

Masiphephe Network

Alexandra 2019 GBV Stakeholder Mapping Report



Acronyms

ADAPT	Agisanang Domestic Abuse Prevention & Training
CCI	Centre for Communication Impact
CCN	Collaborative Community Networks
CLO	Community Liaison Officer
COJ	City of Johannesburg
CPF	Community Policing Forum
DOH	Department of Health
ECD	Early Childhood Development
FCS	Family Violence, Child Protection and Sexual Offences Investigations Unit
GBV	Gender-Based Violence
GHJRU	Gender Health Research and Justice Unit
HIV	Human Immunodeficiency Virus
IR	Intermediate Results
JMPD	Johannesburg Metropolitan Police Department
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual
M&E	Monitoring and Evaluation
MER	Monitoring and Evaluation Reporting
NPA	National Prosecuting Authority
OMC	One- Man- Can
OVC	Orphans And Vulnerable Children
PEP	Post-Exposure Prophylaxis
PSASA	Project Support Southern Africa
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
USAID	United States Agency for International Development

Table of Contents

<i>ADAPT Agisanang Domestic Abuse Prevention & Training</i>	1
<i>Background</i>	3
<i>Project Objectives</i>	3
<i>Masiphephe Stakeholder Mapping</i>	4
2.1 Purpose and Objectives of Stakeholder Mapping.....	4
2.2 Methodology for Stakeholder Analysis	5
<i>Mapping in Alexandra</i>	6
3.1 Overview of Alexandra	6
3.2 Agisanang Domestic Abuse and Training (ADAPT).....	7
<i>FINDINGS</i>	0
4.1 GBV Stakeholders Identified and Mapped in Alexandra	0
4.2 Preliminary Classification of Stakeholders	0
GBV Services Offered.....	0
Access to Thuthuzela Centers.....	1
Staffing And Capacity of Stakeholders	2
Population/Audiences Served	0
Stakeholder Resource Needs.....	0
Mechanisms for coordination	1
Forums	1
Human Trafficking	1
Thuthuzela Care Centers (TCCs) Confusion	1
<i>Stakeholders providing care, treatment and support of victims and survivors of GBV</i>	2
Medico Legal Service Centre at Wynberg Police Station	2
General insights from the mapping.....	3
Child Neglect in Alex.....	3
Traditional Healer and Faith Organization	3
Trafficking in Persons (TIP)/ Human Trafficking	3
Challenges in Alexandra	4
Community Media Access and Use	5
Preferred Media	5
General Insights from the Mapping	6
<i>Bibliography</i>	7

Background

Centre for Communication Impact (CCI) is implementing the 5-year, United States Agency for International Development (USAID) funded "Local Governance to Improve Gender-Based Violence (GBV) Response" Project. The project aims to Strengthen Local Governance to Improve Gender-Based Violence response, which is essential to achieving South African Police Service (SAPS) Human Immunodeficiency Virus (HIV) epidemic control in South Africa. The project builds on The Cycle of Flawed Integration, which explores the limitations local structures face in efforts to lead GBV responses through conventional coordination bodies, which have had insignificant impacts despite being mandated by law. CCI and Fixed, it's Strategic Partner, will use the What it looks like when it is Fixed methodology. A methodology which was developed by Fixed that enables multi-sectoral stakeholders to collaborate in a Community Collaboration Network (CCN) that contains mechanisms for collaboration that are visible, transparent, measurable, and accountable.

The goal of this project is to reduce vulnerability to GBV through improved local governance and service delivery through strengthening the capacity of local structures to lead, coordinate and manage a community response to GBV and GBV prevention and mitigation.

The GBV Response project is implemented in the following provinces and communities:

Gauteng (City of Johannesburg – Regions D (Diepkloof- Soweto, Community Partner is Sonke Gender Justice) and E (Alexandra, the Community Partner is Agisanang Domestic Abuse and Training-ADAPT)

KwaZulu-Natal (eThekweni – KwaNdengezi, the Community Partner is Ethembeni Crisis Centre and KwaMashu, the Community Partner is Gugu Dlamini Foundation);

Mpumalanga (Mbombela – KwaNyamazane and Emalahleni, the Community Partner is Project Support Southern Africa (PSASA).

Project Objectives

The project aims to achieve the following:

Objective 1 (Intermediate Results [IR] 1)

Strengthen community governance and accountability;

Address the spectrum of violence against children, adolescents and young women, including sexual, physical, and emotional abuse and neglect;

Objective 3 (IR 3 and 4)

Mitigate gender-based violence (GBV) harm and improve access to justice to impact on the incidence of violence against children, adolescents, and young women.

