly associated with health problems, injuries, and violence, including GBV (6–8). Concomitantly, alcohol is readily accessible through a mix of licensed and unlicensed outlets. Many operate late into the night and entirely outside regulatory frameworks, increasing the likelihood of harmful drinking and related consequences (9).

Official data often fails to capture this reality. National statistics rarely reflect local variations in outlet density, trading hours, informal sales, or proximity to schools, homes, and transport hubs (10–12). Informal and unrecorded alcohol markets, which make up an estimated 20% of global consumption, remain largely invisible to regulatory systems (1). As a result, the actual scale of

availability, and the harms associated with it, is likely underestimated. A community-driven evidence approach is therefore essential.

Communities can identify exactly where alcohol is sold, how late outlets operate, where unlicensed trading occurs, and how these practices contribute to daily experiences of harm, including GBV and crime. By involving community members in documenting outlet density and trading practices, programmes generate evidence that reflects peoples lived reality rather than incomplete administrative records. This approach strengthens advocacy, helps target enforcement, and builds community ownership of solutions. It also aligns with the WHO’s recommended “best buys”, including reducing physical availability through limiting outlet density and trading hours (13).

Participatory approaches are particularly timely given the global policy landscape. Alcohol remains the only major psychoactive substance without an international treaty that obliges countries to regulate its production, distribution, marketing, or consumption (1). The WHO Global Strategy to Reduce the Harmful Use of Alcohol (2010) and the Global Alcohol Action Plan 2022-2030 provide non-binding guidance, however, their effectiveness depends on national and local implementation (1,14). Many low- and middle-income countries face structural challenges such as limited enforcement, inadequate data, and strong alcohol industry influence, that hinder effective regulation (2).

Investing in community-based spatial mapping and documentation offers multiple advantages. It supports evidence-based programming rooted in local knowledge, increases community participation and ownership, and ensures that regulatory and policy interventions are directed where they are most needed. This approach strengthens accountability and creates a more complete, actionable evidence base for governments, civil society, and service providers, supporting health care provision, harm reduction programmes, and GBV support services. It also provides a foundation for more equitable and sustainable responses to alcohol-related harm and GBV at the community level.

2

Study Objectives

The overall aim of the study was to determine the association between alcohol outlet density (AOD), outlet trading times (OTT), and incidents of GBV, with alcohol availability, using a participatory mapping approach, in Botswana, Lesotho, Namibia, and South Africa.

THE STUDY OBJECTIVES WERE TO:

- map alcohol availability (through alcohol outlet density and outlet trading times) of both licensed and unlicensed, as well as on and off premise alcohol outlets
- investigate the association between alcohol availability (alcohol outlet density and outlet trading times), and gender-based violence (IPV and NPSV) in these communities using secondary data from police statistics on GBV
- determine if the participatory tool is acceptable to key local level decision-makers as a routine data source for informing decision-making on the regulation of alcohol availability (including density and outlet trading times) in local communities
- explore community stakeholders' perspectives on alcohol availability and GBV

This implementation study followed a feasibility study conducted in Ga-Rankuwa, Tshwane, Gauteng Province and Thembalethu, Garden Route District, Western Cape Province, South Africa which confirmed the validity and utility of a participatory approach.

3

Methods

This was a cross-sectional, convergent parallel mixed methods study using a combination of publicly available administrative data on alcohol availability, comprising AOD and OTT, police data on GBV statistics, interview questionnaires, focus group discussions, key informant interviews, and participatory mapping data to verify and calculate outlet density and outlet trading times. The methods apply to all four countries.

In consultation with SAAPA country organisations, eight communities were selected in Botswana, Lesotho, Namibia and South Africa using the following criteria: (a) a mix of business and residential outlets in a given spatial location, (b) existing relationships between SAAPA and the implementing organisations working to address GBV and alcohol harm reduction in the selected sites, (c) the patterns of drinking, location of consumption and sexual violence, and (d) government profiling.



THE STUDY WAS CONDUCTED IN THE FOLLOWING EIGHT COMMUNITIES IN THE FOUR COUNTRIES

- Botswana - Lobatse town (South-East district) and Molepolole (Kweneng district)
- Lesotho - Teyateyaneng (Berea district) and Lithoteng (Maseru district)
- Namibia - Otjomuise (Khomas region) and Rehoboth (Hardap region)
- South Africa - Eastridge, Mitchell’s Plain (Western Cape Province) and Muledane Thohoyandou Block J (Limpopo Province)

DESKTOP STUDY TO IDENTIFY LICENSED ALCOHOL OUTLETS

Data on licensed alcohol outlets were obtained from various sources, including national liquor databases, information in the public domain (searched using Google), business registers, and police records of licensed outlets. The data were consolidated into an Excel spreadsheet showing an

overview of the number of licensed outlets, as well as a breakdown by country and community. Google Maps and Google Earth were also used to identify alcohol outlets (licensed or unlicensed) in each of the study sites.

GBV CASE REPORT DATA

Gender-based violence case report data refers to information collected by police officials when an individual reports an incident of GBV at a police station. This incident information contains a detailed description of the victim, alleged perpetrator, location of the incident (physical address), nature of the incident, and circumstances of the incident. We liaised with local police stations in each community to source the GBV data aggregated at a community level. In all four countries it was difficult to obtain GBV data from local police stations. The research team in each country leveraged their established relationships with other police structures (at local and national levels) to obtain the GBV data. In some instances, the teams were referred to country crime statistics depicting cumulative GBV data per region (available in the public domain) or shown a book where GBV case reports were entered manually, with no corresponding electronic database to access the data. In summary, GBV case report data were not obtained for Botswana, Lesotho, and Namibia.

¹ The PI held several meetings with key members facilitating the request for GBV data, including regular communication on the progress of the study. These officials introduced the PI to crime intelligence structures in South Africa, to link with counterparts in the other countries, with a view to obtain the GBV data. This process of obtaining the GBV data from Botswana, Lesotho, and Namibia is ongoing.

DEVELOPING THE MAP DEPICTING ALCOHOL OUTLETS, INSTITUTIONAL FACILITIES AND SOCIAL STRUCTURES

The study geo-mapped licensed outlets and other infrastructure (schools, hospitals, healthcare facilities, taxi ranks, and public spaces) within the eight communities to develop a map specific to each study site¹. Administrative boundary data from municipal sources in each country served as the primary reference. However, in cases where such data were not obtainable, theoretical divisions or zones were created to ensure consistency and uniformity across sites. Using Google Maps and Google Earth Desktop, the Global Positioning System (GPS) coordinates of alcohol outlets listed by the sites were detailed. All identified points, those appearing on the provided lists and additional outlets detected through mapping, were included for field verification. It was expected that further outlets, particularly unlicensed ones, would be identified during the fieldwork.

The maps were developed and then presented in the first focus group discussion (FGD1) with community stakeholders. The map was also used as a practical tool to plan the collection of geo-location data of all licensed and unlicensed alcohol outlets by community mappers or fieldworkers (described later in the report).

IN CASES WHERE SUCH DATA WERE NOT OBTAINABLE, THEORETICAL DIVISIONS OR ZONES WERE CREATED TO ENSURE CONSISTENCY AND UNIFORMITY ACROSS SITES.

¹ Site boundaries, as proposed by the respective countries, were first inspected by the spatial analyst for the purpose of developing fieldwork maps. In some instances, the original boundaries were adjusted to improve walkability of the field workers, considering geographical landmarks and time constraints; and to take account of spatial growth not shown in outdated maps during in-field testing.





MAPPING LICENSED AND UNLICENSED OUTLETS AND OUTLET TRADING TIMES

ALCOHOL OUTLET DENSITY (AOD) AND OUTLET TRADING TIMES (OTT) QUESTIONNAIRE

The AOD/OTT questionnaire developed during the feasibility study was adapted and uploaded to the Research Electronic Data Capture (REDCap) platform. The questionnaire consisted of two sections: the first collected GPS location data (as longitude and latitude), whilst the second section focused on the hours and days of alcohol sale, type of alcohol sold, type of alcohol outlet, on-

and off-consumption, and the community mappers' observation notes. Following in-field testing, country-specific changes were made to the questionnaire. For example, we added cuca shops—small, informal general stores that sell beer and local brews, as well as basic everyday goods to the community—to capture this unique alcohol outlet type found in Namibia.

DATA COLLECTION

We collaborated with local non-governmental organisations (NGOs) and community-based organisations (CBOs) to recruit fieldworkers based in the communities where the research was conducted. The study employed 72 fieldworkers, with around two-thirds identified by the local implementing partners, and each site had two local field workers from local partner organisations.

The pool of fieldworkers complemented the approximately two fieldworkers selected per site from local partner organisations. Guided by the findings and recommendations of the feasibility study, training was scheduled over 1.5 days at each of the study sites.

All 72 fieldworkers, along with the fieldwork coordinator at each study site, were trained in ethics, including upholding the principles of confidentiality and anonymity at all times, safety during data collection, and the use of REDCap with embedded GPS longitude and latitude to capture the geo-locations of licensed outlets and document unlicensed outlets.

To supplement the session on ethics training and promote capacity building, community mappers from Botswana, Lesotho, and Namibia, supported by the PIs, were encouraged to complete the Introduction to Ethics module available for free from the Training and Resources in Research Ethics Evaluation (TRREE) website. The ethics course was mandatory for community mappers in South Africa (as prescribed by the University of

the Witwatersrand Human Research Ethics Committee Medical).

Field workers were paired by age, gender, research experience, community knowledge, and safety considerations.

In consultation with the entire team, each pair was allocated a zone in which they verified licensed outlets, mapped unlicensed outlets, and recorded observed trading times per outlet on the REDCap platform using mobile phones. Teams used a vehicle in areas where safety was a concern. Using vehicles also allowed for a wider data collection radius and reduced the logistical complexities associated with using public transport and reimbursing travel costs.

In Eastridge, where gang violence is a high risk, the Mitchell’s Plain police were informed of the field work schedule and monitored the field workers during their routine patrols.

SPOT VERIFICATION

Following consultations with experts in the field on establishing the accuracy and quality assurance of geo-mapping, we added an additional verification mapping component called spot verification. Spot verification is the process of checking the accuracy of mapped data, or GPS locations in a study and is a necessary part of GIS

data quality control. It involved physically visiting specific locations or “spots” in the field to confirm that the mapped information matches the real world. In this study, spot verification was performed through community mapper verification.

SPOT VERIFICATION WAS CONDUCTED IN TWO DISTINCT PHASES.

Phase 1: Identification of Unverified Locations

During the initial spatial verification process, a subset of mapped outlets could not be confirmed using available satellite imagery and geospatial tools. For each study site, the spatial analyst compiled a list of the unverified points, documenting the total number of outlets that remained unconfirmed. This list served as the sampling frame for the second phase of verification.

Phase 2: Remote Spot Verification

From the compiled list of unverified outlets, a sample was selected for further verification. Remote verification sessions were then conducted with community mappers, who convened at a central location. During these sessions, mapper-recorded outlet descriptions stored in REDCap were reviewed by community mappers using Google Earth and Google Maps imagery.

This process enabled the confirmation of outlet existence and validation of geographic coordinates where possible. Where outlet existence and coordinates could not be confirmed through remote verification, the cases were documented and consolidated into a follow-up list. Community mappers subsequently returned to the field to collect and validate GPS coordinates for these outlets. This iterative process ensured that unresolved cases were systematically addressed and that spatial data completeness and accuracy were strengthened.

COMMUNITY MAPPING DIARIES AND DEBRIEFING SESSIONS

Fieldworkers were trained to observe and input outlet trading times for every individual outlet. Each field worker was provided with a journal in which to make a daily record of their experience of field work focusing on the ease of use of REDCap, challenges in the field, concerns as a community member during the period of the field work, and any recommendations they felt necessary to include in the journal.

Debriefing sessions were held with all field workers at the end of each data collection day.

Fieldworkers had an opportunity to flag any issues or challenges that arose during data collection with the fieldwork coordinator. All fieldworkers shared their journal notes and reflections of using the mapping tool. These field notes were collated in preparation for the analysis. Interviews were conducted with the fieldwork team after completion of the mapping exercise. The community mapping data was being analysed at the time of publishing this report and is therefore not included.





FOCUS GROUP DISCUSSIONS WITH COMMUNITY STAKEHOLDERS

FIRST FOCUS GROUP DISCUSSION (FGD 1)

The first series of FGDs was conducted with approximately 40 participants across the eight study sites. At each site the focus group consisted of participants (where available) from the local authority, health services, police, community development forum, community health committee, Community Policing Forum (CPF), neighbourhood watch, gender organisations, violence prevention service organisations, and other stakeholders. This initial FGD included the incomplete map developed by the spatial analyst based on administrative data prior to the community mapping exercise.

Participants shared their perspectives on alcohol

SECOND FOCUS GROUP DISCUSSION (FGD 2)

A second series of focus group discussions with the same stakeholders was held after the community mapping exercise (and data preparation). In this follow-on FGD, participants were presented with the more complete map containing the verified licensed and unlicensed outlets. At the time the map was developed, the GBV data were not available and therefore not included. The discussion explored perceptions of alcohol density and trading times in relation to GBV in the community with respect to the study findings. Participants shared their recommendations on AOD and OTT. Additionally, participants were asked whether they

KEY INFORMANT INTERVIEWS

At each site (n = 5), key informants (KIs) from the local authority, health services, police, community development forum, community health committee, CPF, neighbourhood watch, gender organisations, violence prevention service organisations, and other stakeholders were identified and interviewed to detail the availability of alcohol within the community by describing the alcohol outlet presence and OTT landscape via a structured interview. The KIs had official capacity

availability and GBV, verified alcohol outlets, and trading times shown on the incomplete map generated. Participants also provided information about other outlets and trading times not captured on the map. The FGD 1 took place in the local languages of the communities. Therefore, FGDs were facilitated by researchers who are mother tongue language speakers of the respective languages spoken in their countries. Researchers were trained on conducting FGDs by the PI. The researcher organisations in each of the countries transcribed and translated the FGDs transcripts. All FGDs were audio recorded with the permission of participants.

wanted to (and how they would) share the information with the broader community. They reflected on the findings and made recommendations. Following written consent from participants, the FGD 2 were audio-recorded, with a note-taker present. Although researchers were trained in conducting the FGDs, the guide was not consistently followed in the group discussions. As a result, some areas of discussion were not fully captured across sites. Nonetheless, the breadth and depth of the data collected across countries provided sufficient insight to meet the study objectives.

or leadership status in the identified stakeholder organisations and did not have any relationship with owners, managers, or servers at an alcohol outlet within the community that could constitute a conflict of interest. The initial group of KIs were identified at a stakeholder meeting facilitated by the local implementing partner. Additional KIs were identified through a snowballing technique.

For logistical reasons, the key informant interviews (KIIs) took place within the same time

period as the community mapping exercise and the first FGD. All eligible KIs were provided with an information sheet and the semi-structured interview guide and invited to participate in the study. The questions focused on their perspectives on the use of the mapping tool and whether locally generated data on alcohol attributable harm

could be used in decision-making processes to award or renew liquor licenses. Following voluntary consent, all KIs were requested to sign an informed consent for participation in the KII and for the audio recording.

DATA STORAGE AND MANAGEMENT

All data collected during the study were stored on a password-protected device. The mapping data collected using REDCap is stored on the REDCap/Wits server. Access to the REDCap platform is enabled through a two-factor authentication process, including a login password and authorised access to the survey.

Data collection occurred in the specified study sites. As previously stated, all quantitative data

were entered into REDCap. All personal identifying information of study participants was kept separate from their coded data. All interviews, measures, and observation notes were conducted by a trained member of the study staff who was supervised throughout the study. Signed consent forms and any other documents with identifiable information are kept in an access-controlled office at the Wits School of Public Health. Only authorised study staff have access to this data.

DATA ANALYSIS

This study generated both quantitative and qualitative data. The next section outlines the approach to data analysis.

QUANTITATIVE DATA ANALYSIS

Descriptive statistics (frequencies and percentages) in Stata, version 18.5 were used to describe the alcohol outlets. Data modelling was performed using ArcGIS, a web-based mapping software developed by Esri. The geo-mapping data generated during the desktop analysis were used to show a spatial view of the licensed alcohol outlets and outlet trading times in the eight communities. The GBV statistics were overlayed to provide a preliminary illustration of licensed alcohol outlet density, outlet trading times, and GBV incidents (in the Eastridge site only). A simple density calculation was used to calculate alcohol outlet density, by dividing the total number of alcohol outlets by the total land area of the study area (zones). This yielded the number of outlets per square km. Due to the small sample sizes of alcohol outlets, the analytical association, including p-values, between alcohol outlets and GBV was not calculated.

Geo-mapping data of licensed and unlicensed alcohol outlets and trading times.

Once reconciled, outlet locations, captured both during the interviews and GPS data collection, were mapped against community reference data to produce a spatial view of licensed and unlicensed alcohol outlet distribution in each community. Suitable community delineation was utilised to plot, calculate, and map outlet densities per population and per square kilometre. Outlets were differentiated thematically by their licensed or unlicensed status and by OTT category.

GBV incident mapping.

We obtained GBV data for South Africa only; generated heat maps and then overlaid the heat maps on the alcohol outlet populated map for the Eastridge and Muledane sites.



QUALITATIVE DATA ANALYSIS

This study sought to elicit perspectives on the use of community mapping as a participatory tool to document alcohol outlets and trading times. While these perspectives were a key focus, deliberations across the focus group discussions and key informant interviews also encompassed a broader range of alcohol-related issues within the community. These wider discussions provide rich and valuable insights into the social and environmental contexts in which community mapping was implemented in this study.

An inductive and deductive thematic approach was used to analyse the data (15) through a combination of hand-coding and computer-aided coding using NVivo, a qualitative data analysis software. To ensure the credibility and confirmability of the qualitative data, we used the process of inter-coder agreement (ICA) to establish assurance of the qualitative data generated through KIIs and FGDs. The PIs and research assistant conducted the ICA process¹. In this process, three transcripts each from the KIIs and the FGDs were independently coded. Consensus was reached on the coding, ensuring confidence in the analysis process. Thereafter, a code book was developed. Given the large volume of qualitative data generated during this study (134 transcripts), a third, external person was brought in to assist with analysing the KI data. As previously stated, the analysis of the community debriefings is currently in progress.

ETHICAL CONSIDERATIONS

Permission to conduct the study was obtained from the Ministries of Trade and Industry, and Health (Botswana), Ministry of Health (Lesotho), Ministry of Health (Namibia), and the University of the Witwatersrand Human Research Ethics Committee (HREC) MEDICAL (South Africa). This study followed the feasibility phase conducted previously. Ethical clearance for the feasibility study was granted by the South African Medical Research Council (SAMRC), protocol ID: EC051-11/2021. All ethical procedures outlined by the Singapore Statement on Research Integrity were

adhered to by all study team members (16).

RESEARCH ADVISORY PANEL (RAP)

A research advisory panel (RAP) was established to provide strategic guidance and oversight during the study. The panel brought together representatives from academia, government, and civil society, including members from SAAPA country organisations. Its role was to ensure that the study remained contextually grounded and ethically sound. During implementation, the RAP reviewed progress and advised on challenges encountered in the field. Key advice included their recommendations on spot verification.

Findings (QUANTITATIVE DATA)

¹ Initially, we envisioned having countries participate in the ICA process but due to limited capacity and time constraints, it was neither possible nor feasible.



DESKTOP STUDY, IDENTIFICATION AND VERIFICATION OF ALCOHOL OUTLETS ACROSS COUNTRIES

Data obtained from the desktop study revealed a total of 348 alcohol outlets across the four countries (Table 1). There were notable differences in the number of alcohol outlets across and within countries, reflecting the varied nature of alcohol trading environments. The results showed that the Molepolole (Botswana) and Rehoboth (Namibia) sites had higher outlet numbers.

COUNTRY	SITE	NUMBER OF LISTED ALCOHOL OUTLETS ACCORDING TO THE LIQUOR AUTHORITY DATA BASE
Botswana	Lobatse	46
	Molepolole Village	110
Lesotho	Lithoteng	13
	Teyateyaneng	35
Namibia	Otjomuise	16
	Rehoboth	96
South Africa	Eastridge	15
	Muledane Thohoyandou Block J	17
TOTAL		348

Table 1: Number of licensed alcohol outlets by country and research site

SUMMARY CHARACTERISTICS OF ALCOHOL OUTLETS BY COUNTRY

TYPES OF ALCOHOL OUTLETS BY COUNTRY

Table 2 shows a total of 787 alcohol outlets surveyed across the four countries: Botswana (N = 319), Lesotho (N = 150), Namibia (N = 256), and South Africa (N = 62). The most prevalent outlet type overall was homebrew breweries, accounting for 28.1% of all outlets. This category was particularly dominant in Botswana (43.3%) and Lesotho (26.0%), while Namibia and South Africa had a lower proportion (14.8% and 9.7%, respectively). Bottle stores were more common in South Africa (25.8%) and Namibia (12.9%) compared to Botswana (3.8%). Commercial breweries were notably present in Botswana (19.1%) but nearly absent in Namibia and South Africa. Cuca shops, a unique outlet type, were found exclusively in Namibia (18.0%). Other outlet types such as pubs/bars, shebeens, and restaurants showed varied distribution. Pubs and bars were most prevalent in Namibia (19.5%) and Botswana (14.1%), while shebeens¹ were more common in Botswana (13.2%).

¹ We define a shebeen as a small-scale, community-embedded alcohol outlet that operates either informally or under limited license and is primarily found in residential or peri-urban settlements.

Type of alcohol outlet	Botswana	Lesotho	Namibia	South Africa	Total
	N=319	N=150	N=256	N=62	N=787
	N(%)	N(%)	N(%)	N(%)	N(%)
Adult entertainment	2 (0.6)	4 (2.7)	16 (6.2)	0 (0.0)	22 (2.8)
Bottle store	12 (3.8)	17 (11.3)	33 (12.9)	16 (25.8)	78 (9.9)
Brewery (Commercial)	61 (19.1)	7 (4.7)	0 (0.0)	2 (3.2)	70 (8.9)
Brewery (Home brews)	138 (43.3)	39 (26.0)	38 (14.8)	6 (9.7)	221 (28.1)
Car wash	0 (0.0)	8 (5.3)	0 (0.0)	0 (0.0)	8 (1.0)
Casino	0 (0.0)	0 (0.0)	2 (0.8)	0 (0.0)	2 (0.3)
Chisa Nyama	0 (0.0)	6 (4.0)	0 (0.0)	0 (0.0)	6 (0.8)
Cuca shop	0 (0.0)	0 (0.0)	46 (18.0)	0 (0.0)	46 (5.8)
Gift or specialty store	0 (0.0)	1 (0.7)	0 (0.0)	0 (0.0)	1 (0.1)
Grocery store or supermarket	2 (0.6)	16 (10.7)	13 (5.1)	0 (0.0)	31 (3.9)
Guest accommodation	3 (0.9)	4 (2.7)	0 (0.0)	0 (0.0)	7 (0.9)
Guest accommodation + shop	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.6)	1 (0.1)
Hotel (Not a B&B nor a guest-house)	1 (0.3)	1 (0.7)	0 (0.0)	2 (3.2)	4 (0.5)
Karaoke bar	0 (0.0)	0 (0.0)	1 (0.4)	0 (0.0)	1 (0.1)
Night club	3 (0.9)	2 (1.3)	4 (1.6)	0 (0.0)	9 (1.1)
Pub or bar (Not a sports bar)	45 (14.1)	10 (6.7)	50 (19.5)	0 (0.0)	105 (13.3)
Restaurant	4 (1.3)	1 (0.7)	3 (1.2)	1 (1.6)	9 (1.1)
Restaurant + shop	3 (0.9)	1 (0.7)	1 (0.4)	4 (6.5)	9 (1.1)
Shebeen (sit-down)	42 (13.2)	7 (4.7)	16 (6.2)	3 (4.8)	68 (8.6)
Spaza shop	0 (0.0)	15 (10.0)	0 (0.0)	0 (0.0)	15 (1.9)
Sports bar	0 (0.0)	1 (0.7)	10 (3.9)	0 (0.0)	11 (1.4)
Take-away (informal)	1 (0.3)	7 (4.7)	18 (7.0)	13 (21.0)	39 (5.0)
Wholesaler or distribution	2 (0.6)	3 (2.0)	4 (1.6)	1 (1.6)	10 (1.3)
Wine shop	0 (0.0)	0 (0.0)	1 (0.4)	13 (21.0)	14 (1.8)

Table 2: Description of type of alcohol outlet by country

ALCOHOL OUTLET TRADING TIMES

Days of the week alcohol is sold

Figure 1 shows that most outlets across all countries were reported as selling alcohol Monday to Sunday, with the highest proportions in South Africa (87.1%) and Botswana (85.3%). A smaller proportion were reported to operate from Monday

to Saturday, particularly in Namibia (26.6%) and Lesotho (19.3%). Only 0.5% of outlets were reported as selling alcohol on weekdays only (Monday to Friday).

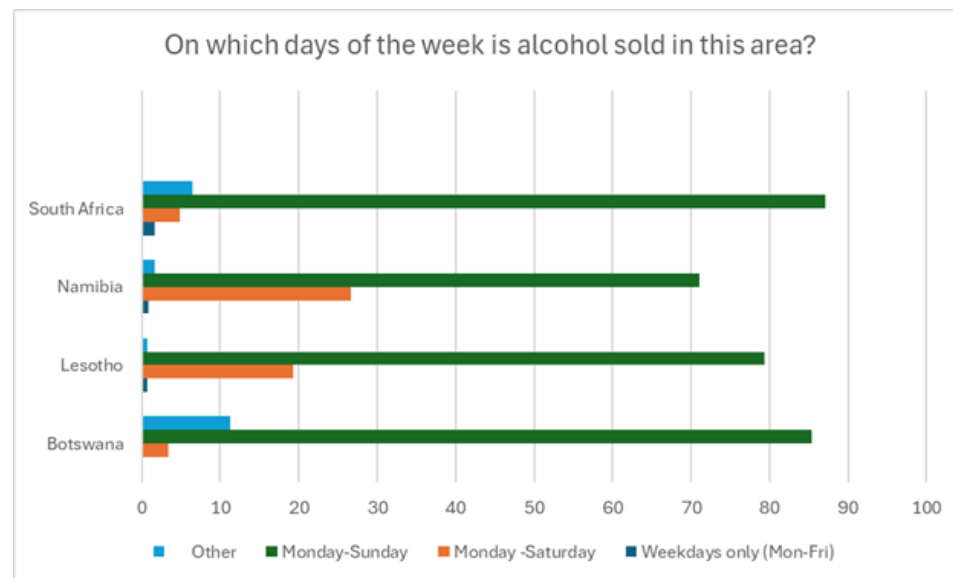


Figure 1: Days when alcohol is sold

Hours of alcohol sale

Figure 2 shows the hours of alcohol sale. The most frequently reported hours of alcohol sale were 24 hours a day, accounting for 37.5% of all outlets. This was most common in Botswana (52.7%) and South Africa (32.3%). Other common time ranges included 11:00–24:00 (17.8%) and 09:00–18:00 (11.1%). Observed or reported hours

closely mirrored the stated hours of sale, with 24-hour operations being the most common (44.1%). Botswana had the highest proportion of outlets reported as trading 24-hours a day (64.6%), followed by Namibia (35.9%) and South Africa (25.8%).

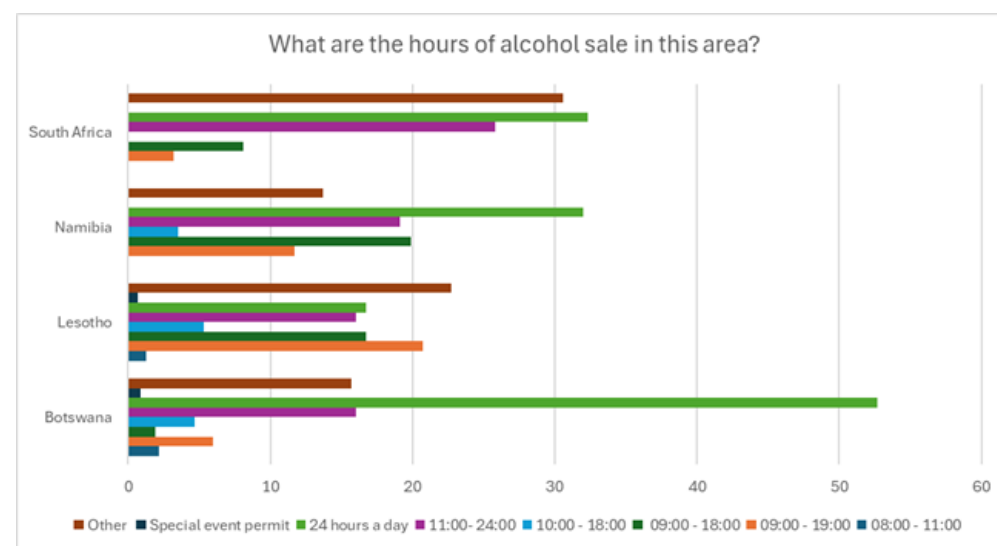


Figure 2: Hours of alcohol sale in the area

TYPES OF ALCOHOL SOLD BY COUNTRY

Beer was the most frequently sold type of alcohol, available in 70.1% of outlets, with Namibia (87.5%) and Lesotho (72.7%) reporting the highest prevalence (Figure 3). Ciders were sold in 44.2% of outlets, with South Africa (56.5%) and Namibia (50.4%) leading. Cocktails were relatively rare, found in only 8.3% of outlets. Chibuku, a traditional sorghum beer, was sold in 14.7% of outlets, predominantly in Botswana (33.2%).

Homebrews were available in 33.0% of outlets, with Botswana again showing the highest prevalence (48.3%). Spirits were sold in 22.2% of outlets, most commonly in South Africa (41.9%). Wine was available in 38.4% of outlets, with Namibia (60.2%) and South Africa (45.2%) reporting higher proportions. Only 0.9% of outlets sold all the types of alcohol listed.

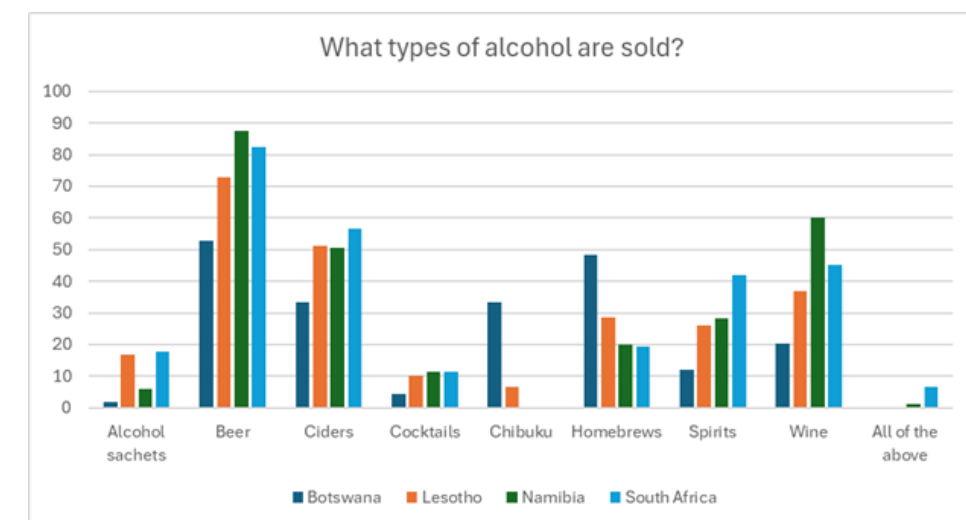


Figure 3: Type of alcohol sold

Figure 4 illustrates the type of consumption premises across countries. Most outlets (69.1%) reported both on-site and off-site consumption, especially in Botswana (88.7%) and Lesotho (72.7%). Off-site only consumption was reported

in 21.1% of outlets, with South Africa having the highest proportion (67.7%). On-site only consumption was reported as least common (9.8%) in Botswana.

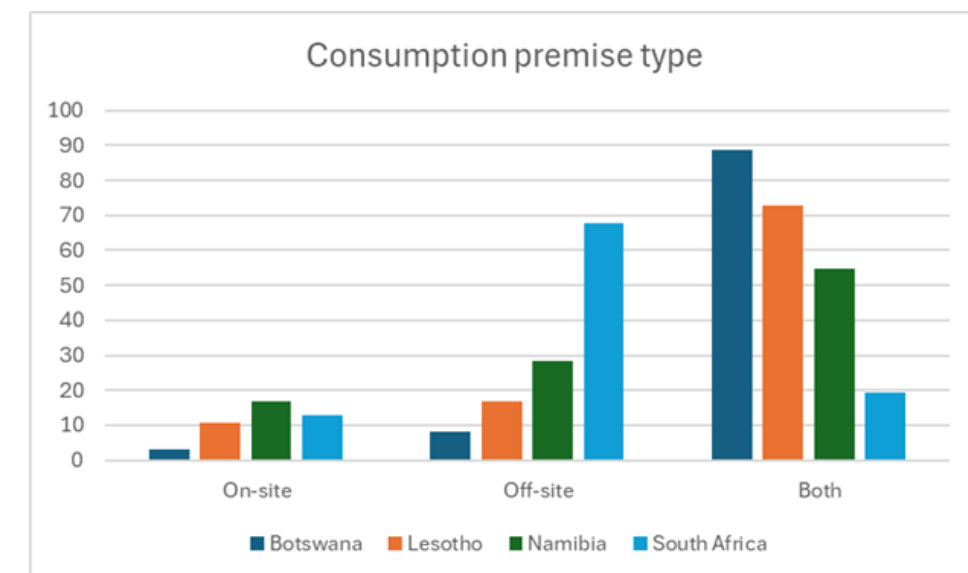


Figure 4: Consumption premises type

Figure 5 illustrates the reported license status of alcohol outlets. Only one-third (33.0%) of outlets were reported as licensed to sell alcohol, with Namibia (44.9%) and South Africa (37.1%) having the highest licensing rates. The majority of outlets (58.6%) were reported as unlicensed, and 8.4% were unsure of their licensing status. Food was

sold on the premises in 29.6% of outlets, most commonly in Namibia (43.0%) and Lesotho (37.3%). However, 65.9% of outlets did not sell food. Visible security was present in 16.0% of outlets, with Namibia (23.0%) reporting the highest proportion. Most outlets (80.6%) lacked visible security.

