Masiphephe Network

KwaNdengezi Stakeholder Mapping Report Expansion Sites 2020

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CCI CENTRE FOR COMMUNICATION IMPACT

Ethembeni Crisis Care Centre

Abbreviations

CCI	Centre for Communication Impact
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:

- Agisanang Domestic Abuse Prevention and Training (ADAPT) in the City of Johannesburg (Gauteng Province),
- Sonke Gender Justice (Sonke) in the City of Johannesburg (Gauteng Province),
- Ethembeni Crisis Care Centre (ECCC) in eThekwini Metro (KZN Province),
- Gugu Dlamini Foundation (GDF) in eThekwini Metro (KZN 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, ECCC and key community level stakeholders selected additional wards in eThekwini West in KwaNdengezi based on an expansion strategy that informed the selection of expansion sites for implementation of the programme. The partners note that the

expansion of the Masiphephe network and intervention in the area 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 consider 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 report details the stakeholder analysis for new stakeholders in extended Masiphephe Network project sites coordinated by Ethembeni Crisis Care Centre, which is based in KwaNdengezi Township (ward 12) within eThekwini Metro in KwaZulu-Natal Province.

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. Ethembeni Crisis Centre, like other community-

based partners, is 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 are the organisations working on preventing and redressing GBVF in their respective wards/region (within eThekwini West) where Ethembeni Crisis Centre is facilitating the implementation of project activities. This mapping aims to complement the 2018/2019 mapping in initial project wards as some existing stakeholders also work in bother initial and new project sites. The complementary mapping is 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 will 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. already work in the new wards. In that case, there is no need to map them again. Mapping should only be for new stakeholders in new wards or existing relevant stakeholders who were not mapped. Ethembeni Crisis Centre will be expanding to four additional municipal wards (project implementation sites) and these expansion sites are the following:

I. Ward Number 100 in Zwelibomvu,
II. Ward Number 72 in Chatsworth,
III. Ward Number 16 in St Wendolins and Klaarwater
IV. Ward Number 13 in KwaNdengezi.

3. Rationale for Stakeholder Mapping

The mapping exercise is aimed at mapping organizations/stakeholders as well as

NOTE that no new stakeholders identified and mapped for ward 100. The stakeholders in this ward were mapped in the 2018/2019 mapping exercise.

prospective beneficiaries that are engaged in the process of prevention, redressing and

mitigating the prevalence of GBVF and harms. The mapping exercise will target stakeholders in the new project expansion sites where programme implementation will be 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, Ethembeni Crisis Centre 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, Ethembeni Crisis Centre aims 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 has been 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 has identified a core group of mapping teams within each community partner – and these include: 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. A one on one session (CCI and Ethembeni Crisis Care Centre Stakeholder mapping team) was held to afford the team an opportunity to ask clarity seeking questions and discuss practical implementation challenges and solutions.

Ethembeni Crisis Care Centre used a snowballing approach 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 organisation, a list of organisations and individuals to be mapped was finalized. A schedule of interviews (telephonic and face to face) was developed. Using the Masiphephe Network Stakeholder Mapping Tool, the Ethembeni team 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 rankthe 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 1 CCI Stakeholder Analysis Criteria 2018/2019

The analysis of the above five criteria will be used to create and populate a chart with short descriptions of how stakeholders fulfil them. Values will be 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 Ethembeni Crisis Centre's expansion sites. This process included interviews with a range of pre-identified statutory and non-statutory stakeholders, including organisations working with orphans and vulnerable children (OVC), local government officials, health facility employees, non-government organisations in the GBVF prevention and response sphere, and other organisations and individuals working on gender-based violence.