The expected results include strengthened community governance and accountability; increased primary and secondary GBV prevention; improved mitigation of GBV harms (tertiary prevention) and improved access to justice for all victims and survivors of GBV.

Masiphephe Stakeholder Mapping

As part of the inception process for this project, CCI undertook to assess, map and analyse existing GBV prevention and mitigation efforts, including statutory service providers, community resources and stakeholders with an interest or a role in GBV mitigation and prevention within targeted communities at district and municipal levels. In this regard, CCI;

- Developed a tool for mapping stakeholders, organisations currently involved in mitigation efforts and opportunities for leverage in the **Year 1 implementation sites**.
- Collected data through stakeholder interviews guided by the mapping tool and engagement across guided by the mapping tool).

2.1 Purpose and Objectives of Stakeholder Mapping

The main purpose of this report is to identify stakeholders who are engaged in the GBV response, from prevention, to care and support and right through to the formal and informal justice systems, stratified into statutory (government) and non-statutory institutions (non-governmental and community).

Through the mapping process, CCI aims to:

- Determine which stakeholders are most useful to engage with?
- Determine if there are any glaring gaps in Alexandra (Alex) in the delivery of services to survivors of GBV;
- Assess existing coordination mechanisms including collaboration structures to address GBV in Alex.
- Identify the stakeholders that participate in local collaboration structures;
- 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 lasting relations through the Community Collaborative Network (CCN) between key GBV service providers.

2.2 Methodology for Stakeholder Analysis

CCI embarked on a process of stakeholder identification through the community partners, then conducted rigorous individual stakeholder interviews using a standard mapping tool. CCI developed and used a semi-structured questionnaire to probe and assess the GBV work undertaken by various stakeholders in Alexandria. 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 GBV prevention and response sphere, and any other organisations and individuals working on gender-based violence. The Mapping Tool was piloted in Alexandria on 27th November 2018 and refined following the initial pilot process and well as with inputs from project Strategic Partners, Fixed and Gender Health Research and Justice Unit (GHRJU). The mapping in Alexandria was undertaken from the 27th of November 2018 to February 2019.

The Mapping tool was used to explore and understand stakeholders' roles, capacity, needs and willingness to participate in a collaborative structure: Community Collaborative Network (CCN) to address gender-based violence in Alexandria.

The following thematic areas were explored:

- Organisational details
- Staffing and capacity
- Population served
- Services rendered
- Resources needed to enhance their services
- Current participation in GBV response and willingness to participate in a collaborative structure such as a CCN
- Communication needs and resources
- Community communication needs and preferences

This report will focus on the above and how and which stakeholders are relevant for this project in Alexandria.

Mapping in Alexandra

3.1 Overview of Alexandra

Alexandra is a township informally referred to as Alex/"Gomorraah" among residents. This township was established in 1912 and it is said to be one of the poorest urban areas in the country. It is a norm to see the majority of the residents of Alex, traveling by foot to Sandton which is the richest square mile on the African continent, known as Sandton where they work as housekeepers, hotel cleaners, cooks, sales assistants to name a few. Alex is also bounded by other suburbs like Wynberg on the west, Marlboro, and Kelvin on the north, Kew, Lombardy West, and Lombardy East on the south.

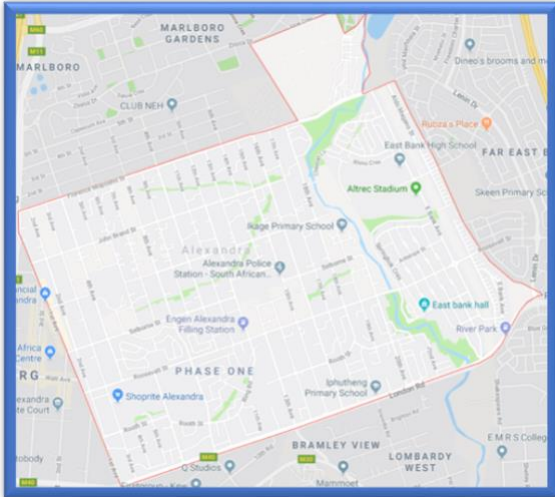


Figure 1 Overview of Alexandra (Alex)

Based on the 2011 Statistics South Africa, Alexandra's population was estimated at 179 624. The housing stand size is 500-600 sq. and characterized by sizeable houses of reasonable stock (1). It is a norm to find additional units or small dwellings within a yard. These dwellings/units are normally occupied by other families who rent from the main householder.

