

Masiphephe Network

Consolidated Stakeholder Mapping Report Expansion Sites 2020



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Abbreviations

CCI	Centre for Communication Impact
CATS	Community Action Teams
CDP	Community Development Practitioner
CEM	Community Education and Mobilisation
CLO	Community Liaison Officer
CSO	Civil Society Organisation
DOH	Department of Health
ECD	Early Childhood Development
EPWP.	Expanded Public Works Programme
FAMSA	Families South Africa
FCS	Family Violence, Child Protection and Sexual Offences Investigations Unit
GBF	Governing Body Foundation
GBV	Gender-Based Violence
GHJRU	Gender, Health and Justice Research Unit
HIV	Human Immunodeficiency Virus
IR	Intermediate Results
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual
M&E	Monitoring and Evaluation
MER	Monitoring, Evaluation and Reporting
MSM	Men who have sex with men
NPA	National Prosecuting Authority
OVC	Orphans and Vulnerable Children
RM&E	Research, Monitoring and Evaluation
SAPS	South African Police Service
TCC	Thuthuzela Care Centres
TIP	Trafficking In Persons
TVET	Technical and Vocational Education and Training
UN	United Nations
USAID	United States Agency for International Development
VEP	Victim Empowerment Programme

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1. Introduction and Background

Evidence has shown that no single sector or organisation can adequately address all elements of Gender Based Violence and Femicide prevention and response. The Centre for Communication Impact (CCI) leads implementation of the 5-year USAID-funded 'Strengthening Local Governance to Improve Gender Based Violence Response' Project, also known as the Masiphephe Network. It is a Multi-Stakeholder Model for ending Gender Based Violence and Femicide (GBVF) which represents a holistic and coordinated approach aimed at working at different levels of society, and with multiple actors to prevent and respond to GBVF. CCI works with the University of Cape Town's Gender, Health and Justice Research Unit (GHJRU) which is a research technical partner, together with six community partner organisations viz:

- Gugu Dlamini Foundation (GDF) in eThekweni Metro (KZN Province),
- Ethembeni Crisis Care Centre (ECCC) in eThekweni Metro (KZN Province),
- Sonke Gender Justice (Sonke) in the City of Johannesburg (Gauteng Province),
- Agisanang Domestic Abuse Prevention and Training (ADAPT) in the City of Johannesburg (Gauteng Province),
- Project Association Southern Africa (PSASA) in the City of Mbombela and Emalahleni local municipality (Mpumalanga Province).

The methodology of the project is based on the ecological framework that considers individual level risk factors, community and society level factors and, proposes a technical approach that examines and addresses the combination of risk factors that increase the likelihood of GBV in a particular setting. The ecological framework has gained broad acceptance and international recognition for conceptualizing violence, allowing for exploration of how individual and community level risk factors relate to each other and ultimately influence vulnerability to GBV. Project partners are supporting the implementation of the White Paper on Safety and Security (White Paper) and the National Strategic Plan on GBV and Femicide (NSP-GBVF) (2020-2030). Approved and adopted by Cabinet in April 2016, the White Paper seeks to (i) promote an integrated approach to

community safety, crime prevention and violence; (ii) facilitate the objective of building safer communities in South Africa as set out in the National Development Plan (NDP); and (iii) facilitate an enabling environment for active community and civil society participation. The purpose of the NSP on GBV and Femicide is to provide a multi-sectoral, coherent strategic policy and programming framework to ensure a coordinated national response to the crisis of GBV and femicide by the government of South Africa and the country as a whole. The project is directly aligned with five out of six pillars of the NSP, viz: and (i) Accountability, Coordination and Leadership; (ii) Prevention Rebuilding Social Cohesion; (iii) Justice, Safety and Protection; (iv) Response, Care, Support and Healing; and (v) Research and Information Management.

Consistent with the Implementation Framework of the White Paper as well as the pillars of the NSP, the project also implements a package of technical and organisational development interventions to improve effectiveness and sustainability of the existing GBV coordination forums. Through the GBV forums, multisectoral action is being cultivated and sustained. The multisectoral coordination forums are using the guiding principles and core values of the Implementation Framework of the White Paper which are: (i) Equality in access, protection and services; (ii) Commitment of high-quality service; (iii) Integrated planning and implementation; and (iv) Evidence-based planning and implementation. The principles of the NSP on GBVF also guide implementation of the project and these include (among others) – (i) a multi-sectoral approach; (ii) active and meaningful community participation; (iii) visionary, gender-responsive and transformative approach; (iv) a human rights-based, victim-centred and survivor-focused approach; (v) intergenerational youth friendly approach; (vi) mutual accountability for changes; and (vii) inclusiveness, embracing diversity and intersectionality.

The overall goal of the project is “To reduce vulnerability to GBV through improved local governance and service delivery”. This goal will be achieved through the project’s strategic objective which is to strengthen the capacity of local structures to lead, coordinate and manage a community response to GBVF prevention and mitigation.

CCI and community partners selected additional wards across the Masiphephe Sites based on an expansion strategy that informed the selection of expansion sites for implementation of the programme.

The partners noted that the expansion of the Masiphephe network and interventions in the project sites cannot be uniformed across the four municipalities, because the opportunities of geographic expansion are different and are influenced by the prevailing GBVF prevalence and drivers; GBV prevention and response service providers and networks. The ecological model that is the guiding framework for all interventions and engagements within the Masiphephe Network, enables flexibility and considers drivers and causes of GBVF, prevention and response mechanisms to identify and leverage on existing networks, appropriately inform and guide the selection of sites either by ward, Police Station Coverage, or Magisterial district coverage areas.

This is a consolidated stakeholder mapping and analysis report for new stakeholders in extended Masiphephe Network project sites coordinated by community partners in the six project implementation sites.

The key document guiding this work is the CCI Stakeholder Mapping Strategy for Gender Based Violence and Local Governance Response Project. This document defines Stakeholder Mapping as “a collaborative process of research, debate, and discussion that draws from multiple perspectives to determine a key list of stakeholders across the entire stakeholder spectrum. This process may also include visual representation of a stakeholder analysis, organizing the stakeholders according to the key criteria with which they will be managed during the project. Some of those criteria may include interest, influence, financial stake, emotional stake, beneficiaries, those on the periphery who are still important enough to keep in the loop.”

Stakeholder analysis is a process of systematically gathering and analysing qualitative information to determine whose interests should be taken into account when developing and/or implementing a policy or program

2. Project Expansion

CCI and partners have identified the first set of wards where project implementation will take place in Year 1 of the 5 year Project.