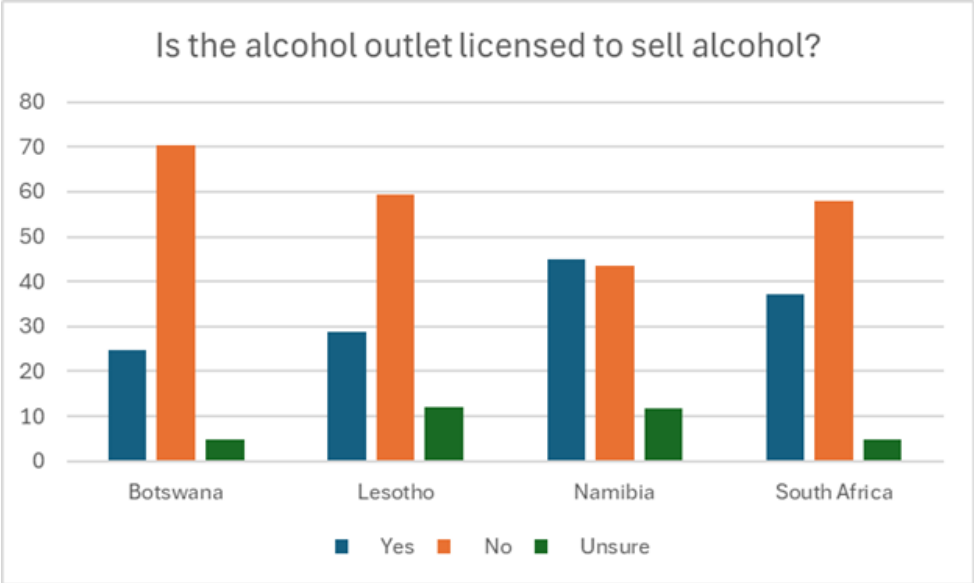


Figure 5: Reported license status of alcohol outlets

As shown in Figure 6, the outlets surveyed were predominantly in residential zones, particularly in Molepolole (134 outlets) and Lobatse (93 outlets), with business zones featuring prominently in Molepolole (46 outlets) and Rehoboth (49 outlets). Industrial and rural zones had the least

representation, indicating that alcohol outlets are concentrated in areas of high population density and commercial activity. Eastridge and Teyateyaneng each had one outlet situated in a school zone.

ALCOHOL OUTLETS AND ZONE TYPE

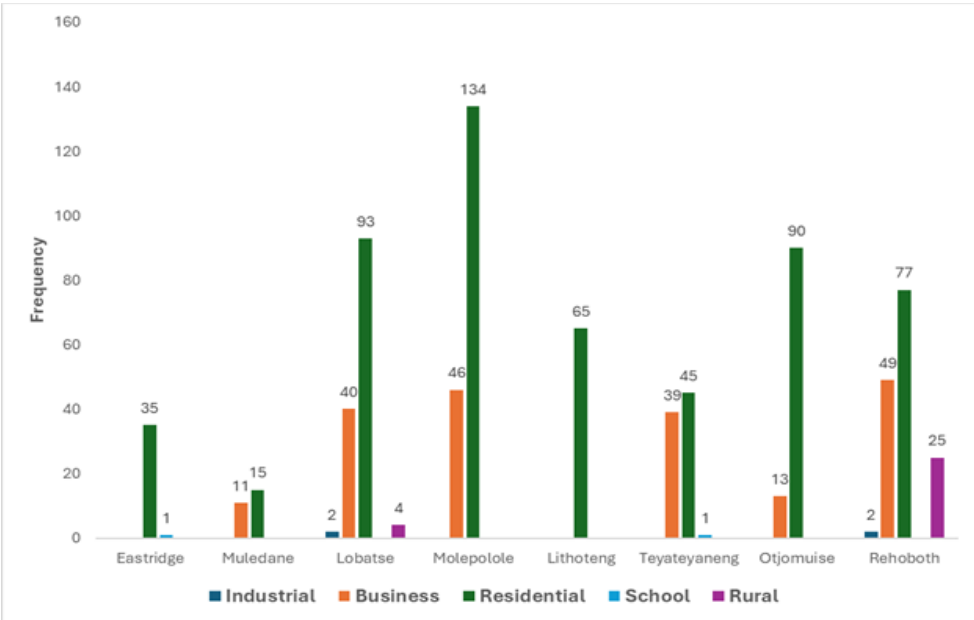


Figure 6: Alcohol outlets per zone type

ALCOHOL OUTLET DENSITY

Table 3 shows alcohol outlet densities for each zone at every site. It describes all eight sites in terms of reported licensing status per 1000 people. Lithoteng has the highest AOD per km2 at 23.8 while Molepolole has the lowest AOD per km2 at 2.11. Lithoteng also had the highest AOD per 1000 people at 178.02 and Eastridge has the lowest at 0.93. Teyateyaneng has the highest number of

licensed outlets at 63.34 and Eastridge has the lowest at 0.23. Lithoteng has the highest number of unlicensed and unsure status outlets, at 75.25 and 25, respectively. Conversely, Muledane Thohoyandou Block J has the least number of both unlicensed and unsure status outlets at 0.55 and 0, respectively.

SITE/ZONE	AOD DENSITY PER AREA KM²	AOD PER 1000 PEOPLE	LICENSED AOD PER 1000 PEOPLE	UNLICENSED AOD PER 1000 PEOPLE	UNSURE AOD PER 1000 PEOPLE
Botswana- Lobatse					
Zone 1	5.19	2.85	0.29	2.38	0.19
Zone 2	14.81	8.12	2.32	5.45	0.35
Zone 3	6.05	3.32	1.57	1.75	0
Mean	8.68	4.76	1.39	3.19	0.18
Botswana- Molepolole					
Zone 1	0	0	0	0	0
Zone 2	4.89	5.3	0.73	4.2	0.37
Zone 3	3.85	4.17	0.62	3.36	0.19
Zone 4	3.94	0.39	0.97	3.11	0.19
Zone 5	0	0	0	0	0
Mean	2.11	1.64	0.39	1.78	0.13
Lesotho- Lithoteng					
Zone 1	41	305.56	83.33	166.67	55.55
Zone 2	20	151.52	0	15.15	0
Zone 3	27	208.33	83.33	83.33	41.67
Zone 4	19	138.89	0	111.11	27.78
Zone 5	12	85.81	85.81	0	0
Mean	23.8	178.02	50.49	75.25	25
Lesotho- Teyateyaneng					
Zone 1	10.62	82.6	41.32	33.05	8.26
Zone 2	39.97	309.86	154.9	98.59	53.34
Zone 3	12.98	100	57.14	14.29	28.57
Zone 4	13.92	107.14	0	107.14	0
Mean	19.37	149.9	63.34	63.27	22.54
Namibia- Otjomuise					
Zone 1	2.54	25.97	0	25.64	0
Zone 2	7.6	78	11.11	66.67	0
Zone 3	4.83	50	0	50	0
Zone 4	1.92	19.8	9.8	9.8	0
Zone 5	7.04	72.58	15.87	31.74	23.81
Zone 6	0	0	0	0	0
Mean	3.99	41.06	6.13	30.64	3.97
Namibia- Rehoboth					
Zone 1	5.96	2.01	0.11	1.9	0
Zone 2	0.92	0.31	0	0.31	0
Zone 3	6.2	2.12	0.88	1.19	0
Zone 4	2.24	0.81	0.38	0	0.38
Zone 5	0	0	0	0	0
Zone 6	3.67	1.22	1.22	0	0
Zone 7	2.9	0.98	0	0.49	0.49
Zone 8	4.25	1.44	0.36	1.07	0
Zone 9	20.58	6.94	0.24	5.97	0.37
Mean	5.19	1.76	0.35	1.21	0.14

Table 3: Alcohol outlet densities for each zone at the eight study sites

34

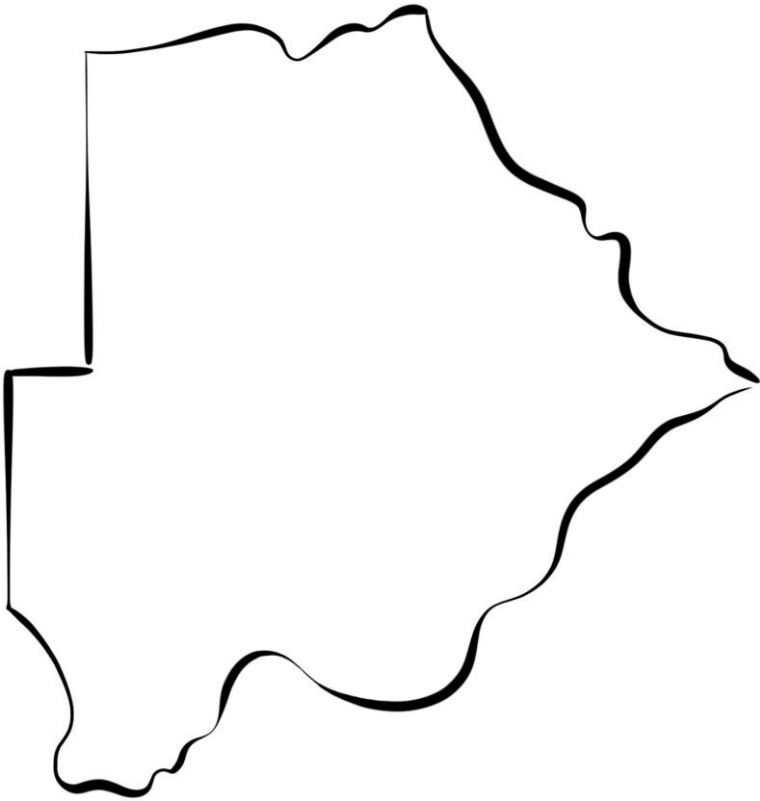
QUANTITATIVE DATA FINDINGS

South Africa- Eastridge					
Zone 1	23.32	1.05	0.26	0.79	0
Zone 2	7.31	0.33	0.17	0.17	0
Zone 3	26.67	1.18	0.26	0.92	0
Zone 4	14.5	0.64	0.13	0.51	0
Zone 5	32.55	1.44	0.32	0.51	0.48
Mean	20.87	0.93	0.23	0.58	0.10
South Africa- Muledane Thohoyandou Block J					
Zone 1	2.87	1.62	0.36	1.26	0
Zone 2	3.55	1.99	1.59	0.39	0
Zone 3	6.47	3.65	3.65	0	0
Mean	4.30	2.42	1.87	0.55	0

Table 3: Alcohol outlet densities for each zone at the eight study sites

7

Botswana



LOBATSE

LICENSE STATUS AND CONSUMPTION CHARACTERISTICS

Figure 7 shows the license status and consumption characteristics of alcohol outlets in Lobatse. A total of 44 outlets were mapped. Of those, 14 (32%) were reported as licensed (green dots on the map), 27 (61%) were reported as unlicensed (red dots on the map), and 3 (7%) were reported as uncertain licensing status (yellow dots on the map). The majority of licensed outlets, 38

(86%), shown by green dots with a dark blue border on the map, were reported to allow both on-site and off-site consumption, while 3 (7%) of licensed outlets were reported to allow off-site consumption only (green dots with a purple border on the map), and 3 (7%) of licensed outlets were reported to permit on-site consumption only (green dots with a light blue border on the map).

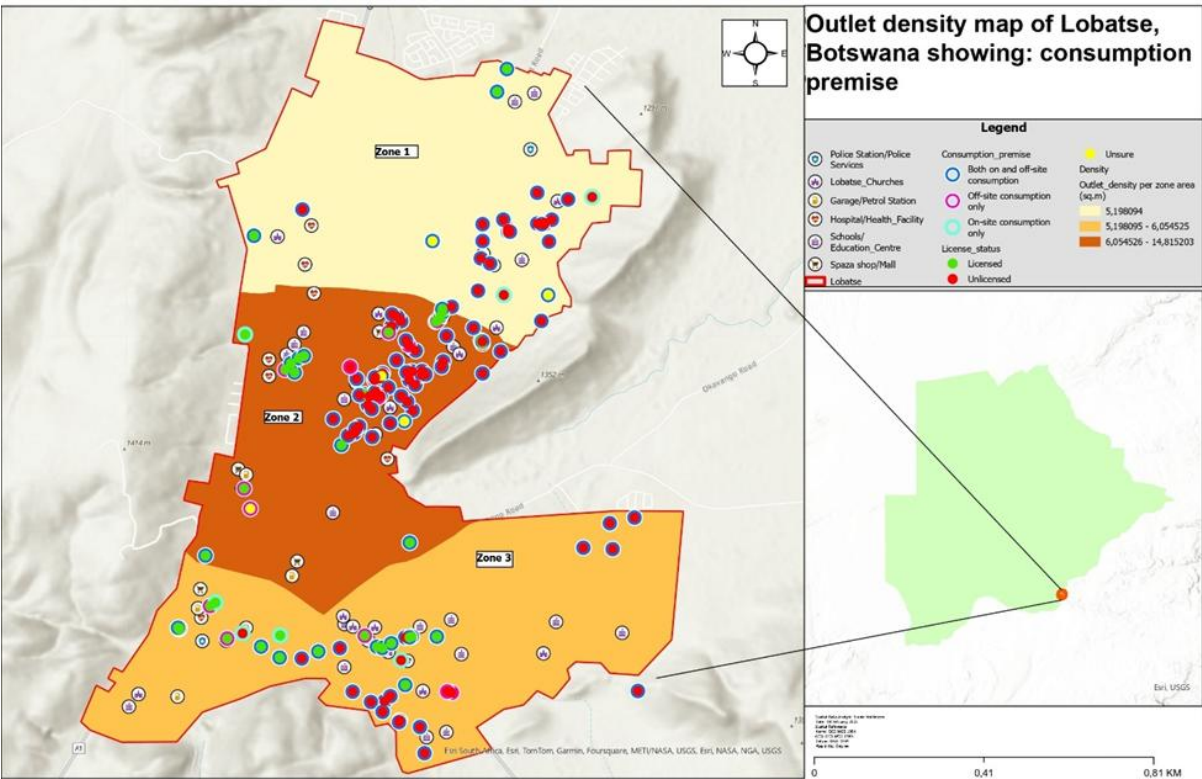


Figure 7: Lobatse license status and consumption characteristics of alcohol outlets

ALCOHOL OUTLET TRADING HOURS AND DAYS

In Figure 8, Zone 1 (shaded light yellow on the map) has the lowest outlet density per square kilometre. Zone 2 (shaded dark brown) has the highest outlet density per square kilometre, and

DENSITY DISTRIBUTION

Figure 9 shows the distribution of alcohol outlets in Lobatse in a heatmap format. Notably, there is a high occurrence of alcohol outlets in Zone 2 (shown in yellow shading surrounded by red shading), which corresponds with the density

was notable for having 60% of its outlets reported as operating 24 hours a day, including one licensed outlet.

per km map in Figure 8. Density considers a value or number against an area extent, while the heat map shows a high or low occurrence with no regard to the area extent.

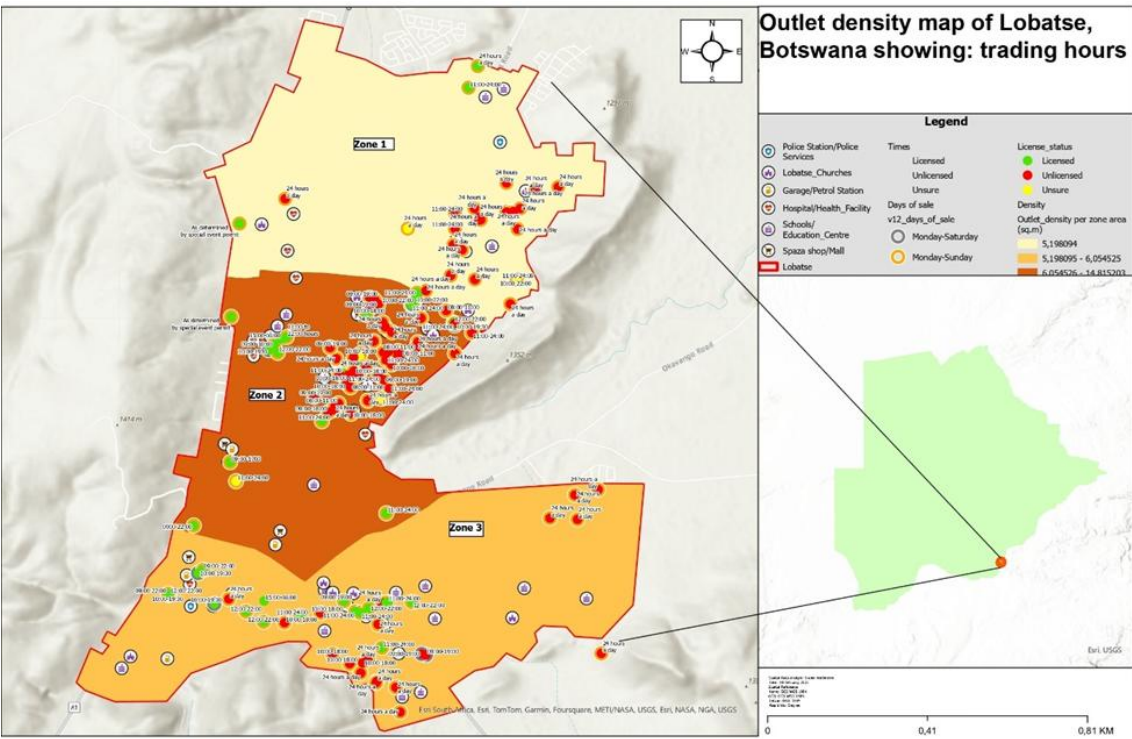


Figure 8: Lobatse alcohol outlet trading hours

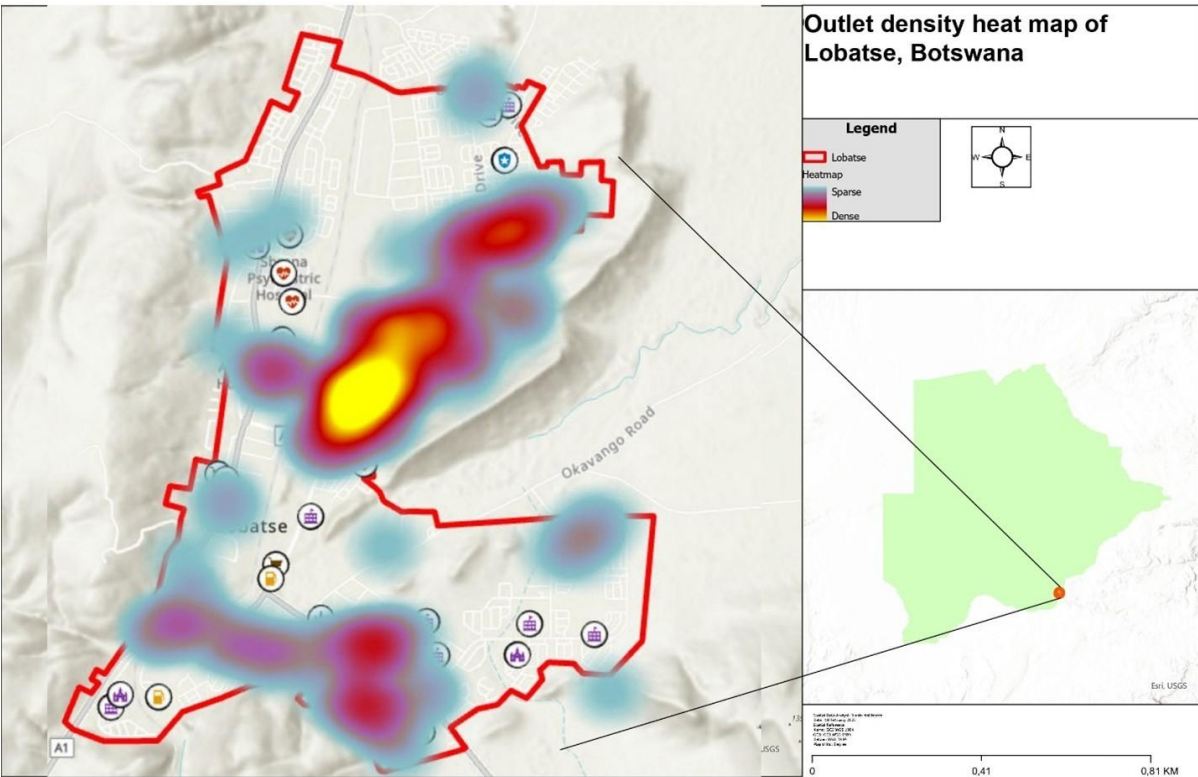


Figure 9: Heatmap showing the distribution of alcohol outlets in Lobatse

ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS

Figure 10 shows a map with 500 m buffer zones around each alcohol outlet; these are indicated in the colour blue. The blue rings on the map represent a 500 m radius buffer from each alcohol outlet mapped in Lobatse. At this site, 44 total outlets and 64 total service points were mapped. The service points include police stations, churches, health facilities, schools, shopping malls, and petrol stations. Of the service points mapped, 3% (2) are police stations, 23% (15) are churches,

17% (11) are health facilities, 33% (21) are schools, 14% (9) are shops and shopping malls, and 10% (6) are petrol stations. Only 16% (10) of the service points are outside the 500 m buffer zone, with the remaining 84% are within the 500 m buffer zone. Of that 16% (10), 10% (1) are health facilities, 40% (4) are schools, 20% (2) are petrol stations, 20% (2) are churches, and the remaining 10% (1) are shops.

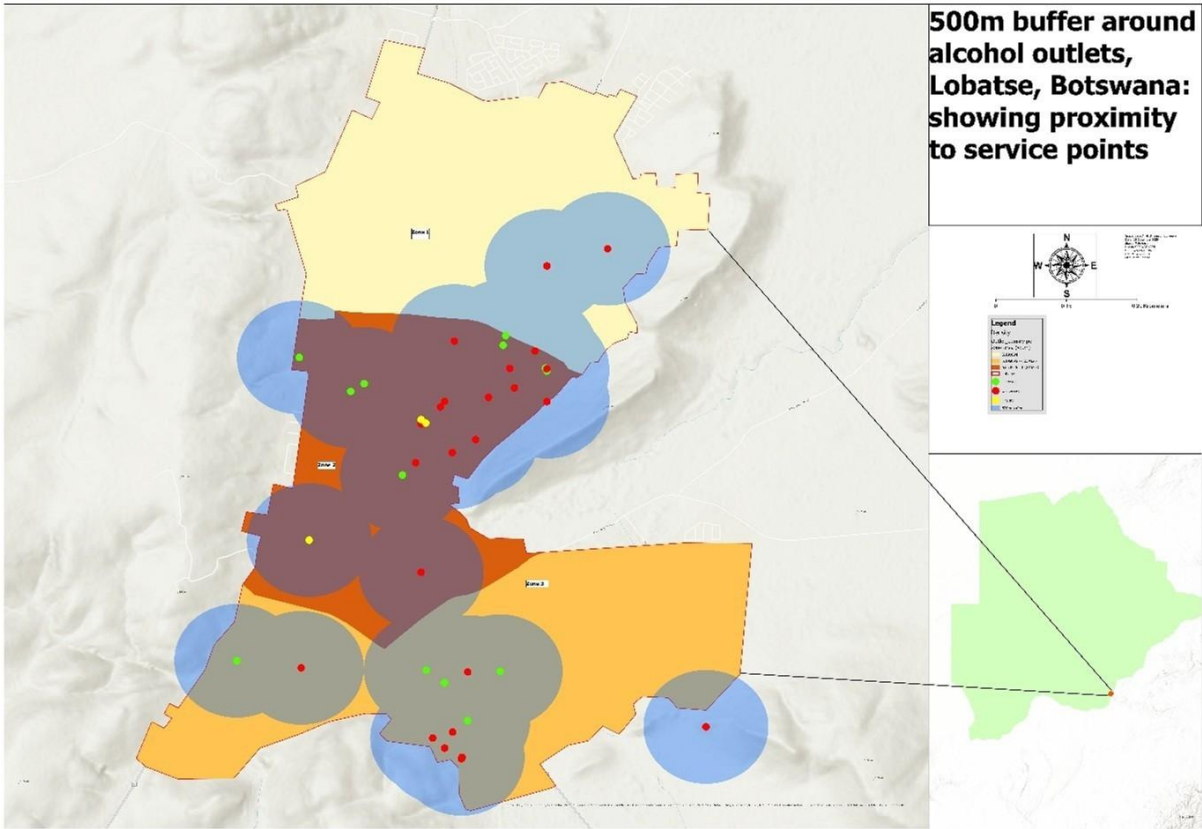


Figure 10: Buffer zone showing proximity to service points in Lobatse

MOLEPOLOLE

Molepolole recorded the highest number of alcohol outlets among all the study sites, with a total of 52 outlets mapped and verified. Although

the site covers a large area, the outlets are primarily clustered in Zones 2 to 4 (of the 6 zones mapped), as shown in Figure 11.

LICENSE STATUS AND CONSUMPTION CHARACTERISTICS

Regarding licensing, 5 (10%) of outlets were reported as licensed (green dots on the map), 45 (87%) were reported as unlicensed in Figure 11 (red dots on the map), and 2 (3%) were reported as having an uncertain licensing status (yellow dots on the map). Nearly all outlets 47 (90%) were

reported to allow both on-site and off-site consumption (dark blue rings), while 4 (8%) were reported to permit off-site consumption only (pink rings), and 1 (2%) were reported to permit on-site consumption only (light blue rings).

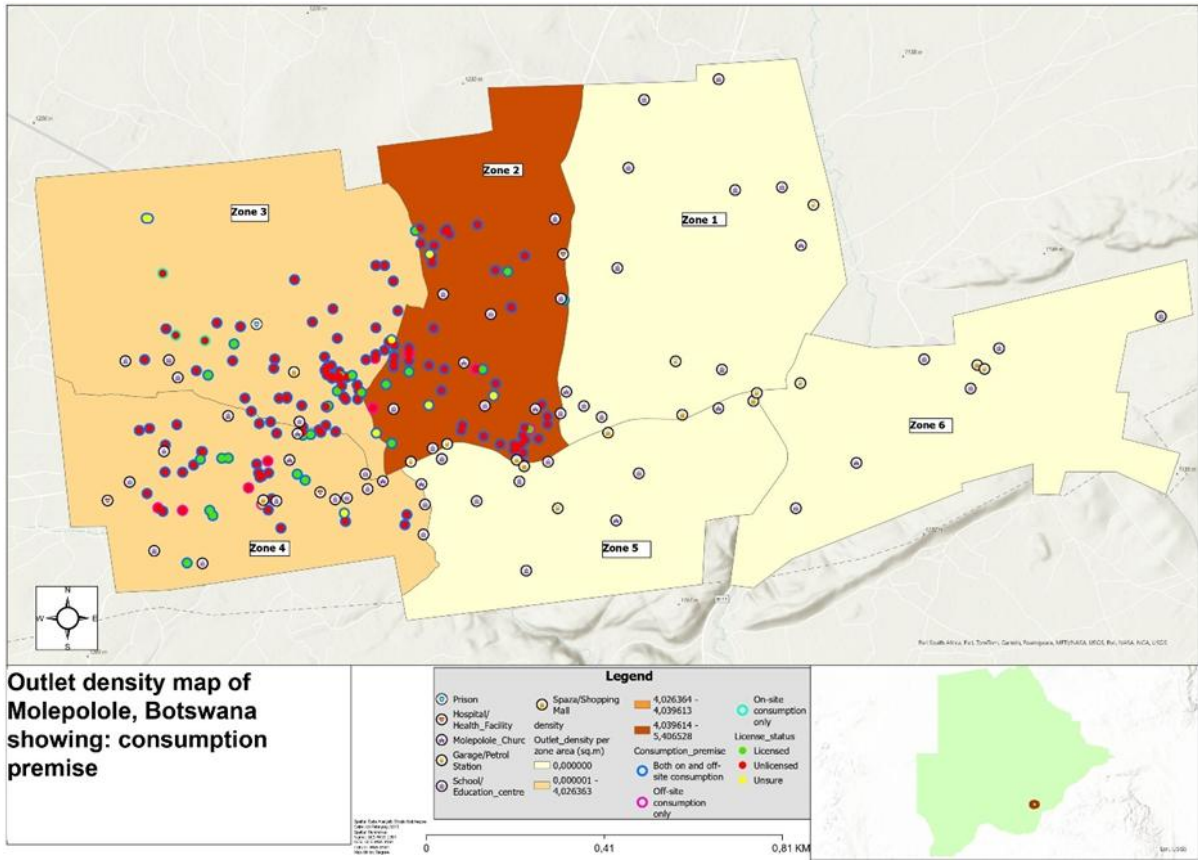


Figure 11: Molepolole license status and consumption characteristics

ALCOHOL OUTLET TRADING TIMES

Figure 12 shows Molepolole alcohol outlet trading hours, with 1 (2%) outlet reported having unspecified trading days (light blue rings), whilst 44 (85%) operate seven days a week, Monday to Sunday (orange rings). Furthermore, 1 (2%) is

reported as not operating (black rings) and 6 (11%) are unspecified (light blue rings).

The majority, 37 (71%), of the outlets were reported to operate 24 hours a day as shown in Figure 12: Molepolole alcohol outlet trading hours.

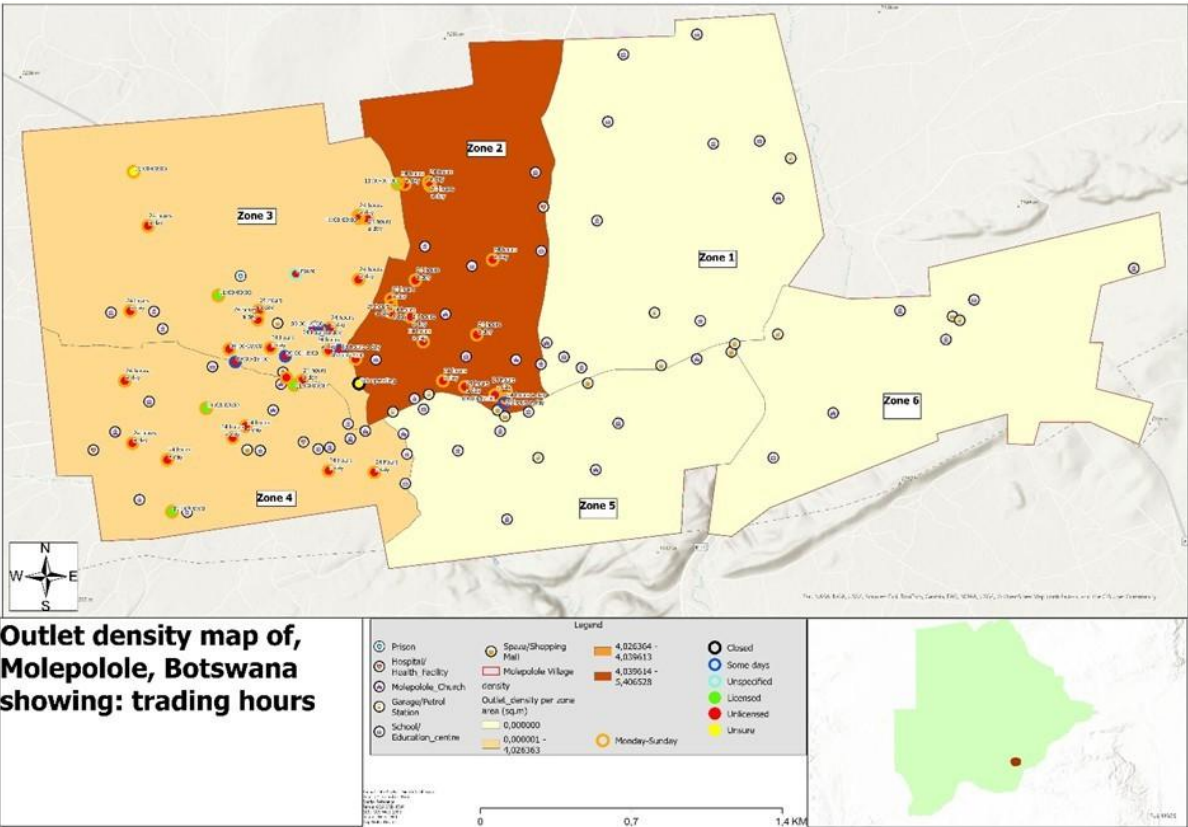


Figure 12: Molepolole alcohol outlet trading hours

DENSITY DISTRIBUTION

The heatmap shown in Figure 13 corresponds with the density distribution, as all the outlets of the site are found within the area extent (indicated

by yellow shading surrounded by red shading). The region surrounding the area extent shows sparse distribution (indicated by blue shading).