Thus these units provide a significant income to the main householder, are termed “backyard shacks” although many are of brick or block construction of reasonable quality. There are an estimated 20,000 shacks of which approximately 7,000 are located in “backyards” (1).

Ninety-nine percent (99%) of the residents are African and 24% are aged below 14 years. A quarter of households in Alexandra (25%) have no income at all and less than 1% of households reported annual income above R307 000.

Crime in Alexandra

The ratio of policemen versus community in Alexandra 1 police officer for 730 people. This is above the national average of 1 police officer per 348 people and way above the United Nations recommended 1 police officer per 288 people (1) (1). In 2018, Alexandra police station featured in the top ten police precincts in Gauteng across the following crime categories: Number 3 for Common assault, Number 6 for sexual offenses (No. 7 for rape and No. 8 for attempted sexual assault), number 9 for contact crime and number 10 for attempted murder.

Although there are no Alexandra-specific statistics available on domestic violence, the South African Police Service (SAPS) Annual Crime Report 2017/2018 indicates that Gauteng province reported the second-highest number of domestic crimes at 17 394 (22% of the national figure) (1).

3.2 Agisanang Domestic Abuse and Training (ADAPT)

Agisanang Domestic Abuse Prevention and Training (ADAPT) is a well-established organization which focuses on local interventions to strengthen responses to GBV. Crime statistics demonstrate a high incidence of GBV in the area and a need for diverse interventions aimed at women, men, children and members of the LGBTQIA community.

ADAPT, is perceived as a long-standing leader and an expert in GBV related concerns, with strong relationships across all relevant arms of government in the area. ADAPT represents an opportunity for the Masiphephe Network to leverage on existing networks and historical contextual knowledge and as well as expertise.

ADAPT is a section 21 Non-profit Organisation which was founded in 1994. ADAPT set itself apart from other GBV organisation as one of the first organizations in South Africa to introduce working with men as one of the effective strategies of confronting violence against women. The organization is committed to changing social values and structural factors that perpetuate violence against women by promoting a spirit of interdependence, mutual respect, and co-existence between men and women. This organization assists people to deal effectively and efficiently with conflict by allowing them to explore their human relations and awareness skills. These bring about the possibility of better communication and co-operation between those in conflict.

ADAPT seeks to achieve its vision and mission through:

- Offering individual and group support to survivors of physical, sexual and psychological violence.
- Offering individual and group support to perpetrators of gender-based violence (GBV).
- Providing training for health workers, police, court officials, priests, teachers and other key community change agents on accurate identification and intervention for abused women.
- Assisting unemployed abused women to initiate and run economically viable micro-businesses.
- Gathering, documenting and disseminating information about many facets of gender-based violence.
- Creating forums to challenge and redefine cultural, socio-political and economic factors underlying violence against women.

Educating the community through regular workshops, seminars, posters, pamphlets, radio talk shows, television, theatre, and many other art forms.

FINDINGS

4.1 GBV Stakeholders Identified and Mapped in Alexandra

A total of **65 Stakeholders** were mapped, of the 65 stakeholders, **22 can be clustered into the following categories, Old Age Homes, Clinics and recreational centers, whereas 18 of those were Primary and High Schools and 25 of the mapped stakeholders were Statutory or Non-Statutory institutions.**

Figure 2 Public, Civil and Private Sector Stakeholders (Alex).

Public Sector	Civil Society	Private Sector
Statutory Departments	Community Based Organizations	Legal Institutions
<ol style="list-style-type: none"> 1. National Prosecuting Authority (NPA) 2. Family Violence, Child Protection and Sexual Offences Investigations Unit (FCS) 3. Johannesburg Metropolitan Police Department (JMPD) 4. Department of Social Development (DSD) 	<ol style="list-style-type: none"> 5. Alex AIDS Orphans 6. Ububele Educational Psychotherapy Trust 7. Grassroot Soccer 8. Kidz Clinic 9. Lifeline 10. Bombani Shelter 11. CPF Alex (Sector 1 Bramley Station) 12. CPF Alex (15 Police Station) 13. Crime Prevention (Alexandra) 	<ol style="list-style-type: none"> 14. Legal Aid South Africa

