

Masiphephe Network

Soweto 07 October 2019 GBV Stakeholder Mapping Report

Abbreviations

CATs	Community Action Teams
CBO	Community Based Organisation
CCI	Centre for Communication Impact
CCN	Collaborative Community Networks
CEM	Community Education and Mobilisation
CLO	Community Liaison Officer
COJ	City of Johannesburg
CPF	Community Policing Forum
CSA	Child Sexual Abuse
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 Research and Justice Unit
HIV	Human Immunodeficiency Virus
IDT	Independent Development Trust
IR	Intermediate Results
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual
M&E	Monitoring and Evaluation
MER	Monitoring and Evaluation Reporting
MSM	Men who have sex with men
NIMART	Nurse initiated management of Antiretroviral therapy
NPA	National Prosecuting Authority
NSP	National Strategic Plan
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
SANCA	South African National Council on Alcoholism and Drug Dependence
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
YFHS	Youth-friendly health services

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1. 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).

2. 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.

3. 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).

3.1 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, care and support, right through to the formal and informal justice systems, divided up 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 Soweto in the delivery of services to survivors of GBV;
- Assess existing coordination mechanisms including collaboration structures to address GBV in Soweto.
- 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 .

3.2 Methodology for Stakeholder Analysis

CCI embarked on mapping Gender-Based Violence (GBV) stakeholders in partnership with the community partners, whose role was primarily to identify the stakeholders as well as secure interviews for the CCI mapping team. This was followed by rigorous individual stakeholder interviews using a standard mapping tool, developed by CCI. The tool used a semi-structured questionnaire to probe and assess GBV work undertaken by various stakeholders in Soweto. This process included interviews with a range of pre-identified statutory and non-statutory stakeholders, organizations working with orphans and vulnerable children (OVC), local government officials, health facility employees, non-government organizations (NGOs) in the GBV prevention and response sphere, as well as other organizations and individuals working on GBV.

The initial and piloting phase of the mapping process was conducted in Alexandra on the 27th of November 2018. The piloting phase resulted in a refined mapping tool, which merged the context informed inputs as well as inputs from the project Strategic Partners, Fixed and Gender Health Research and Justice Unit (GHRJU). Thus, the last phase of the mapping process in Soweto was undertaken from the 10th to the 14th of June 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 Soweto.

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 Soweto.

4. Mapping in Soweto

4.1 Overview of Soweto

According to Statistics South Africa, 1,271,628 people were living in Soweto at the time of the 2011 Census (2011). There were 355 351 households in Soweto, only 55% of Soweto residents had piped water inside their dwelling, while around 93% had electricity of lighting, and around 91% had access to a flush toilet connected to a sewerage system. A majority of the population in Soweto is Black, thus Black African's dominates the population profile of Soweto. Black Africans make up 98.5% of the population of Soweto, with Coloureds making up 1%, Indian/Asian, Whites and other race groups making up a mere 0.4% of the total population of Soweto. While, males make up 49,6% of the population in Soweto, females make up 50.4% of the population. The languages spoken in Soweto are diverse ranging from IsiZulu, seSotho, seTswana, Xitsonga, Tshivenda and Afrikaans to name a few.

4.2 Domestic Violence in Soweto

Diepkloof is a township in Soweto and is located in the southwestern part of Johannesburg, approximately 15km southwest of the city of Johannesburg (CoJ) within Region 10. It was established in 1959 as a resettlement township to accommodate victims of forced removals, mainly from Alexandra (Lebolo 1988). Over the years it developed a strong civic association and an organized militant youth whose participation in the politics of the day turned Diepkloof into “one of the most politically active townships in Soweto” in the early nineties (Marks 1995). Diepkloof’s vibrant political history, whose thrust was a search for citizenship, could largely be seen to have arisen out of a desire to address social injustices such as the social dislocation that resulted from unfair land administrative decisions, which resulted in forced removals. As such, civic organizations that grew out of the township such as the Diepkloof Civic Association, which became strong in the 1980s, played a significant role in expressing dissent towards unfavourable and unjust unilateral administrative decisions. In the 1980s, the Association mobilized the community after the council “increased rents, evicted defaulters and demolished shacks” with such actions “further fuelled by the lack of services rendered and allegations of widespread corruption” (Mark 1995).