The community-based partners are expected on an annual basis, to increase the number of project implementation sites by expanding to new municipality wards. The main target groups for this assessment were the organisations working on preventing and redressing GBVF in their respective wards/region where Community Partners are facilitating the implementation of project activities. This mapping aims to complement the 2018/2019 mapping in the initial project wards as some existing stakeholders also work in both the initial and new project sites. The complementary mapping was targeted at new stakeholders at project expansion sites where programme implementation will be conducted and intensified from July 2020 to June 2023. Stakeholders not mapped previously at the initial 2018/2019 project sites were also be mapped. The data collected will provide information about all the stakeholders in the local communities to inform for programme strategy, planning, partnership building and in strengthening collaboration for GBVF prevention, response, and mitigation interventions within the Masiphephe Network. Mapping focused only on new stakeholders in new wards or existing relevant stakeholders who were not mapped previously. All community partners are expanding to four additional municipal wards (project implementation sites). Table 1 below outlines the expansion sites for each of the community partner organisations.

Partner Organisation	July 2018 – June 2020 Sites (continue in project)	July 2020 – June 2023 Sites (Expansion Sites)
Gugu Dlamini Foundation (GDF) - eThekweni North-Central (INK area)- KwaZulu-Natal Province	Ward 45 in KwaMashu	<ul style="list-style-type: none"> Ward 3 and 54 in Inanda Ward 38 in Ntuzuma Ward 104 in KwaMashu
Ethembeni Crisis Care Centre (ECCC) - eThekweni West –KwaZulu-Natal Province	Ward 12 in KwaNdengezi	<ul style="list-style-type: none"> Ward 13 Kwandengezi Ward 16 in St Wendolins and Klaarwater Ward 72 in Chartsworth Ward 100 in Zwelibomvu
SONKE Gender Justice (SONKE) - City of Johannesburg's Region D (Soweto/Diepkloof)- Gauteng Province	Ward 28 in Diepkloof Zone 1	<ul style="list-style-type: none"> Ward 27 and 26 Diepkloof, Zone 1 Ward 30 and 31 Orlando
Agisanang Domestic Abuse Prevention and Training (ADAPT) - City of	Ward 105 in Alexandra	Wards 75, 91, 107 and 108 in Alexandra

<i>Johannesburg's Region E (Alexandra)- Gauteng Province</i>		
Project Association Southern Africa (PSASA)- Emalahleni Local Municipality- Mpumalanga Province-	Ward 14 in Thushanang	Wards 7, 8, 23 and 29 in Witbank
Project Association Southern Africa (PSASA)- City of Mbombela- Mpumalanga Province	Ward 19 Kanyamazane	<ul style="list-style-type: none"> • Ward 6 in Masoyi • Ward 22 in Pienaar • Ward 23 Dantjie • Ward 45 in Barberton

Table 1 Expansion Sites- Across Masiphephe Network

3. Rationale for Stakeholder Mapping

The mapping exercise was aimed at mapping organizations/stakeholders as well as prospective beneficiaries that are engaged in the process of prevention, redressing and mitigating the prevalence of GBVF and harms. The mapping exercise targeted stakeholders in the new project expansion sites where programme implementation is being conducted and intensified from July 2020 to June 2023. As a result, the collected data will provide valuable background information that will inform initiatives to strengthen the response to GBVF. The stakeholder mapping will also enable CCI, GHJRU, the Community Based Partners and stakeholders in the Masiphephe Network to engage all relevant stakeholders and sustain collaboration with them through the regional/local GBVF Forums and Technical Working Groups. Through the mapping process, CCI and the community based partners aim to achieve the following:

- To determine which stakeholders are most critical and relevant to engage with in selected expansion sites;
- Determine if there are any glaring gaps in expansion sites in the delivery of services to survivors of GBV;
- Assess existing coordination mechanisms including collaboration structures to addresses GBV in the targeted expansion sites and assess the resources communities can leverage on;
- Identify the stakeholders that participate in local collaboration structures and create partnership and working relations with them;

- Contribute towards the identification of existing community resources that can be leveraged to scale up and sustain successful community-based GBV prevention and response interventions;
- Build successful relations between key GBV service providers;
- Identify and collaborate with prospective beneficiaries;
- Utilize the mapping to create succinct information of the services, locations of stakeholders and the coordinates to locate the local of the stakeholders and;
- Utilize the stakeholder information to upload on the USAID database as well as Safetipin (where possible).

4. Stakeholder Mapping Process

The GBV Stakeholder Mapping Strategy document outlines the stakeholder mapping process. Based on this strategy, a mapping tool was developed and used in the initial mapping activities in 2018-2019. The mapping tool was revised to make it more concise and to be easily applied primarily through online (telephone) mapping, due to the COVID-19 national lockdown restrictions. CCI identified a core group of mapping teams within each community partner – and these included: Project Managers, Project Facilitators and Community Mobilisers.

A virtual stakeholder orientation (training) session on the mapping tool was conducted with all community partners on 27th of July 2020 in line with the COVID 19 protocols. This training was then followed with one on one sessions (CCI and partner Organisations) (Stakeholder mapping teams) which were held to afford the team an opportunity to ask clarity seeking questions and discuss practical implementation challenges and solutions.

A snowballing approach was used by partner organisations to identify all the relevant groups, organizations, and people involved in GBVF prevention and response within the project expansion sites. This included desktop research of organizations/stakeholders which are engaged in the process of mitigating and redressing of the prevalence of GBVF.

Through a process of prioritisation based primarily on programme relevance and location of the organisations as well as population served, a list of organisations and individuals

to be mapped was finalised by each community partner organisation. A schedule of interviews (telephonic and face to face) was developed. Using the Masiphephe Network Stakeholder Mapping Tool, the stakeholder mapping teams conducted telephone-mapping interviews, and where possible face-to-face interviews were conducted while observing the national COVID-19 regulations and restrictions. The data collection (interviews) were complemented with desktop research to gather additional information.

5. Stakeholder Data Analysis Methodology and Plan

The stakeholder mapping strategy document asserts that the mapping process must yield understanding of each potential stakeholder’s relevance and the perspective they offer, as well to understand their relationship to GBVF. This analysis plan helped clarify and rank the critical or relevant stakeholders to work with and key insights about each. The following five criteria informed the hierarchical ranking as well as exclusion of stakeholders: -

- I. **Contribution (value):** Does the stakeholder have information, counsel, or expertise on GBV that could be helpful to CCI and its partners?
- II. **Legitimacy:** How legitimate is the stakeholder’s claim for engagement?
- III. **Willingness to engage:** How willing is the stakeholder to engage?
- IV. **Influence:** How much influence does the stakeholder have? CCI will clarify “Who” they influence, and “How” they influence others).
- V. **Necessity of involvement:** Will the stakeholder derail or delegitimize the process if they were not included and engaged in the Community Collaboration Network? The CCI team will conduct an analysis to determine the analysis for involvement.