Public Sector	Civil Society	Private Sector
Schools	OVC	Businesses
Refer to Appendix A	15. Vhuthini Vhathuni Foundation 16. Thusanang Home Feeding Scheme 17. Banakekeleni 18. Mveledzo 19. Alexandra Aids Orphans 20. Bathusheng Care Centre 21. Thuthuzela Aid Community Centre	22. Joburg Region E Business Forum
Health Facilities	Traditional Healers Forum	
23. Medico Legal 24. 4th Avenue Clinic 25. Alexandra Clinic (Adapts Counselling Office) 26. 18th Avenue Clinic 27. Thoko Mngoma Clinic 28. Care Kahle Medical Centre & Quali Health (Private Clinic)	29. Buyisa Soul and Spiritual Centre	

4.2 Preliminary Classification of Stakeholders

Based on the interviews conducted with key informants representing the Alex stakeholders. The stakeholders can be classification according to power and interest, thus stakeholders are grouped based on power and level of influence on the Masiphephe network. The Alex stakeholders are stratified according to the following binary attributes high power or low power and high interest or low interest.

<p>High Power, Low Interest (Need to forge better relations and buy-in from these Stakeholders)</p> <ol style="list-style-type: none"> 1. Lifeline 2. Joburg Region E Business Forum 	<p>High Power, High Interest (These are key players who ought to be fully engaged and close alliance built with them)</p> <ol style="list-style-type: none"> 3. Medico Legal 4. National Prosecuting Authority (NPA) 5. Family Violence Crime Prevention Sexual Unit (FCS) 6. Legal Aid South Africa 7. JPMD 8. Traditional Healers Forum 9. Bombani Shelter 10. Department of Social Development 11. CPF Alex (Sector 1 Bramley Station) 12. CPF Alex (15 Police Station) 13. Family Violence Crime Prevention Sexual Unit (FCS) 14. Crime Prevention (Alexandra) 15. Kidz Clinic
<p>Low Power, Low Interest (Need to forge better relations and buy-in from these Stakeholders)</p> <ol style="list-style-type: none"> 16. Alexandra Child Care Support 	<p>Low Power, High Interest (These might benefit from the programme)</p> <ol style="list-style-type: none"> 17. Vhuthini Vhathuni Foundation 18. Thusanang Home Feeding Scheme 19. Banakekeleni 20. Mveledzo 21. Alexandra Aids Orphans 22. Buyisa Soul and Spiritual Centre Bathusheng Care Centre 23. Alex AIDS Orphans 24. Thuthuzela Aid Community Centre 25. Ububele Educational Psychotherapy Trust and Grassroot Soccer

GBV Services Offered

The mapping process identified a range of services provided by stakeholders. These include Counseling services, Medical care, traditional healing and guidance from ancestors, 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.

Access to Thuthuzela Centers

The NPA's Thuthuzela Care Centres (TCCs) were established as one-stop facilities to provide services to victims of sexual offenses. These one-stop centres were established to curb secondary victimization of rape survivors and other forms of GBV survivors. As there are only five TCCs aimed at assisting the Gauteng community, the closest TCC which is meant to offer its services to Alexandra is located in Tembisa, a township **24kms away from Alexandra**. Therefore Medico-legal acts as substitute for the NPA's TCC as it is easily accessible to the community of Alex and it offers some of the services which are normally offered by the TCC .

Medico-legal is a medical, psychosocial organisation, funded by the Department of Health (DOH), this organization operates from the Wynberg Police Station.

Below is a list of services provided by Medico-legal to victims/survivors of GBV :

- A social worker or nurse will offer counselling
- An explanation of how the medical examination will be conducted and what clothing might be taken for evidence.
- A consent form to sign, that allows the doctor to conduct the medical examination.
- A nurse in the examination room.
- An investigation officer will interview the survivor and take his/her statement.
- Arrangements for the survivor to go to a place of safety, if necessary.
- Consultations with a prosecutor before the case goes to court.
- An explanation of the outcome of the trial process.

However, Medico-legal is not well known by prospective beneficiaries, the community of Alex in general and some of the Masiphephe Network Stakeholders. Therefore, clear signage, market their vision, credibility, value as well as the impact of the work they do. An additional service offered by Medico-legal is blood tests for Drunk And Driving Offenders, Rehabilitation, Medical Reports For Placements, Abandoned Children.

Staffing And Capacity of Stakeholders

An important aspect of the mapping process was assessing whether the prospective stakeholders' educational background and skills were closely correlated to the work GBV work they engaged in. Possessing suitable skills to deal with GBV cases adequately is vital to offering victims and survivors efficient and suitable services ,intended at meeting the needs and protecting survivors from futher harm.