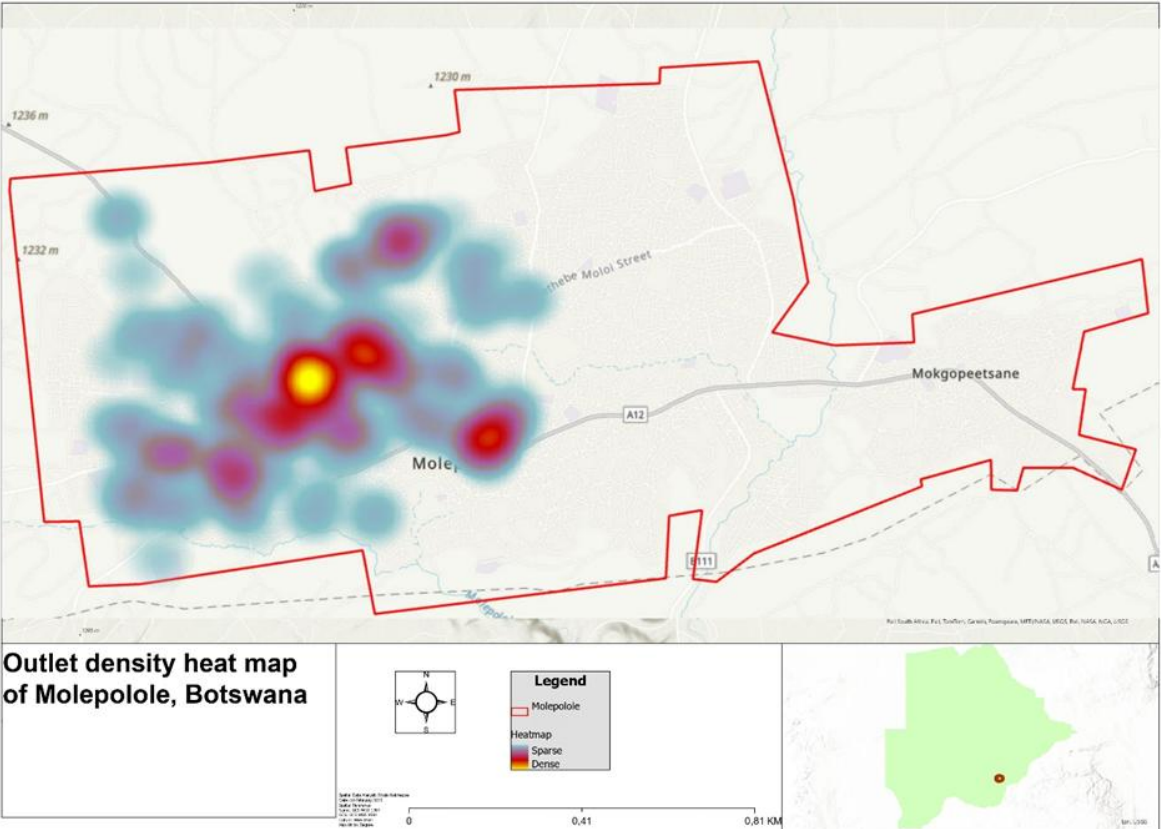


Figure 13: Heatmap showing the distribution of alcohol outlets in Molepolole

ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS

Figure 14 shows a map with 500 m buffer zones around each alcohol outlet, indicated in the colour blue. The blue rings on the map represent a 500 m radius buffer zone from each alcohol outlet mapped in Molepolole. At this site, a total of 52 outlets and 76 service points were mapped. The service points include a prison, churches, health facilities, schools, shopping malls, and petrol

stations. Of the service points mapped, 3% (1) are prisons, 13% (5) are churches, 8% (3) are health facilities, 63% (24) are schools, 8% (3) are shops and shopping malls, and 5% (2) are petrol stations. Of 38 service points, only 3% (1) are outside the 500 m buffer. The service point outside the buffer is a school.

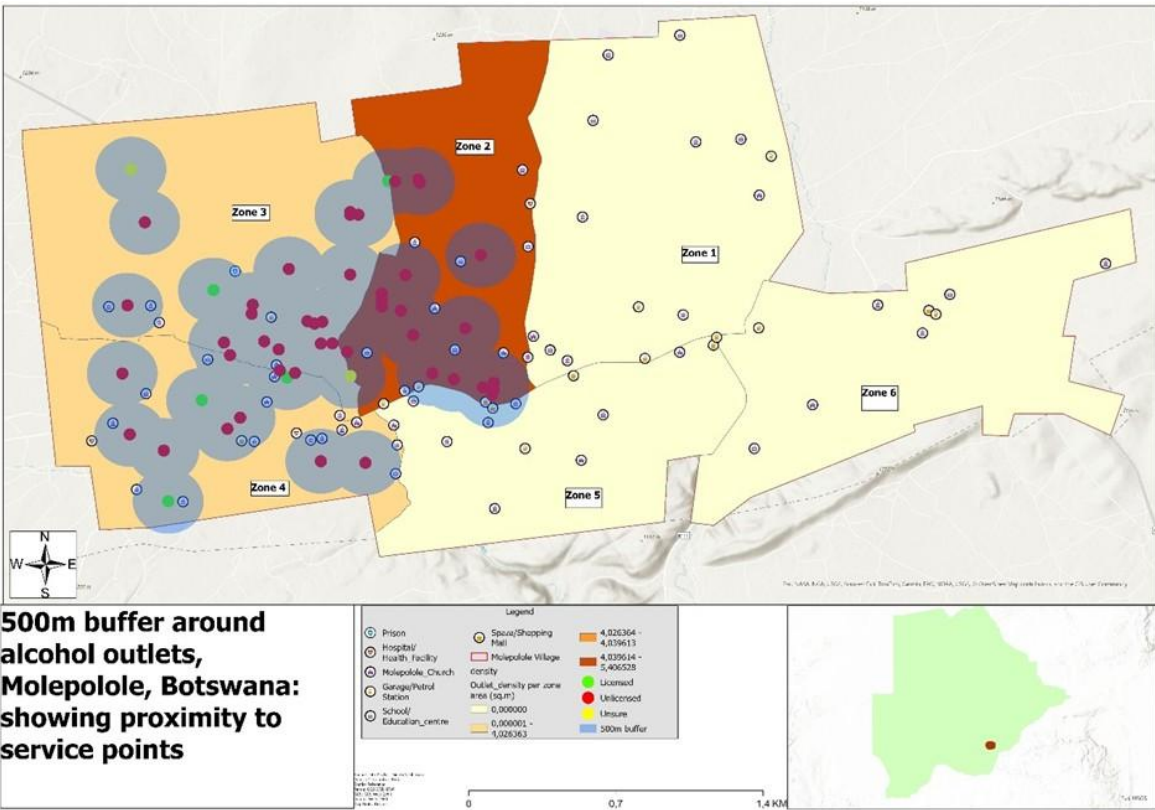
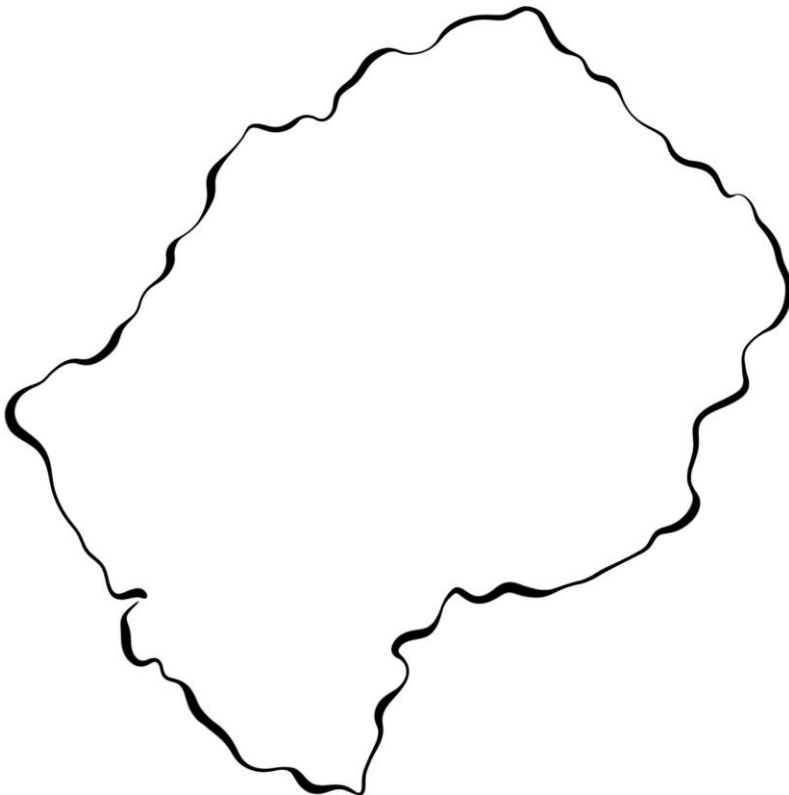


Figure 14: Buffer zone showing proximity to service points in Molepolole



LITHOTENG

LICENSE STATUS AND CONSUMPTION CHARACTERISTICS

A total of 29 alcohol outlets were mapped in Lithoteng as shown with dots in Figure 15. Of these, 28% were reported as licensed (green dots), 59% as unlicensed (red dots), and 13% of uncertain licensing status (yellow dots). Most

outlets (90%) were reported to allow both on-site and off-site consumption (dots with dark blue rings), while 3% permit only on-site consumption (dots with light blue rings) and 7% allow only off-site consumption (dots with purple rings).

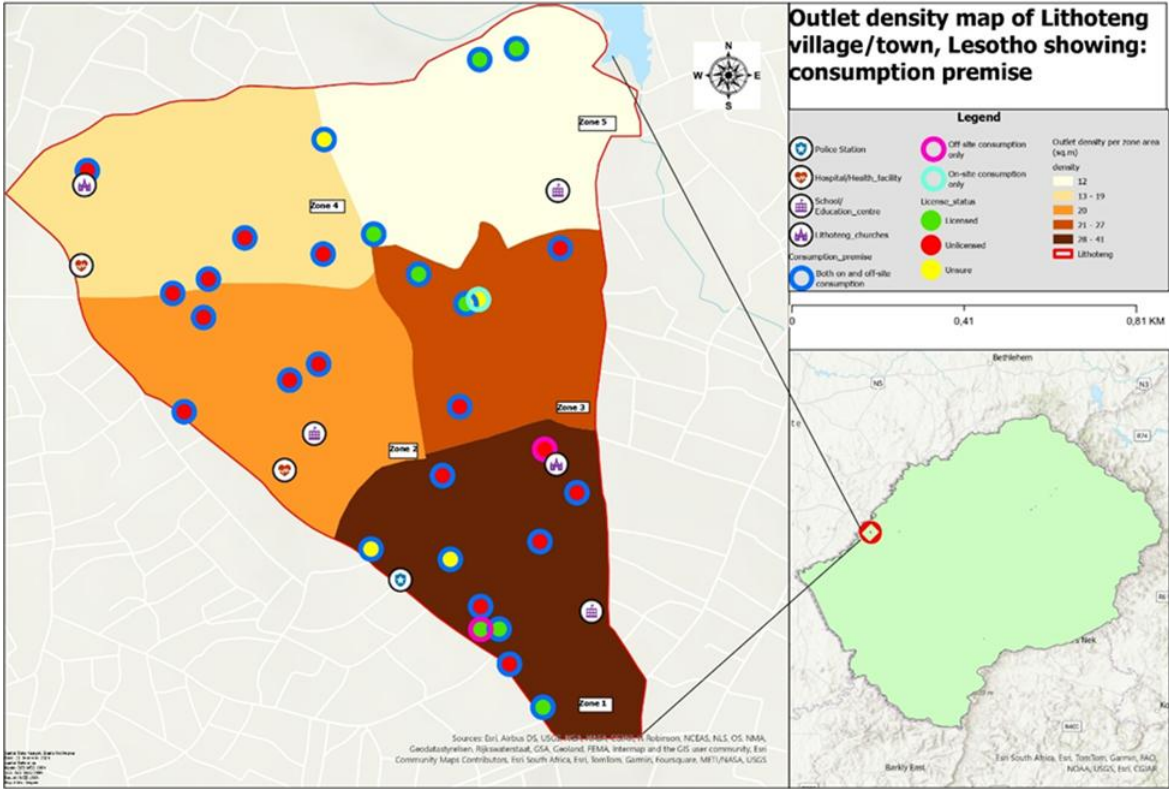


Figure 15: Lithoteng, Lesotho -reported license status and consumption characteristics

ALCOHOL OUTLET TRADING TIMES

Most outlets (83%) were reported to operate Monday to Sunday (dots with orange rings in Figure 16), with the remainder trading Monday to Saturday (dots with a dark grey rings). In terms of trading hours, 28% of outlets were reported to

operate until midnight, and 7% operate 24 hours a day. Notably, over half (55%) of the outlets in Zone 1 (dark brown shading on the map), which is also the zone with the highest outlet density per square kilometre, conclude trading by 19:00.

DENSITY DISTRIBUTION

The heatmap of Lithoteng in Figure 17 shows a high cluster of outlets in Zone 1 (indicated by a bright yellow centre surrounded by red shading), Zone 2 (indicated by a lighter yellow centre

surrounded by red shading), and Zone 3 (indicated by a lighter yellow centre surrounded by red shading). The Zone 1 area also recorded the highest density of outlets per km2.

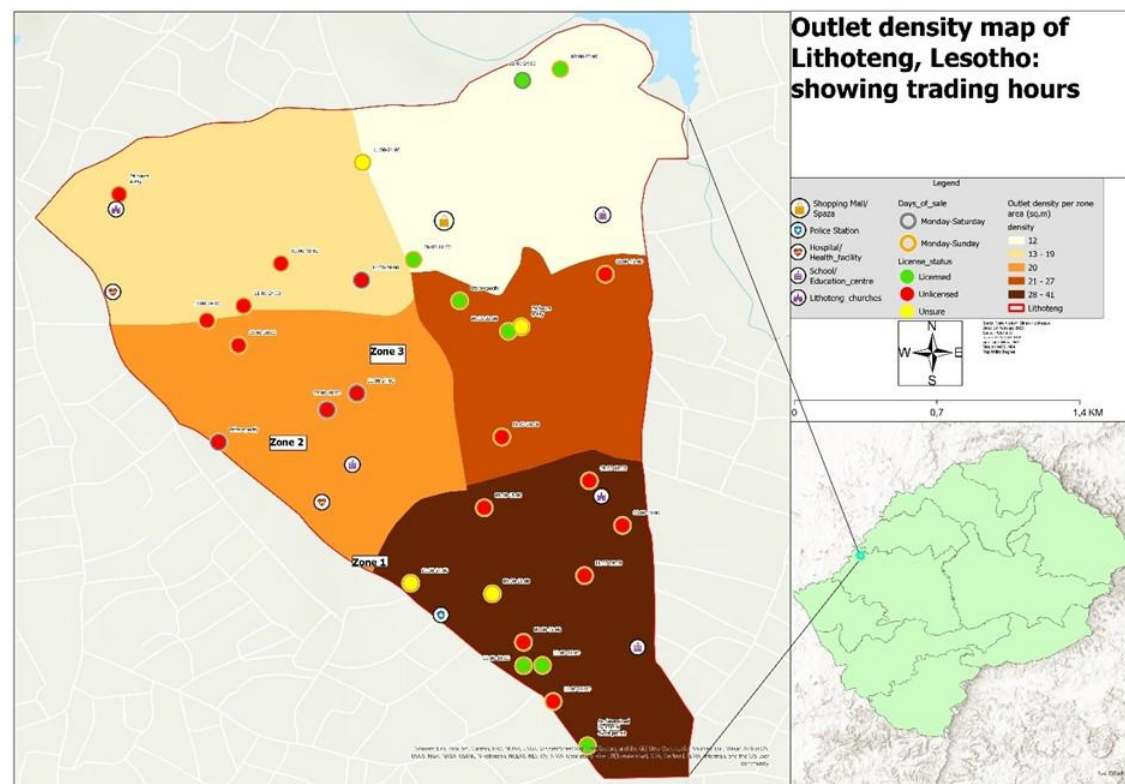


Figure 16: Lithoteng, Lesotho alcohol outlet trading hours

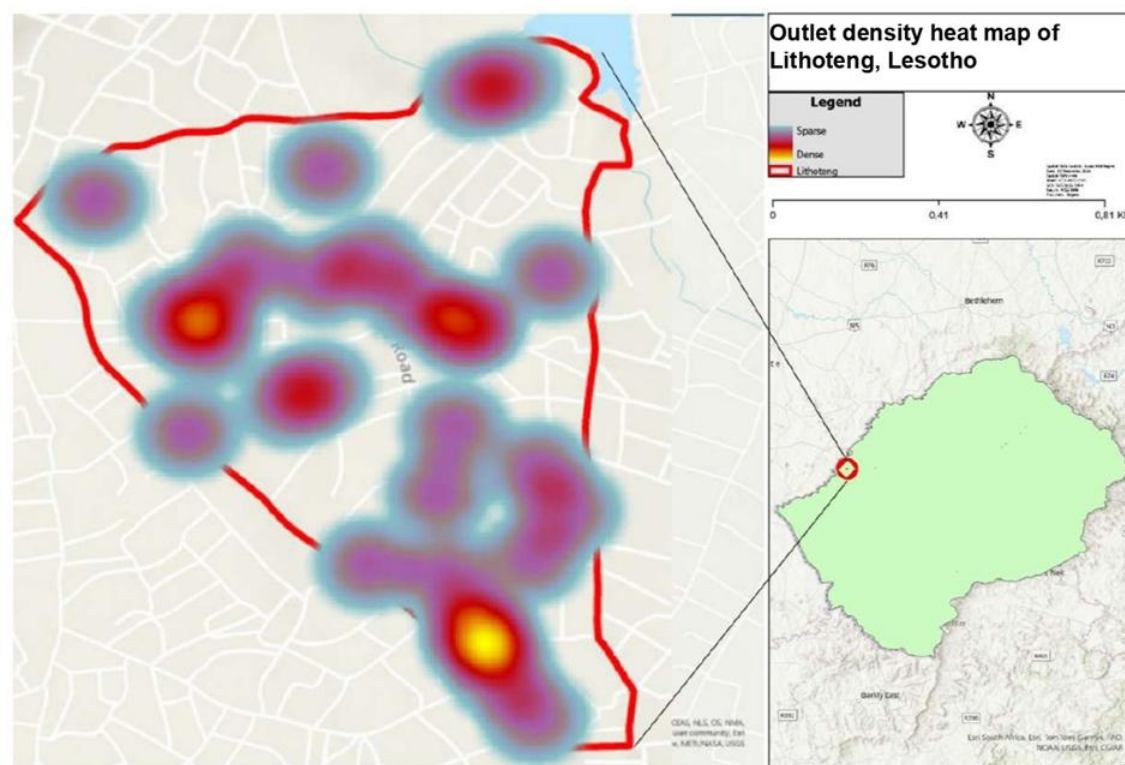


Figure 17: Heatmap showing the distribution of alcohol outlets in Lithoteng, Lesotho

ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS

Figure 18 shows a map with 500 m buffer zones around each alcohol outlet, indicated in the colour blue. The blue rings on the map represent a 500 m radius buffer zone around each alcohol outlet mapped in Lithoteng. At this site, a total of 65 outlets and 8 service points were mapped. The

service points include police stations, churches, health facilities, and schools. Of the service points mapped, 12% (1) are police stations, 25% (2) are churches, 25% (2) are health facilities, and 38% (3) are schools. All the service points are within 500 m of at least one alcohol outlet.

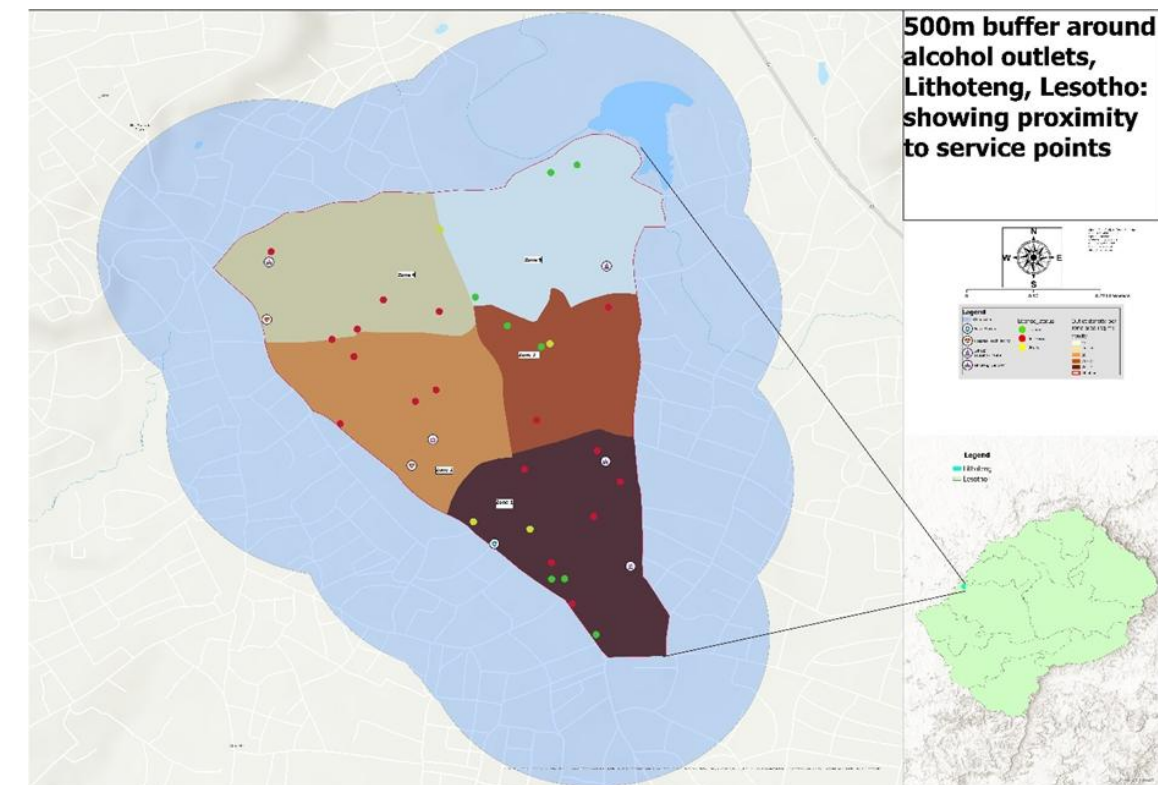


Figure 18: Buffer zone showing proximity to service points in Lithoteng, Lesotho

TEYATEYANENG

LICENSE STATUS AND CONSUMPTION CHARACTERISTICS

A total of 48 alcohol outlets were mapped and verified in Teyateyaneng; and shown with coloured dots in Figure 19. Of these, 45% were reported as unlicensed (red dots), 41% as licensed (green dots), and 14% of uncertain licensing status (yellow dots).

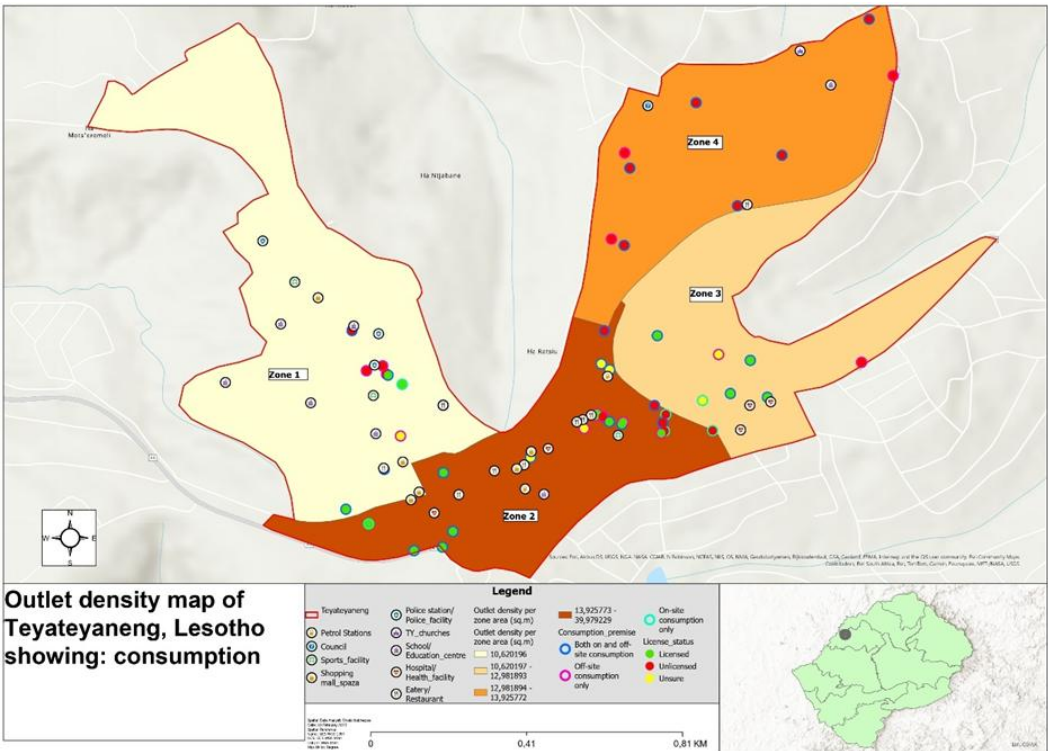


Figure 19: Teyateyaneng, Lesotho - reported license status and consumption characteristics

ALCOHOL OUTLET TRADING TIMES

Outlet trading times are shown in Figure 20 with coloured dots and rings. Most outlets (60%) were reported to operate from Monday to Sunday (dots with orange rings), with 21% of these operating 24 hours a day, all of which were reported as licensed (green dots). In terms of spatial distribution, 41% of all outlets are in Zone 2 (indicated by dark brown shading on the map), which has the highest outlet density per square

DENSITY DISTRIBUTION

In Figure 21, a high concentration of alcohol outlets is observed in the area with the highest outlet density per square kilometre (indicated by a bright yellow centre surrounded by red shading on the map). However, areas previously identified as having the lowest density also show clusters of

kilometre. Interestingly, half (50%) of the 24-hour outlets are in Zone 1 (indicated by lighter yellow shading on the map), the zone with the lowest outlet density per square kilometre, whereas only 33% of the 24-hour outlets are in Zone 2.

These findings indicate that while Zone 2 has the highest concentration of outlets overall, most outlets operating 24 hours a day are concentrated in the lower-density Zone 1.

outlets. This indicates that there is not a direct 1:1 relationship between the total number of outlets in a zone and overall density, highlighting that the size of the area is an important factor to consider when interpreting outlet distribution.

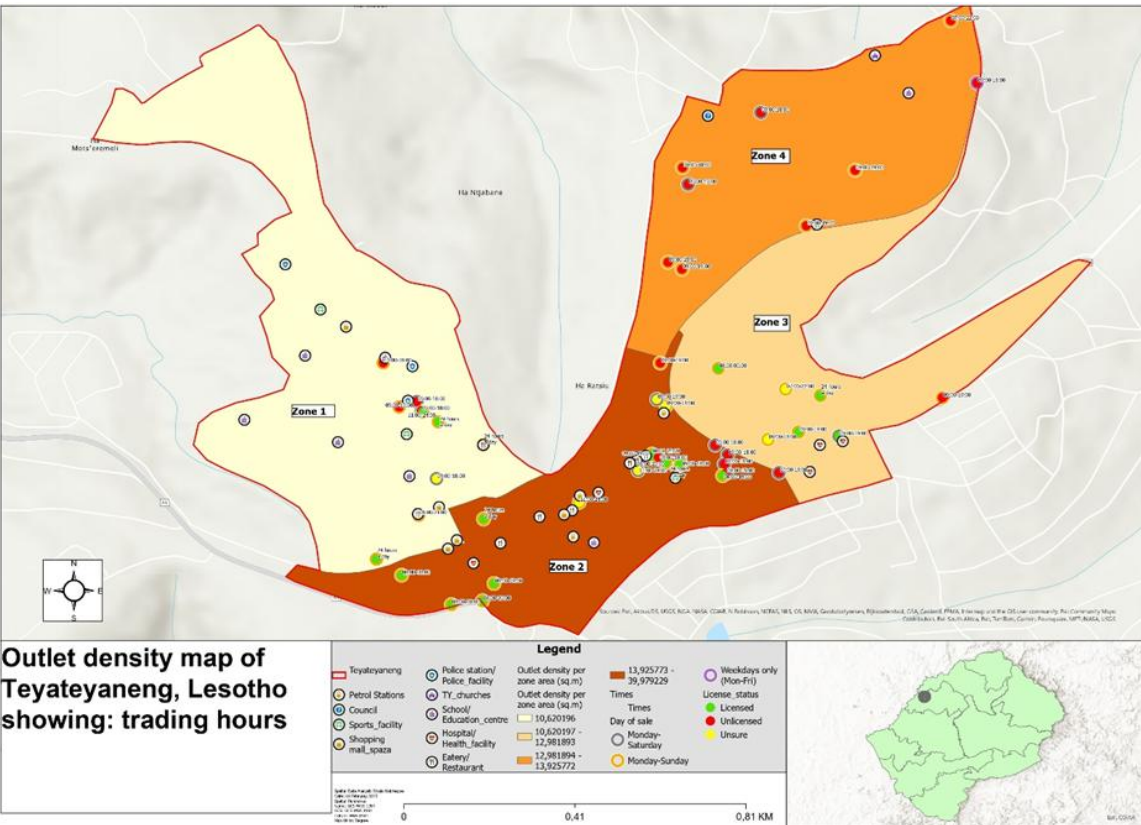


Figure 20: Teyateyaneng, Lesotho - alcohol outlet trading hours

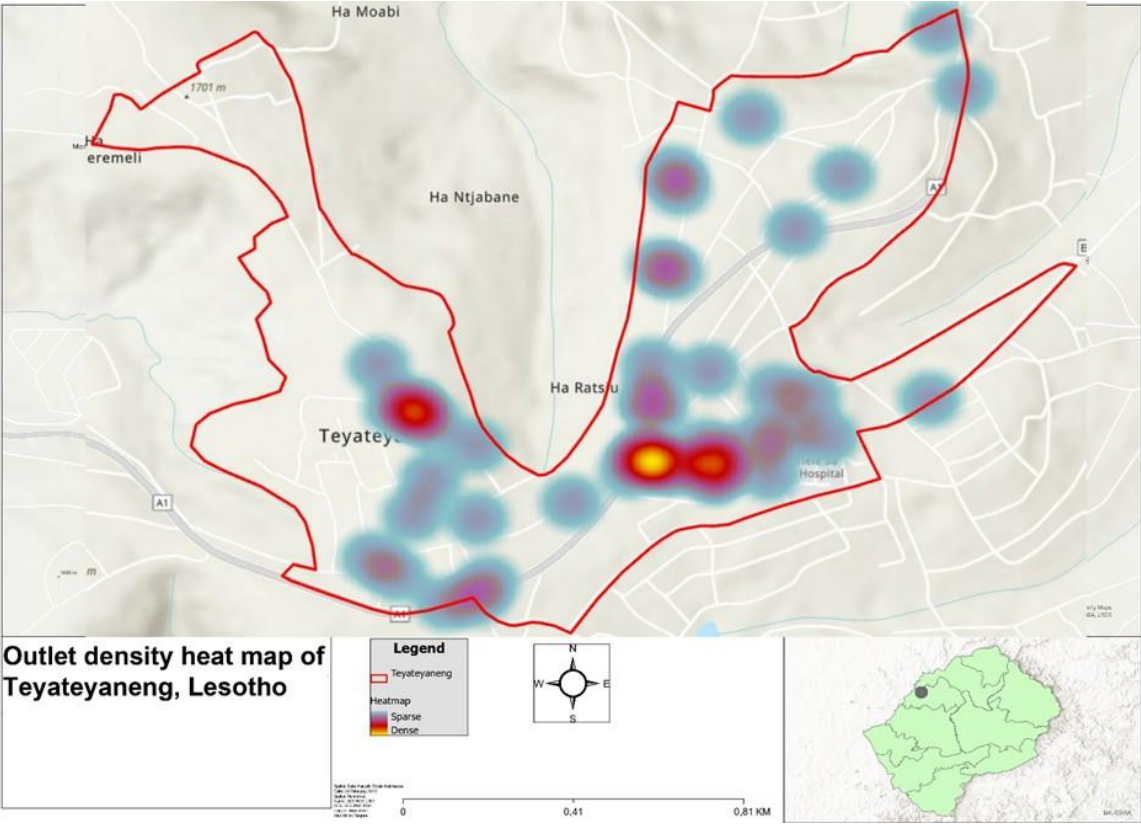


Figure 21: Heatmap showing the distribution of alcohol outlets in Teyateyaneng, Lesotho

ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS

Figure 22 shows a map with 500 m buffer zones around each alcohol outlet, indicated in the colour blue. The blue rings on the map represent a 500 m radius buffer from each alcohol outlet mapped in Teyateyaneng. At this site, a total of 85 outlets and 28 service points were mapped. The service points include police stations, a church, health facilities, schools, shopping malls, petrol stations, sports

facilities, and a council. Of the service points mapped, 11% (3) are police stations, 4% (1) are churches, 18% (5) are health facilities, 25% (7) are schools, 21% (6) are shops and shopping malls, 7% (2) are petrol stations, 4% (1) are the royal council, and 10% (3) are sports facilities. All the service points mapped fall within the 500 m buffer zone of at least one alcohol outlet.