The mapping in Ethembeni Crisis Centre's expansion sites commenced on 27th of July 2020 and was completed on the 19th of August 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 the Population Served- Expansion Sites

(i) Ethembeni has identified four new wards where the project will expand its activities, these are : Ward 13 (Marianhill Area)

(ii) Ward 16 (Klaarwater and KwaSanti Areas)

(iii) Ward 72 Chatsworth

(iv) Ward 100 (Zwelibomvu-Magangeni Area)

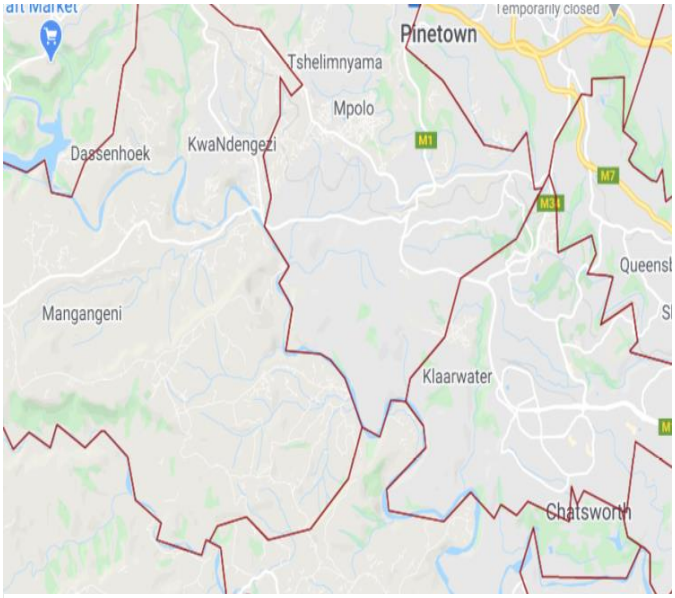

Figure 1 Expansion Site Map

These areas are serviced by different police stations (see table two below)

Table 2 shows the population of expansion sites. Ward 100 has the highest population compared to the other sites. It is also a rural ward. This ward was selected to be an expansion site precisely because it is rural and some of the drives of GBVF are prevalent.

Expansion Site	Female	Male	Total Population
eThekwini Ward 13 (Marianhill Area)	12684	11979	24663
eThekwini Ward 16 (KwaSanti and Klaarwater)	16763	16141	32904
eThekwini Ward 72 (Chatsworth Area)	15677	15039	30716
eThekwini Ward 100 (Zwelibomvu Area)	19360	17998	37358

Table 2 Population Size in the Expansion Sites: Source WaziMap

Table 3 below depicts selected statistics or the expansion sites. Ward 100 has 47% of the Households headed by females while only 36% percent of the Households are female headed in ward 16. Ward 16 Area which include Klaarwater and KwaSanti is a typical

township as opposed to ward 100 which included the areas of Magangeni and is very rural. It also worth noting that the educational attainment in ward 100 is lower than the other expansion sites. The Percentage 5-17year olds attending School is lower in ward 13 Marianhill, which is a historical coloured area.

Expansion Sites	Average Age of the Population	Female Headed Households	Child Headed Household	Households with Income less than 4800	Percentage Completed Matric or Higher	Percentage 5-17year olds attending School
eThekwini Ward 13 (Marianhill Area)	24	40%	0,12%	16%	48%	79%
eThekwini Ward 16 (KwaSanti and Klaarwater)	26	36%	0,13	16%	55%	85%
eThekwini Ward 72 (Chatsworth Area)	24	43%	0,34%	14%	36%	86%
eThekwini Ward 100 (Zwelibomvu Area)	20	47%	0,4%	6%	29%	87%