The mapping process allowed CCI to identify the skills required to work with GBV survivors in comparison to the stakeholder employee's actual skill level. The table below is a succinct breakdown of the qualifications as well as skills stratified by the organization. **(Do note that some organizations have missing information, these were mapped but the raw data cannot be located to verify the data).**

	Name of Organization	Staff Profile	Staff Qualifications	Staff Capacity
1.	Medico legal	Admin, Nurses and Counsellors Nurses and Counsellors		
2.	National Prosecuting Authority (NPA)	2 Court Preparation Officers		
3.	Crime Prevention (Alexandra)	2 Counsellors		
4.	Family Violence, Child Protection and Sexual Offences Investigations Unit (FCS)	Unit Commander Forensic Social Worker 14 Investigation Officers 1 Data Capture and a secretary		
5.	Johannesburg Metropolitan Police Department (JMPD)	2 Metro Police	Diploma, metro police Diploma and an Early Child Development (ECD)	Two metro police, these Metro police are the only ones assigned to Alex to deal with Psychosocial issues.
6.	Traditional Healers Forum	7 Staff members	Healing, and mediation.	7 Staff members
7.	Legal-Aid	9 Candidate Attorneys 6 Attorneys 4 Administrators 1 Admin Manager and 1 Paralegal	A degree in LLB 3-4 Years, Have a degree in law and court experience	30 employees
8.	CPF Alex (15 Police Station)	Chairperson Deputy Chairperson Secretary Deputy Secretary Community Liaison Officer (CLO)	Victim Empowerment , Patrolling, Crime Combating and tackling issues of children and women.	

		Community issues and Treasurer		
9.	CPF Alex (Sector 1 Bramley Station)	Chairperson Deputy Chairperson Secretary Deputy Secretary CLO Community issues Treasurer	Mediation and Arbitration.	20 patrollers
10.	Thuthuzela Aid Community Centre	11 Staff Members 2 Teachers 1 Cook 1 Driver 1 Handyman 1 Director 1 Administrator and 4 Care Workers	Child Care Level 4 Education	11 Staff members
11.	Department of Social Development	3 Staff Members	Honour's in Social work, Social Auxiliary, Counselling, Report writing, have empathy, good communication skills and advocacy skills.	3 Social workers
12.	Bombani Shelter	Missing Data		
13.	Life line	Missing Data		
14.	Ububele Educational Psychotherapy Trust	Missing Data		
15.	Kidz Clinic	Missing Data		
16.	Grassroot Soccer	Missing Data		
17.	Bathusheng Care Centre	17 Staff Members		

		<ul style="list-style-type: none"> 1 Project Manager 2 Admin 6 Counsellors 1 Linkage Officer 2 Coordinators 5 Volunteers 		
18.	Alex AIDS Orphans	Missing Data		
19.	Alexandra Aids Orphans	<ul style="list-style-type: none"> 6 Staff Members 1 Project Manager 5 Care Workers 	<ul style="list-style-type: none"> Counselling; matric; HR Diploma; ECD certificate; BA degree; post grad certificate in project management; Diploma in small business management 	Counselling, empathy; project management
20.	Joburg Region E Business Forum	<ul style="list-style-type: none"> 8 Staff Members 1 Managing Director and Business Development Executive 1 Chairperson 1 Deputy Chairperson 1 Secretary 1 Treasurer 1 Public Relations Manager 2 Deputies to the MD 	<ul style="list-style-type: none"> Graduate In Business Admin; Matric & Admin Certificate 	Business administration; General admin & other business related skills
21.	Mveledzo	<ul style="list-style-type: none"> 2 Staff 1 Cook and Cleaner 1 Director (responsible for getting sponsors for food) 	<ul style="list-style-type: none"> Certificate On Child & Youth Development; Training In Admin, Coordinating & Fund Raising Skills 	Coordination & fund raising; admin skills; child & youth development

22.	Banakekeleni	10 Staff Members 1 Project Manager 1 Admin Officer 2 Auxiliary Social Workers 1 Laundry Lady 2 Cooks 1 Housemother (Cares for the girls at night) 1 Level 4 teacher 2 Security guards 1 Driver	Certificate In Auxiliary Work; Senior Diploma In Education; Level 4 Qualification In Education	Counselling; psychosocial support; career guidance; good at organizing & assigning duties; empathy; listening skills
23.	Thusanang Home Feeding Scheme	6 Staff members 1 Manager 1 Marketing Officer 3 Cooks; and 1 Driver	Monitoring Children; Writing Proposals; Coordination Of Activities.	Monitoring children; writing proposals; coordination of activities(space is a challenge for this)
24.	Vhuthini Foundation Vhathuni	8 Staff Members 1 Director 4 Care Givers 2 Cooks and a Driver	Teaching; Protection; Security, Safety; Ability To Identify Problems In Children	Level 5 ECD Certificate; Level 4 Child Care; Level 5 Child care; Grade 12
25.	Alexandra Child Care Support	1 Centre Manager 3 Social Auxiliary Workers 1 Social Worker 32 Child Care Workers 1 Admin and 2 Cooks	Social Auxiliary Certificate; Degree In Social Work; Certificate In Admin	Counselling; Psychosocial Support and Career Guidance