Stakeholder	Contribution Legitimacy	Willingness to Engage	Influence	Necessity of Involvement	Final outcome
Stakeholder 1	High: Knowledge in GBV is of value to CCI	High: Directly affected by CCI's GBV project activities	High: Proactive group that is already engaging	Low: Relatively unknown group	
Stakeholder 2	Medium	Medium	High	Medium	
Stakeholder 3	Low	Low	Medium	Low	

Stakeholder 4	Low	Medium	Low	Medium	
Stakeholder 5	High	Medium	Low	High	

Table 2 CCI Stakeholder Analysis Criteria 2018/2019

The analysis of the above five criteria was used to create and populate a chart with short descriptions of how stakeholders fulfil them. Values were assigned to each criteria (from low to high).

CCI embarked on a process of stakeholder identification through the community partners, then conducted rigorous individual stakeholder interviews using a standard mapping tool.

A semi-structured questionnaire (Masiphephe Network Stakeholder Mapping Capturing Tool 2020) was used to probe and assess the GBVF work undertaken by various stakeholders in all the community partner's expansion sites. This process included interviews with a range of pre-identified statutory and non-statutory stakeholders including private sector (business), and organisations working with orphans and vulnerable children (OVC), local government officials, health facility employees, etc.

The mapping in the expansion sites commenced on 27th of July 2020 and was completed on the 17th of September 2020. The data was captured in Masiphephe Network Stakeholder Mapping Capturing Tool 2020 (excel spreadsheet). The Mapping tool was used to explore and understand stakeholders' roles, capacity, needs and willingness to participate in a collaborative structure. The following thematic areas were explored:

- Stakeholder Administrative Information
- Overview of the Organisation,
- Population served,
- Resources needed to enhance their services,
- Reporting of GBV cases,
- Referrals and partnerships in service delivery and support,
- Current participation in GBV response and willingness to participate in a collaborative structure such as Masiphephe Network,
- Current challenges to coordination and collaboration,

- Recommendations.

6. Findings

6.1 Understanding Population Served- Expansion Sites

All the expansion sites exhibit typical impoverished area traits where the drivers of GBVF thrive, including informality, low levels of income, lower educational attainment especially of women as well as high number of female headed households. Though the levels of child headed household is low across all the expansion sites, they are key in making children especially girls to be vulnerable to GBVF and boys to be driven to criminality and consequently women abusers. All the expansion sites generally have high school attendance (5-17year olds) rate, however the percentage completed matric or higher is low. (See Annexure 1 for Site Specific reports).

6.2 Crime Statistics in the Expansion Sites

The government has recently identified the top 30 gender-based violence (GBV) hotspots in country in its efforts to respond to what Police Minister Bheki Cele described as the “second pandemic”. The cases looked at include rape, human trafficking for sexual offences, kidnapping for sexual offences, and domestic-related human trafficking. In addition, figures of reported domestic violence cases of murder, rape, attempted murder and assault were also considered when compiling the list. “The hotspots list also includes eight other variables, such as calls received related to domestic violence and gender-based violence. Data was also included from victim support services, such as Thuthuzela Centres, health facilities and other data from other departments that paint a picture of GBV in a particular area. The list of top 30 GBV hotspots includes Inanda, KwaMashu

and Ntuzuma (sites supported by GDF) and Alexandra township (site supported by ADAPT).

Partner Organisation	July 2020 – June 2023 Sites (Expansion Sites)	Policing Stations Servicing the Expansion Sites
Gugu Dlamini Foundation (GDF) - eThekweni North-Central (INK area)- KwaZulu-Natal Province	<ul style="list-style-type: none"> Ward 3 and 54 in Inanda Ward 38 in Ntuzuma Ward 104 in KwaMashu 	<ul style="list-style-type: none"> Inanda Police Stations, KwaMashu Police Stations and Ntuzuma Police Stations.
Ethembeni Crisis Care Centre (ECCC) - eThekweni West –KwaZulu-Natal Province	<ul style="list-style-type: none"> Ward 13 Kwandengezi Ward 100 in Zwelibomvu Ward 72 in Chartsworth Ward 16 in St Wendolins and Klaarwater 	<ul style="list-style-type: none"> Marianhill police Station, The Kwandengezi Police Station, Chatsworth Police Station and Bhekithema Police Station
SONKE Gender Justice (SONKE) - City of Johannesburg’s Region D (Soweto/Diepkloof)- Gauteng Province	<ul style="list-style-type: none"> Ward 27 and 26 Diepkloof, Zone 1 Ward 30 and 31 Orlando 	<ul style="list-style-type: none"> Diepkloof Police Station and Orlando Police Station
Agisanang Domestic Abuse Prevention and Training (ADAPT) - City of Johannesburg’s Region E (Alexandra)- Gauteng Province	Wards 75, 91, 107 and 108 in Alexandra	<ul style="list-style-type: none"> Alexandra Police Station
Project Association Southern Africa (PSASA) - Emalahleni Local Municipality- Mpumalanga Province-	Wards 7, 8,14, 23 and 29 Witbank	<ul style="list-style-type: none"> Vosman Police Station and Witbank Police Station
Project Association Southern Africa (PSASA) - City of Mbombela- Mpumalanga Province	<ul style="list-style-type: none"> Ward 6 in Masoyi Ward 45 in Barberton Ward 22 in Pienaar Ward 23 Dantjie 	<ul style="list-style-type: none"> Barberton Police Station, Masoyi Police Station and Piennar Police Stations

Table 3 Policing Precincts across Expansion Sites

Inanda police station reported the highest number of rape cases (297) in the country for 2019/2020 reporting period and 231 murder cases. Alexandra Police station was placed at number 27 in the country for 2019/2020 reporting period with 151 rape cases reported. The crime statistics for the last three reporting periods shows that across all expansion sites there is a high rate of contact crimes as well as sexual offence cases. These areas would also be ideal to implement the Safetipin programme. Details of crime stats is contained in site specific reports attached as annexure 1 of this report.