Table 3 Selected Statists for the expansion sites: Source WaziMap

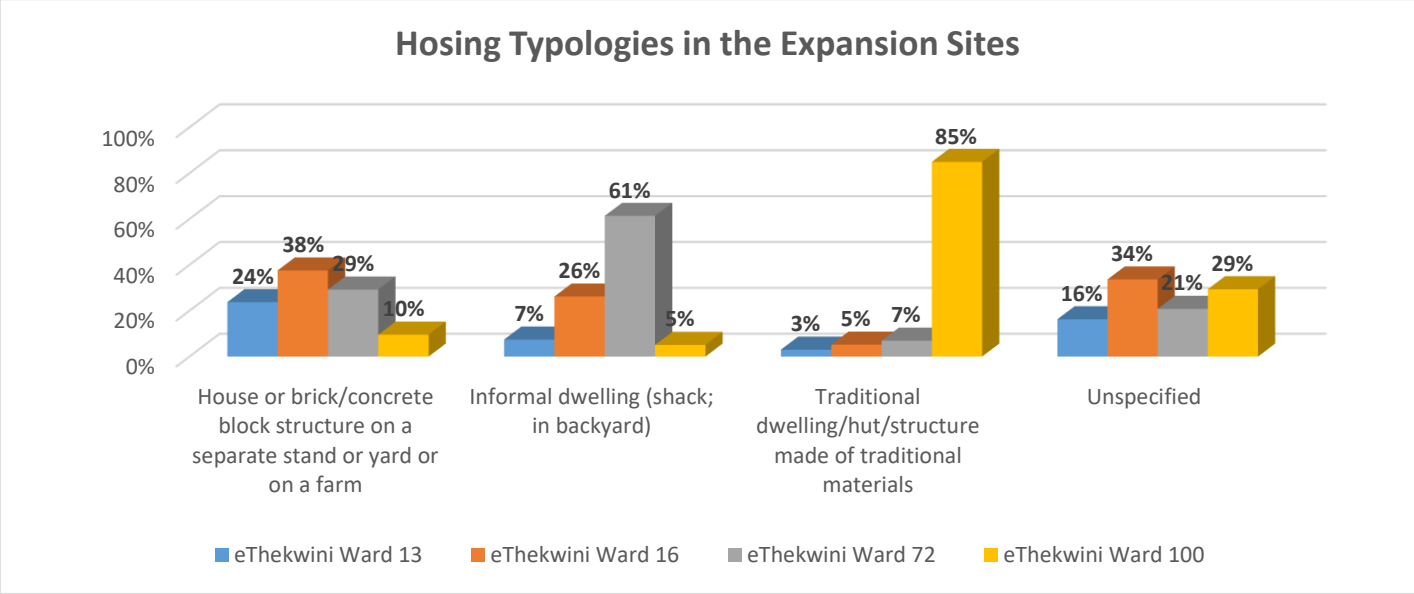

Figure 2 Housing Typologies in the Expansion Sites

Figure two above shows that ward 72 which is in the Chatsworth area and is a historically Indian area has 82% Indian population, has the highest number of informal dwellings. This can be attributed to the mushrooming informal settlements as more people move into the area in search of employment and better livelihoods.

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 these children especially girls to be vulnerable to GBVF and boys are driven to criminality and consequently women abusers.

6.2 Crime Statistics in the Expansion Sites

The Marianhill police Station serves the population of Ward 13. The Kwandengezi Police Station serves all of Kwandengezi including Zwelibomvu (Magageni Area) while Chatsworth Police Station Serves, Klaarwater and KwaSanti as well as greater Chatsworth Areas. Bhekithema Police Station Serves the remaining parts of Chatsworth and surrounding areas. Table 2 below presents data from these areas.