Population/Audiences Served

Based on the demographics section of the tool, it was established that, most of the stakeholders' work with women, young women, children, men, young men families and the elderly as their primary beneficiaries. Only 3 of the 25 stakeholders mapped, worked with immigrants and members of the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual (LGBTQIA) as key beneficiaries. Additionally, only 2 stakeholders mentioned that some of their beneficiaries were sex workers, however, they mentioned that this was on rare occasions.

Stakeholder Resource Needs

Several of the stakeholders that were interviewed (except government) mentioned that they were operating with very miniscule financial and communication resources. They did not have offices, laptops, boardrooms, etc. and relied on their private cell phones as a means of communication. Most stakeholders used their own airtime and data for work related communication. This demonstrated a deep passion and willingness to help their communities in addressing GBV, even if it meant tapping into their own resources to help or increase service delivery to their beneficiaries.

The below-mentioned resource needs were noted by all the of the **25 stakeholders who were mapped in the process.**

- **Transport-** Most stakeholders mentioned the need for cars to reach their beneficiaries and to efficiently deliver services to the public. Transport is also needed for the safe transfer of survivors of GBV.
- **Office Space-** Bigger office space (for client privacy during counselling and space for homes to have separate sleeping and bathing places for both males and females).
- **Funding-** Stakeholder noted the need for continuous funding from Government as vital for the continuance of the GBV programmes and stipends for volunteers who assist with homework as well as incentive for beneficiaries.
- **Human Resources-** Additional Staff Members
- **Equipment-** Office resources such as laptops, projectors and a public announcement (PA) systems
- **Training and support-** More workshops for all organizations in Alex, at least 4 workshops per year to improve their knowledge on various issues related to GBV For the traditional healers association, they need the recognition of traditional healing and have proper legislation that does not undermine their work as traditional healers.
- A majority of organizations working with Orphans and Vulnerable Children mentioned food for children; Clothes, Electricity; Books (Library); Proper classes for aftercare.

Mechanisms for coordination

Most of the interviewed stakeholders had a limited understanding of collaboration and coordination. These were new concepts that needed to be explained in detail to the stakeholders. Despite the interviewer explaining the terms in their mother tongue, these concepts were hard for most interviewees to conceptualize. However, the concept of collaboration seemed to be understood best in comparison to coordination.

Forums

Even though some of the stakeholders who participated in the mapping process, mentioned belonging to an already established forum. Further probing demonstrated that most of the stakeholders were referring to the Masiphephe Collaborative Network (CCN). Organizations working with Orphan Orphans and Vulnerable Children (OVCs) seemed to be the only organizations with a forum that was not linked to the Masiphephe Network.

Organizations working with OVCs belonged to a forum called Arithinteng, which is a collaboration network of OVCs. This forum aims to maximize service delivery to orphans and neglected children. One of the ways to maximize their efforts was the introduction of demarcation of areas they aided. This process allowed Arithinteng members to use demarcation process to avoid duplication of their services (i.e. not offering the same service to the one individual more than once). In addition, this forum allows the OVC to share knowledge and work together to address the similar or diverse issues they face.

Human Trafficking

Out of twenty five only twenty four stakeholders/ service providers mentioned that Trafficking In Persons (TIP) as a concern in the area. However, only one stakeholder (i.e. JPMD team) voiced their concern of not holding the adequate skills to identify as well as to deal with TIP issues adequately. This gap must be addressed as it might be a missed opportunity and thwart GBV service delivery in the area. A few people, however, reported that perhaps TIP was an issue that needed to be discussed in the community to raise awareness in case it happens.

Thuthuzela Care Centers (TCCs) Confusion

All of the stakeholders who were interviewed did not know what the NPA's TCC was and how it operated (including the NPA court preparation staff members who were interviewed). When asked about a Thuthuzela Centre in the area, most of the interviewees mentioned a Non-Profit Organization that operated in Alexandra which used the name Thuthuzela Aid Community Centre.