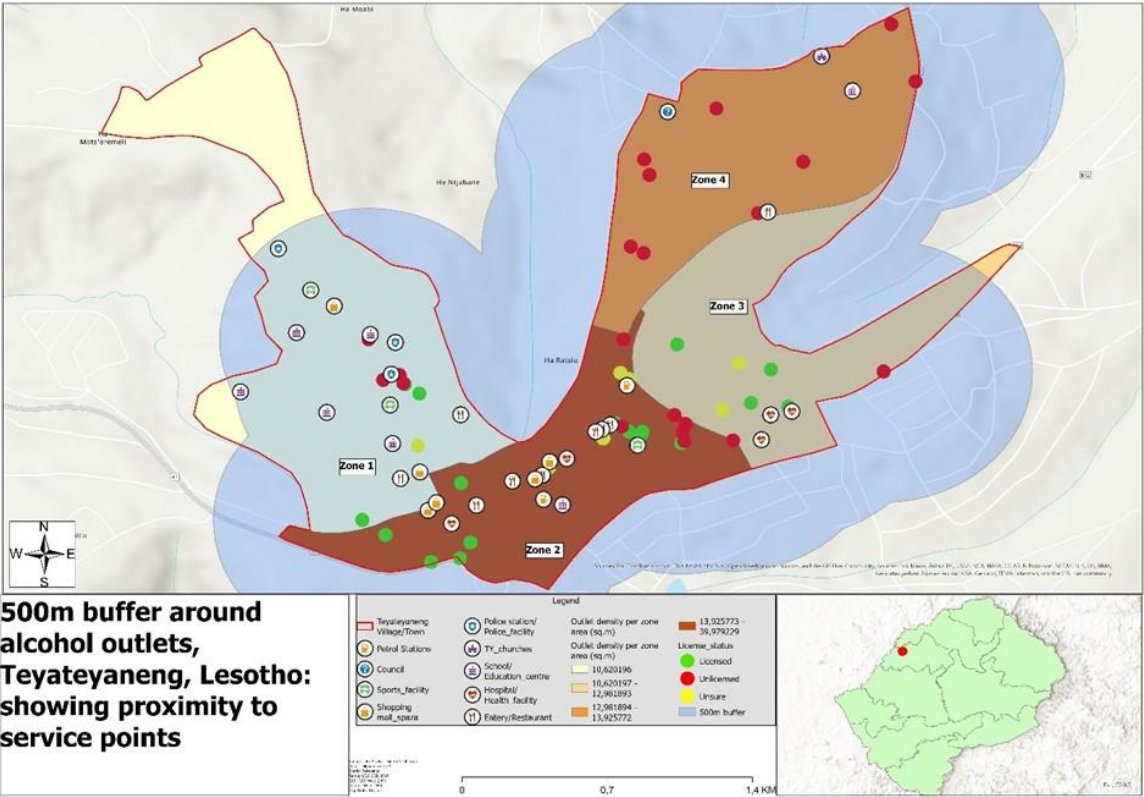
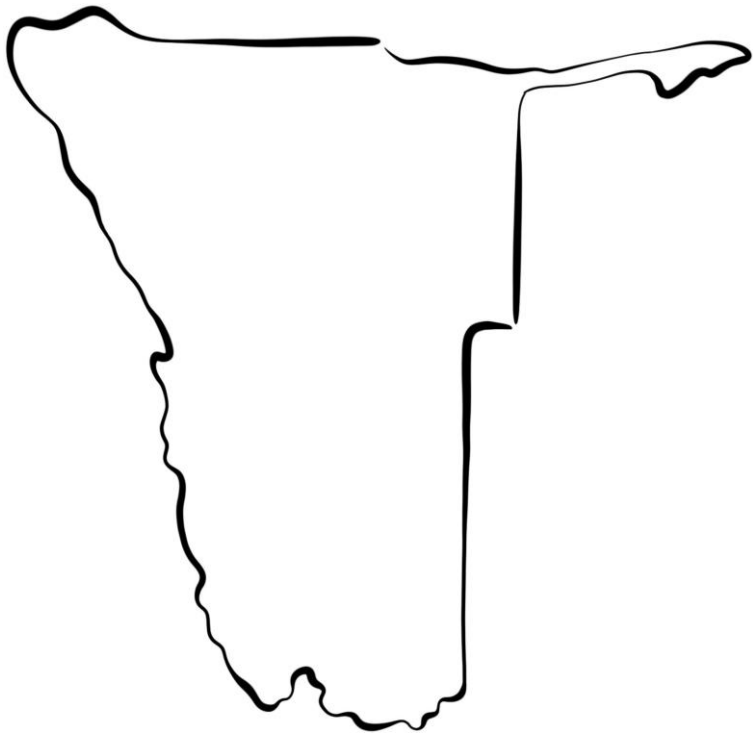


Figure 22: Buffer zone showing proximity to alcohol outlets in Teyateyaneng, Lesotho



OTJOMUISE

LICENSE STATUS AND CONSUMPTION CHARACTERISTICS

A total of 23 alcohol outlets were mapped and verified in Otjomuise; shown as coloured dots and rings around the dots in Figure 23. Of these, 17% were reported as licensed (green dots), 70% as unlicensed (red dots), and 13% of uncertain

licensing status (yellow dots). In terms of consumption type, 57% of outlets were reported to allow both on-site and off-site consumption (dark blue rings), while 43% allow off-site consumption only (purple rings).

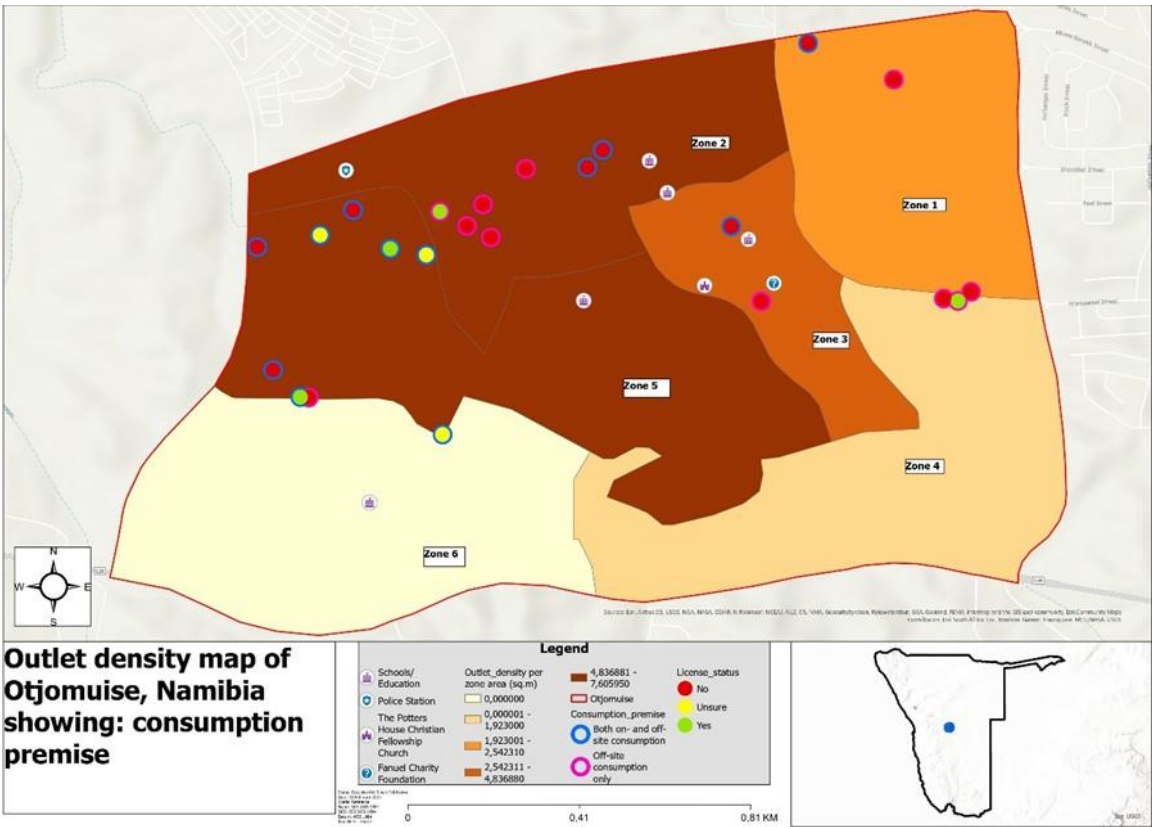


Figure 23: Otjomuise, Namibia - reported license status and consumption characteristics

ALCOHOL OUTLET TRADING TIMES

Regarding alcohol outlet trading times (shown as coloured dots and rings around the dots in Figure 24), only 13% of outlets operate 24 hours a day, 9% trade until midnight, 26% have unspecified trading hours, and over half (52%) close before

20:00. The overall pattern indicates that most outlets close early, irrespective of their licensing status. Most outlets (61%) operate from Monday to Sunday (orange rings), with the remainder trading Monday to Saturday (dark grey rings).

DENSITY DISTRIBUTION

The heatmap in Figure 25 shows a similar pattern to the density per km2 map, where a high cluster of outlets (indicated by a bright yellow centre surrounded by red shading on the map) is found in Zones 2 and 5. However, clusters in other zones were also observed, signifying the

importance of having both density and heatmap analyses, as they communicate similar yet distinct information.

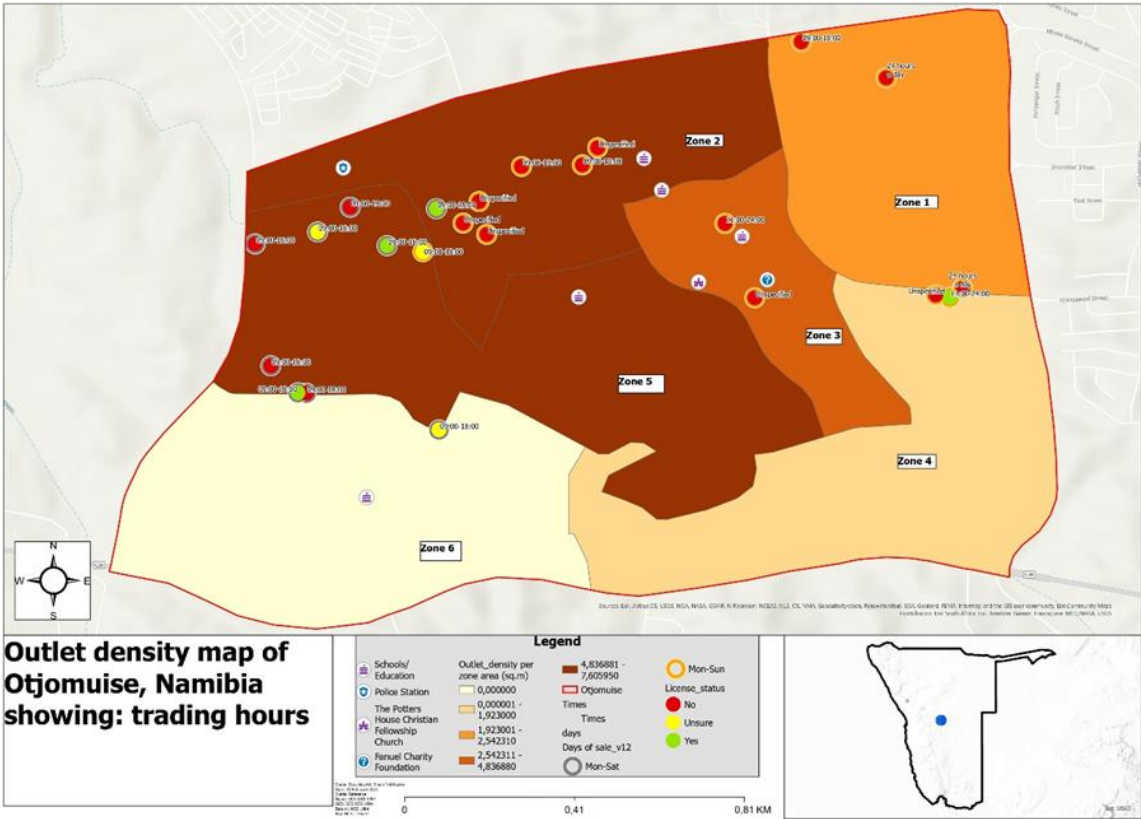


Figure 24: Otjomuise, Namibia - alcohol outlet trading times

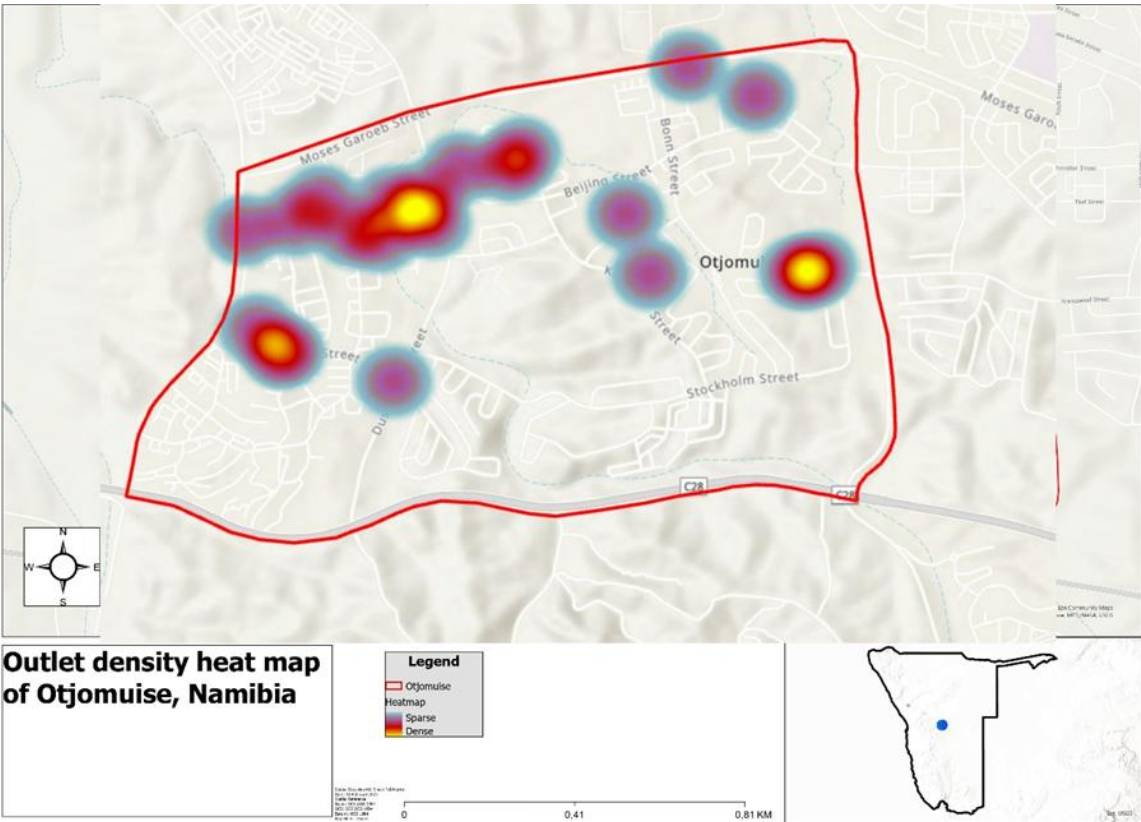


Figure 25: Heatmap showing the distribution of alcohol outlets in Otjomuise, Namibia

ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS

Figure 26 below shows a map with 500 m buffer zones around each alcohol outlet, indicated in the colour blue. The shaded blue rings in the map represent a 500 m radius buffer from each alcohol outlet mapped in Otjomuise. At this site, a total of 23 outlets and 8 service points were mapped. The service points include a police station, a church, a

charity foundation, and schools. Of the service points mapped, 12.5% (1) are police stations, 12.5% (1) are churches, 62.5% (5) are schools, and 12.5% (1) are charity foundations. All the service points mapped fall within 500 m of at least one alcohol outlet.

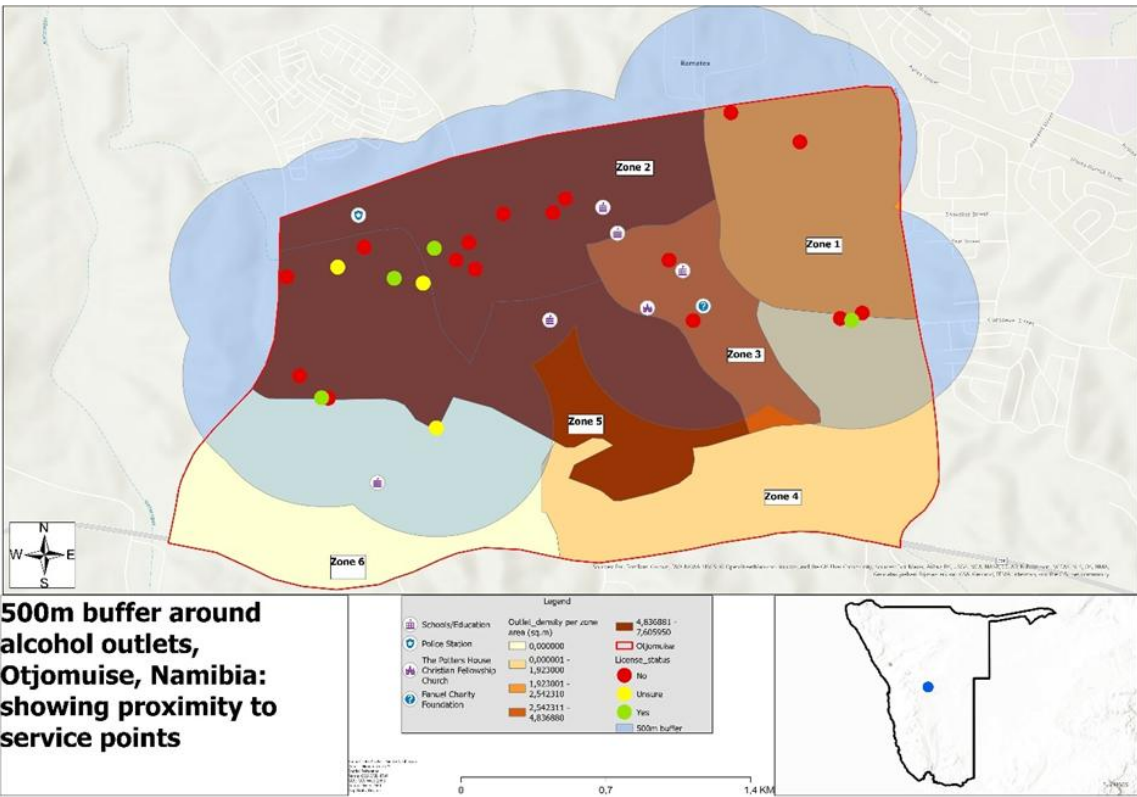


Figure 26: Buffer zone showing alcohol outlets' proximity to service points in Otjomuise, Namibia

REHOBOTH

LICENSE STATUS AND CONSUMPTION CHARACTERISTICS

A total of 97 alcohol outlets were mapped and verified in Rehoboth; shown as dots and rings around dots on the map in Figure 27. Of these, 15% were reported as licensed (green dots), 77% as unlicensed (red dots), and 8% of uncertain licensing status (yellow dots). Zone 9 (indicated by dark brown shading on the map) recorded the highest outlet density per square kilometre,

accounting for 58% of all outlets in the area.

In terms of alcohol consumption type, 35% of outlets were reported to allow on-site consumption only (light blue rings), 37% allow both on- and off-site consumption (dark blue rings), and the remainder permit off-site consumption only (purple rings).

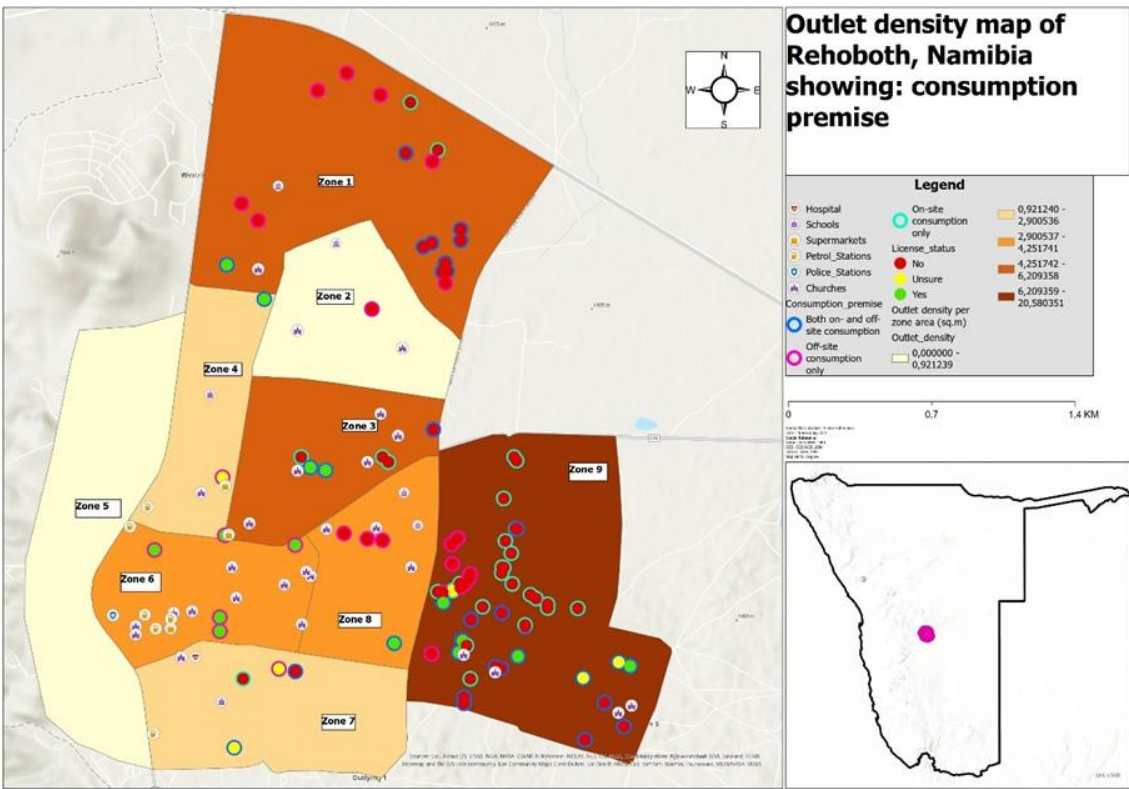


Figure 27: Rehoboth, Namibia - reported license status and consumption characteristics

ALCOHOL OUTLET TRADING TIMES

Figure 28 is a map of the outlet trading hours and shows that 54% of outlets operate 24 hours a day, with 4% trading Monday to Saturday (dark grey rings) and the rest operating Monday to

Sunday (orange rings). A notable concentration of these 24-hour outlets was found in Zone 9, adding to its status as the area with the highest outlet density.

DENSITY DISTRIBUTION

The heatmap (Figure 29) shows a high concentration cluster of alcohol outlets in Zone 9

(indicated by a bright yellow centre surrounded by red shading).

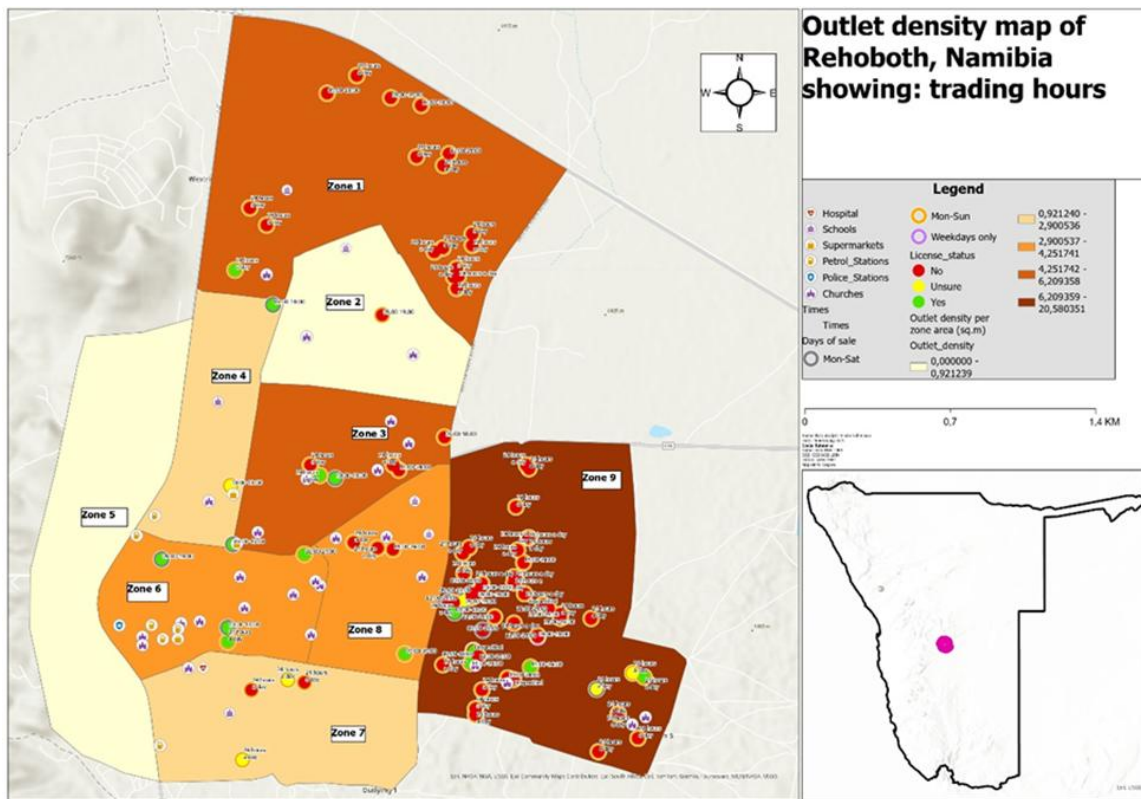


Figure 28: Rehoboth, Namibia - alcohol outlet trading times

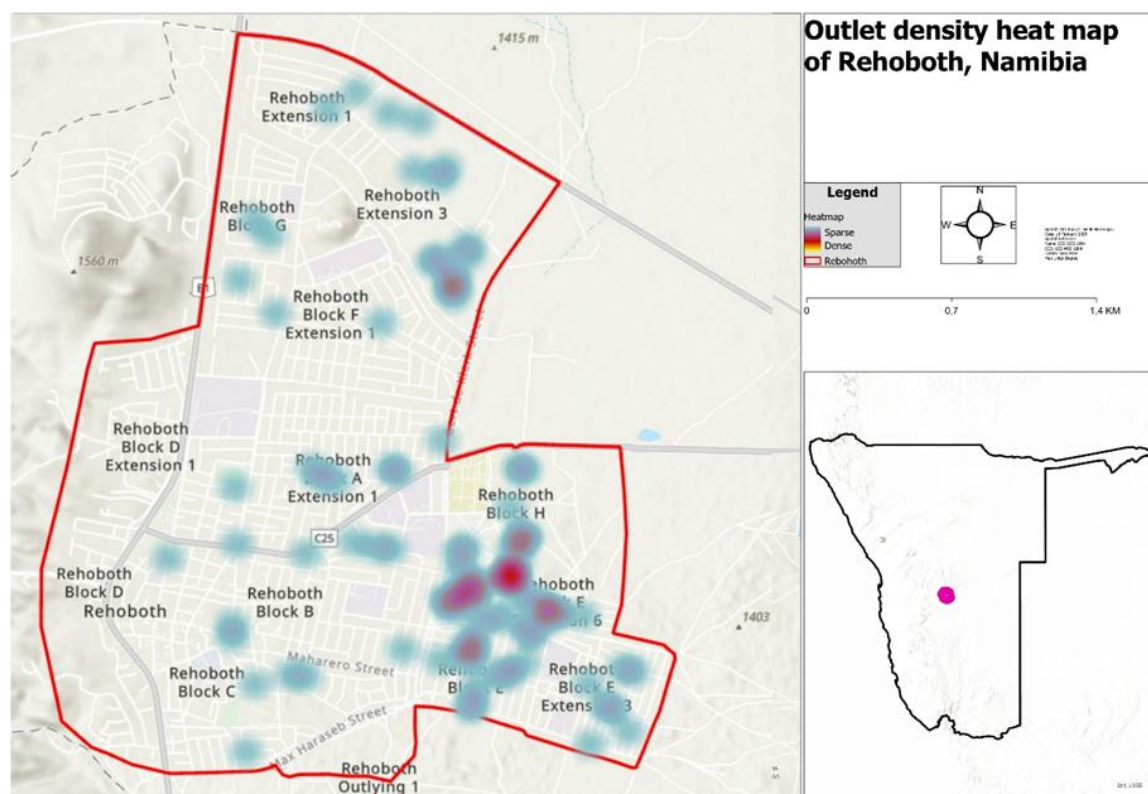


Figure 29: Heatmap - distribution of alcohol outlets in Rehoboth

ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS

Figure 30 shows a map with 500 m buffer zones around each alcohol outlet, indicated in the colour blue. The shaded blue rings on the map represent a 500 m radius buffer from each alcohol outlet mapped in Rehoboth. At this site, a total of 97 outlets and 45 service points were mapped. The service points include police stations, churches, health facilities, schools, shopping malls, and petrol stations. Of the service points mapped, 2% (1) are police stations, 60% (27) are churches, 2% (1) are health facilities, 13% (6) are schools, 7% (3) are shops and shopping malls, and 16% (7) are petrol stations. All the service points mapped fall within 500 m of at least one alcohol outlet.

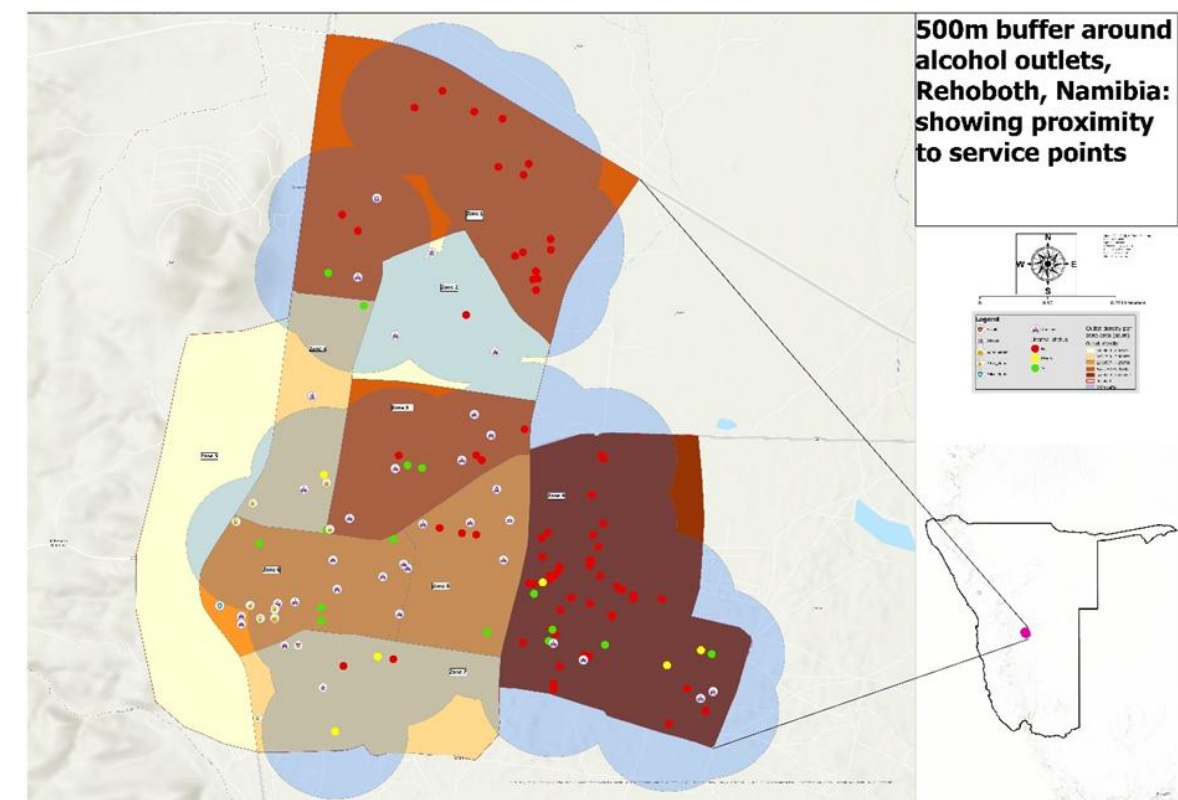
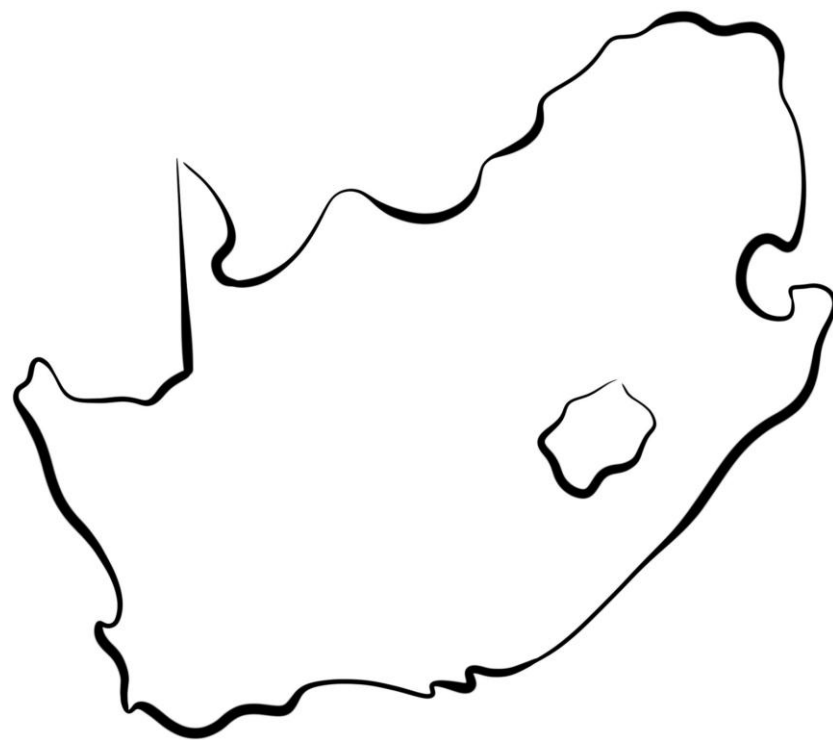


Figure 30: Buffer zone showing alcohol outlets proximity to service points in Rehoboth, Namibia

10

South Africa



SOUTH AFRICA

57

EASTRIDGE

LICENSE STATUS AND CONSUMPTION CHARACTERISTICS

The alcohol outlets in Eastridge are shown in Figure 31 as dots and rings. In Eastridge, many alcohol outlets (67%) were reported as unlicensed (red dots), while 24% were licensed (green dots), and 9% of unsure licensing status (yellow dots).

Regarding consumption premises, 97% of outlets in Eastridge permitted off-site consumption only (purple rings), while the remaining 3% (representing a single outlet) allowed both on-site and off-site consumption (dark blue rings).