6.3 Organisations Mapped

The community based partners engaged in a process of pre-selecting potential stakeholders informally prior to the mapping exercise where the Project Managers engaged with stakeholders telephonically to introduce the Masiphephe Network. A

snowballing approach was used by the community based partner organisations to identify all the relevant groups, organizations, and people involved in GBVF prevention and response within the project expansion sites. This included desktop research of organizations/stakeholders which are engaged in the process of mitigating and redressing of the prevalence of GBVF. This section details organisations that were actually mapped across the expansion sites.

<i>Gugu Dlamini Foundation (GDF) - eThekwini North-Central (INK area)- KwaZulu-Natal Province</i>	
List of organisations mapped	Type of Organisation
Ward 03 Councilor	Statutory Institution
Traditional House	Statutory Institution
Sisonke for Change	Non-Statutory Institution
Ward 104 Councilor	Statutory Institution
Ward 38 Councilor	Statutory Institution
Ward 54 Councilor	Statutory Institution
KwaMashu B clinic	Statutory Institution
KCAP	Non-Statutory Institution
COGTA	Statutory Institution
EThekwini Primary School	Statutory Institution
Isibani Orphans Youth Empowerment	Non-Statutory Institution
KwaMashu Metro Police	Statutory Institution
Nelisa Mzimela Legacy Foundation	Non-Statutory Institution
Children's Radio Foundation	Non-Statutory Institution
SANTACO Durban Long Distance Taxi Association	Non-Statutory Institution
KZN legislature (KwaMashu)	Statutory Institution

Table 4 Organisations Mapped GDF

Table 4 above shows stakeholder organisations that were mapped. GDF set out to map 25 stakeholders. However, only 16 (64%) were actually mapped. Ten (10) of the organisations mapped are statutory (Government Departments/ civil servants as well as elected and traditional leadership) while six (6) organisations mapped are non-statutory (these include Non Profit Organisations, Non-Governmental Organisations as well as private sector (business) organisations.

Ethembeni Crisis Care Centre (ECCC) - eThekwini West –KwaZulu-Natal Province

<i>Targeted organisations for Mapping</i>	Type of Organisations mapped
<i>Family and Marriage Association of South Africa (FAMSA)</i>	Non-Statutory Institution
<i>Pinetown Domestic Violence Court</i>	Statutory Institution
<i>Golden Generation Youth Club</i>	Non-Statutory Institution
<i>Nagina Clinic Community Care Giver (CCG)</i>	Statutory Institution
<i>Luganda Clinic Head</i>	Statutory Institution
<i>Mariannridge Clinic Head</i>	Statutory Institution
<i>Nilgiri Secondary School counsellor</i>	Statutory Institution
<i>Department of Social Development Chatsworth</i>	Statutory Institution

Table 5 Organisations Mapped ECCC

Of the 31 stakeholder organisations that were targeted to be mapped by ECCC, 26% (n=8) were actually mapped. Six (6) of the organisations mapped are statutory (Government Departments/ civil servants as well as elected and traditional leadership) while 2 organisations mapped are non-statutory (these include Non Profit Organisations, and Non-Governmental Organisations).

SONKE Gender Justice (SONKE) - City of Johannesburg's Region D (Soweto/Diepkloof)- Gauteng Province	
<i>Name of organisation Mapped</i>	Type of organisation
<i>Rena le Rona Creative Centre for Children</i>	Non-Statutory Institution
<i>Masiyixoxe Men's Forum</i>	Non-Statutory Institution
<i>Bopasenatla Secondary School</i>	Statutory Institution
<i>Redumetse Care of Older Persons</i>	Non-Statutory Institution
<i>Bekgametse Vulnerable Children and Elderly</i>	Non-Statutory Institution
<i>Bopakitso Primary School</i>	Statutory Institution
<i>Fons Luminis Secondary School</i>	Statutory Institution
<i>Qoboshane Junior Secondary School</i>	Statutory Institution
<i>Ekujabuleni Kwabantwana</i>	Non-Statutory Institution
<i>Tshedza Foundation</i>	Non-Statutory Institution
<i>Mooki New Church</i>	Non-Statutory Institution
<i>Joseph Wing Memorial</i>	Non-Statutory Institution

<i>Forah New Church</i>	Non-Statutory Institution
<i>Litha Le Soweto</i>	Non-Statutory Institution
<i>Orlando Children's Home</i>	Non-Statutory Institution
<i>Bona Comprehensive High School</i>	Statutory Institution
<i>Tlhokomelo Childcare and Support Care</i>	Non-Statutory Institution
<i>Cooshlick Disabilities school</i>	Statutory Institution
<i>Thembelihle Clinic</i>	Non-Statutory Institution
<i>CATS</i>	Non-Statutory Institution
<i>Magistrate Court Protea</i>	Statutory Institution
<i>Balindi Wellness Care</i>	Non-Statutory Institution

Table 6 Organisation Mapped- Sonke

Sonke Gender Justice targeted 39 stakeholder organisations for mapping, 59% (n=23) were actually mapped. Thirty percent (n=7) of the organisations mapped are statutory (Government Departments/) while sixteen (16) organisations mapped are non-statutory (these include Non Profit Organisations, Non-Governmental Organisations and Faith Based Organisations). None of the organisations mapped by Sonke are in the private sector.

<i>Agisanang Domestic Abuse Prevention and Training (ADAPT) - City of Johannesburg's Region E (Alexandra)- Gauteng Province</i>	
<i>Name of organisation</i>	Type of Organisation
<i>Greater Alexandra Tourism and Heritage Association</i>	Non-Profit Company
<i>Greater Alexandra Chamber of Commerce & Industry (GALXCOC)</i>	Private Company

Table 7 Organisations Mapped ADAPT

In the previous stakeholder mapping process ADAPT mapped all stakeholders working in the GBV space within the Greater Alexandra Area. However during this second round of mapping only stakeholders that were excluded (Private Sector) were mapped.

<i>Project Association Southern Africa (PSASA)- Emalahleni Local Municipality- Mpumalanga Province-</i>	
<i>List of organisations mapped</i>	Type of Organisation

<i>African Atlas Khula Nathi Men's Forum</i>	Non-Statutory Organisation
<i>South African National Civic Organisation (SANCO)</i>	Non-Statutory Organisation
<i>Entokozweni Home based Care</i>	Non-Statutory Organisation
<i>Sifunokuhle Home based Care</i>	Non-Statutory Organisation
<i>Kwaguqa Advisory Officer</i>	Non-Statutory Organisation
<i>Sinokuthula Home based Care</i>	Non-Statutory Organisation
<i>Sinenhlanhla Home based Care</i>	Non-Statutory Organisation
<i>Gugunogama Youth Sisonke NPC</i>	Non-Statutory Organisation
<i>Umusa Community Project</i>	Non-Statutory Organisation

Table 8 Organisations Mapped PSASA-Emalahleni

Of the 14 stakeholder organisations that were targeted to be mapped by PSASA in Emalahleni, 64% (n=9) were actually mapped. All of the organisations mapped are non-statutory (these include Non Profit Organisations, Non-Governmental Organisations). None of the organisations mapped are private (business) organisations or statutory.