	Chatsworth Policing Precinct			Bhekithemba Policing Precinct			Kwandengezi Policing Precinct			Mariannhill Police Precinct		
CRIME CATEGORY	**2017/2018**	**2018/2019**	**2019/2020**	**2017/2018**	**2018/2019**	**2019/2020**	**2017/2018**	**2018/2019**	**2019/2020**	**2017/2018**	**2018/2019**	**2019/2020**
CONTACT CRIMES (CRIMES AGAINST THE PERSON)												
Murder	55	68	48	54	56	60	39	43	41	96	96	100
Sexual Offences	77	82	102	74	101	77	32	34	33	99	92	97
Attempted murder	116	104	67	44	43	66	27	20	37	99	124	140
Assault with the intent to inflict grievous bodily harm	235	247	248	359	294	308	100	96	99	263	256	227
Common assault	882	852	950	147	120	144	87	43	104	322	226	312
Common robbery	116	112	114	65	40	46	16	12	25	65	61	81
Robbery with aggravating circumstances	399	433	375	216	203	236	67	96	103	332	393	393
Total Contact Crimes (Crimes Against The Person)	**1 880**	**1 898**	**1 904**	**959**	**857**	**937**	**368**	**344**	**442**	**1 276**	**1 248**	**1 350**
Sexual Offences												
Rape	57	55	80	65	89	64	25	28	28	80	78	81
Sexual Assault	18	22	19	7	6	9	7	4	5	18	14	15
Attempted Sexual Offences	0	1	1	2	5	4	0	1	0	1	0	1
Contact Sexual Offences	2	4	2	0	1	0	0	1	0	0	0	0
Total Sexual Offences	**77**	**82**	**102**	**74**	**101**	**77**	**32**	**34**	**33**	**99**	**92**	**97**

Table 4 Crime Stats in the Expansion Area Policing Precincts

6.3 Organisations Mapped

Table five below shows a list of stakeholders which was gathered from the War Rooms Convenors. A process of pre-selecting potential stakeholders was initiated informally prior to the mapping exercise where the Project Manager engaged with these stakeholders telephonically to introduce Masiphephe.

Targeted organisations for Mapping	Organisations mapped
Family and Marriage Association of South Africa (FAMSA)	Yes
Pinetown Domestic Violence Court	Yes
Golden Generation Youth Club	Yes
Nagina Clinic Community Care Giver (CCG)	Yes
Luganda Clinic Head	Yes
Mariannridge Clinic Head	Yes
Nilgiri Secondary School counsellor	Yes
Department of Social Development Chatsworth	Yes
Youth Vision	No
Islamic Relief Ward Organisation	No
Siyasizana	No
Mutla Organisation	No
WBS Trust	No
Eziphatheleni Community Care Center	No
Syothula Woman Club	No
Mpilwenhle Support Group	No
Sound Effect Graphic and Design	No
Masizane Nature Park Social Primary Co operative	No
War Room Champion /Councillor Ward 13	No
War Room Convenor Ward 13	No
Health,Safety and Security	No
Community Caregiver(Lori-Anne Miller)	No
Outreach Sister(Tebogo Shange)	No
Youth Ambassador	No
Outreach Sister(Delisile Gwala)	No
EPWP Safer Cities-TeamLeader(Zama Mbanjwa)	No
Epilepsy Foundation	No

Department of Education	No
Nelitha Foundation	No
Nurses at a Go	No
Total number of targeted organisations = 31	**Total number of organisations mapped = 8**

Table 5 Mapping List

6.4 Description of the organisations

Sub-district (Region)	Ward Number	Name of Organisation	Public Institution	Civil Society	Private Sector	Legal institutions	Health Facility	Educational	Traditional Institution	NPO	War Room	GBV Focus	TIP Focus
West (Nagina Marianhill)	13	Nagina Clinic-CCG Supervisor	X				X						
		Mariannridge Clinic	X					X					
		Nilgri Secondary School	X					X					
		Luganda Clinic	X				X						
West (St Wendolins (KwaSanti) and Klaarwater)	16	Pinetown Domestic Violence Court	X			X							
West (Chatsworth)	72	Golden Generation Youth Club		X									
		FAMSA		X								X	X
		DSD Chatsworth	X									X	X

Table 6 Description of Organisations Mapped

Table five above shows that of the 8 organisations mapped 6 were statutory organisations and two were non statutory. Two of the organisations are in the health sector. Only the Departments of Social Development and the Department of Justice and Constitutional Development indicated that they offer services to survivors of GBV, as well as having a focus on Trafficking in Persons (TIP) programmatic interventions whilst FAMSA also offers services to survivors of GBV.