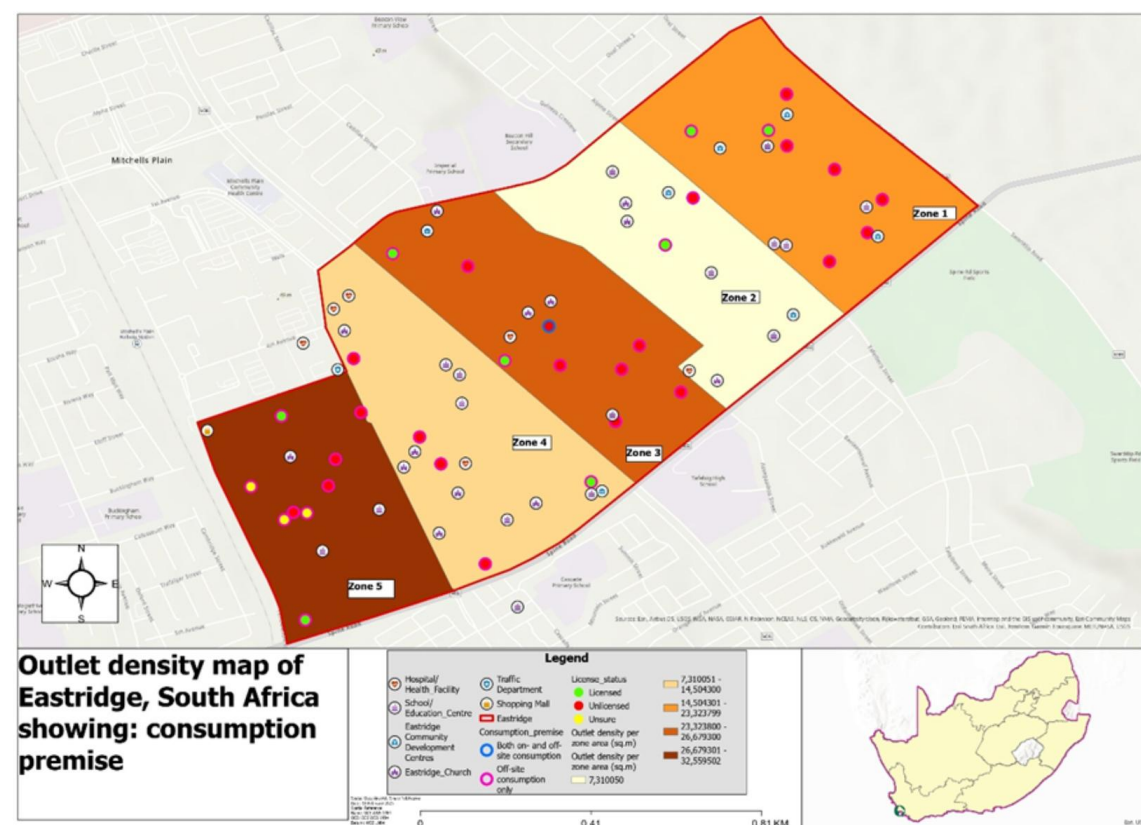


Figure 31: Eastridge, South Africa - reported license status and consumption characteristics

The spatial distribution patterns revealed notable differences across zones. Zone 5 had the highest outlet density per km² (indicated by dark brown shading on the map in Figure 31) and contained 27% of all outlets, of which 45% were unlicensed,

33% had an unsure status, and 22% were licensed. In contrast, Zone 1 (indicated by orange shading on the map) had the lowest outlet density, containing only 6% of outlets, equally split between licensed and unlicensed outlets.

ALCOHOL OUTLET TRADING TIMES

In Eastridge, 82% of alcohol outlets operate from Monday to Sunday (indicated by orange circular border on the map in Figure 32). Of these, 70% were unlicensed, 19% licensed, and 11% had an uncertain licensing status. Operating hours also

varied: 37% of these outlets traded on a 24-hour basis, while a further 45% remained open beyond 22:00. Notably, one of the outlets operating past 22:00 was licensed.

DENSITY DISTRIBUTION

The heatmap (Figure 33) shows a pattern of how the outlets are distributed, with a high cluster on the left in Zone 5 (indicated by a bright yellow

centre surrounded by red shading), coinciding with the highest density per km² recorded in the area.

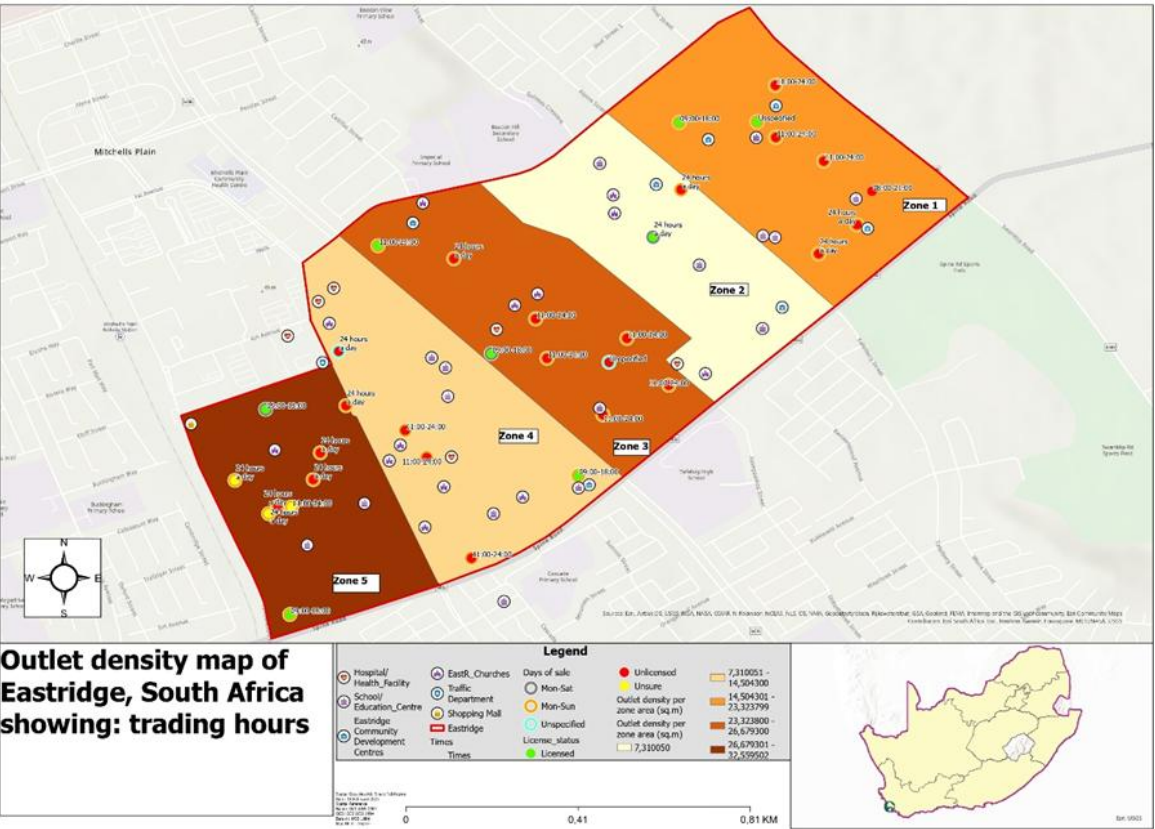


Figure 32: Eastridge - alcohol outlet trading times

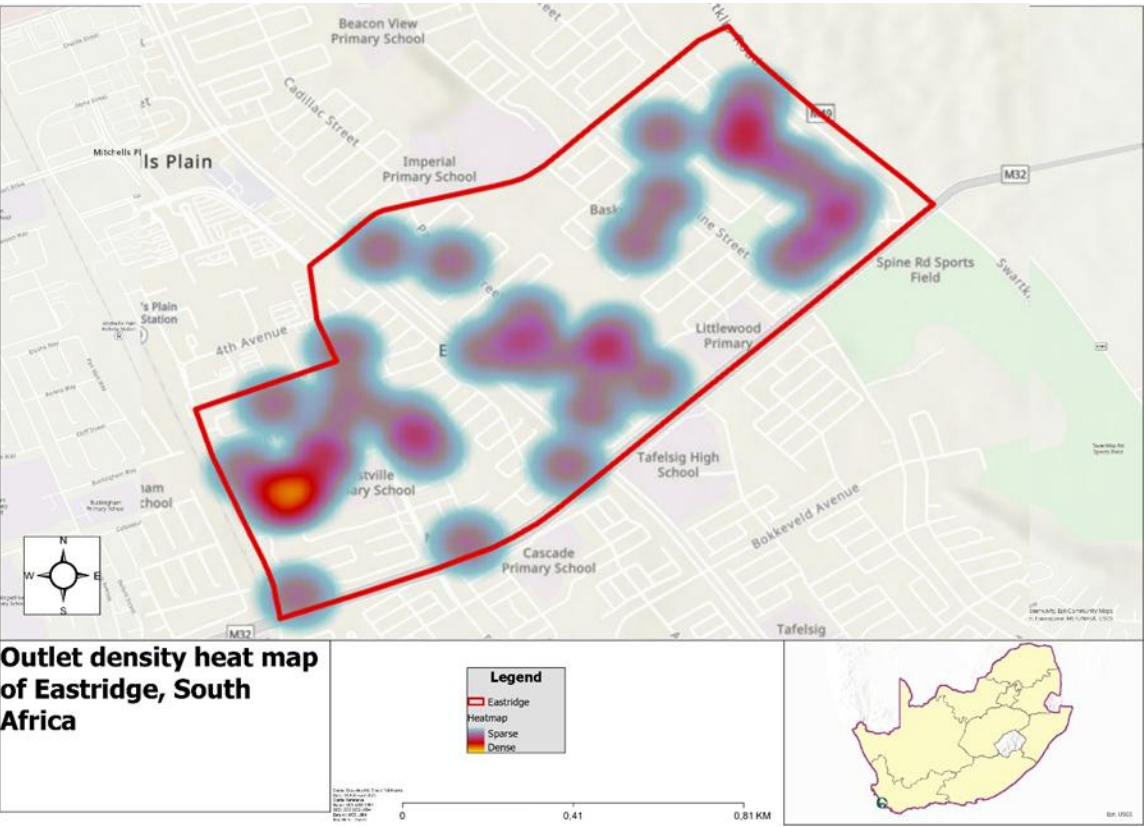


Figure 33: Heatmap showing the distribution of alcohol outlets in Eastridge, South Africa

ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS

Figure 34 shows a map with 500 m buffer zones around each alcohol outlet, indicated in the colour blue. The shaded blue rings on the map represent a 500 m radius buffer from each alcohol outlet mapped in Eastridge. At this site, a total 33 outlets and 45 service points were mapped. The service points include a traffic department, churches, health facilities, schools, community development

centres, and a shopping mall. Of the service points mapped, 2% (1) are traffic stations, 29% (13) are churches, 13% (6) are health facilities, 38% (17) are schools, 2% (1) are shopping malls, and 16% (7) are community development centres. All the service points mapped are within the 500 m buffer of at least one alcohol outlet.

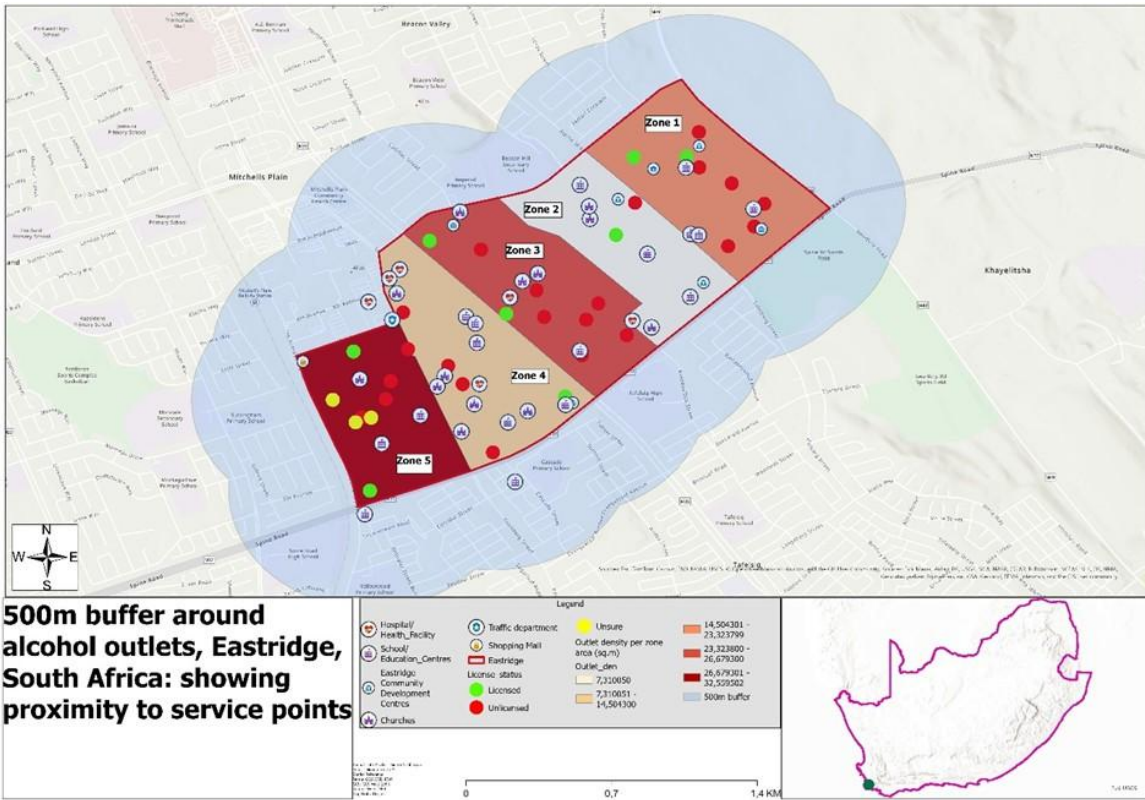


Figure 34: Buffer zone showing alcohol outlets proximity to service points in Eastridge, South Africa

GBV CASE REPORT DENSITY

Figure 35 illustrates that the zone previously shown to have the second highest outlet density per km2 having the highest GBV case density per km2. This zone is also reported to have the highest number of unlicensed outlets, 71% of which

operate until midnight and 14% operating 24 hours a day (Figure 36). It is also notable that 50% of the licensed outlets in this zone operate 24 hours a day (Figure 36).

GBV CASES ACROSS THE EASTRIDGE ZONES

The graph shown in Figure 37 illustrates the relationship between alcohol outlets and reported GBV cases across the five zones in Eastridge. Zones with a higher number of alcohol outlets, such as Zones 1, 3 and 5, also show higher numbers of reported GBV cases. Although the relationship is not strictly one-to-one, the pattern

suggests that areas with more outlets tend to report a greater number of GBV cases.

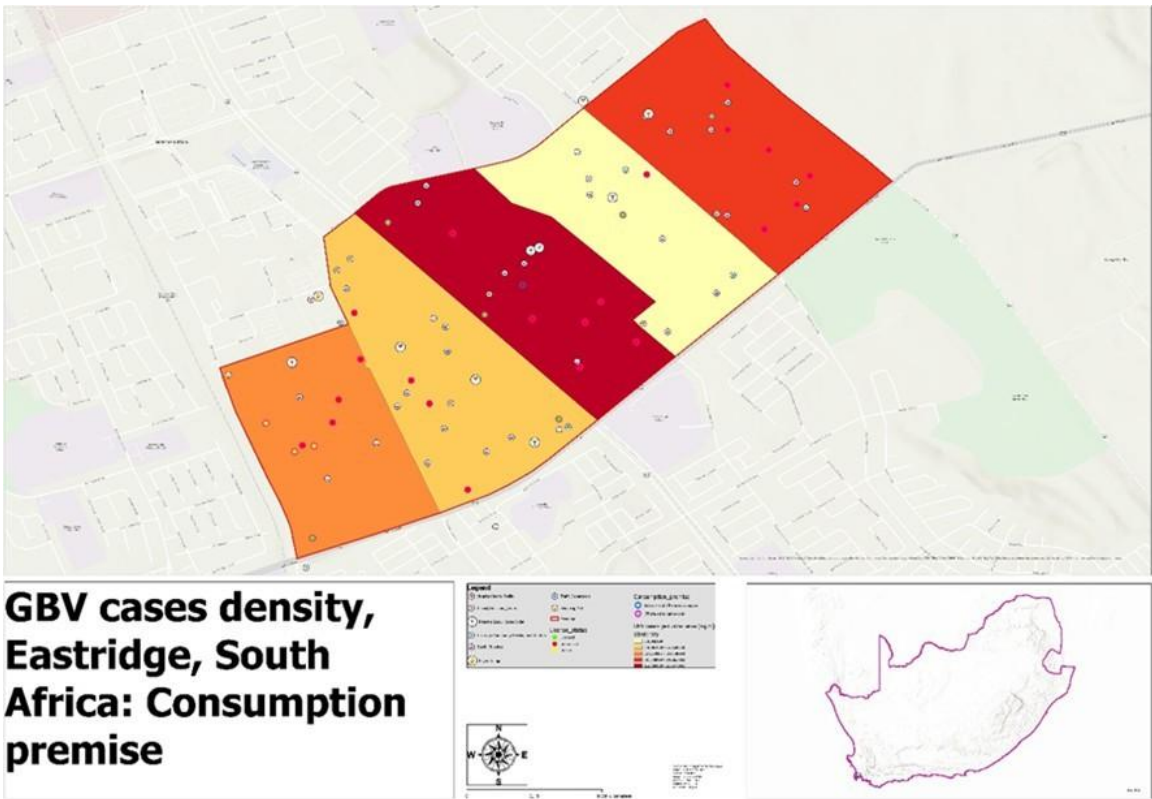


Figure 35: Eastridge, South Africa - GBV case report density by reported license status and consumption characteristics

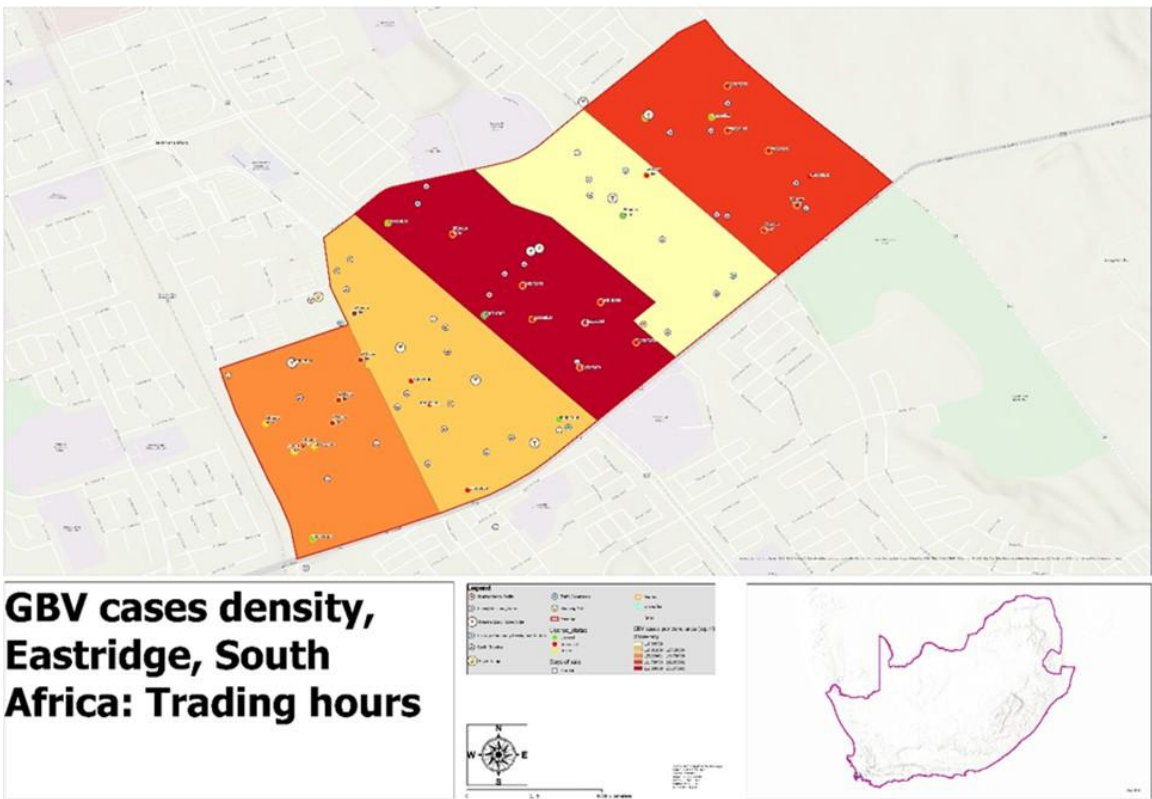


Figure 36: Eastridge, South Africa - GBV cases by trading times

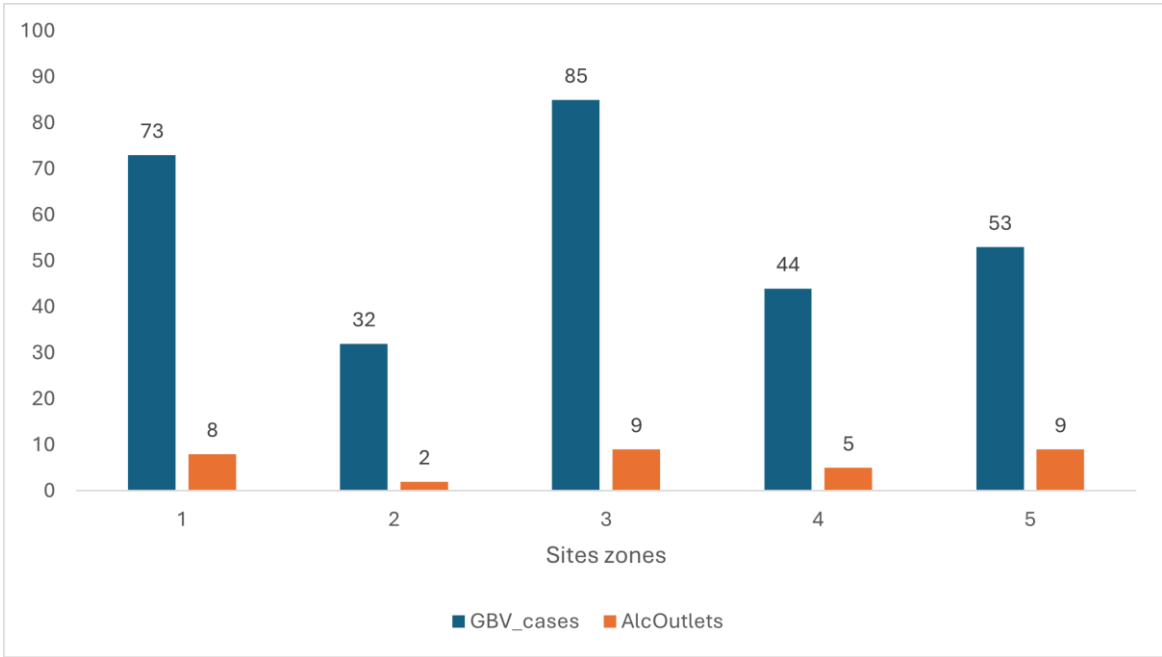


Figure 37: Eastridge, South Africa - GBV cases by alcohol outlets across zones

Figure 38 shows reported GBV cases by gender across the five zones. In all zones, women (female victims) represent the majority of reported cases compared to men (male victims). Zone 3 recorded the highest number of female victims, followed by

Zones 1, 5 and 4, while Zone 2 had the lowest. Male victims were reported in smaller numbers across all zones, with the highest concentration in Zone 1 and relatively fewer in Zones 3, 4 and 5.

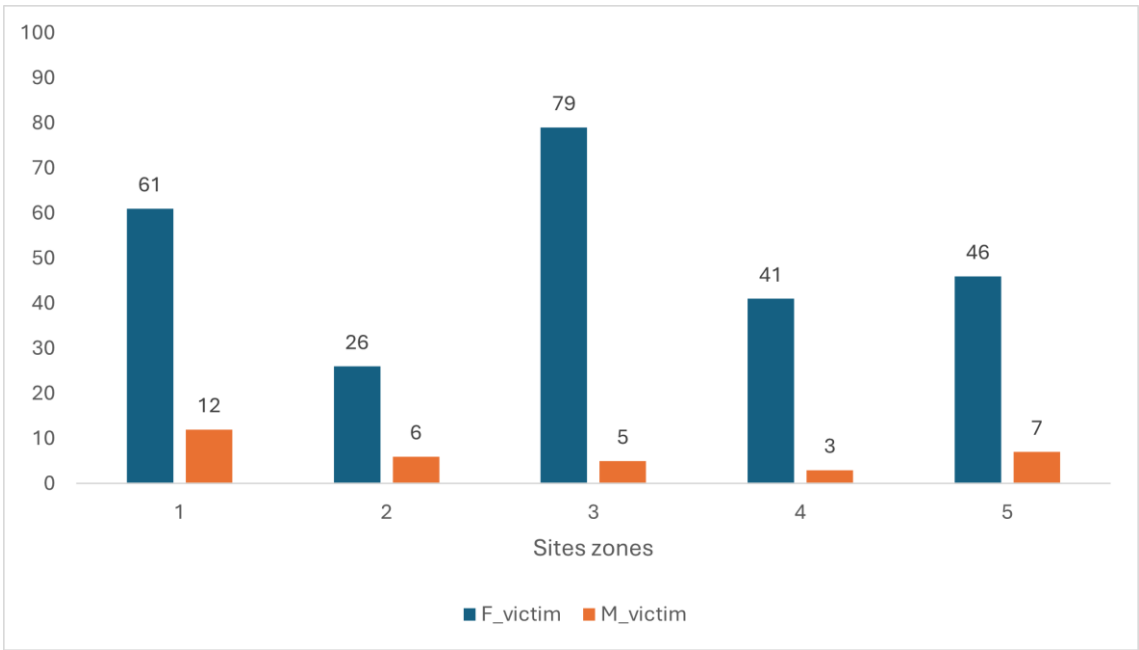


Figure 38: Eastridge, South Africa - distribution of reported GBV categories by gender across zones

MULEDANE THOHOYANDOU BLOCK J

LICENSE STATUS AND CONSUMPTION CHARACTERISTICS

A total of 23 alcohol outlets were identified and verified in Muledane Thohoyandou Block J. The proportion of licensed outlets (54%), shown by green dots in Figure 39, was marginally higher than that of unlicensed outlets (46%), shown by red dots, indicating that roughly every second outlet operates without a license. Spatial analysis across the three defined zones revealed notable variation in outlet density. Zone 3 (indicated by dark brown shading on the map), which contains a shopping mall with multiple outlets situated in close

proximity to each other, recorded the highest density. In contrast, the other two zones, characterised predominantly by residential areas, displayed a more dispersed distribution of outlets (Zone 1 in lighter yellow shading and Zone 2 in orange shading on the map). Regarding consumption type, 25% of outlets permitted on-site consumption only, 29% permitted off-site consumption only, while 46% accommodated both on-site and off-site consumption (Figure 39).

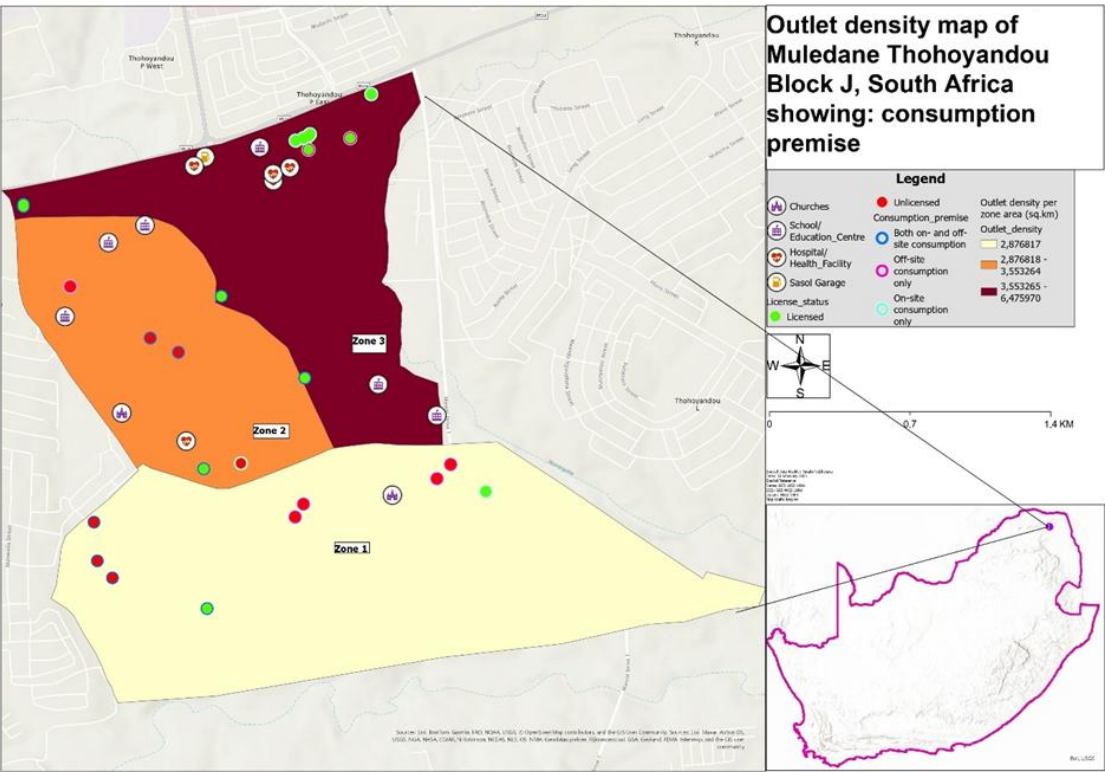


Figure 39: Muledane Thohoyandou Block J, South Africa - reported license status and consumption characteristics

ALCOHOL OUTLET TRADING TIMES

In Muledane Thohoyandou Block J (Figure 40), 88% of alcohol outlets operate from Monday to Sunday (indicated by rings on the map). Among these, 45% close later than 22:00, while 55%

operate on a 24-hour basis. Notably, one-third (33%) of the outlets operating seven days a week are licensed.

DENSITY DISTRIBUTION

The heatmap (Figure 41) shows a concentration of outlets across the site, with a notable cluster in the top right corner (indicated by a bright yellow

centre surrounded by red shading), representing a cluster of outlets in one shopping mall, with one particular outlet operating from 10:00 to 02:00.

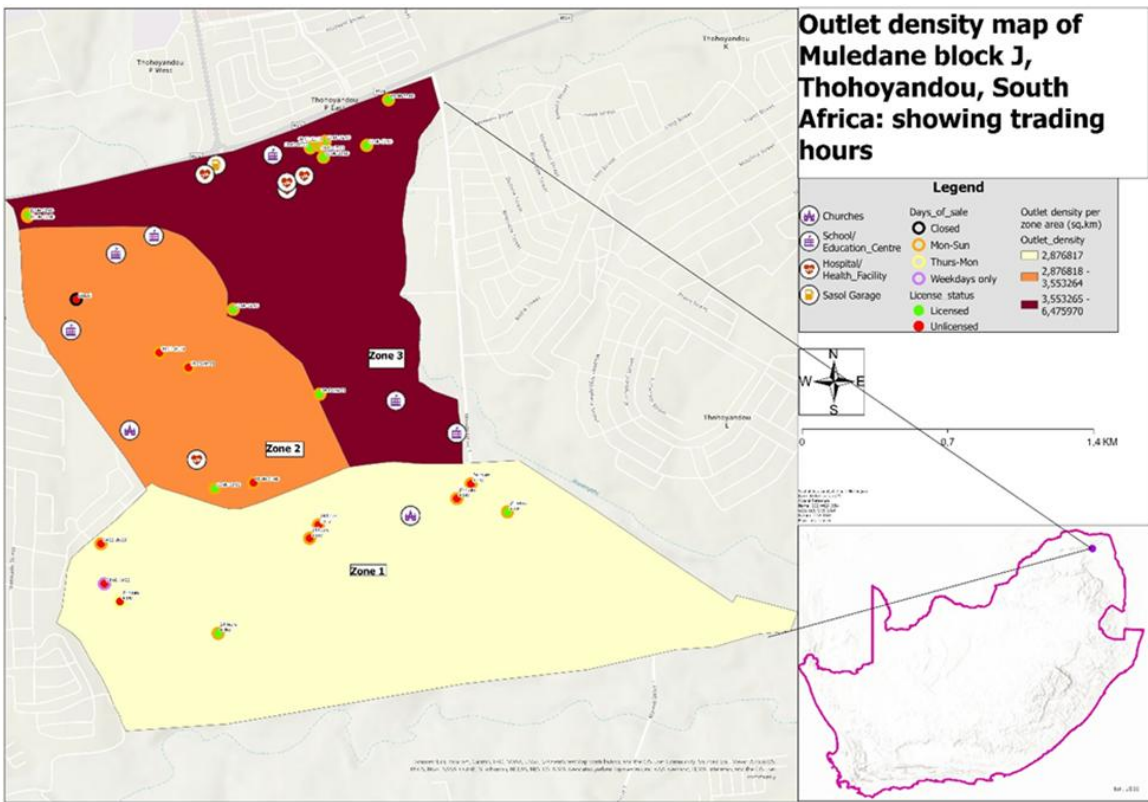


Figure 40: Muledane Thohoyandou Block J, South Africa - alcohol outlet trading times

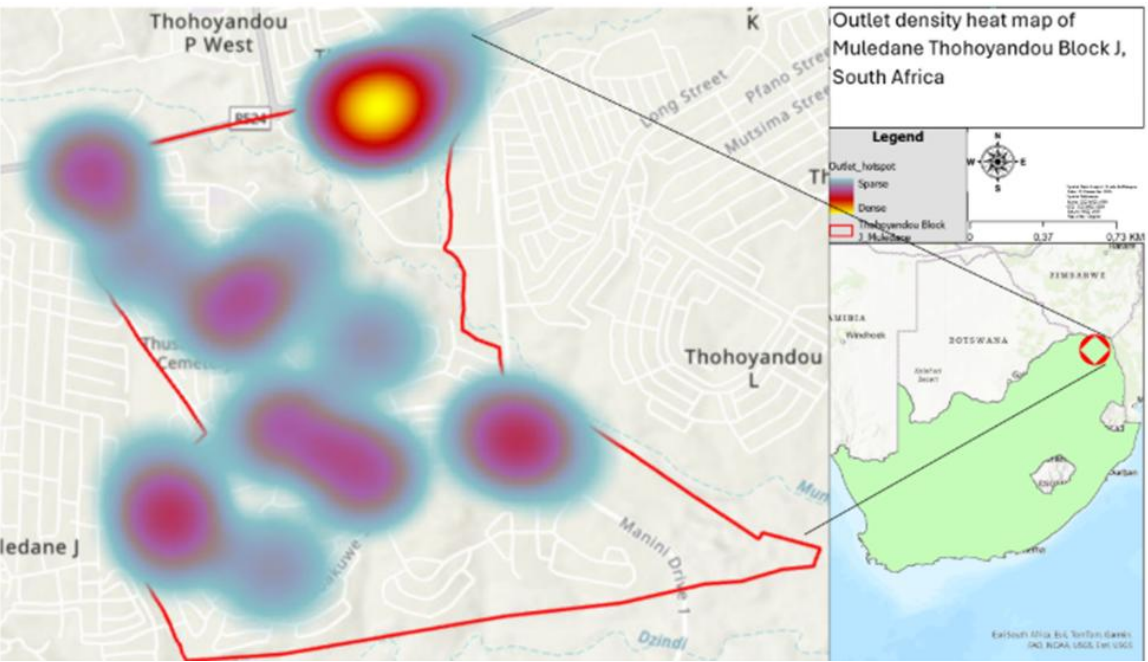


Figure 41: Heatmap showing the distribution of alcohol outlets in Muledane Thohoyandou Block J, South Africa

ALCOHOL OUTLETS PROXIMITY TO SERVICE POINTS

Figure 42 shows a map with 500 m buffer zones around each alcohol outlet, indicated in the colour blue. The shaded blue rings on the map represent a 500 m radius buffer from each alcohol outlet mapped in Muledane Thohoyandou Block J. At this site, a total of 25 outlets and 22 service points were mapped. The service points include churches, health facilities, schools, shopping malls, sports

facilities, and petrol stations. Of the service points mapped, 9% (2) are churches, 23% (5) are health facilities, 27% (6) are schools, 27% (6) are shops and shopping malls, 5% (1) are petrol stations, and 9% (2) are sports facilities. All the service points mapped are within a 500 m buffer of at least one alcohol outlet.