Project Association Southern Africa (PSASA)- City of Mbombela- Mpumalanga Province	
List of organisations mapped	Type of Organisation
Thandanani Drop in Centre	Non-Statutory
Masoyi HBC	Non-Statutory
Injabulo Nokuthula Gender Based Violence Centre	Non-Statutory
Thandanani Home Based Care	Non-Statutory

Table 9 Organisations Mapped PSASA-City of Mbombela

Table 9 above shows the four stakeholder organisations that were mapped by PSASA in the City of Mbombela. PSASA targeted to map 17 organisations, however due to challenges of scheduling meetings and cooperation of stakeholders only , 24% (n=4) were actually mapped. All of the organisations mapped are non-statutory (these include Non Profit Organisations, Non-Governmental Organisations). None of the organisations mapped are private (business) organisations or statutory.

6.4 Population served by the Organisations

This section details for each of the organisation mapped the population it serves. These are ranked in the order of importance with 0 being not served, 1 being the least served to 10 being the most served population. This raking helps to yield understanding of each potential stakeholder’s relevance and the perspective they offer, as well to understand their relationship to GBVF.

Population Served by the Mapped Organisations –INK Area (GDF)											
Ward Number	Name of organisation	Young Women (18 –34 years)	Young men (18 – 34years)	Men (35 – 60+ years)	Children (below 18 years)	Families	Elderly	Immigrants	Sex Workers	LGBTQIA+	Gender non-conforming
Ward 03	Ward 03 Councillor's Office	10	10	10	10	2	8	7	1	0	0
	Iqadi Traditional House	8	2	2	9	5	0	0	0	0	0
	Sisonke for Change	10	10	5	10	10	10	0	0	10	0
Ward 38	Ward 38 Councillor's Office	10	10	10	10	10	10	1	0	4	0
	Community Development Worker	10	10	10	10	10	10	10	5	0	4
	Nelisa Mzimela Legacy Foundation	10	10	10	10	10	0	0	3	10	10
Ward 54	Ward 54 Councillor's Office	8	6	5	7	3	5	3	1	0	0
	Isibani Orphans and Youth Empowerment	5	10	10	5	10	6	0	0	3	0
	Department of Social Development: Inanda	10	10	10	10	10	10	10	1	1	0
	Durban Long Distance Taxi Association	10	10	10	10	10	10	10	0	7	0
	CPF PROVINCIAL	10	10	10	10	10	10	10	0	1	0
Ward 104	Ward Councillor - 104	10	10	10	10	5	10	2	0	0	0
	KCAP	7	10	10	6	6	7	0	0	2	0
	KwaMashu B Clinic	10	10	10	10	10	10	4	0	0	0
	COGTA	7	9	9	6	5	3	2	1	1	0
	KZN Legislature Constituency Office	9	8	8	1	6	4	1	0	2	0
	Children's Radio Foundation	5	10	10	5	5	5	3	0	6	0
	EThekwini Junior Primary School	0	0	0	8	0	0	0	2	0	0
	Durban Metro Police	3	3	5	6	2	4	1	2	0	0

Table 10 Population Served by the Mapped Organisations –INK Area (GDF)

Table 10 above shows the population served by the mapped organisations in the expansion sites serviced by GDF. The LGBTQIA+ community is most served by Sisonke

for Change and the Nelisa Mzimela Legacy Foundation and to a lesser extent by Isibani Orphans and Youth Empowerment.

Population Served by the Mapped Organisations –KwaNdengezi Area (ECCC)												
Ward Number	Name of Organisation	Women (35 – 60+ years)	Young Women (18 – 35 years)	Young men (18 – 35 years)	Men (35 – 60+ years)	Children (below 18 years)	Families	Elderly	Immigrants	Sex Workers	LGBTQIA+	Gender non-conforming
Ward 13	Nagina Clinic-Community Health Worker Supervisor	10	10	2	3	3	10	10	10	0	1	0
	Mariannridge Clinic	10	10	4	6	10	5	0	8	0	1	0
	Nilgri Secondary School	0	10	0	0	1	0	0	1	1	2	0
	Luganda Clinic	8	8	5	8	9	3	2	2	0	2	0
Ward 16	Department Justice	8	8	3	2	4	5	8	1	2	3	1
Ward 72	Golden Generation Youth Club	6	9	7	4	7	0	2	0	0	5	0
	FAMSA	10	9	5	6	4	10	4	1	0	1	1
	DSD Chatsworth	10	10	4	10	6	6	2	0	1	0	0

Table 11 Population Served By organisations Mapped- Kwandengezi (ECCC)

Table 11 shows that of the eight stakeholders mapped, seven of them have programme activities geared toward the services of children, women, young women and families. Five out of 8 mapped stakeholders serviced the elderly and only one services immigrants however, not as their primary beneficiaries. The mapping process identified that seven stakeholders serviced men and no organisation mapped focused on the needs of people with disabilities. The mapping process did not identify any organization servicing the needs of the LGBTQIA+ community; however, it is a known fact that this community exists.

Population Served by the Mapped Organisations – CoJ Region D/ Soweto (Diepkloof and Orland) Sonke												
		Women (35 – 60+ years)	Young Women (18 – 35 years)	Young men (18 – 35 years)	Men (35 – 60+ years)	Children (below 18 years)	Families	Elderly	Immigrants	Sex Workers	LGBTQIA+	Gender non-conforming