6.5 Services provided by the organisation

The mapping process identified a range of services provided by stakeholders. These include counselling services, medical care, attorneys and paralegals, victim empowerment, fundraising, youth development, psychosocial services, career guidance

awareness-raising, teaching, safety and security, childcare, court preparations casework and GBV advocacy.

6.6 Population served by the Organisations

Sub-district (Region)	Ward Number	Name of Organisation	Organisational Focus	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
West (Nagina Marianhill)	13	Nagina Clinic-CCG Supervisor	Home Based Care	X	X	X	X	X	X				
		Mariannridge Clinic	Primary Health care	X	X	X	X	X	X				
		Nilgri Secondary School	Education				X						
		Luganda Clinic	Primary Health care	X	X	X	X	X	X				
West (St Wendolins (KwaSanti) and Klaarwater)	16	Pinetown Domestic Violence Court	Court	X	X	X	X	X	X	X			
West (Chatsworth)	72	Golden Generation Youth Club	Youth Focused	X	X		X						
		FAMSA	Families	X	X	X	X	X					
		DSD Chatsworth	Community	X	X	X	X	X	X	X			

Table 7 Target Population Served by the Mapped Organisations

Table 8 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 particularly in ward 16.

6.7 Skills, Expertise and Capacity of staff

Name of Organisation	Staffing Levels and Skills	Capacity Requirements	Resources Required
Nagina Clinic-CCG (CCG) Supervisor	Basic Counselling and Auxiliary Health services	Require capacity building in various areas including GBV support.	Transport and Funding
Mariannridge Clinic	They have nurses but not forensic nurses. They have a HIV counsellor from JHPIEGO (NGO)	Forensic nurse training	They need a park home
Nilgri Secondary School	None	Data Missing	Data Missing
Luganda Clinic	They have professionals: Nurses and Doctors	Data Missing	Data Missing
Pinetown Domestic Violence Court	Magistrate, Prosecutors	Administrative Clerk to take statement from victims correctly	Training to staff. Training the public on court systems and procedures
Golden Generation Youth Club	All staff members have basic training in HIV and Aids counselling	They need training of staff.	They need office equipment. They are operating from a shipping container
FAMSA	Social workers' skills and counselling	None required	Funding to assist in organising awareness programs
DSD Chatsworth	Qualified social workers with counselling skills, report writing, referrals.	Lack of staff capacity: the social workers are servicing a large population. Training on GBV information,	Funding for consistent programs.

Table 8 Staffing Levels and Skills

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

Stakeholder Resource Needs

Based on the mapping results, the majority of the stakeholders mapped indicated that funding for their programmes is not adequate. As show in the table 6 above, they did not have sufficient office spaces and organisations like Golden Generation Youth Club work 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:-

- 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,
- 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.

6.8 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. The Golden Generation Youth club has identified 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. They indicated that they see high numbers of domestic violence cases but these are withdrawn due to victims not attending the court.

6.9 Reporting of GBV Cases.

All the organizations sampled are aware of the services of the Thuthuzela Care Centre in RK Khan Hospital. They all indicated that it's their first point of referral for GBV survivors especially if rape is suspected. The South African Police is also a second choice referral point. This could be attributed to the trust deficit the organisations have with the police.

6.10 Collaboration on GBV interventions

Organisation Mapped	Partners Worked With On GBV Interventions
Nagina Clinic-Community Health Worker Supervisor	Ward 13 War Room
	Epilepsy Foundation
	AZDP an NGO which offers wheelchairs to people with disabilities.
Mariannridge Clinic	Ward 16 War Room
	Epilepsy Foundation
	MCC is an NGO
	Streetwise is a local Boys shelter
	Department of Health EThekwini Metro
Nilgri Secondary School	No Data
Luganda Clinic	No Data
Department Justice	Open Door Crisis Care Centre
	FAMSA
	DSD Pinetown
Golden Generation Youth Club	No Data
	Child welfare