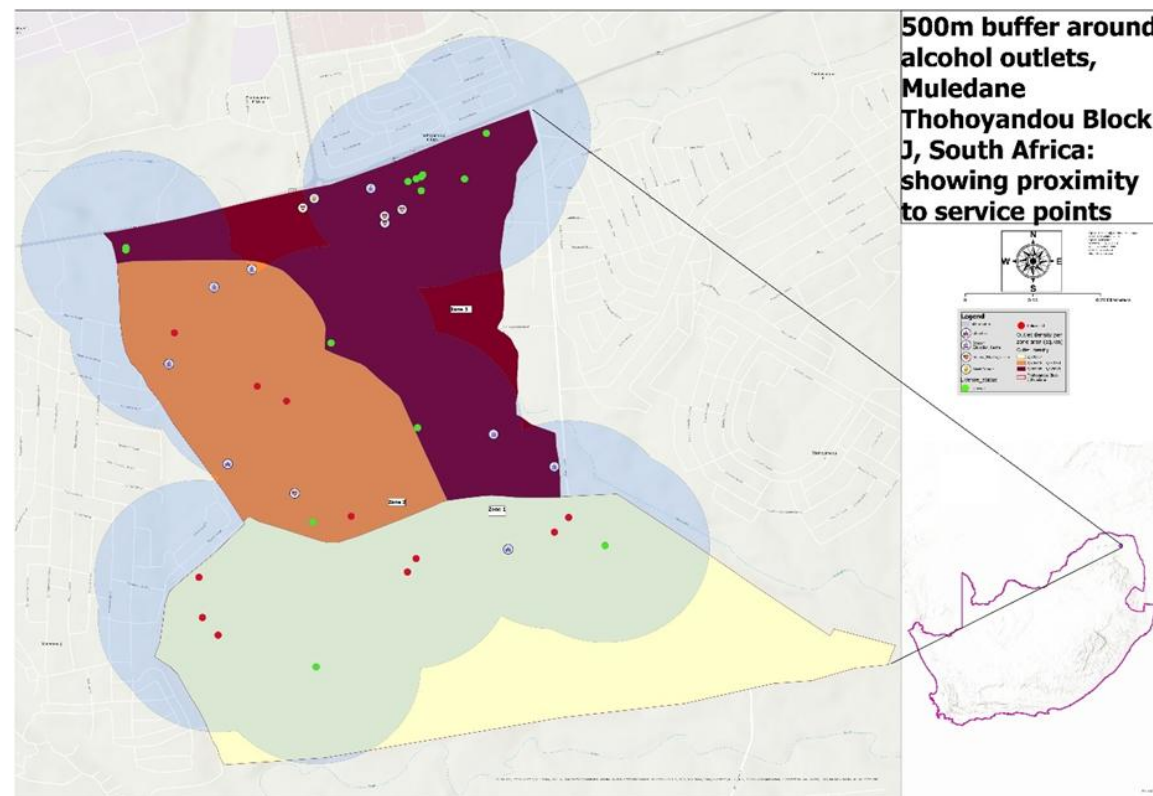


Figure 42: Buffer zone showing alcohol outlets' proximity to service points in Muledane Thohoyandou Block J, South Africa

11

Findings

(QUALITATIVE DATA)

In this section, we present the findings from the KIs and FGD participants in six overlapping thematic areas: (1) structural conditions that shape the availability and regulation of alcohol in communities; (2) collective [in]action in communities; (3) the social costs of easy alcohol access and harmful sales in communities; (4) “nothing for us, without us” - the value in and benefits of communities participating in research on documenting alcohol outlets; (5) acceptability of the participatory tool among key informants; and (6) recommendations from community stakeholders and key informants on improved alcohol control. The qualitative findings revealed an intersection of issues that FGD participants and KIs perceive as contributing to alcohol-related harm and gender-based violence.



THEME 1: STRUCTURAL CONDITIONS THAT SHAPE THE AVAILABILITY AND REGULATION OF ALCOHOL IN COMMUNITIES

There are several structural determinants in communities which through underlying systems and conditions create an enabling environment that shapes the availability and regulation of

alcohol. These structural conditions include weak and inconsistently enforced regulatory frameworks, and the socio-economic challenges facing communities..

SUB-THEME 1.1: AVAILABILITY OF ALCOHOL FROM LICENSED AND UNLICENSED OUTLETS IN COMMUNITIES

Across the focus groups, participants highlighted the excessive presence of licensed and unlicensed alcohol outlets and how these influence drinking patterns in their communities. The high concentration of alcohol outlets in communities was of major concern to participants as it makes alcohol easily accessible and increases alcohol consumption.

“...our kgotla, we are surrounded by bars” (FGD_1, Participant 1, Molepolole, Botswana)

“They have never been to a place where there is no alcohol...” (KI_17, Constituency representative, Namibia)

In all countries, participants reflected on the ease of access to alcohol in their community which was largely attributed to the high concentration of outlets as well as the unlicensed sector and its influence on excessive drinking consumption. In Lesotho, participants linked the density of outlets directly to consumption behaviour in their community and were particularly concerned about how this would influence the youth and the impact on children’s safety

“...these outlets are just too many in a very small location, they are therefore too accessible because of their proximity, and as a result, the alcohol use has to be higher because they are easily accessible,... young people are also prone to using alcohol because it is way too accessible.” (FGD_2, Participant 2, Teyateyaneng, Lesotho)

“These densely populated outlets further going to endanger the children’s lives in that they fall victim to sexual harassment.” (FGD_2, Participant 1, Teyateyaneng, Lesotho)

In Botswana, one participant expressed that excessive consumption as a result of easy alcohol

availability does not seem to raise concern amongst drinkers about the harm caused by their excessive consumption.

“People are drinking day and night without concern for the harm it is causing.” (FGD_2, Participant 5, Molepolole, Botswana)

Additionally, one participant in South Africa also reflected on the changing nature of availability and accessibility with the introduction of e-commerce and the delivery of alcohol to consumers.

“Do you know there's Checkers 60/60. Alcohol can be delivered to me.” (FGD_1, Participant 4, Eastridge, South Africa)

Furthermore, participants also highlighted that unlicensed outlets outnumbered licensed outlets in their communities and continue to proliferate.

“There’s a blue bar near me, and I think that’s the only one that is registered. The rest don’t have licenses, and new shebeens are being opened daily. There are now two houses behind mine that are in the process of opening shebeens, and they don’t have licenses.” (FGD_1, Participant 15, Rehoboth, Namibia)

In South Africa, participants highlighted the role of the unlicensed sector in increasing accessibility to alcohol.

“...there is a lot of unlicensed liquor outlets, which makes the accessibility of alcohol easy.” (FGD_2, Participant 1, Muledane Thohoyandou Block J, South Africa)

Frustration with the unlicensed sector was underscored by key informants.

“Almost 90% of those that are trading with alcohol, they will be without licenses, without any control, and they actually also disregard the rule of alcohol trading when it comes to who can buy alcohol, up to what time can they trade.” (KI_17, Constituency representative, Namibia)

Another issue in the unlicensed sector, is the sale of alcohol products from homes which previously was sold only through licensed outlets, resulting in an increase in challenges experienced in communities.

SUB-THEME 1.2: UNLAWFUL TRADING PRACTICES AMONG LICENSED AND UNLICENSED OUTLETS AND ITS OUTCOMES

Unlicensed and licensed outlets operating outside of trading hours and the increased availability of alcohol further drives excessive consumption in communities

Operating outside of trading times by outlet owners was listed by participants as a major contributor to the excessive availability of alcohol and the high volume of alcohol consumption (including traditional brew) in their communities. This applied to both licensed and unlicensed outlets. This extreme availability makes it difficult for people to abstain from drinking.

“That bar opens early and closes its door very late and don’t follow trading times” (FGD_1, Participant 4, Molepolole, Botswana)

“The situation has escalated to the point where drinking happens around the clock, including late at night and in the early hours of the morning. There is no time set aside for people to take a break from consuming alcohol.” (FGD_2, Participant 2, Molepolole, Botswana)

Alcohol outlets develop a reputation for being open beyond trading hours, attracting clients from outside the community, and being known as places to watch sports matches late at night.

“When a place is known for not closing people from surrounding villages flock to his/her place that doesn’t close.” (FGD_1, Participant 3, Teyateyaneng, Lesotho)

“There is soccer play or rugby playing, 10pm or 12 midnight, people will stay and watch.” (KI_19, NGO representative, South Africa)

The day of the week was also reported to

“Things went wrong when spots were started in houses, where they sold beer that used to be sold in bars.” (FGD_1, Participant 2, Molepolole, Botswana)

Unlicensed outlets were also identified by participants as an outlet for other illegal activity such as the sale of illegal drugs.

“There are also many tuck shops which sells alcohol and drugs rather than selling small groceries.” (FGD_1, Participant 2, Molepolole, Botswana)

influence alcohol trading hours. In South Africa, participants indicated that on weekends (Friday – Sunday/Monday), 24-hour trading was the norm, whereas participants from Botswana described alcohol outlets operating throughout the week, often with consistently high levels of patronage.

“When it gets to Friday the tavern no longer close until Sunday or Monday.” (FGD_1, Participant 1, Muledane, South Africa)

“There are many bars which are always packed with people regardless which day of the week.” (FGD_1, Participant 2, Molepolole, Botswana)

In South Africa, participants further associated the operation of alcohol outlets outside of authorised trading hours with excessive alcohol consumption and a resulting increase in domestic disputes.

“...because people are not closing taverns on time, people are over drinking because they are drinking the whole night and the morning, and when he comes home, and then you talk to your wife, maybe she has something to say, or your partner, she has something to say, and then that’s where problem starts” (FGD_1, Participant 3, Muledane Thohoyandou Block J, South Africa)



In Namibia, 24-hour trading was also linked to the structural issue of the lack of formal status of communities. One participant suggested that the lack of formal status of communities fundamentally influences the ability to regulate and apply laws, as shown below.

Unlawful trading practice of traditional brew and the effects of traditional brew

The unlawful trading practices particularly of outlets selling traditional brew was also highlighted.

“In my kgotla, they don't follow the rules and trading times, the traditional brews were stipulated to be sold at 8 am but they are starting to sell it at 6 am in the morning and they go beyond the legal trading hours.” (FGD_1, Participant 1, Molepolole,)

In addition, participants in Lesotho suggested that traditional brew is stronger than commercial alcohol with longer lasting inebriating effects.

“They may not be aware that the traditional brews are

Unlicensed and licensed outlet owners engage in unlawful trading practices because they Are Profit-Driven

Across the four countries, participants consistently reported that alcohol trading practices are driven by profit-making, often resulting in widespread non-compliance with existing regulations. Licensed and unlicensed outlets were both described as operating in similar (unlawful) ways, particularly with respect to after-hours trading, competition for customers, and disregard for regulatory restrictions.

“The target for the outlet owners is to make sales, it does not really matter to them how this is done. All they are looking for is to make sales.” (FGD_2, Participant 6, Teyateyaneng, Lesotho)

“...there is no difference [between legal and illegal outlets, sit-down places and take-aways]; the only difference is that there are so many [more] illegal outlets than legal licensed outlets.” (FGD_2, Participant 4, Muledane Thohoyandou Block J, South Africa)

Participants noted that unlicensed outlets provide after-hours services and charge higher prices, making illicit trade more profitable.

“This speaks to formalization of our settlements. You can't [have] an informal settlement that is in the way that it is, and then you have things happening normally, because the living conditions, the living setup that we have, are already abnormal. So that is exactly the reason why everything is happening in an abnormal way.” (FGD_2, Participant 8, Otjomuise, Namibia)

more potent than the western brews, one takes it today and will be drunk till the following day.” (FGD_2, participant 3, Teyateyaneng, Lesotho)

Although participants acknowledged that the patrons in outlets differ in which alcohol they prefer to consume, they suggested that the impact of drinking commercial or traditional alcohol has the same negative results for communities.

“The only difference is the clientele otherwise they all produce the same results and challenges to the community.” (FGD_2, Participant 2, Lithoteng, Lesotho)

“But the unlicensed, the unlicensed is, you see, when it comes to an unlicensed premises, they are some of them will take a chance, especially on weekends. But really, the availability of alcohol, is mostly prone to illegal premises, because they are the ones that is going to charge you. Like it lesser, but they are after hours, you understand, and that's, that's, that's where I would say is a big, big factor in the house.” (FGD_1, Participant 4, Eastridge, South Africa)

“...shebeen or spot. Spot open early in the morning before trading times. Shebeens just opens anytime a customer approaches it, because they [traders] are looking for money. Even at 3 am they sell alcohol, since she wants money. When it comes to bars, they are regulated, even depots or bottle stores, because it is easy for them to be charged for opening beyond scheduled times.” (FGD_1, Participant 1, Lobatse, Botswana)

Trading practices were also influenced by the competition for patronage amongst outlet owners and lead to flouting the law, for example, by serving minors.

“I have observed is that there is rising competition for patronage in these outlets so much that they no longer care to observe age restrictions.” (FGD_2, Participant 6, Teyateyaneng, Lesotho)

Participants also expressed the opinion that trading behaviour does not consider the well-being of clients at outlets.

“They normally make very little effort towards the welfare of their customers. They hardly even provide security for their customers even for their own benefit as business operators; this is how negligent they can become.” (FGD_2, Participant 6, Teyateyaneng, Lesotho)

In addition, participants in South Africa and Namibia raised concerns about the role of supply chains in fostering illicit trade, alleging that large retailers and distributors knowingly supply

SUB-THEME 1.3: BARRIERS TO EFFECTIVE ENFORCEMENT AND CONTROL

Weak and inconsistent law enforcement

Different perspectives emerged on the issue of law enforcement. Participants expressed discontent with officials in doing their job and pointing out corruption, while officials raised issues of complicity of the community as a challenge for law enforcement. Law enforcement needs to be more pro-active, moving beyond regulation on paper towards implementation,

“...these lawmakers must take it upon themselves to make sure that the laws are enforced not just kept on shelves.” (FGD_2, Participant 1, Teyateyaneng, Lesotho)

According to participants in South Africa the lack of enforcement of trading times facilitates the high availability of alcohol in communities.

“The trading times are not regulated and the law is not followed.” (FGD_2, Participant 1, Muledane Thohoyandou Block J, South Africa)

Participants involved in law enforcement in Namibia raised the challenge of information leaks that compromise planned enforcement operations, preventing authorities from apprehending offenders as intended. Similarly, participants in Botswana identified the police officers who consume alcohol at the very outlets they were tasked with monitoring as a key contributor to non-enforcement as these police officers were also

unlicensed outlets traders.

“...Makro is selling to the public but how do they [buyers] beat the system, they [buyers] keep all their sales under 150 litres which means, they [MAKRO] will know you are reselling but you sent 2 different guys and they will say, I didn't sell to anyone...That is how we caught a lot of people out because on all of consumptions, we can request the cash slips and then we can see all the sales. These guys for them it's about making money and they beat the system. What they do is they limit the sales to under 150.” (FGD_2, Participant 8, Eastridge, South Africa)

“I see the bakkies driving and unloading crates of beer and boxes of wine, but where do they come from? They come from the legal outlets. So, the legal outlets are still making their money through the illegal outlets” (FGD_2, Participant 4, Rehoboth, Namibia)

responsible for leaks to outlet owners.

“But we won't know who is leaking that information...But when we have our operations that weekend, all the places are closed, and all the places are quiet. The people are not at the places.” (FGD_2, Participant 3, Rehoboth, Namibia)

“I used to go there. There is a shebeen next to the police station. The police officer consumes alcohol in the same shebeen, so what is happening if the community is intending to go search. It's easy for a police officer to warn the shebeen queen about raid,...” (FGD_1, Participant 4, Lobatse, Botswana)

In all countries, limited resources and infrastructure, particularly in terms of human capital and the ability to conduct regular patrols, were identified by officials as significant barriers to effective enforcement. Additionally, participants in Botswana and Lesotho highlighted the challenge posed by the physical distance of authorities from communities. Specifically, a participant from Botswana, noted that this remoteness undermines the ability of police to act effectively and to take a proactive role in enforcing alcohol regulations.





“The police are actually the ones playing the biggest role here. They’re just few; they won’t go out. Our transport is always just one driver on a shift. It would have made a big difference if we had two or three drivers or vans; it would have made a difference.” (FGD_2, Participant 3, Rehoboth, Namibia)

“Law officials for example even though they can raid some spots, it's unlikely they observe what is really going on as they only patrol for limited time” (KI_29, Faith based representative, South Africa)

“You will find that the Police stations are very far from dikgotla or from places where those alcohol outlets are, and the Police do not act actively on other issues since they also have a lot on their table.” (FGD_2, Participant 3, Molepolole, Botswana)

Furthermore, there was acknowledgement among participants in Lesotho that law enforcement was difficult in instances where

Officials engage in corrupt activities with alcohol traders

Participants reported instances of corruption involving officials—particularly the police—through accepting bribes from outlet owners, which participants perceived to erode trust in regulatory and enforcement systems. A participant from South Africa further emphasised that such corruption has serious downstream consequences, linking bribery and weak enforcement to increased levels of violent crime within communities.

“We also need the police to do their job honestly. Some crimes happen because police officers are complicit, they accept bribes from bar owners and people who brew traditional beer. There should be honesty in law enforcement.” (FGD_2, Participant 2, Molepolole, Botswana)

“Police officials work with the liquor outlet owners.” (KI_25, NGO representative, South Africa)

Weaknesses in the licensing process and its consequences

Community representatives and officials underscored their frustration and distrust of the liquor licensing process. They reported that officials were not taking into account the impact on the broader community when awarding licenses, resulting in a high density of outlets in residential areas.

“The problem is the liquor board, which just sits and issues

outlets were operational prior to the establishment of public infrastructure and the challenge this presents for license renewals.

“The challenge we have is that some of these public buildings find these outlets already operational e.g. a place next to our offices has been operational long before a church next to it was built. So this poses a challenge for tourism when it has to renew the license.” (FGD_1, Participant 1, Teyateyaneng, Lesotho)

A sentiment from the liaison person on the role of the police station commander and the need for trust from the community in that role was expressed below.

“If you don't trust the station commander, then we 50% lose the battle already there. So, I believe, really, that the station commander should be the gateway for the community, to the station and even to themselves.” (KI_04, Law enforcement official, South Africa)

In Lesotho, participants reported that the prolonged delays some individuals experience when attempting to obtain alcohol licenses, contrasted with others who appear to secure licenses with ease. The distinct differences in licensing experiences reportedly fostered a sentiment that there was corruption in the system among participants.

“There are those who get licenses within a week of application, especially those who are already players in the industry whilst others will toil for two months to secure a license/permit without success. That alone teaches us that there is serious corruption in our country.” (FGD_2, Participant 5, Teyateyaneng Lesotho)

licenses; they’re not paying attention to the circumstances of the people.” (FGD_1, Participant 5, Rehoboth, Namibia)

“It is proper to bring some controls in the awarding of licenses in order that the welfare of communities is considered, there is a stipulated distance between one outlet to the other and this should be adhered to all the time.” (FGD_2, Participant 4, Teyateyaneng, Lesotho)

THEME 2: COLLECTIVE [IN]ACTION IN COMMUNITIES

Participants across all countries highlighted the importance of community action, successful community participation and why communities sometimes remained inactive in addressing alcohol-related problems. Community members remained central in addressing issues that arise at a local level and engaging with the neighbourhood watch.

“...the best person to safeguard any community is the community itself to take ownership of the area, and the people that will benefit [are] the community. But we can do nothing. We want [the] community to take ownership of the areas. Like, for example, things happen in the street, but nobody gives us the information and all we also from outside.” (KI_21, Alcohol regulatory official, Eastridge, South Africa)

Participants raised the issue of community members who do not use the opportunity to object to applications at the outset and rather wait till after licenses are awarded before submitting a complaint. This lack of response from the community was reported as the reason for the extreme number of outlets.

“Most of the people don't want to give statements (when asked). But when the person gets the liquor license, then they want to complain, and then it's too late.” (FGD_1, Participant 9, Eastridge, South Africa)

“...why in the first place is there 14? That is crazy to have 14 outlets. So somewhere along the line, the community did not respond when these guys go and they reapply, because if they reapply, there is a communication that goes through to the ward councillor, that comes by the ward councillor.” (FGD_1, Participant 5, Eastridge, South Africa)

In Namibia, participants reflected on how communities sometimes apply different standards when acting on non-compliance such as the challenge of noise accompanying trade in communities.

“... the police were called by the neighbours about their children playing loud music, swearing, and drinking. The people said, 'But how can you complain when your kids do the same every time you're not here? If you're not around, it's not a problem.' How can the community listen to you when you're doing the same? We need to act against

everyone, even if it's your brother or sister; everyone should be treated the same.” (FGD_1, Participant 8, Rehoboth, Namibia)

Similarly, a key informant in South Africa, also raised the issue that communities find it difficult to report illegal activities of neighbours and family, echoing the reluctance of reporting neighbours or relatives engaging in illegal trade.

“Challenge talking about illegal alcohol outlets especially if it is one’s neighbour or relative” (KI_22, Law enforcement official, South Africa)

In Lesotho, participants reported that communities are formally included in alcohol control processes and are represented within regulatory structures. However, the participant noted that the awarding body does not meet with community structures before licenses are awarded, suggesting that the process is not strictly followed. Furthermore, community representation feels undermined by weak enforcement of licensing conditions. Another concern was the perception of conflicts of interest: participants claimed that many police are outlet owners, making it difficult for them to act against traders who contravene licensing regulations.

“Nope, they [the awarding body] never get to meet the community structures [before issuing out the licenses], ideally they should but it is not happening.” (FGD_1, Participant 2, Lithoteng, Lesotho)

“The only problem now rest with the law enforcement agencies that is responsible for adherence of the licensing terms... Yes we do report at the police stations but the challenge remains that enforcement leaves much to be desired. Another factor is that, we have recently realized that the police themselves own most of the alcohol outlets and this makes it difficult for them enforce the law.” (FGD_1, Participant 2, Lithoteng, Lesotho)





SUB-THEME 2.1: BARRIERS TO ADVOCATING FOR CHANGE AND PARTICIPATION IN LICENSING PROCESSES

Some participants identified barriers that create difficulties for community members to engage in formal alcohol control mechanisms. These included a lack of information about when and how licensing decisions are made, limited opportunities to attend meetings or hearings, and the perceptions that authorities were distant or inaccessible.

Lack of knowledge and information about licensing conditions and processes among community members

Participants highlighted that community members lack knowledge about the alcohol licensing process, which one participant felt explained why people rarely comment on new license applications. Similarly, communities are at times unaware of the regulated trading times for outlets.

“But I’m willing to bet that the majority of people living in Eastridge don’t know what those processes are. The neighbourhood watch doesn’t know what those processes are. You know, what is the common average Joe on the street going to know about those processes. And I think that’s possibly also why people don’t make comments, because they don’t know where to make the comments.” (FGD_1, Participant 1, Eastridge, South Africa)

“...we do not know about the licensing conditions, and we would like to form part of decision making especially since the taverns affect us all. We do not know, we just speculate

Fear among community members of retaliation or victimisation by alcohol traders

Participants in South Africa described fear as a deterrent to involvement in advocacy or regulation processes. They recounted concerns that challenging alcohol traders could lead to intimidation, harassment, or other forms of retaliation, which discouraged individuals from publicly opposing license applications or reporting violations. One participant further indicated that the process of objecting to new outlets is a collective process rather than individual one. However, Eastridge, in particular, is compounded by the prevalence of gangs operating in the area, adding to the fear that community members experience.

“So, if you educate the residents, usually the people that live in that [neighbourhood] where it is a big problem, and they are, at times, even threatened, where they are afraid to

that it opens at 10 and close at 10 and there is no one coming to monitor. Unless one of us here can produce papers to say, yes, I have a license and I know licensing conditions, then we do not know.” (FGD_1, Participant 2, Muledane Thohoyandou Block J, South Africa)

Another participant, speaking on behalf of his community in Botswana, emphasised the limited knowledge people have about the alcohol licensing process. He also pointed out that community members are generally unaware of official outlet trading times.

“Yes, we don’t have much knowledge of licensing. I speak on behalf of the community....We really as a community have no knowledge on the subject matter, we don’t know when exactly bars should open. When do the shebeens open and when do they close?” (FGD_1, Participant 1, Molepolole, Botswana)

speak out. But when you educate and say that it’s not necessarily just going to be you, this is the process to follow. You take the documentation with you and you work with the department also; you get all the documentation with the ward councillor.” (FGD_1, Participant 5, Eastridge, South Africa)

“Informants sceptical about their safety” (KI_22, Law enforcement official, South Africa)

“Things are operating on violence and fear...neighbours fear you, so they don’t complain if something goes wrong...different blocks where different gangs operate.” (KI_07, CBO representative, South Africa)

Similarly, in Namibia, the non-reporting of breaking liquor laws was also linked to the fear of consequences for family members specifically.

“We are scared. I think our people are scared to talk. It’s a brother or sister uncle. So those things really are one of the things that really, I don’t know why we are scared to talk to be there for one another.” (KI_31, Town planning official, Namibia)

SUB-THEME 2.2: SOCIO-ECONOMIC CHALLENGES IN COMMUNITIES THAT CREATE THE CONDITIONS FOR THE AVAILABILITY OF ALCOHOL THROUGH UNLICENSED ALCOHOL TRADING

Across all countries, participants linked alcohol-related harm to the broader social and economic determinants in their communities. They spoke about alcohol as a source of income and survival for some households, the absence of recreational spaces for young people, limited civic infrastructure such as police stations, and the scarcity of support services necessary for substance abuse recovery. These participants’ perspectives framed alcohol not only as a product to be regulated, but as part of a wider set of challenges within communities.

A case for survival - unlicensed trading as a source of income

Participants in Botswana and South Africa described alcohol not only as a substance of concern but also as an important means of income generation driven by the need for survival by many people in the community. As one perspective highlighted, the ability to derive an income from selling alcohol is linked to survival. This participant further expanded on rationalising unlicensed trading as shown below:

“In reality most people who sells alcohol, they do not have any source of income to provide for their families. If you go tell them to stop selling beer what are they going to do, where are they going to get money the following day, to get food. I know a family that sells alcohol and its only source of income they make for living. What they are doing is to sell beer. If you are telling them to stop selling beer, how are they going to get the money and [these] are people who are below the age of 65 years.” (FGD_1, Participant 3, Lobatse, Botswana)

“Traditional beer brewing has become widespread. Some people depend on it for their livelihoods, ...” (FGD_2, Participant 2, Molepolole, Botswana)

This sentiment on selling alcohol as a livelihood strategy among the youth was echoed by key informants in Namibia.

“People who are mostly youth are doing this, as in owning

“...We’re very violent nation like overall...without tackling the root cause of people drinking a lot or abusing alcohol. It, for me, it doesn’t really like, yes, it would be great if there were less than 13 liquor outlets in Eastridge, which was that is an extremely high number, if there was less shebeens where people can buy alcohol illegally. But I don’t know if it’s really going to address the broader issue without looking at what the cause of the broader issue even is.” (FGD_1, Participant 1, Eastridge, South Africa)

or selling alcohol in the houses because of poverty, and they just need to go and buy the bread for their children or so forth.” (KI_12, School representative, Namibia)

“This is from where the money that sends their children to university comes from, it’s like a livelihood thing” (KI_17, Constituency representative, Namibia)

Participants from South Africa illustrated the informal and sometimes temporary nature of unlicensed alcohol trade. Participants spoke of the type of salesman using a small amount of money to purchase two cases of alcohol to sell at a venue in the community, the situation escalates and the occasional salesman ultimately becomes part of illegal trading activities.

“...then you get this, like an occasional salesman... in a township. So, if I have a bit of money, I buy maybe two cases of beer and I sell it at a club. You know, maybe next week I might do the same.” (FGD_1, Participant 3, Eastridge, South Africa)

“But you are pro, [you are] going to see at the end of the day by selling two cases this week, yes, you made a profit. Now you’re done for the week. Next week and Friday come again, you’re going to have three cases, so you’re basically an illegal, but your mind, you’re training your mind actually, to become part of it then.” (FGD_1, Participant 4, Eastridge, South Africa)





Interestingly, in both Botswana and Namibia, participants expressed empathy for people trading in alcohol, recognising that many do so out of necessity in the face of unemployment and food insecurity, even when operating illegally. Furthermore, a participant in Botswana further notes the tensions between this empathy for survival and the need to also consider the broader well-being of the community.

“We understand that unemployment is a major issue in Botswana, and some people depend on selling alcohol to

Lack of recreational facilities and social activities in communities as a reason for alcohol consumption

In Namibia, the absence of recreational facilities—coupled with unemployment—was listed as a reason why community members use shebeens.

“Imagine you are unemployed, you don't run a business, you don't have food at home. Where will you end up, if you don't end up at the shebeen? And to make matters worse, our community does not even have a playground, does not have food spot. The only entertainment is at the shebeen.” (FGD_2, Participant 8, Otjomuise, Namibia)

In Botswana, the absence of recreational spaces for both children and older people was emphasised as a driver that “forces” people into outlets where alcohol consumption occurs. Without alternatives, participants felt that young people were especially vulnerable to alcohol.

“We don't have recreational facilities, we don't, so it's so hard to keep children, they want to go out and have fun. Even older people, we need to go somewhere to sit down with other people. Where do we go? It forces others to go out to the bars to drink beer.” (FGD_1, Participant 4, Lobatse, Botswana)

In South Africa, participants expressed that the youth have no activities to keep them occupied. Some young people were described as having no money for alcohol themselves, leading them to engage in risky or harmful behaviours to obtain it.

“Here in Muledane, what I'm agreeing with is that alcohol is contributing to harm because there are no recreational facilities, there are no things which keeps youth busy, they understand that the only place they can be is at the alcohol outlets and usually they go there with no money, leading to anyone whom they meet to be in danger because they have

make a living. However, we also have to consider the well-being of young people and adults in our communities.” (FGD_2, Participant 7, Molepolole, Botswana)

“...the fact remains that we should also look at our economy, especially the unemployment rate. It's extremely high. But yet again, I think the unlicensed people, especially them, they are trying to provide something, to put bread on the table. ... I have to feed these many kids.” (FGD_2, Participant 5, Otjomuise, Namibia)

anger, they want to drink and they are willing to do anything to get that money, including harming people.” (FGD_1, Participant 2, Muledane Thohoyandou Block J, South Africa)

Similarly, in Lesotho, participants revealed how alcohol outlets had come to fill a social gap among the youth. Young people, including those as young as 16 years of age, were reported to frequent bars simply to watch sporting events, as many households could not afford television subscriptions.

“There are disturbing incidents of young people about 16 years old going to bars or taverns to watch soccer games on super sport channels because most homes can't afford subscriptions. Such practices must not be allowed.” (FGD_1, Participant 4, Teyateyaneng, Lesotho)

SUB-THEME 2.3: “WE BREAK THE LAWS OURSELVES” – COMMUNITIES’ COMPLICITY WITH, AND RELIANCE ON, ALCOHOL TRADERS CONTRIBUTES TO AN ENABLING ENVIRONMENT THAT SUSTAINS THE AVAILABILITY OF ALCOHOL

Community members had informal or financial ties to alcohol traders, which influenced local attitudes toward regulation. These relationships could foster a tolerance for unlicensed sales or trading outside of permitted hours, and in some cases were seen as benefitting certain individuals economically. Community members were also described as colluding with outlet owners who engage in illegal activities, by informing these owners of impending raids by the police as well as staying in outlets beyond closing times (thus also breaking the law).