This Community centre is funded by DSD and houses 18 children (i.e. Males and females) who have been abandoned or neglected by their parents due to substance or alcohol abuse. The Centre also has a feeding scheme and a day-care centre.

A number of these community centres existed in Alex and they have formed a forum called Arethinteng, which works with Orphaned Vulnerable Children, this forum aims to collaborate, communicate, learn and avoid duplication of their services. The members of the forum are Banakekeleni Orphanage, Vhithini bathungi, Thusanang, and Mveletzho.

The members of the forum have created a demarcation system to avoid duplication of their limited resources, however, a majority of these organization did not see the linkage between their work and GBV. This might be attributable to their view that GBV is mostly related to intimate partners and does not include physically punishing or shouting at a child. An important consideration is that when people are not trained to work with children it means that there are missed opportunities to help those in need GBV services. This is alarming as the missed opportunities mean that victims do not access the help that they need in due course.

Stakeholders providing care, treatment and support of victims and survivors of GBV

Medico Legal Service Centre at Wynberg Police Station

A few issues of concern were mentioned by the interviewee are as follows:

The Medico-legal service center cannot offer survivors transportation home as they do not have vehicles to transport them due to limited funding. Based on the interviewee's perceptions the center is not well known therefore people or beneficiaries of their services do not know of the work they do and the service they offer. Therefore, the recommendations for the center is to be more visible by attending roadshows and distributing Training for Information, Education, and Communication (IEC) materials at these roadshows. The centers' visibility is important because the services they offer are only confined to Alex but include Kew, Bramley, Randburg, Tembisa and Alexandra.

Although the center offers GBV services on a day to day basis their work extends to, working with drunk and driving offenders, rehabilitation, medical reports for placements and abandoned children.

General insights from the mapping

Some insights gleaned from the engagement with stakeholders are summarized below. These emerged during the interviews using the mapping tool.

Child Neglect in Alex

According to the Community Policing forum i.e. the Bramley and Alex segments, child neglect is an issue in Alex and a bulk of the cases the CPF encounters are related to child neglect and abandonment. The neglect and abandonment of children render them vulnerable to all types of abuse. Additionally, the mapping interviews revealed the high rate of school dropouts, based on a variety of issues such as having to stay home to look after siblings or pregnancy. WHO defines child abuse or mistreatment as a wide spectrum affecting people under 18. This form of ill-treatment includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (WHO, 2003). This glaring issue is of concern and the program ought to involve crèches, schools, social workers and the community to redress this issue of child abandonment and neglect as well as school dropouts.

Traditional Healer and Faith Organization

The Traditional healer and Faith Organization in Alex in comparison to the ones in Soweto and Kwazulu natal is highly informed and has a high interest in reprovig issues of GBV in Alex and among members of their organization and the community at large. This organization is interested and aligning westernized ways of resolving social ills. Enlighten people about healing versus witchcraft. The organization also works closely with eh police with issues of the spiritual realm that the police cannot deal with, thus this organist ion help to mediate between members of their community and the police. The organization wants to have better collaborations and relations with other stakeholders as this will improve the referral services.

Trafficking in Persons (TIP)/ Human Trafficking

A majority of the stakeholders/ service providers mentioned that they did not feel adequately resourced to deal with and identify victims of TIP. This gap must be addressed as it might be a missed opportunity. A few people, however, reported that perhaps it is an issue that needs to be highlighted in the community to raise awareness in case it happens as some were aware or have heard of this in the news/on other communities/towns/provinces. Therefore the issue of TIP was far removed from them, which might be a missed opportunity if not addressed in due course.

Challenges in Alexandra

Reporting of gender-based violence: Generally, all interviewed stakeholders were aware that GBV needs to be reported to the police, however, their understanding of the reporting trajectory was closely linked to the work they did. For example “SAPS, then the healers to intervene if the abuse is linked to witchcraft” and “CPF refers to the police, then the commander is informed to avoid secondary victimization and loss of documentation. Alex has seen a decrease in domestic violence and high jacking”/ “Charge office, then they refer to the victim empowerment center and then the victim empowerment center refers the victims to the social workers for counseling”.

Poor awareness of Thuthuzela Care Centre and related services: Generally, many interviewed individuals were unaware of the existence of a Thuthuzela Care Centre and what services are offered there. Many people mentioned that cases of GBV were referred to either the local clinic, Kidz Clinic or to ADAPT. They were also unaware that there is post-exposure prophylaxis (PEP) which can be given to rape victims to reduce the risk of HIV acquisition.