FAMSA	NICRO
	DSD
DSD Chatsworth	FAMSA (Mbazini-071 471 5610)
	SASSA
	NGO's (Child Welfare) NICRO
	TCC
	Chatsworth court

-Table 9 GBV Intervention-Collaborations

There is no specific forum for GBV collaboration in all the expansion sites. However each of the organisations do, from time to time, come across a GBV case that they refer to the TCC in RK Khan Hospital and to the Local Police Station. The organisations listed as collaborators in the fight against GBV are actually existing networks which organisations cross reference to, based on the peculiarity of the cases.

6.11 Willingness to Join the Masiphephe Network

Currently the only network that most of the stakeholders participate in, bar the Department of Justice, is the Operation Sukuma Sakhe (OSS). OSS refers to the integrated service delivery model bringing together all service delivery stakeholders (statutory and non-statutory) to provide services in an integrated manner. OSS is ward based and is chaired by the ward Councillor and is commonly referred to as “War Room”. 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.

All mapped stakeholders indicated their willingness to participate in the Masiphephe network. There is however, an expectation of resources/ funding which seems to incentivise participation.

6.12 Potential stakeholders relevance

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 10 Analysis of the Mapped Stakeholders

Table nine above shows that Nagina Clinic-Community Care Giver Supervisor has intimate knowledge of the community served. They are trusted by the community. They are also invited to community meetings to discuss health related matters. Building capacity of CCS in GBV related matters would help expand the reach of Ethembeni Crisis Centre programme. CCGs if well capacities have the potential to help with immediate response after violence has occurred that should protect them from re-victimisation and are able to guide and refer victims to crisis- and emergency-oriented services, such as pre-hospital care and emergency shelters. However, the CCGs report to a Clinic Sister and such hierarchy might prevent them from participating in the network. The district/ Provincial Department of Health will have to be consulted for them to grant permission for the CCG supervisors to participate in the Masiphephe network.

Mariannridge Clinic and Luganda Clinic – these clinics are both under the management of eThekwini Municipality. Their involvement in the network is important, as they are the first point of contact with the community. Building capacity of health professionals in this facility will help uncover many unreported GBV cases

Golden Youth Generation: This is an NPO owned and managed by young people, though their programmes are focused on HIV and AIDS as well as teenage pregnancy, they do encounter GBV cases in their daily work and these are referred to the TCC and to the Police. The biggest stumbling block for them to take on new programme will be funding and access to resources. It is not helpful to encourage their full participation as they will be challenged by the lack of resources.

The Family and Marriage Society of South Africa's (FAMSA) main area of operation involve strengthening of relationships and families. They do this through:

- Marriage preparation training ,

- Divorce preparation,
- Family conferencing,
- Provide Co-parenting skills,
- Support group for teenagers,
- School programs,
- Community awareness and fatherhood program.

They are willing to engage within the Masiphephe network, within the confides of their funding and mandate.

7 Overall challenges and recommendations to collaboration on GBV

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 and war rooms are political and do not always address the needs of the public. Not all the organisations mapped are working in the GBV space however, as shown in table 9 above, the impact of having them as part of the Masiphephe network will greatly enhance the objectives of CCI and Ethembeni Crisis Centre. A programme needs to be developed to build their capacity in GBVF and advocacy without losing the core focus of their organisational missions.

The Stakeholder Mapping team of Ethembeni Crisis Centre has encountered a number of challenges and some key lessons were learnt. The team planned to map 29 stakeholders from three expansion wards. Of the 29 only 9 have programmes and projects even though not GBV focused but do interact and refer GBV survivors as and when they are brought to their attention. These organisations also have working relationship (informal network) that is beneficial to the GBV survivors.

The mapping process was slow and painstaking as some potential stakeholders were reluctant to provide information concerning their organisations. 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 forth coming about their programmes as they see Ethembeni mapping exercise as a ploy to gain insight into their organisational strategies.

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