“They do not work according to the laws, just as the gentlemen has mentioned earlier. You will find that in the morning you meet people who are coming from these places, in our village an outlet can open from morning until the next morning, the cause is that we break the laws ourselves, we are the ones who collude with this lawbreakers by informing them in advance that a raid by the police coming e.g. next week. So, we as the community are the ones who contribute to the destruction of the livelihoods of our communities.” (FGD_1, Participant 2, Teyateyaneng, Lesotho)

“Our communities have a negative approach when it comes to adhering to rules and regulations and laws.” (KI_04, Law enforcement official, South Africa)

In South Africa, officials highlighted as a challenge for enforcement, communities’ complicity in failing to report offenders because it aids easy access to alcohol.

“Some of these liquor licensed guys, when they close on normal times, some of this liquor is being shipped off to illegal ones because they get it from the legal ones, and that is where the problem starts, and our community unfortunately because they want that liquor, they are not going to ‘piemp’¹ and that is a big problem.” (FGD_2, Participant 7, Eastridge, South Africa)

Some community members in Namibia and Lesotho are dependent on traders for money to feed families, for job opportunities and for paying school fees.

“The same person that sells alcohol here is the person I go to sometimes when I'm hungry and I borrow money for food, or maybe I asked for them, or maybe they employed my daughter, and that same daughter is employed at a shebeen and has been to feed our family.” (FGD_2, Participant 8, Otjomuise, Namibia)

“Now even if the police become sympathetic to the plight of the outlet owners, that on its own has undesirable consequences. You find that even if we complain people will say that tavern's owner is paying school fees for many kids or he is feeding 16 households. Some even boast that the police are their people.” (FGD_1, Participant 3, Teyateyaneng, Lesotho)

Non-reporting of unlicensed outlets was also linked to the employment it creates.

“...[there are] families working in these businesses and due to poverty and unemployment we cannot speak negative or even report illegal operations and trading times as we fear our loved ones will lose their jobs.” (KI_03, Social services representative, South Africa)

¹ Piemp is an Afrikaans language term commonly used in the Western Cape Province, South Africa, that means: to tell on, or to snitch.





THEME 3: THE SOCIAL COSTS OF EASY ALCOHOL ACCESS AND HARMFUL SALES IN COMMUNITIES

SUB-THEME 3.1: INCREASED VULNERABILITY TO GBV AND OTHER CRIMES

Across countries, participants pointed to their perceived association between outlets extended and late trading times (beyond permitted operating times), the excessive availability of alcohol, as well as GBV and general crimes experienced in their communities.

“I feel that alcohol outlets which closes late, contributes largely to gender-based violence and crime.” (FGD_2, Participant 2, Muledane Thohoyandou Block J, South Africa)

“Coverage places where there is concentration of bars and that lead to high crime rates.” (KI_06, Social services official, Botswana)

Participants in South Africa associated the late closing of outlets with the observation of physical violence at specific hours.

“Altercations and fights happen in the middle of the night to early in the morning, you would hear in the streets people screaming and fights because people went home late and taverns close late.” (FGD_2, Participant 2, Muledane Thohoyandou Block J, South Africa)

In Lesotho, outlets that remained open beyond permitted hours, e.g. during the December-Christmas period, were linked to incidents of assault towards young men; and GBV towards younger girls. Participants also described acts of aggression among clients and instances of transactional sex.

“Yes, it is very true, particularly during the festive period, there were high incidences of crime, there were incidences where young men were smashed with empty quart beer bottles, and there were also cases of young girls' clothes being torn by people who bought them beer hoping to get sex in return.” (FGD_2, Participant 2, Lithoteng, Lesotho)

Participants also shared the opinion that the late trading times places outlet traders at risk of crime, including at risk from their customers.

“It also exposes even the person operating in this outlet in that he could be robbed, where does he keep the money after

closing at midnight? He is also likely to be victimized by the very people who are his customers.” (FGD_2, Participant 4, Lithoteng, Lesotho)

The concern regarding crime was echoed where participants observed that outlet customers become familiar with the surrounding area, giving them insider knowledge of the community, which can be used to commit crime and physical harm against residents living around the outlet, especially vulnerable children.

“These outlet regulars get to know too much about this community in that they are fully aware of everything happening in the area and it is possible therefore that the community can be victimized in so many ways through not only physical harassment, but theft is also rife” (FGD_2, Participant 1, Teyateyaneng, Lesotho)

“...a stranger may be drunk and then identify a home where young children have been left alone, that stranger finds a way of getting in that house and sexually abusing the children...the girl’s mother may have also been out drinking, meaning no one was there to protect her.” (FGD_2, Participant 5, Molepolole, Botswana)

Concerns about the impact of alcohol consumption on the perpetration and occurrence of GBV was a recurring theme raised across the countries.

“...when you look at your GBV, when you look at your domestic violence, where is it coming from. It is people that are intoxicated and that is the problem.” (FGD_2, Participant 7, Eastridge, South Africa)

“Alcohol consumption in these places directly correlates with domestic violence, and that is a big problem...” (FGD_2, Participant 4, Molepolole, Botswana)

“Most of the rape cases, most of the people are raped by a person who's drunk or wives are beaten at home, maybe after a husband come back drunk.” (KI_30, Health services representative, Namibia)

Additionally, in Botswana, outlet density and lack of security was linked to the high incidence of GBV.

“...congestion of outlets and in consideration of high numbers of gender-based violence due to low security around” (KI_15, CBO representative, Botswana)

Participants’ observations about GBV was often related to intimate partners, either with one partner (especially males) having consumed alcohol outside the home, or when couples drink together (Lesotho) and jealousy over perceived interest from other patrons at the alcohol outlet can lead to harmful consequences (Botswana).

“...he in turn comes home around midnight and sometimes demanding his conjugal rights at that time and this is inappropriate for the lady who was sleeping and normally

SUB-THEME 3.2: THE NEGATIVE IMPACT OF ALCOHOL CONSUMPTION ON FAMILIES

Nearly all participants commented on the impact of alcohol consumption away from or within the home, on families and, in particular, on children.

“...when someone buys alcohol and takes it home, it affects their family, particularly the children. When alcohol is consumed at home, it can lead to problems.” (FGD_2, Participant 1, Molepolole, Botswana)

“Alcohol has, devastating effect on our families, especially on children, because, I mean, we are supposed to guide and mould, inform and mentor children and coach them. But if that structure is so compromised, our children also is affected, and their journey, normal growth trajectory is somewhat disturbed.” (KI_24, CBO representative, Namibia)

One of the impacts raised in Namibia was centred on children being left to fend for themselves when parents are at alcohol outlets.

“...the kids wake up at six o'clock to go to school, and [at] the same time the mother or the father is already at the shebeens. Now this child goes to school, comes back at one o'clock because school is out, the parent is still at the shebeen There was nothing even prepared for them, no food. So, this kid stays at home, maybe they can prepare their meal. They eat. They prepare meal again in the evening, and then by the time the parents come home, the kids are already asleep, and they wake up the parent is maybe asleep

fights happen.” (FGD_2, Participant 3, Teyateyaneng, Lesotho)

“I might be having a jealous partner whom when I get drinks from other people will get angry because of jealousy. I remember one instance in 2019 when partners went drinking and having fun when they came home the man took a spade and killed the woman.” (FGD_2, Participant 8, Molepolole, Botswana)

However, in Namibia participants suggested that rape can be a consequence of meeting strangers at an outlet.

“The victims either are under influence or the suspects or they were drinking together. They are not related. They just met each other there. So, alcohol is definitely involved in rape.” (KI_20, Law enforcement official, Namibia)

still drunk, they go to school.” (FGD_2, Participant 8, Otjomuise, Namibia)

In Lesotho a participant framed alcohol as a regular expense, diverting resources away from family needs.

“...alcohol is never budgeted for and because drinking still happens even though budgeting is never done, this in itself brings a lot of trouble in the family simply because some major responsibilities are neglected like school fees, food for the family and several other responsibilities.” (FGD_2, Participant 3, TY, Lesotho)

A key informant implied that alcohol consumption can also lead to job losses creating a vicious cycle.

“In the past 10 years, the person lost their job, they couldn't go simply because of alcohol. Lost their job, left their husband, is now drinking.” (KI_17, Constituency representative, Namibia)

In Namibia, participants further elaborated on the ways alcohol consumption negatively affects family relationships, describing how families sometimes drink together and how this blurs generational boundaries. They highlighted that adults and children drinking together in outlets contributes to a broader breakdown of social and familial norms within the community.





“The parents are drinking together with the siblings in the house, of the minors, all of them, they come drunk... from there, if the mother is talking to whom is a mother talking where there's no respect between them,...” (FGD_2, Participant 3, Otjomuise, Namibia)

“There are big people and children going there, and it's just a total mess.” (FGD_2, Participant 7, Rehoboth, Namibia)

Alcohol trading from homes and its negative consequences for children

Trading from homes was also associated with negative role modelling and normalising alcohol for children.

“A child that was born in a house where alcohol is being sold there, the people are coming to buy, the fights are happening there, everything is happening there. And when you grow up in that environment, then that becomes normal, because that's all you know. (KI_17, Constituency representative, Namibia)

SUB-THEME 3.3: IMPLICATIONS OF WHERE PEOPLE DRINK ON THE WELL-BEING OF COMMUNITIES

Participants underscored that all alcohol consumption led to problems, regardless of whether people consumed alcohol in their homes or in outlets. A participant from Botswana expressed this view as shown below:

“... alcohol at the bar and drink there, or whether you buy it and take it home. The outcome is the same. When you go to the bar to drink, it seems like people don't really care, but when they take alcohol home, it causes a lot of issues. Some people, after leaving the bar, may start fighting or even end up being killed. Sometimes, people leave the bar, then go home and drink more, which leads to problems.” (FGD_2, Participant 2, Molepolole, Botswana)

Public drinking and negative role modelling for children and youth

Participants were concerned that public drinking and parents who drink exposes children to negative role modelling contributing to normalising drinking.

“...the biggest problem in our society is drinking in public, people are drinking within the community, on the streets...we are giving a very bad picture to the kids because it's a bad image, because the kids will end up believing that

In addition, in Namibia, children's exposure to alcohol often begins early, as they are sent on errands to purchase alcohol from local outlets, normalising its presence in everyday family life.

“Children also go to buy alcohol for their grandparents.” (FGD_2, Participant 9, Rehoboth, Namibia)

Alcohol trading from homes was raised as a serious risk to children's safety and well-being in Botswana.

“...they get spoken to violently by their parents and the customers who have come to drink at those homes... children get raped by strangers who come to drink traditional beer at their homes” (FGD_2, Participant 3, Molepolole, Botswana)

Moreover, concerns were raised in both South Africa and Namibia about drinking in public in prohibited spaces.

“People sit where they are not allowed to sit, instead of going to buy takeaway and leave.” (FGD_2, Participant 4, Muledane Thohoyandou Block J, South Africa)

“Friday night, those who sat on vacant plots, we told them it's a private property, not a public space where they made fires.” (FGD_2, Participant 3, Rehoboth, Namibia)

it's okay to drink. It was mentioned here that you are a parent, you are drunk falling around.” (FGD_2, Participant 8, Otjomuise, Namibia)

“If a young person looks either to the left or right all they see are drunken people, they grow up believing that this is a norm. They tend to make these people their role models.” (FGD_2, Participant 4, Teyateyaneng, Lesotho)

In Botswana, the concern extended to the role of public drinking in influencing children's experimentation with alcohol, and in the process exposing them to various dangers, such as drinking and driving.

“When people drink, and then you see a child of a young age with alcohol they learn to drink as they see us elders drinking and want to try, it shows how alcohol consumption has affected them. They're likely to be exposed to dangerous situations because of this... They might drink and drive, or cause harm in other ways.” (FGD_2, Participant 7, Molepolole, Botswana)

Examples of drinking in public by minors, sometimes using disguised containers, and the impact of this on their behaviour was shared in Lesotho.

“Especially during the festive season a lot of young people

SUB-THEME 3.4: NEGATIVE IMPACT OF NOISE LEVELS ON COMMUNITIES

Comments on the impact of alcohol availability on noise levels within communities, and on residents' quality of life, especially their ability to sleep well or live peacefully, were repeatedly raised across sites.

“Many of them cannot sleep well or live peacefully because of alcohol being sold in residential areas.” (FGD_2, Participant 3, Molepolole, Botswana)

“In the area where I even stay you can hear like two, three o'clock in the morning, people is making a lot of noise, and you can hear clearly these people are drunk, and the way that they talk, using vulgar language.” (KI_26, Social services representative, Namibia)

Sleep disturbance due to the noise levels was also mentioned in relation to people working shifts.

“...if one works the night shift and tries to sleep during the day, this is impossible because of the level of noise.”

SUB-THEME 3.5: IMPACT ON HEALTH

Alcohol consumption and poor health

In Namibia, an association was made by a key informant between physical illness and alcohol consumption.

“Alcohol overall is a problem because, you know, most of diseases or kind of illnesses are also related to, or triggered,

roam the streets holding cans of Re-Boost energy drinks only to discover that it is alcoholic drinks in those cans. You can see by misbehaving that it is alcohol.” (FGD_2, Participant 1, Teyateyaneng, Lesotho)

Participants in Namibia elaborated on the visible public drinking by teenagers even at school athletic events.

“...and the young people who were walking drunk in our streets, that was within the event and the athletics,...” (FGD_2, Participant 4, Rehoboth, Namibia)

In Namibia participants also shared that traders knowingly break the law by selling alcohol to minors.

“...they know exactly, they must not sell alcohol to teenagers, but they do. So, what can we do? It's better to close them.” (FGD_2, Participant 3, Otjomuise, Namibia)

(FGD_2, Participant 3, Teyateyaneng, Lesotho)

A comment from a key informant in South Africa suggested that communities are unaware of their right to object to excessive noise.

“Taking accountability when liquor outlets become disruptive in terms of noise and grounds to criminals. This individual learnt that they could report such matters to the law enforcement.” (KI_25, Social services representative, South Africa)

The location of outlets in communities was also linked to increased noise levels which impacts on children and their ability to study.

“...there are families in which children are raised, and they need time to study but the noise emanating from these outlets including the type of music played.” (FGD_2, Participant 3, Teyateyaneng, Lesotho)

can I say, by the alcohol use.” (KI_27, Social services representative, Namibia)

Also, in Namibia reference was made to the impact of high alcohol content sachets on the physical health of people.





“Whiskey, apart from making people drunk, it is a health hazard. I have seen people hospitalized because of over consumption of those products. And those products are not allowed in the country.” (KI_17, Constituency representative, Namibia)

In South Africa, this association specifically referred to mental health.

“Most people are battling with issues of mental health which leads some to abuse alcohol, some to be violent or possess negative behaviour.” (KI_28, Social services representative, South Africa)

Similarly, in Namibia, children’s mental health emerged as a key area of concern in the pathways linking alcohol consumption within households

Alcohol consumption as a coping mechanism

Another opinion noted was that while alcohol contributes to crime, it is not the only factor. Some individuals engage in criminal behaviour due to underlying mental health challenges and broader social, personal issues, or poor mental health. Thus, alcohol use intersects with mental health and life stressors to influence patterns of crime and violence.

“Crime is not only as a result of alcohol some committing crime because of the poor mental state and other issues.” (KI_03, Social services representative, South Africa)

Across different sites, unemployment emerged as a major underlying theme for the crisis alcohol

THEME 4: “NOTHING FOR US, WITHOUT US” - THE VALUE IN AND BENEFITS OF COMMUNITIES PARTICIPATING IN RESEARCH ON DOCUMENTING ALCOHOL OUTLETS

Reflecting on the involvement of community members in the study, participants across sites expressed appreciation for the effort to involve community members in the research and noted the positive impact this could have on the quality of information gathered, community ownership and study outcomes.

A KI from Lesotho affirmed the vital role that communities play in shaping decisions that affect

and GBV. A key informant highlighted that exposure to violence and harmful drinking patterns at home contributes to emotional distress, fear and behavioural challenges among children.

“Gender Based Violence also contributes a lot to our children's mental health. We become scared children, shy children, introvert children, violent children, insecure children...behavioural problem is a manifestation of what is happening at the house. And it is most likely alcohol, most likely a violent atmosphere from where the child comes. So definitely we have got very negative bearing on our children and their mental health, often also physical health.” (KI_23, Social services representative, Namibia)

creates within communities—as alcohol consumption was a way people cope with unemployment. In Namibia, participants noted that high levels of unemployment in their communities contribute to a sense of hopelessness, which in turn reduces concern or emotional responsiveness to the harmful effects of alcohol use.

“...our community is already frustrated with the economic situation, the way things are, and if I can't be in my house because I'm hungry, but someone is saying, let us go and have a drink, I will go there, regardless of what the consequences are, because most of us have given up on life.” (FGD_2, Participant 8, Otjomuise, Namibia)

their own communities:

“Nothing for us, without us.” (KI_24, CBO representative, Lesotho)

In Lesotho participants in the focus group discussions and interviews underscored the importance of involving the community because alcohol outlets are located next to their homes and are used by the people around them.

“Community must be part of the process because most of these outlets are actually next to their own dwellings.” (FGD_2, Participant 3,Teyateyaneng, Lesotho)

“...people who use these facilities are our neighbours.” (KI_02, Health services representative, Lesotho)

The inclusive study design ensured that many different community members could participate in

SUB-THEME 4.1: LOCAL KNOWLEDGE OF COMMUNITIES AS AN ESSENTIAL COMPONENT IN RESEARCH DOCUMENTING ALCOHOL OUTLETS

Participants agreed that the local knowledge of communities on alcohol outlets was an asset to the study. Residents of the area have knowledge of the area, they can identify all outlets both licensed and unlicensed, including the density of outlets, are aware of transgressions that may occur, trading hours, and to whom liquor is being sold. Furthermore, they reflect the opinions of the community rather than the individual. Community members know the challenges better than the experts and can propose solutions, young people know the hot spots, and people such as police are known within communities even without their uniforms. Lastly, mappers derived economic benefit with part-time employment, and the study allowed participation of all stakeholders.

The importance of drawing on local knowledge and experience was described by a participant in Botswana as follows:

“They can identify where alcohol has affected their community.” (KI_16, Community leadership representative, Molepolole, Botswana)

Similarly, in South Africa, community participation was argued to be essential because communities have more intimate knowledge of their areas as expressed by another participant:

“...people who know alcohol outlets better are those in the community.” (FGD_2, Participant 2, Muledane Thohoyandou Block J, South Africa)

Lastly, communities have knowledge of outlet law breaking behaviour as explained in South Africa.

“Aware of which outlets are breaking the law by either operating illegally and beyond the permitted times.” (KI_03, Social services representative, South

the study.

“This method allows for everyone within the community (community leadership, relevant stakeholders as well as community members) to participate in this study as they were all included and allowed to participate in some way.” (KI_03, Social services representative, South Africa)

Africa)

Limited financial resources constrain the implementation of by-laws, particularly monitoring activities, with community mappers having the potential to fill this gap by serving as an additional human resource to identify alcohol outlets and document their operating hours.

“The use of the participatory tool is useful as it will benefit its purpose, it will also help to identify places where alcohol is sold and able to see the closing time of alcohol outlets. The mappers will be able to identify areas that do not follow the alcohol regulations. These mappers will be able to do the work for by law officers who do their searches once in 6 months due to lack of funds.” (KI_15, CBO representative, Lobatse, Botswana)

In Botswana, a participant suggested that community mapping can support the identification of smaller outlets that might otherwise go unnoticed and can provide evidence of high alcohol outlet density, thereby empowering local leadership to demand enforcement measures.

“We have five bars, but you would find out that there are many in the village, there are many small business that sells alcohol. We say small businesses should be charged. If mapping is done they can see that there are many small businesses.” (KI_01, Community leadership representative, Botswana)

“Lastly, participation in mapping alcohol outlets gives the community a sense of ownership over the issue. Instead of waiting for outsiders to tell us what needs to be done, we can use this data to advocate for changes that directly benefit us. Whether it’s pushing for stricter enforcement of trading hours, lobbying for fewer liquor licenses in certain areas, or launching community-led awareness campaigns, we can use this information as a tool for real change.” (FGD_2, Participant, Lobatse, Botswana)





The empowering value of participating in the study was further described as providing an indirect opportunity to monitor alcohol trade, identify hidden outlets, raise community awareness, and send a message to traders that their activities are being observed.

SUB-THEME 4.2 : THE VALUE OF COMMUNITIES PARTICIPATING IN RESEARCH

The benefits derived from the training and methodology used were positively reported by KIs and FGD participants. The KIs emphasised that the training of community mappers prior to data collection was empowering and strengthened community ownership of the research process. As research methodology was generally unfamiliar to the community members, KIs perceived the capacity-building component as a distinct and valuable benefit for the community mappers. Their exposure to research skills, ethics, and teamwork, contributed to new learning opportunities, and KIs emphasised that these contributions enhanced the quality and trustworthiness of the data collected.

KI_01 shared that the tool and methodology confirmed the nuances that exist between areas in the same country.

“...your tool together with GPS, to help you understand what you hear from Lobatse is different from Molepolole views.” (KI_01, Community leadership representative, Botswana)

A CBO participant supported the quality of the data collected, attributing this to the ethics training that the team attended. The participant added that the benefits of the training were far reaching and

SUB-THEME 4.3: MAPPING USING COMMUNITY-LEVEL SPATIAL KNOWLEDGE AND VERIFYING ALCOHOL OUTLETS AND TRADING TIMES

Participants expressed the view that the mapping exercise effectively documents the reality of alcohol outlet density and the extent of unlicensed trading within their communities, while also illustrating the breadth of the population affected by alcohol trade.

In Botswana, participants indicated that the mapping exercise offered an opportunity to document the severity of the alcohol trade within communities and its impact on the quality of their

“Another important point is that community participation makes it harder for illegal alcohol outlets to operate unnoticed. Many of these unlicensed businesses depend on the fact that no one is actively monitoring them. But when we, as residents, start collecting data and reporting them, they can no longer hide in the shadows.” (FGD_2, Participant, Lobatse, Botswana)

that the skills they learned could be applied after the study.

“had to undergo the ethics training ...picked up a lot of life skills, you know, and the whole thing of teamwork, working with others.” (KI_07, CBO representative, Eastridge, South Africa)

The mapping process was regarded as both a data collection mechanism and a means of enhancing community awareness. By visualising the spatial distribution of alcohol outlets, the maps enabled community members to better appreciate the scale and severity of issues such as outlet density and underage drinking, which may not have been previously fully recognised. In this way, the mapping process served to stimulate reflection and foster greater community engagement.

“When we engage in the mapping process, we are not just collecting data—we are also raising awareness. By discussing alcohol-related issues in the community, we make people realize the scale of the problem. Some people may not even be aware of how many alcohol outlets exist in their area or how widespread underage drinking is. When we see the data mapped out, it forces us to acknowledge the problem and start thinking about solutions.” (FGD_2, Participant, Lobatse, Botswana)

lives.

“See the extent of the outlets on the map, they will realize how serious the issue is and how many people are affected by alcohol abuse.” (FGD_2, Participant 2, Molepolole, Botswana)

“...dense these outlets are, it shows that many people in those areas are not living well, they are not living decent lives.” (FGD_2, Participant 2, Molepolole, Botswana)

In Lesotho, participants expressed surprise that the alcohol outlet map of their community showed that even the public services, and notably the police station, the institution responsible for law enforcement, were situated in a high-density outlet area. This observation raised questions about the effectiveness of existing law enforcement efforts.

“The highest concentration of public services areas is found in the high outlet density area..., you also find the Police station whereas ideally, you would expect to find the police station in the low outlet density area.” (FGD_2, Participant 1, Lithoteng, Lesotho)

In Lesotho, participants stated that the map still did not fully reflect reality, partly because some outlets operate under the guise of other businesses and partly due to the limitations of the geographical parameters captured in the study.

“I think what is reflected in the map are only those that are well known, you will be surprised that in this very town, shacks are masquerading as clothing shops, yet they are alcohol outlets.” (FGD_2, Participant 3, Teyateyaneng, Lesotho)

In one example in Namibia the mapping exercise seemed to encourage communities to share information.

“Somebody just called me the other day after we did this mapping. Also, he said, you know, this guy has got, now, officially, he had one bar registered, the other two is not registered, and they just opened that one.” (KI_26, Social services representative, Namibia)

A participant from South Africa reflected on the map presented to them and highlighted both the value of the mapping process and its limitations. They noted that outlets located just outside the study site were known to trade beyond permitted hours, which, in their view, demonstrated the limits imposed by the study’s geographical scope.

“The serious spots which don’t close are not on the map. The map does not have block N which is a problematic area. There are serious cases of unlicensed spots which don’t close there. The map only shows block J, J extension and Mvudi park. In block N there are so many cases of GBV and unlicensed liquor outlets.” (FGD_1, Participant 2, Muledane Thohoyandou Block J, South Africa)

This sentiment was echoed by a second participant from the same site, who stated that the

limitations of the map are that it did not capture the reality of unlicensed outlets in the area.

“It is unfortunate not all areas were mapped; you would have seen that almost every street there is an unlicensed liquor outlet.” (FGD_2, Participant 7, Muledane Thohoyandou Block J, South Africa)

Other FGD participants in Lesotho highlighted the proximity of certain outlets to schools on the map, noting that these locations were especially concerning for children’s exposure to alcohol. Extending this point, one participant described tensions arising when public buildings such as churches were established in areas where alcohol outlets were already operating. The participant explained that such situations created difficulties for the renewal of licenses and suggested the need for clearer delineation of zones—where schools and churches occupy one category of space and alcohol outlets another.

“...Issues like what is happening Ha Njabane where an outlet is next to a school would be avoided...what should happen is that, I wish there could be laws that govern the alcohol outlets such that places are delineated accordingly e.g. school be in specific places, churches have their own zones, and alcohol outlets their own as well, especially because alcohol outlets hurt a lot of people in our communities.” (FGD_1, Participant 2, Teyateyaneng, Lesotho)

“The challenge we have is that some of these public buildings find these outlets already operational e.g. a place next to our offices has been operational long before a church next to it was built. So this poses a challenge for tourism when it has to renew the license.” (FGD_1, Participant 1, Teyateyaneng, Lesotho)

Furthermore, also in Lesotho, participants observed that the map presented during the first FGD was outdated. They highlighted that the map did not reflect the expansion of residential areas, the development of public facilities, or the emergence of new outlets, resulting from ongoing population growth and development in the area.

Despite this limitation, participants were still able to recognise and identify many outlets and landmarks, which allowed them to engage critically with the map and reflect on the current realities of alcohol outlet distribution in their communities. This affirms the value of the local knowledge held by community members.



The moderator’s quote illustrates this point:

“While we all agreed beforehand that the map seems a bit old but they could identify some places and known land marks in this area. Generally, our participants were somewhat familiar with their area and could identify some outlets on this map.” (FGD_1 Moderator, Lithoteng, Lesotho)

In Lesotho participants underscored the importance of community participation because of alcohol outlets being located next to their homes, and because people are directly affected by decisions.

“Community must be part of the process because most of these outlets are actually next to their own dwellings,” (FGD2, Participant 3, Teyateyaneng, Lesotho)

“Important that the community takes part so that it should not appear as though the decisions are made without their involvement in issues that affect them.” (FGD_2, Participant 2, Teyateyaneng, Lesotho)

A view was also expressed that participation allows communities to reflect on how the alcohol trade violates their rights and offers them the opportunity to decide if they want alcohol outlets next to their homes.

“...important that we as a community participate because when we reflect on the findings, we can see that this issue of the sale of alcohol infringes on our human rights.” (FGD2, Participant 1, Teyateyaneng, Lesotho)

“It is therefore important that the community takes part in all these processes so that they can make a determination of whether they need these types of businesses next to their homes.” (FGD_2, Participant 3, Teyateyaneng, Lesotho)

THEME 5: ACCEPTABILITY OF THE PARTICIPATORY TOOL AMONG KEY INFORMANTS

Key informants were specifically asked about the acceptability of the participatory tool during the interviews. Their responses are reflected in three sub-themes: (1) the benefits of community participation in documenting alcohol outlets; (2) the advantages of officially adopting community participation in mapping, and (3) perspectives on

the outcomes associated with documenting outlets. The participatory tool and process was perceived as useful and acceptable as it engaged community members, provided new knowledge (around the concentration of outlets serving or selling alcohol), and created new opportunities for future collaboration.

SUB-THEME 5.1: BENEFITS OF COMMUNITY PARTICIPATION IN DOCUMENTING OUTLETS

Community participation in documenting outlets demonstrated several benefits. Local residents gained a deeper understanding of the availability and sale of alcohol in their communities. The data collected was regarded as credible as community members possess in-depth knowledge of their local contexts. This included information about alcohol consumption and its associated impacts on communities. Participation in the documenting of alcohol outlets, also facilitated the formation of

new networks and contributed to a clearer understanding of stakeholder roles, particularly in the South African context.

“Networking, now you also suddenly understand the role of the other stakeholders much better, whether it's the local authority, whether it's the SAPS” (KI_07, CBO representative, Eastridge, South Africa)

There was consensus amongst all KII that this was a positive and beneficial experience.

SUB-THEME 5.2: REASONS WHY COMMUNITY PARTICIPATION IN MAPPING IS BENEFICIAL

The KIs indicated that community members possess critical local knowledge that enables them to identify both licensed and unlicensed alcohol outlets. Such insights have the potential to provide relevant authorities with a more accurate understanding of alcohol availability and regulatory violations, thereby creating clearer pathways for targeted and appropriate

interventions to strengthen alcohol control. An additional benefit noted by KIs was the usefulness of this information for officials in informing and enhancing their work within communities.

“Helping those who enforce the by-laws, to know if there are such operations in specific areas so that they can target those areas during their patrols or raids” (KI_08, Social services representative, Lobatse, Botswana)

SUB-THEME 5.3: LOCAL KNOWLEDGE AND QUALITY DATA COLLECTION

Key informants from Botswana, Lesotho and South Africa supported the involvement of community members in research studies, noting that local residents possess an understanding of community attitudes, behaviours, knowledge, customs, and language.

“As a local I know the customs of the people living in this village, I know their language, I know their attitudes and behaviour, what kind of people they are and better than if

you bring someone from outside.” (KI_01, Community leadership representative, Molepolole, Botswana)

An official based in Lesotho shared that the people who visit the alcohol outlets are known to them and are part of their community.

“...people who use these facilities are our neighbours” (KI_02, Health services representative, Lithoteng, Lesotho)

In South Africa, the view was shared that community members are knowledgeable about all alcohol outlets, including where and when they operate, whether legally or illegally, and who frequents them.

“...aware of which outlets are breaking the law by either operating illegally and beyond the permitted times.” (KI_03, Social services representative, Muledane Thohoyandou Block J, South Africa)

This was affirmed by an official, suggesting the potential for partnerships between the community and the police.

“...very useful, because I believe the community have more information than the police of where alcohol is easily available and also what times legal or illegal outlets are operating.” (KI_04, Law enforcement official, Eastridge, South Africa)

THEME 6: RECOMMENDATIONS FROM COMMUNITY STAKEHOLDERS AND KEY INFORMANTS ON IMPROVED ALCOHOL CONTROL

In Botswana, a participant advocated for stakeholder involvement from the onset,

“[They] should be engaged during planning stage, decision making process and implementation of policies and regulations.” (KI_16, Community leadership representative, Botswana)

Another recommendation proposed was the introduction of amendments aimed at

SUB-THEME 6.1: RECOMMENDATIONS ON COMMUNITY PARTICIPATION IN DECISIONS ABOUT ALCOHOL CONTROL AND LICENSING

Participants highlighted the need for communities to have a clearer understanding of existing institutional structures and appropriate points of contact. However, when concerns were raised collectively at the community level, greater engagement with local authorities was observed. Participants further emphasised that communities wish to be informed and to have opportunities to

Furthermore, trust in local religious organisations has facilitated community participation and enhanced the sense of ownership. KI_05 shared the experience in South Africa.

“...religious groups, people are more willing to listen to them, whether it's your mosques or your churches, people are more willing to work through them because they have trust in them.” (KI_05, Social services representative, Eastridge, South Africa)

The data received from the community members appears to be more comprehensive than that obtained from and recorded in the official structures. Communities are thus a preferred source for obtaining comprehensive information.

“Rely on the council, you might get limited information, but with the community, you will get more comprehensive results.” (KI_06, Social services representative, Molepolole Village, Botswana)

strengthening the existing legal framework to improve alcohol control.

“I wish there could be laws that govern the alcohol outlets such that places are delineated accordingly e.g. school be in specific places, churches have their own zones, and alcohol outlets their own as well, especially because alcohol outlets hurt a lot of people in our communities.” (FGD_1, Participant 2, Teyateyaneng, Lesotho)

exercise their voices in decision-making processes.

“The only way that community will work with the local authorities when themselves, they have taken it as an issue.” (KI_17, Constituency representative, Namibia)

“[I] cannot say that alcohol outlets must close down rather regulate their operating times.” (KI_03, Social services representative, South Africa)

The FGD participants shared a range of perspectives on how communities could more actively participate in decisions related to alcohol control and licensing. One participant emphasised the potential of collective action, suggesting that community protests could serve as a means of driving positive change. Others underscored the importance of ownership, arguing for communities to take responsibility for engaging in licensing processes and contributing to decisions that directly affect them.

“A typical example of our neighbour RSA, communities in that country influence a lot of decisions through (Toyi-toying) perhaps this is the way to go in order that we make sure to influence a positive change. This has resulted in escalating crime rates and therefore strongly calls for communities to take upon themselves to participate in decisions regarding licensing.” (FGD_1, Participant 1, Lithoteng, Lesotho)

A key strength identified by community stakeholders from Botswana and Lesotho was the depth of local knowledge held by communities. Participants explained that community members are well positioned to identify traders who operate outside permitted hours and to advise or caution them accordingly. In addition, they described the central role of community leaders, who are often aware of what happens in their communities, in taking responsibility for informing community members and traders about regulated outlet trading hours and engaging with traders to promote improved compliance.