Expansion Sites	Name of organisation											
Ward 26	Rena le Rona Creative Centre for Children	3	0	0	5	10	0	0	0	0	0	0
	Masiyixoxe Men's Forum	0	0	0	10	10	10	0	9	0	9	0
	Bopasenatla secondary School	0	0	4	0	10	0	4	0	0	0	0
	Redumetse Care of Older Persons	0	0	0	0	0	0	10	0	0	0	0
Ward 27	Bekgametse Vulnerable Children and Elderly	10	10	10	0	10	0	10	0	0	0	0
	Bopakitso Primary School	0	0	0	0	10	0	0	0	0	0	0
	Fons Luminis Secondary School	0	0	4	0	10	0	0	0	0	0	0
Ward 28	Qoboshane Junior Secondary School	0	0	0	0	10	0	0	0	0	0	0
	Ekujabuleni Kwabantwana	0	0	0	0	10	0	0	0	0	0	0
	Tshedza Foundation	5	0	5	5	5	0	0	0	0	0	0
Ward 30	Mooki New Church	10	10	10	0	0	0	0	0	0	0	0
	Joseph Wing Memorial	0	0		10	0	0	0	0	0	0	0
	Forah New Church	10	0	0	0	10	0	10	0	0	0	0
	Litha Le Soweto	0	0	0	0	0	0	10	0	0	0	0
	Orlando Children's Home	0	10	10	0	0	0	10	0	0	0	0
	Bona Comprehensive High School	0	0	0	0	10	0	0	0	0	0	0
	Tlhokomelo Childcare and Support Care	0	0	0	0	10	0	0	0	0	0	0
Ward 31	Cooshlick Disabilities school	0	0	0	0	10	0	0	0	0	0	0
	Thembelihle Clinic	0	0	0	0	10	0	0	0	0	0	0
	CATS	0	0	0	0	10	0	0	0	0	0	0
	Magistrate Court Protea	10	10	10	10	10	10	10	10	10	10	10
	Balindi Wellness Care	10	10	10	10	10	10	10	10	0	0	0

Table 13 above shows the population served by the mapped organisations in the CoJ

Table 12 Population Served by the Mapped Organisations-Sonke Region D/ Soweto (Diepkloof and Orland). The

LGBTQIA+ community is most served by Masiyixoxe Men's Forum.

Population targeted for CSR, CSI by the Mapped Organisations – CoJ Region E/ Alexandra) ADAPT		
<i>Name of Company</i>	Population targeted for CSR, CSI or community social support and empowerment initiatives	Ranking
<i>Greater Alexandra Tourism and Heriatge Association</i>	Women (35 – 60+ years)	8
	Young Women (18 – 35 years)	8
	Young men (18 – 35 years)	8
	Men (35 – 60+ years)	8
	Children (below 18 years)	8
	Families	8

	Elderly	8
	Immigrants	0
	Sex Workers	0
	LGBTQIA+	0
	Gender non-conforming	0
Greater Alexandra Chamber of Commerce & Industry (GALXCOC)	Women (35 – 60+ years)	8
	Young Women (18 – 35 years)	8
	Young men (18 – 35 years)	8
	Men (35 – 60+ years)	8
	Children (below 18 years)	0
	Families	5
	Elderly	3
	Immigrants	0
	Sex Workers	0
	LGBTQIA+	4
	Gender non-conforming	4

Table 13 Population targeted for CSR, CSI by the Mapped Organisations Alex (APDAPT)

ADAPT has identified the following two organisations to be mapped and recruited to join the Masiphephe Network. The first organisation mapped was the Greater Alexandra Tourism and Heritage Association (GATHA). The association was established in 2015 as a non-profit company representing tour operators, tourist guides, hospitality establishments, travel agencies, events organizers, skills development facilitators, arts, culture and heritage. GATHA is a tourism association ensuring product packaging and marketing of tourism products, services and activities to stimulate local economic development within the greater Alexandra area. The Tourists meet the people of Alex and learn about its culture. They are provided with chauffeur-driven, bicycle or walking tours which are led from Gautrain stations or hotels around Sandton City, Rosebank and Midrand.

The second organisation mapped is the Greater Alexandra Chamber of Commerce and Industry (GALXCOC). GALXCOC is a member-based organisation and its mandate is to advance the industrial, commercial and other economic interests of the business residents of the Greater Alexandra area. The Forum is made up of local Small, Medium and Micro Enterprises (SMMEs), within and around region E of the City of Johannesburg. It functions as an advisory body, where SMMEs are guided as and when needed

regarding existing business opportunities in the different sectors. GALYXCOC also prides itself for having strong Corporate Social Investment programmes.

These projects aim to assist, benefit and empower marginalised individuals and communities. A case in point was the partnership they have developed with big business to supply food parcels and Vouchers to mitigate the impact of the Covid-19 on families in Alexandra. Their focus is building women’s businesses.

Population Served by Organisations Mapped by PSASA-Emalahleni Local Municipality

Name of organisation	Women (35 – 60+ years)	Young Women (18 – 35 years)	Young men (18 – 35 years)	Men (35 – 60+ years)	Children (below 18 years)	Families	Elderly	Immigrants	Sex Workers	LGBTQIA+	Gender non-conforming
South African National Civic Organization	10	4	4	10	10	10	10	10	1	1	1
Entokozweni Home Based Care	10	10	10	10	10	10	10	10	0	0	0
Sifunokuhle Home Based Care	10	10	7	9	10	10	10	4	1	1	2
Kwaguqa Advice Officer	10	10	5	5	10	10	5	10	0	10	0
Sinokuthula Home Based Care	10	5	10	3	10	3	10	1	3	2	2
Snenhlanhla Home Based Care	10	1	1	10	10	3	10	1	1	1	1
Gugulogama Youth Sisonke	1	10	10	1	10	4	0	10	0	1	10
Umusa Community Project	10	10	7	8	10	10	10	4	1	1	2
Khula Nathi African Atlas Men’s Forum	7	4	10	9	5	6	0	0	3	2	1

Table 14 Population Served by Organisations Mapped by PSASA-Emalahleni

Table 15 above shows the population served by the mapped organisations in the expansion sites in eMalahleni Local Municipality . The LGBTQIA+ community is mostly served by Kwaguqa Advice Office and to a lesser extent by African Atlas Khula Nathi and Sinokuthula. Most of the organisations have programmes that impact young women, children and men as well families and the elderly. Gugulogama Youth Sisonke has a primary focus of working with gender non-conforming community and the immigrant populations.

Population Served by the Mapped Organisations PSASA- City of Mbombela											
	Women (35 – 60+ years)	Young Women (18 – 35 years)	Young men (18 – 35 years)	Men (35 – 60+ years)	Children (below 18 years)	Families	Elderly	Immigrants	Sex Workers	LGBTQIA+	Gender non-conforming
Thandanani Drop in Centre	6	9	8	4	10	7	1	5	2	3	0
Masoyi Home Based Care	8	10	9	6	7	5	0	0	0	0	0
Injabulo Nokuthula Gender Based Violence Centre	10	9	8	7	6	5	0	0	0	0	0
Thandanani Home Based Care	8	9	7	3	4	6	10	0	0	5	0

Table 15 Population Served by the Mapped Organisations PSASA- City of Mbombela

Table 16 above shows the population served by the mapped organisations in the City of Mbombela. The LGBTQIA+ community is by Thandanani Home Based Care in the expansion sites. Most of the organisations have programmes that impact young women, children and men as well families. Thandanani Home Based Care have a primary focus working the elderly non-conforming community and only Thandanani Drop in Centre serves the immigrant populations

Most of the organisations mapped across the expansion sites have programmes that impact young women, children and men as well families and the elderly.