DSD Bureaucracy: Although the staff members from DSD were extremely keen to join the forum, their enthusiasm was hindered by governmental bureaucracy. Therefore, the mapping team had to apply and inform the department of social development the reasons for undertaking the mapping process. To date, DSD has not furnished us with the results for the application for mapping DSD as a prospective stakeholder. However, the DSD employees are part of the CCN.

Limited Trust of Prospective Funders: A number of the OVC organizations mentioned how prospective funders have always visited their premises with promises of sourcing additional funding for them, however, this has yet to materialize into reality. The CEO of Ububele mentioned how one such prospective funder was given documentation and resources linked to the OVC and used those to raise funds thus defrauding people using the NPO’s information. This is one of the reasons that the organization does not use social media and has low trust in those who claim to be of assistance to them.

Superficial Role of Community Policing Forums (CPF): Community Policing Forums (CPF) are community structures representing the community and making the community concerns heard. The Alex and Brambley CPF is undertaking this role well.

As they allow the residents, organizations, and other relevant stakeholders to meet and discuss local crime prevention initiatives. According to the National Crime and Prevention Strategy (NCPS) for communities to fight crime they should work collaboratively with SAPS. Alex CPF is located at the police station whereas the Brambley one is not. Both CPFs have limited resources to do their work effectively as service providers, they are their private mobile devices to make calls and data to access emails without compensation as they are not paid to be members of the CPF as it is voluntary work. One of their frustrations is not receiving any stipend or financial compensation for the work they engage in.

This seems as though the CPF holistically valued by the police as much and their role is a “*tokenistic*” relationship with limited powers and influence. The lack of SAPS to invest in these forums, provide stipends and resources for the forum team to efficiently service the communities they reside in and in turn giving them genuine empowerment.

Community Media Access and Use

Preferred Media

Two modes of communication are popular in the area, these are radio and the community newspaper.

Radio: Alex FM emerged as a leading medium that could be used to communicate messages on GBV with the community. Many participants agreed that this would reach most of the population, particularly diverse populations as the station catered for the young and old and it was pleasant to both sexes.

Community News Paper: Alex News emerged as the second leading mode of communication, newspapers were perceived to be easily accessible as they were free and to members of the community who could read and do not have the resources to buy newspapers. However, the free newspaper which is circulated one a week was an information hub and an accessible read. However, the general perception was that newspapers were used or accessible to older people in comparison to the youth who preferred to listen to the radio.

Social Media Communication

Concerning social media use, none of the stakeholders interviewed had a dedicated Facebook page. A few were aware of national pages that were run by people at the “national level”. WhatsApp emerged as an important and leading tool for communicating within organizations. This platform was used mainly to share with colleagues’ updates on issues and was not ever used to facilitate discussions or share information with beneficiaries. This means that this platform can be used by a future established CCN.

Communication with Communities

Community dialogues and other community events led by ADAPT were mentioned as the most trusted and with a high potential to reach people and having them as the community partners increased the buy-in from the other stakeholders. There were mixed reactions about using local and national celebrities for messaging related to GBV. Some people saw them as potentially useful, while others doubted their legitimacy and authority.

General Insights from the Mapping

Some insights gleaned from the engagement with stakeholders are summarized below. These emerged during the interviews using the mapping tool.

Stakeholder Relations

ADAPT has strong relations with the various stakeholders in Alex and the surrounding areas. Based on the relations built by ADAPT the mapping process was a swift one and the stakeholders were receptive to the process. Although Alex FM was also keen to join the process, it was difficult to get them to honor meetings and share documentation on their programs and converge with CCI. This means CCI needs to build.

Availability of Financial and Communication Resources

Many stakeholders interviewed (except the government) are operating with very little financial and communication resources. Many did not have offices, laptops, boardrooms, offices, etc. and relied on their cell phones as a means of communication. Many often have to use their airtime and data for communicating issues related to their work. This demonstrated a deep passion and willingness to help their communities in addressing GBV.

Willingness to be Part of a Network on GBV

All stakeholders interviewed expressed that they would be willing and eager to join a forum/network aimed at addressing GBV in their community. A few were not sure what their role would be but expressed a desire to be part of or informed of activities undertaken by such a network/ forum.

Bibliography

1. <http://web.mit.edu/urbanupgrading/upgrading/case-examples/overview-africa/alexandra-township.html>. [Online]
2. <http://web.mit.edu/urbanupgrading/upgrading/case-examples/overview-africa/alexandra-township.html>. [Online]
3. <https://www.timeslive.co.za/news/south-africa/2019-06-05-alexandra-police-force-is-far-too-small-inquiry-hears/>. [Online]