“I think if the community can work with Lobatse town council, by-law since there will be data collected and available. Also the communities can form community groups that could assist in regulating trading times. The village development committee, by-law, police and form this committees that could regulate trading times. As the leadership of the community we engaged with law-enforcers, I think there would be progress.” (FGD_1, Participant 1, Lobatse, Botswana)

SUB-THEME 6.2: THE ROLE OF COMMUNITY LEADERS AND COMMUNITY ORGANISATIONS IN REGULATING ALCOHOL AT THE COMMUNITY LEVEL

A participant emphasised the role of leadership in working with other community stakeholders. The Chief’s role is fundamental to the functioning of the “kgotla” in Botswana.

“...We have community policing committees which can be approached by the chief when an application for a license has been received for a particular area. The intention would be to find out about the character of the applicant, e.g. would be a person who is likely to be law abiding and compliant with governing laws of the alcohol outlet? In as much as issuing bodies may overlook their assessment but at least they would have made their input.” (FGD_1, Participant 3, Teyateyaneng, Lesotho)

While the following participant (from Namibia) acknowledged the regulatory role of the liquor authority, she also highlighted gaps in practice. She related the situation in which a new outlet suddenly appeared in a community without prior consultation, leading the community to express dissatisfaction with their exclusion from the decision-making process.

“... there was a concern in Kawuki last year regarding an outlet that opened there, and I had to step in. ..I spoke to the police and informed them that the community is not happy about it, and this statement was not communicated to the community. Remember, the community needs to ground the commission that this outlet should not be here in the first place....I told them I would take the town council to court if they didn’t close this outlet, and it was eventually closed.” (FGD_1, Participant 6, Rehoboth, Namibia)

Participants reflected that effectively addressing GBV and crime requires communities to be well informed about alcohol regulations and involved in monitoring compliance. One participant emphasised that such efforts were most successful when communities work in collaboration with the police and when police also take an active role in educating communities. This highlighted the value of partnerships in fostering safer environments.

“...important issues, so that we may assist even with regulations and monitoring. The only way we can fight GBV and crime in our community is when we are well informed and working with the police.” (FGD_1, participant 4, Muledane Thohoyandou Block J, South Africa)





“Chiefs should be empowered to work with other stakeholders in the communities [on licensing conditions]. The kgotla cannot be functional if the chiefs are not involved.” (FGD_1, Participant 2, Molepolole, Botswana)

A community leadership representative in South Africa suggested reinforcing the education of outlet owners about liquor laws.

“We can form groups, go with shebeen owners and teach them about liquor laws. Because when a person is given a license he is told that there is time to close, time to open an outlet. If we formed ourselves and went to teach as a group and start with small businesses in the community who didn't have licenses.” (KI_01, Community leadership representative, South Africa)

A multi-stakeholder forum, including tribal representation, was also suggested as a mechanism for collective decision-making around the alcohol trade in communities.

“Community led monitoring groups or committees, where they will have a person from the law enforcement or from the council, the business owners and the tribal leadership and then the community members so that they decide on how the premises should operate.” (KI_06, Social services representative, Botswana)

The Namibian official KI_23, emphasised the roles of stakeholders in regulating outlets,

“We need a multi sectoral approach, the local authority council must do what they are supposed to do, not allowing outlets on a residential area or on a residential area, not allowing fitness certificates there” (KI_23, Social services representative, Namibia)

SUB-THEME 6.3: EDUCATING AND RAISING AWARENESS AMONG COMMUNITY MEMBERS AND ALCOHOL TRADERS

Across the study sites, participants underscored the importance of education and awareness-raising as central to strengthening community engagement in alcohol control. In this theme, participants highlighted key actors in educating and raising awareness among community members to enable effective community-led participation in regulation and monitoring, but also for holding alcohol traders accountable.

Across the focus groups, participants described a widespread lack of confidence in the systems and

A further proposal involved the establishment of village committees to address the non-payment of fines.

“Create committees that address issues such as how a person who does not pay a fine should be managed.” (KI_06, Social services representative, Botswana)

A Botswana official highlighted the need for a focal person as well as a community committee for monitoring and to support the regulatory process.

“Focal persons in the community specifically for alcohol who will be working with the council... “community can form a committee apart from the VDC so that it can work with the council and report anonymous those who are not follow the trading times, or do not have a licenses.” (KI_13, Government official, Botswana)

As written documentation such as reports are a potential source of data to support decision making, it was suggested that community-based safety structures such as community policing forums and neighbourhood watch groups should be involved in record keeping.

“Most of these neighbourhoods, they are no paperwork in place or recalling mechanisms put in place...CPF or somebody, must take charge of the process with a register in place to record that so that we can come and get it from them.” (KI_21, Alcohol regulatory official, South Africa)

institutions responsible for regulating alcohol. While some community member recognised their potential role in supporting alcohol control, others expressed growing scepticism about whether their input was valued or acted upon. One participant from Molepolole, Botswana, suggested that relevant licensing departments should provide training to community leaders, who could then convey this information to the wider community.

“We would like to ask that perhaps the departments related to licensing conduct training such as discussions with

[traditional] leadership. We can convey the message to the community.” (FGD_1, Participant 1, Molepolole, Botswana)

Participants emphasised the importance of educating and raising awareness amongst school children, particularly on the dangers of alcohol, as the issues related to alcohol and drug use were seen to mostly affect them. For this participant, this education also included informing school-going children about where they could access support.

“What am saying is for you to reach out to schools and provide knowledge to our children on the dangers of alcohol. They are the most affected by alcohol and drug issues. Educate and empower them about the dangers of alcohol and drugs, and where to get counselling and help.” (FGD_1, Participant 2, Molepolole, Botswana)

A participant from South Africa highlighted the role of the police in educating and raising awareness among community members. He noted that when communities are well-informed, they are better able to participate in the regulation and monitoring of alcohol, and also to address GBV and crime. For this participant, knowledge was seen as a necessary starting point for action. He stressed that effective change depends on collaboration between communities and the police, suggesting that partnerships between informed residents and law enforcement officials create the conditions for safer communities.

“...we feel that the police as people of law should also contribute to us knowing about these things since we do not know. We should seriously be informed about such important issues, so that we may assist even with regulations and monitoring. The only way we can fight GBV and crime in our community is when we are well informed and working with the police.” (FGD_1, Participant 4, Muledane Thohoyandou Block J, South Africa)

The need for education and awareness was also extended to alcohol traders, whom some participants regarded as key individuals in alcohol control. Participants from South Africa, in particular, reflected on the importance of engaging directly with alcohol traders as a means to building constructive relationships that could foster improved trading practices. Some participants emphasised that traders need to understand the impact of their behaviour on the community and

recognise that communities are united in opposing practices that cause them harm.

“...we should talk to the shebeen owners. So, there's a relationship, and they must understand the impact of their behaviour on the community, that we're not against the business, but it should be against the practices that harms the community.” (FGD_1, Participant 3, Eastridge, South Africa)

This participant, in particular, stressed that stakeholders—including communities and traders—need to work together to find solutions. Building these relationships was also viewed as a way to prevent conflict, such as situations in which associates of traders might retaliate against community members’ who raise awareness.

“I mean, before that, I'm hearing what we say as stakeholders that we need to do this together. But I also want us to not forget to engage the owners to be part of that course, because we'll be saying we're doing awareness raising and, you know, get cronies running after us without them being involved.” (FGD_1, Participant 7, Eastridge, South Africa)

The safety of community members who do report was raised as important to the process.

“Not all of them, all of the community members, are fearful. They are those really that stand out and want to talk, so I believe, really a one-on-one in a secluded area or space, okay, where that person feels safe to talk and give that guarantee.” (KI_04, Law enforcement official, South Africa)

At the same time, another participant recognised that selling alcohol constitutes a livelihood strategy for many families. For this reason, the participant suggested that regulating trading hours could serve as a compromise—helping to contain alcohol-related harm while still allowing traders to earn a living.

“What can be done is that community leaders can have or call a meeting to talk to those people selling alcohol. Yes, we all know that they are selling alcohol to provide for their families. They should regulate time that would guide them. Let's say they open at 12 pm and close at 6 pm. Even though they don't have license but trying to contain the situation and way of surviving.” (FGD_1, Participant 1, Lobatse, Botswana)



Discussion

12

‘Alcohol as a crisis’ in the country.

The study enabled communities to reflect on and express their lived reality of the pervasive availability of alcohol within their neighbourhoods; its impact on community life and the structural and economic factors that contribute to the development of a culture of alcohol trade and consumption. This experience was described as ‘alcohol as a crisis’. The KIs who serve communities in the eight sites echoed the sentiments expressed by communities through their descriptions of community challenges linked to widespread alcohol availability, including GBV, increased crime, and child neglect. Density studies show that increased alcohol availability is associated with higher levels of consumption and consequent harm (17,18).

DISCUSSION

91

The mapping exercise showed that the majority (79.1%) of licensed and unlicensed outlets across the eight sites traded from Monday to Sunday, with 37% trading on a 24 hour basis. These findings support the community expression of the pervasive nature of alcohol availability, captured in the phrase ‘alcohol as a crisis’.

Whilst there was some positive associations with alcohol availability by a few participants, such as relaxation, the overall picture shared by participants across all sites in the four countries was overwhelmingly negative. This included increased and negative consumption behaviour; increased vulnerability to crime by neighbours surrounding alcohol outlets; increased levels of child neglect; increased drinking among minors; alcohol being purchased on credit; increased domestic and sexual violence; and an overall reduced quality of life for community members. The latter is illustrated by the lack of sleep reported by community members due to the high noise levels associated with alcohol outlets and their patrons.

The FDGs and the KIIs highlighted the economic and structural conditions related to the licensed and unlicensed alcohol trade within communities; conditions which shape alcohol trading, availability and consumption cultures within communities. Unemployment, a lack of law enforcement, collusion by community members, and corruption by officials were identified as key drivers for the development of a culture of ‘tolerance and silence’, which fuels the lived experience of alcohol as a community-level crisis.

Diverse perspectives emerged from community members and officials regarding law enforcement. Communities identified the limited or non-enforcement of existing laws within residential areas as a key driver of the prolific availability of alcohol, which, from their perspective, demonstrates ‘tolerance’ by law enforcement officials toward those who break the law. On the other hand, officials attributed limited enforcement to non-reporting and ‘silence’ by the community, as well as to limited resources and limited cooperation amongst duty-bearers across the implementation and enforcement chain. Together, these factors reinforce the message of ‘tolerance’ for violations of the law by licensed

traders who operate outside their licensing conditions, serve minors, and supply unlicensed traders. These factors also fuel the establishment of unlicensed alcohol outlets (which comprise 58.6% of the outlets mapped in this study).

From the community representatives’ perspective the alleged corruption of officials, or their non-response to complaints, fosters a culture of ‘tolerance’, non-reporting and ‘silence’ among community members, whether they are consumers of alcohol or neighbours of alcohol outlets. The fear of potential negative consequences for reporting non-compliance is propelled by the alleged corrupt relationships between traders and law enforcement officials, further adding to the pressure on community members to remain ‘silent’.

Non-enforcement by officials and the ‘silence’ of community members regarding alcohol outlets that break the law were compounded by the economic realities of unemployment. Participants highlighted unemployment as a major, and at times understandable, reason for this silence, because the alcohol trade often sustains families. This reasoning at the community level results in a ‘tolerance’ for unlicensed trading, further compounding the community’s experience of ‘alcohol as a crisis’.

An important observation from the Namibian site of Rehoboth highlighted the unregulated nature of informal settlements as a structural facilitator of the establishment of unlicensed alcohol trade outlets within communities. This observation is supported by the outlet mapping data, which showed that most outlets (58%) in Rehoboth were in the informal section of the community.

These structural and economic factors facilitated the immediacy of access to alcohol to consumers, which, according to community participants and key informants, acted as an additional motivating factor for community collusion with non-compliant outlets.

Culture of alcoholism

The availability of alcohol was described as being ‘next door, around every corner, around the clock and on credit’. This availability has facilitated the



development of a pervasive culture of consumption where people drink at all hours—at outlets, in public, and in their homes—negatively impacting the quality of life of families, men, women and children. The International Alcohol Control Study has identified drinking locations such as homes, nightclubs and sports bars as factors driving heavy consumption (19). According to participants, the prevailing consumption culture in their communities diverts resources away from household necessities, strains family relationships, fuels domestic violence, exposes children to violence, creates pressure to drink, and leads to disruptive social behaviour by minors.

Across the sites, 69.1% of alcohol consumption occurred at on-site and off-site outlets (both licensed and unlicensed) within the community, except in Eastridge where 67.7% of consumption occurred off-site. This may be due to the area’s high levels of gang activity, where the fear of harm due to gang violence ‘regulates’ or reduces on-site consumption outlet behaviour.

Despite homebrew being documented as the most common type alcohol sold at outlets across the sites—especially in rural Botswana, where it accounted for 43.3% of outlets—commercial beer remained the most widely consumed alcoholic beverage (70.1%) across all eight sites. The relative popularity of wine (38.4%) may be due to the widespread availability of cheaply priced wine, the sale of wine in large container sizes at off-site consumption outlets, and the practice by outlets to sell alcohol by the glass. Historical factors such as the ‘dop system’ (paying people with cheap wine) which is specific to the Western Cape Province, South Africa, where Eastridge is located, may also influence the type of alcohol traded and consumed.

A concerning trend is the availability of high-alcohol content sachets in Lesotho (16.7%) and South Africa (17.7%). The alcohol levels of sachets often exceed 40% and they are generally consumed ‘neat’. Studies from Malawi have reported increased consumption of alcohol sachets among young people (20). In Lesotho and South Africa, where existing consumption patterns among young people are already high, the growing availability of sachets could fuel further increases in alcohol consumption.

Availability fuels crime for owners, consumers and residents

The availability of alcohol was associated with increased crime affecting consumers, outlet owners, and neighbouring residents. Participants noted that the presence of outlets within residential areas increased the risk of crime, including sexual violence. This risk was due to patrons from within the community knowing which homes were left unattended when adults were out drinking at outlets, as well as from patrons coming from outside the neighbourhood. The risk of sexual violence against children left alone at home was particularly highlighted in Botswana and Lesotho. Participants also highlighted the increased vulnerability of traders (sometimes by their own clients) due to trading practices such as trading outside licensed hours, as well as the lack of security measures or safe money storage options in the early hours of the morning.

Trading practices of both licensed and unlicensed outlets, such as serving minors, selling alcohol on credit, and providing 24-hour availability, influence the purchasing and consumption patterns of men, women and minors. These practices contributes to the crime experienced within the community and into the experience of ‘alcohol as a crisis’.

Gender-based violence and alcohol consumption

Gender-based violence and domestic disputes were increasingly occurring as a direct consequence of consuming alcohol away from and at home. This reflection voiced by participants is supported by a previous study on the association of alcohol availability and domestic violence (21).

Gender-based violence was the most mentioned negative consequence and visible expression of the crisis resulting from excessive alcohol availability in communities. The purchasing and consumption of alcohol was aptly coined ‘unplanned regular expenditure’, most often by men diverting resources away from basic family needs and resulting in domestic disputes and violence. Across all the sites examples were cited of GBV. For example, men drinking, then going home drunk and demanding sex, leads to GBV. Or



partners drinking together at outlets and then because one partner, most often the female, spoke to someone else, the ensuing jealousy erupts into violence. Or families anticipating violence upon the return of the husband or father after drinking.

Inadequate GBV data collection and documentation systems across sites, and the bureaucratic red tape experienced to access the data, limited the collection of official GBV data in this study, except for the Eastridge site. The analysis of reported GBV data in relation to the density data of alcohol outlets in the Eastridge site showed an association between alcohol outlet density ratio and reported GBV. This confirms the perception and experience of alcohol-related GBV shared by community members, key informants, and the emerging literature.

Negative adult role-modelling

The negative role modelling of alcohol consumption by parents and other adults for children was amplified across sites as a major concern shaping children’s relationship with alcohol, highlighting another aspect of ‘alcohol as a crisis’. Children witnessing or experiencing violence perpetrated by mainly drunk men was highlighted as increasing the crisis within communities because of the potential impact on children’s own consumption and violent behaviour.

Key informants and community members were concerned about the normalization, negative impact and role modelling for children of both alcohol consumption and violence; the potential impact on children’s future relationship with alcohol; as well as the acceptance and perpetuation of alcohol induced violence. Previous studies have highlighted such negative impacts on the emotional, social and cognitive development of children who grow up in households with adults who have alcohol drinking problems (22,23).

Liquor legislation and its implementation

The discussion about alcohol law was generally limited to that of liquor licensing. However, in sites where officials involved in liquor administration and enforcement participated in interviews or focus group discussions, knowledge about liquor regulations, licensing and enforcement was more extensive.

While community participants could name some of the requirements for acquiring an alcohol outlet license according to their country’s legal framework, most participants representing community stakeholders showed limited knowledge and understanding of liquor licensing law.

The knowledge shared by participants representing the liquor authorities and police on the legal provisions and responsible ministries for alcohol regulation were in some cases new to community participants. This highlights the disconnect between the provisions of the law, duty bearers, and those the law is meant to serve. The findings of the qualitative discussions highlight that communities, even though they are rights holders, do not fully understand the role of all the duty-bearers involved in the implementation and enforcement of alcohol laws.

Officials across the sites in the different countries also provided insight into the barriers they experience as duty bearers which impacts on the implementation of the law. Examples of barriers include limited physical and human resources for enforcement and inspection, and the non-cooperation of other stakeholders in the regulatory implementation chain. Officials also pointed out that because communities do not use the existing mechanisms available for community input it create challenges for them as duty-bearers with the result being decision making absent of community input.

Communities and how they experience the law

The study brought to the surface three different voices with regards to their experience of the law. These were duty bearers, rights-holders, and legal persons—those the law seeks to regulate. Although the latter group were not directly consulted in this study, the duty bearers and rights holders commented on these extensively.

Duty-bearers involved in liquor administration and enforcement expressed frustration with the limited utilization by communities of the opportunity afforded them by the law to participate in licensing prior to the awarding of licenses. Complaints were submitted only after the awarding of licenses. Another major frustration for officials in Eastridge, South Africa, in





particular, was the non-cooperation of other stakeholders e.g. ward councillors. Councillors in Eastridge were said not to fulfil their prescribed roles according to the law, namely, to consult with communities as part of the licensing process. In Botswana, participants advocated for the increased role of traditional leaders in law enforcement. In Rehoboth, Namibia, enforcement officials described how enforcement efforts were sabotaged due to the collusion between corrupt officials and traders. These views illustrate frustration with the existing system and potential solutions within communities.

Community participants as rightsholders expressed a mix of disappointment, frustration and anger at how the law was implemented. In addition, they were afraid of acting on the rights afforded to them by the law, highlighting corruption and complicity between enforcement officials and traders through bribery.

Community representatives also felt that officials had failed them by not ensuring that communities have full knowledge of the law as rightsholders. They expressed strong feelings of not being served as prescribed by the law due to limited attempts by officials to consult them. The study produced information that communities indicated they did not have access to prior to the study FGDs. Furthermore, community members felt strongly that the lack of official inspections of alcohol outlets prior to the awarding of a license and the lack of continuous inspections to inform the license renewal process were major gaps in their experience of the law. This experience was expressed by the sentiment of officials ‘administrating from their offices in the city away from where people live’.

Although trader opinion and experience were not directly canvassed in the study, both officials and community representatives expressed opinions about traders. One common theme centred around the profit-driven motive of traders which leads them to break the law either by trading beyond their licensed hours or trading completely outside the law from the outset, resulting in prolific and unregulated alcohol availability in residential areas.

From the officials’ perspectives, traders were non-compliant, and resented inspections and

enforcement of the law because it impacted on their ability to trade unfettered and ‘chased away’ customers. Officials also expressed frustration about the lack of support from communities in reporting unlawful trading because, in their view, communities found it convenient having easy access to alcohol through trading practices that break the law.

Community representatives were ambivalent and conflicted about unlicensed trading in their communities. Although community members had sympathy and understanding for people trading to sustain their families due to unemployment, they were concomitantly angry at the negative impact of unlicensed trading on their communities. This was because traders only concern was their own profits. These profits were being made at the expense of the quality of life of residents who experience lack of sleep; increased crime; sexual and domestic violence; community members purchasing alcohol on credit; and alcohol being served to minors. The community members felt helpless due to their inability to report non-compliance because of either the fear of reprisal from traders or having previously experienced a lack of responsiveness by the police and village chiefs.

Research as an empowering tool

Reflections by community members on their involvement in the study data collection show that they experienced it as an empowering process. Community members appreciated the opportunity to participate in documenting and commenting on the impact of alcohol outlets on their communities as insiders. Furthermore, they valued the insights they gained from going through the research process about the reality of the alcohol trade in their communities. The physical map produced from the study was a confirmation of their lived experience and clear support for ‘alcohol as a crisis’. In some instances, the study also provided new information about alcohol availability.

Community members commented that participation in the discussion groups gave them an avenue through which to express their experience, observations, feelings, concerns and to offer solutions. Participants suggested that the study offered them a rare opportunity to express

their opinion on the alcohol trade, the lack of law enforcement, and their frustration at not being consulted by the authorities on an on-going basis. Participants stated that the research process and insights gained gave them the power to engage with officials. During the research process, some participants also gained new knowledge of the liquor laws and alcohol outlet licensing process, which they did not have prior to the study.

Building the capacity of community mappers with basic research skills and teaching them to use REDCAP software on their mobile phones was appreciated as a skills transfer opportunity with the potential for improving their career opportunities.

Participants commented on how their participation reshaped their view of alcohol trading. This clearly demonstrates why community engagement in identifying and documenting information about communities is a critical step on the pathway to owning challenges and developing solutions (24). It furthermore highlights the necessity of promoting community participation in reducing alcohol harm as recommended by the World Health Organisation in its 2010 global strategy to reduce the harmful use of alcohol (25).

Data collection by communities

The value of community participation was echoed by officials. Officials indicated that data collection by community members about their own communities provides more knowledge than what could be collected by officials or by outsiders. This was especially so in relation to unlicensed alcohol outlets. This response suggests that officials in these countries would endorse and welcome community participation in mapping alcohol outlets. The one exception to this was an official from the Liquor Board in the Western Cape Province, South Africa, who indicated that the Board has an existing geospatial alcohol mapping tool for licensed outlets. The official did, however, appreciate the potential of communities providing information about unlicensed outlets, and emphasized the need for communities to utilize the existing mechanisms that allows for community participation.

Strengths

The major strength of the research study was the

partnerships created with community-based structures in the different sites. This facilitated appropriate community entry and engagement and assisted with identifying community mappers from the community. Undertaking the mapping using locals aided in the collection of accurate data, especially data on unlicensed outlets or the operating hours of licensed outlets, as these may have been hidden from data collectors from outside the community.

The research study was led by teams from the local country, and the qualitative sessions were conducted in mother tongue, where necessary. This gave participants who were not proficient in English a voice, thus increasing the inclusion of different opinions in the study.

Limitations

A major limitation was the grant budget which determined the time and resources allocated to different aspects of the study.

The data collection format and storage of GBV data differed across countries. This ranged from recording GBV data manually in a book in Namibia to electronic data capturing in South Africa. Categories of GBV data were also not consistent across countries. Alcohol as a variable was also not consistently recorded in the capturing of GBV cases. These differences placed limitations on comparing data across the eight sites. It also resulted in additional time spent by team members to increase usability of the data e.g., by digitising manually captured data.

Administrative data i.e., liquor licensing capturing also varied across countries. Accessing administrative data was another major limitation as it required several formal processes and involved approaching more than one government institution. Accessing GBV data from the police across the different countries was similarly challenging. Data could not be accessed directly from police stations in the different sites and required formal engagement with provincial and national police structures.



RECOMMENDATIONS

1. Institutionalise community participation in alcohol governance

Community participation in documenting alcohol trading practices should be formalised as a standard and ongoing component of alcohol regulation. Community-generated data captures unlicensed trading, extended operating hours, and localised impacts that are often not reflected in administrative systems. Integrating structured community documentation into licensing and monitoring processes would strengthen evidence-based decision-making and create sustainable pathways for locally grounded oversight.

2. Review and limit licensing in residential areas

The awarding of liquor licences in residential zones requires urgent review. High outlet concentration and proximity to homes were consistently associated with community-level harms, including crime, GBV, family disruption, and diminished quality of life. Licensing authorities should explicitly consider residential vulnerability, proximity to sensitive institutions, and cumulative neighbourhood impact in licensing decisions.

3. Incorporate outlet density into licensing frameworks

Alcohol outlet density should be introduced as a formal regulatory criterion to prevent oversaturation and clustering. Density-based thresholds would enable authorities to manage cumulative exposure within defined geographic areas and mitigate the structural effects of concentrated availability.

4. Strengthen and operationalise community consultation mechanisms

Existing legal provisions requiring community consultation in licensing processes should be consistently implemented and monitored. Consultation mechanisms must be accessible, transparent, and timeous to ensure meaningful participation before license approval, thereby reducing post-award conflict and strengthening regulatory legitimacy.

5. Resource and reinforce the monitoring of licensed outlets

Effective enforcement requires adequate human and financial resources. Monitoring systems should prioritise compliance with trading hours, prevent sales to minors, and prohibit supply to unlicensed traders. Consistent enforcement of penalties, as prescribed by law, is necessary to shift entrenched non-compliant practices.

6. Address unlicensed trading through targeted and context-sensitive strategies

Targeted enforcement against unlicensed outlets is essential to reduce informal alcohol availability. However, enforcement approaches should recognise the socio-economic drivers of informal trade. Where feasible, regulatory action should be accompanied by pathways for formalisation or alternative livelihood support to avoid deepening economic precarity.

7. Standardise GBV data collection and integrate alcohol indicators

A harmonised reporting framework for GBV across the four countries should be developed, including routine documentation of alcohol involvement where applicable. Standardised data systems would improve cross-country comparability and enable more targeted, evidence-informed regulatory responses.

8. Improve access to localised GBV data for regulatory planning

Restrictions on accessing police-station-level GBV data should be reviewed to enable spatially disaggregated analysis. Timely access to localised data would support responsive licensing, targeted enforcement, and monitoring of high-risk zones.

9. Establish a regional learning and coordination platform

A regional forum across the four countries — and potentially within the broader SADC framework — should be established to facilitate exchanges on liquor licensing administration, enforcement models, community participation mechanisms, and data integration practices. Shared learning may strengthen regulatory coherence across contexts facing similar structural challenges.

10. Further research into community mapping of alcohol outlets should:

- Investigate the connection between alcohol outlet characteristics and community outcomes such as physical and mental health, especially for vulnerable populations.
- Map licensed and unlicensed outlets, focusing on trading hours and patterns over time to understand alcohol trade mechanisms in urban and rural areas.
- Examine compliance and non-compliance drivers among outlet owners, including enforcement practices and the role of suppliers in unlicensed trading.
- Evaluate the effectiveness of regulatory interventions, including licensing changes, trading hours, and public awareness campaigns.





References



1. World Health Organization. (2024). Global status report on alcohol and health and treatment of substance use disorders. Available at: <https://www.who.int/publications/i/item/9789240096745> (Accessed: 18 November 2025)

2. Malawige, A.S., Aminde, L.N., Weeratunga, G.U., Weerakoon, K. & Veerman, J.L. (2025). Health impact of alcohol regulatory interventions: a systematic review of policies in low- and middle- income countries. Health Policy Plan, 40(7):780-804. Available at: <https://pubmed.ncbi.nlm.nih.gov/40590311/> (Accessed: 14 November 2025)

3. Wilson, I.M., Willoughby, B., Tanyos, A., Graham, K., Walker, M., Laslett, A.M., et al. (2024). A global review of the impact on women from men’s alcohol drinking: the need for responding with a gendered lens. Global Health Action, 17(1): 2341522. Available at: <https://www.tandfonline.com/doi/pdf/10.1080/16549716.2024.2341522> (Accessed: 14 November 2025)

4. Yoon, G.H., Johnson, N.E., Falgas-Bague, I., Palesa, M., Mokebe, M., Tschumi, N., et al. (2025). Drivers of chronic depressive and harmful alcohol use symptoms among adults living with HIV in Lesotho: pathways for integrated interventions. SSM - Mental Health, 7:100462. Available at: <https://www.sciencedirect.com/science/article/pii/S266656032500074X> (Accessed: 14 November 2025)

5. Kilian, C., Manthey, J., Braddick, F., López-Pelayo, H. & Rehm, J. (2023). Social disparities in alcohol’s harm to others: evidence from 32 European countries. International Journal of Drug Policy, 118:104079. Available at: <https://pubmed.ncbi.nlm.nih.gov/37271071/> (Accessed: 14 November 2025)

6. World Health Organization. (2018). Global status report on alcohol and health 2018. Geneva, Switzerland: World Health Organization. Available at: <https://www.who.int/publications/b/31490> (Accessed: 18 November 2025)

7. World Health Organization. (2021). Violence against women prevalence estimates, 2018. Geneva, Switzerland: World Health Organization. Available at: <https://www.who.int/publications/i/item/9789240022256> (Accessed: 18 November 2025)

8. Jewkes, R., Flood, M. & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls. The Lancet, 385(9977):1580-1589. Available at: <https://www.sciencedirect.com/science/article/pii/S0140673614616834> (Accessed: 14 November 2025)

9. Bryden, A., Roberts, B., McKee, M. & Petticrew, M. (2012). A systematic review of the influence on alcohol use of community level availability and marketing of alcohol. Health Place, 18(2):349-357. Available at: <https://pubmed.ncbi.nlm.nih.gov/22154843/> (Accessed: 14 November 2025)

10. Walls, H., Cook, S., Matzopoulos, R. & London, L. (2020). Advancing alcohol research in low-income and middle-income countries: a global alcohol environment framework. BMJ Global Health, 5(4). Available at: <https://gh.bmj.com/content/5/4/e001958> (Accessed: 14 November 2025)

11. Swahn, M.H., Palmier, J.B., May, A., Dai, D., Braunstein, S. & Kasirye, R. (2022). Features of alcohol advertisements across five urban slums in Kampala, Uganda: pilot testing a container-based approach. BMC Public Health, 22:915. Available at: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13350-2> (Accessed: 14 November 2025)

12. Zyambo, C., Phiri, M.M., Zulu, R., Mukupa, M., Mabanti, K., Matenga, T.F.L., et al. (2025). Illicit alcohol consumption and its associated factors among patrons in Zambia: a cross-sectional analytical study. Frontiers Public Health, 13:1444304. <https://doi.org/10.3389/fpubh.2025.1444304>

13. World Health Organization. (2021). Reducing harm due to alcohol: success stories from 3 countries. Available at: <https://www.who.int/europe/news/item/15-04-2021-reducing-harm-due-to-alcohol-success-stories-from-3-countries> (Accessed: 14 November 2025)

14. World Health Organization. (2024). Global alcohol action plan 2022-2030. Geneva, Switzerland: World Health Organization. Available at: <https://www.who.int/publications/i/item/9789240090101> (Accessed: 18 November 2025)

15. Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2):77-101. Available at: <https://www.tandfonline.com/doi/pdf/10.1191/1478088706qp063oa> (Accessed: 8 January 2026)

16. The World Conferences on Research Integrity. (no date). World Conferences on Research Integrity - Statement. Available at: <https://www.wcrif.org/statement> (Accessed: 9 January 2026)

17. Bowers, Y., Davids, A. & London, L. (2020). Alcohol outlet density and deprivation in six towns in Bergrivier municipality before and after legislative restrictions. International Journal of Environmental Research and Public Health, 17(3):697. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7037425/> (Accessed: 14 November 2025)

18. Leslie, H.H., Ahern, J., Pettifor, A.E., Twine, R., Kahn, K., Gómez-Olivé, F.X., et al. (2015). Collective efficacy, alcohol outlet density, and young men’s alcohol use in rural South Africa. Health & Place, 34:190-198. Available at: <https://www.sciencedirect.com/science/article/pii/S1353829215000805> (Accessed: 14 November 2025)

19. Trangenstein, P.J., Morojele, N.K., Lombard, C., Jernigan, D.H. & Parry, C.D.H. (2018). Heavy drinking and contextual risk factors among adults in South Africa: findings from the International Alcohol Control study. Substance Abuse Treatment, Prevention, and Policy, 13:43. Available at: <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-018-0182-1> (Accessed: 14 November 2025)

20. Salimu, S. & Nyondo-Mipando, A.L. (2020). “It’s business as usual”: adolescents perspectives on the ban of alcohol sachets towards reduction in under age alcohol use in Malawi. Substance Abuse Treatment, Prevention, and Policy, 15:38. Available at: <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00280-8> (Accessed: 14 November 2025)

21. Kowalski, M., Livingston, M., Wilkinson, C. & Ritter, A. (2023) An overlooked effect: domestic violence and alcohol policies in the night-time economy. Addiction, 118(8):1471-1481. Available at: <https://onlinelibrary.wiley.com/doi/10.1111/add.16192> (Accessed: 14 November 2025)

22. Lander, L., Howsare, J. & Byrne, M. (2013). The impact of substance use disorders on families and children: from theory to practice. Soc Work Public Health, 28(0):194-205. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3725219/> (Accessed: 14 November 2025)

23. Haugland, S.H., Carvalho, B., Stea, T.H., Strandheim, A. & Vederhus, J.K. (2021). Associations between parental alcohol problems in childhood and adversities during childhood and later adulthood: a cross-sectional study of 28047 adults from the general population. Substance Abuse Treatment, Prevention, and Policy, 16:47. Available at: <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-021-00384-9> (Accessed: 18 November 2025)

References

24. Nel, H. (2018). Community leadership: a comparison between asset-based community-led development (ABCD) and the traditional needs-based approach. Development Southern Africa, 35(6):839-851. Available at: <https://www.tandfonline.com/doi/pdf/10.1080/0376835X.2018.1502075> (Accessed: 14 November 2025)
25. Fregonese, F. Community involvement in biomedical research conducted in the global health context; what can be done to make it really matter? BMC Medical Ethics, 19:44. Available at: <https://bmcmethics.biomedcentral.com/articles/10.1186/s12910-018-0283-4> (Accessed: 14 November 2025)