6.5 Skills, Expertise and Capacity of staff

The data collected did not provide the numbers and the skills type for each organisations mapped. However, it is clear that that there is a dearth of skills with regards to GBV support in all the organisations mapped across the implementation sites.

Stakeholder Resource Needs

Based on the mapping results, the majority of the stakeholders across the expansion sites mapped indicated that funding for their programmes is not adequate. Most organisations do not have sufficient office spaces and organisations like Golden Generation Youth Club in ward 72 eThekweni Municipality offer services from a shipping container, thus, they do not have privacy for their client consultations sessions. The list below summarises resource needs of the mapped organisations across the expansion sites:-

- ❖ Funding – Organisations indicated that there are annual reductions in their budgets and the funding sources for non-statutory organisations is diminishing annually,
- ❖ Capacity Building and Support – All organisations mapped indicated a need for training and the government department indicated legal and policy training for GBV while the others require generic training on GBV and advocacy, except for DSD and DOJ, all other organisations indicated that they do not have the necessary skills to address GBV or to assist GBV victims/survivors. Thus, most stakeholders are likely to refer a majority of their clients to the Thuthuzela Care Centre, or as is the case in City of Mbombela to Mjindini Victim Empowerment or to GRIP.
- ❖ The mapping process allowed CCI to identify the skills required in comparison to an employee's actual skills level.
- ❖ Transport – for any organisation to function efficiently, transport plays an important role. All organisations indicated that their transport requirements far out way what they have. The situation is however different with regards the Community Care Givers workers who do not need transport as they work within their neighbourhoods.
- ❖ Office/ Working space: Client privacy during counselling is the biggest challenge facing the non-governmental organisations that were mapped;
- ❖ Staffing Requirements. All organisations indicated that they can do more with additional staff and if complemented with training to assist GBV survivors and to develop and implement targeted programmes.

6.6 Social /economic/ educational challenges

All the organisations mapped indicated that poverty, high unemployment rate, crime and substance abuse are the roots of all the social ills besieging these communities. Most

organisations were not able to say with certainty if they offer services to immigrants, as these communities tends to hide their identity for fear of victimization.

The organisations indicated challenges that make them not to be able to fully support their communities. The clinics have challenges tracking defaulting patients because they give wrong addresses. Also due to the informality of their homes, they are unable to provide addresses and this also impacts on the work of the DSD as well. Several organisations across the expansion sites also pointed to teenage pregnancy, HIV and AIDS and domestic violence as biggest challenges facing the community they serve. This is exacerbated by the lack of social amenities in these areas. The stakeholders mapped also indicated that a number of domestic violence cases are withdrawn due to victims not attending the courts.

The organisations in Mpumalanga also pointed out the challenges brought about by informal (illegal mining). The proliferation of illegal mining in Mpumalanga is a source of criminality in the area. The social and structural changes that accompany “large”- scale illegal mining and the economic opportunity it presents attract young women who work as prostitutes, and thus becoming vulnerable to GBV.

Women within the two business associations in Alexandra felt they are not afforded the space and respect they deserve as business people in their own right. Gender norms limit women when it comes to some tasks and job opportunities. Workplaces also present a big challenge as men do not respect women and expect romantic relations in the workplace.

6.7 Reporting of GBV Cases.

GBV cases in the mapping areas are mostly reported to the South African Police Services. However, due to the trust deficit that victims of crime and society have, some cases are reported to community organisations like the Gugu Dlamini Foundation, GRIP in Mpumalanga which also has branches across the Province. Not all organisations mapped across the expansion sites knew about Thuthuzela Care Centres (TCCs). The TCC is a one-stop facility that provides medical and forensic services, psychosocial counselling

and prosecutorial services to victims of sexual and gender-based violence. Most of the schools mapped have a counsellor to whom most cases of suspected violence against children are reported.

6.8 Collaboration on GBV interventions

Across the expansion sites there are no specific forums for GBV collaboration. However each of the organisations do, from time to time, come across a GBV case that they refer to the TCCs or to the Local Police Stations. There are however, a number of forums across the expansion sites which are issue based, e.g. Men’s Forum in Gauteng, Drop In Centres’ forums in the City of Mbombela and Community Action Teams (CATS) forums in the implementation sites managed by Sonke. These forums provide a conducive environment to strengthen collaboration and infuse GBV programming within the mapped organisations.

6.9 Willingness to Join the Masiphephe Network

All mapped stakeholders across the expansion sites indicated their willingness to participate in the Masiphephe network. There is however, an expectation of resources/ funding which seems to incentivise participation. Although this structure is not GBV focused, it presents the best possible mechanism available to gender mainstreaming programmes and lead the anti GBV strategy and implementation.

6.10 Potential stakeholders relevance

<i>Stakeholder Relevance –INK Area (GDF)</i>					
<i>Name of organisation</i>	Contribution Legitimacy	Willingness to Engage	Influence	Necessity of Involvement	Final outcome
<i>Ward 03 Councillor</i>	Low	High	Medium	Medium	
<i>Iqadi Traditional House</i>	High	High	Medium	High	
<i>Sisonke for Change</i>	High	High	Low	High	
<i>Ward 38 Councillor's Office</i>	Low	High	Medium	Medium	

Ward 38 Community Development Worker under COGTA	Medium	Low	Medium	High	
The Nelisa Mzimela Legacy Foundation	High	High	Medium	High	
Ward 54 Councillor's Office	Low	High	Medium	Medium	
Isibani Orphans and Youth Empowerment	Medium	High	Medium	Medium	
Department of Social Development: Inanda	High	High	High	High	
Durban Long Distance Taxi Association	Low	High	Medium	Medium	
Community Policing Forum PROVINCIAL	High	High	High	High	
Ward Councillor - 104	Low	High	Medium	Medium	
KCAP Ekhaya Multi Arts Centre	High	Low	Low	Medium	
Kwamushu B Clinic	High	High	High	Low	
Department of Cooperative Governance & Traditional Affairs (COGTA)	High	Low	Medium	Medium	
KZN Legislature Constituency Office	High	Low	Low	Medium	
Children's Radio Foundation	High	Low	Medium	Medium	
EThekweni Junior Primary School	High	Low	Medium	Medium	
Metro Police Department	High	High	High	High	

Table 16 Stakeholder Relevance- GDF

Stakeholder Relevance eThekweni West -Ethembeni Crisis Centre					
Stakeholder	Contribution Legitimacy	Willingness to Engage	Influence	Necessity of Involvement	Final outcome
Nagina Clinic-Community Care Giver Supervisor	High	Medium:	Medium	High	
Mariannridge Clinic	Medium	Medium	High	High	
Nilgri Secondary School	Low	Low	Medium	High	
Luganda Clinic	Medium	Medium	High	High	
Department Justice	High	Medium	High	High	
Golden Generation Youth Club	Low	Low	Medium	High	
FAMSA	High	Medium	High	High	
DSD Chatsworth	High	High	High	High	

Table 17 Stakeholder Relevance- ECCC

Stakeholder Relevance CoJ Region D/ Soweto (Diepkloof and Orland) Sonke					
Name of Organisation	Contribution Legitimacy	Willingness to Engage	Influence	Necessity of Involvement	Final outcome
Rena le Rona Creative Centre for Children	Medium	High	Medium	High	

Masiyixoxe Men's Forum	High	High	Medium	High	
Bopasenatla Secondary School	High	High	Low	Medium	
Redumetse Care of Older Persons	Medium	High	Medium	Medium	
Bekgametse Vulnerable Children and Elderly	High	High	Low	Medium	
Bopakitso Primary School	High	High	Low	Medium	
Fons Luminis Secondary School	High	High	Low	Medium	
Qoboshane Junior Secondary School	High	High	Low	Medium	
Ekujabuleni Kwabantwana	High	High	High	High	
Tshedza Foundation	Low	High	Medium	Medium	
Mooki New Church	High	Low	Medium	Low	
Joseph Wing Memorial	Low	High	Medium	Medium	
Forah New Church	High	Low	Low	Medium	
Litha Le Soweto	High	High	High	Low	
Orlando Children's Home	High	Low	Medium	Medium	
Orlando Unity Youth League	High	High	Medium	Medium	
Bona Comprehensive High School	High	Low	Medium	Medium	
Tlhokomelo Childcare and Support Care	High	High	High	High	
Cooshlick Disabilities school	High	Low	Medium	Medium	
Thembelihle Clinic	High	Low	Medium	Medium	
CATS	High	Low	Medium	Medium	
Magistrate Court Protea	High	High	High	High	
Balindi Wellness Care	High	Low	Medium	Medium	

Table 18 Stakeholder Relevance CoJ Region D/ Soweto (Diepkloof and Orland) Sonke

Stakeholder Relevance – CoJ Region E/ Alexandra) ADAPT					
Stakeholder	Contribution Legitimacy	Willingness to Engage	Influence	Necessity of Involvement	Final outcome
Greater Alexandra Tourism and Heritage Association (GATHA)	High	Medium:	Medium	High:	
Greater Alexandra Chamber of Commerce & Industry (GALXCOC)	Medium	Medium	Low	High	

Table 19 Stakeholder Relevance – CoJ Region E/ Alexandra) ADAPT

Stakeholder Relevance (PSASA)- Emalahleni Local Municipality

<i>Name of organisation</i>	<i>Contribution Legitimacy</i>	<i>Willingness to Engage</i>	<i>Influence</i>	<i>Necessity of Involvement</i>	<i>Final outcome</i>
<i>South African National Civic Organization</i>	Low	High	High	Medium	
<i>Entokozweni Home Based Care</i>	High	High	Medium	High	
<i>Sifunokuhle Home Based Care</i>	High	High	Low	High	
<i>Kwaguqa Advice Officer</i>	Low	High	Medium	High	
<i>Sinokuthula Home Based Care</i>	Medium	Low	Medium	High	
<i>Snenhlanhla Home Based Care</i>	High	High	Medium	High	
<i>Gugulogama Youth Sisonke</i>	Low	High	Medium	Medium	
<i>Umusa Community Project</i>	Medium	High	Medium	Medium	
<i>Khula Nathi African Atlas Men's Forum</i>	High	High	High	High	

Table 20 Stakeholder Relevance (PSASA)- Emalahleni Local Municipality

Stakeholder Relevance (PSASA)- City of Mbombela					
<i>Name of organisation</i>	<i>Contribution Legitimacy</i>	<i>Willingness to Engage</i>	<i>Influence</i>	<i>Necessity of Involvement</i>	<i>Final outcome</i>
<i>Thandanani Drop in Centre</i>	High	High	Medium	Medium	
<i>Masoyi Home Based Care</i>	High	High	Medium	High	
<i>Thandanani Home Based Care</i>	High	High	Low	High	
<i>Injabulo Nokuthula Gender Based Violence Centre</i>	High	High	Medium	High	

Table 21 Stakeholder Relevance (PSASA)- City of Mbombela

Tables 16 through to table 21 shows potential stakeholder's relevance and the perspective they offer, as well to understand their relationship to GBVF. This analysis plan helped to clarify and rank the critical or relevant stakeholders to work with and key insights about each. The ranking was also enriched with the relevance of population served, the socio-economic profiles of the expansion sites as well as the willingness to participate in the Masiphephe Network.

7 Lessons Learnt and Recommendations

The prevailing concern amongst all the persons that were interviewed on behalf on the mapped organisations is that all the organisations are working in silos. Not all the

organisations mapped are working in the GBV space however, the impact of having them as part of the Masiphephe network will greatly enhance the objectives of CCI and the community based partners. A programme needs to be developed to build their capacity in GBVF and advocacy without losing the core focus of their organisational missions.

- All organisations mapped showed interest in participating in the Masiphephe Network.
- None of the organisations were able to meet the target of organisations that they set out to map.
- The mapping process was slow and painstaking as some potential stakeholders were reluctant to provide information concerning their organisations.
- The COVID-19 restrictions contributed to the unavailability of interviewees for some of the organisations that were not mapped
- In some instances, the bureaucracy made it impossible to conduct telephonic or face-to-face interviews but rather preferred the questionnaire to be e-mailed to them,
- Funding for NPOs is a contested terrain and some of the potential stakeholders were not forthcoming about their programmes as they see the community partners mapping exercise as a ploy to gain insight into their organisational strategies
- In the future, a private entity must be directly contracted to conduct mapping, this will assist organisations to provide a support role than to be expected to generate the data themselves and
- The mapped organisations also have working relationship (informal network) that is beneficial to the GBV survivors.

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