Key issues in the region include:

- High levels of GBV and crime
- High unemployment rates
- Although access to education has improved in general, the quality of primary and secondary education continues to be of concern

- The increasing prevalence of the human immunodeficiency virus (HIV) is a challenge, but life expectancy for those infected has increased.
- Diepkloof has a high migration mobility

4.3 Sonke Gender Justice

Sonke is a multi-award winning, high-impact South African NGO working across South Africa's nine provinces, in twenty-five countries in Africa, and globally to promote gender equality, prevent violence, advance children's rights, and reduce the spread and impact of HIV and AIDS. Sonke is the winner of **the 2017 Mail and Guardian Investing in the Future Award, and the 2017 Foundation for Human Rights' Inaugural Mogambri Moodliar Human Rights Award, runner-up to the 2012 French Human Rights Prize**, and is listed by Philanthropedia as one of the fifteen most effective organisations working internationally to end violence against women. Sonke has also been profiled by many UN agencies as an example of international best practice in violence and HIV prevention and is widely recognized as innovative and effective. Guided by their strategic plan, which emphasizes "**rights, action and accountability**", Sonke uses a wide range of social change strategies, including: community education and mobilisation; training and capacity building for government and civil society; communications and media engagement; legal and policy advocacy; alliance building; and research to shape its work and the broader field, and to evaluate the impact of its work. Sonke's work is described fully in the organization's 2015 capacity statement and the impact of the work is comprehensively described in an independent evaluation conducted to mark Sonke's ten year anniversary.

Sonke's primary strategy for achieving its vision of active and empowered local communities has been the establishment of multi-sectoral partnerships at local government level, and the development of community action teams (CATs), which are led by the Community Education and Mobilisation (CEM) unit. Over the last decade, Sonke has established dozens of CATs in most South African provinces, including in rural, urban and semi-urban areas. These include CATs in refugee communities in Cape Town and Johannesburg, with former prison inmates and their families in Cape Town, with rural communities in Mbashe and Mnquma Municipalities in the Eastern Cape, and in research study sites in Bushbuckridge, Diepsloot, inner-city Johannesburg, and Gugulethu, where Sonke has been conducting and publishing research on community mobilisation for many years.

To date, Sonke has chosen to pursue this vision of active and empowered local communities in the wake of a number of selected cases of domestic and GBV murders. These cases generate sufficient community concern and media coverage and go to trial regularly enough to allow Sonke to work with local community groups to demand justice, address the root causes of systemic gendered violence, and generate national attention to the ongoing GBV

state of emergency. Sonke has leveraged the visibility of these cases as a force for ongoing community based violence prevention actions, including community education to prevent men's violence and to carry out primary violence prevention with schools, faith based organisations, traditional structures, the private sector and local government.

Sonke has the experience and expertise to support the implementation of the Masiphephe Network programme in Diepkloof over the 5-year period. Sonke's experience is further described below.

- Sonke has internationally recognized experts in GBV prevention. Its interventions are cited by many UN agencies as examples of best practice. USAID encourages their grantees to use Sonke's methodologies.
- In addition to its content expertise on GBV prevention, Sonke has conducted some of the most extensive research ever conducted on GBV in Diepsloot and so has a deep understanding of the scale and drivers of GBV in this context.
- Sonke has developed a set of tools for community action on GBV, including a workshop manual that has been tested and used extensively in Diepsloot and Bushbuckridge over the last four years, a tool to ensure the effective functioning of the criminal justice system, a tool for community members to monitor compliance with liquor laws and regulations, and a guide for community members on the roles and responsibilities of local government to address GBV.
- While Sonke is best known for its GBV prevention work with men, the organization also has extensive experience tracking cases of GBV before the criminal justice system and have developed effective tools to assist community members to support and monitor the courts to ensure access to justice. Most recently, Sonke has published one of few research based articles on the relationship between childhood trauma and adult violence, and commissioned one of the first ever literature reviews on evidence based psychosocial support interventions for children affected by violence.
- Over the last few years, and in a concentrated manner in the last 18 months, Sonke has conducted extensive research and developed a rigorous methodology and accompanying tools to advance local government action on GBV prevention, currently being piloted in Mbashe and Mquma municipalities in the Eastern Cape. This approach has many similarities to the CCN Fixed approach and has a strong focus on coordinated community responses to GBV, including the establishment of a local multi-stakeholder task team comprised of government, CSOs, business, traditional and religious leaders and community action team members.
- Sonke has developed and published a range of manuals, multi-media pieces, impact evaluations and published journal articles and other tools to support community education and mobilization to prevent violence against women and children through the establishment of nearly one hundred community action teams across the country which promote citizen activism, rights literacy, local government accountability, access to justice for survivors of violence and children exposed to violence, and community driven prevention of violence.
- Sonke has established a national coalition of over fifty organisations advocating for a fully-costed national strategic plan (NSP) on gender-based violence in South Africa, including comparative analysis of national plans from around the world, the development of a draft GBV NSP, and ongoing engagement with government and bilateral partners in South Africa and with multilateral actors, including the UN Special Rapporteur on Violence Against Women.

5. FINDINGS

5.1 GBV Stakeholders Identified and Mapped in Soweto

In Soweto, a total of **31 Stakeholders** were mapped from the 10th to the 14th June 2019. The distinctive features of the organizations **mapped were as follows:**

Figure 1 Public, Civil and Private Sector Stakeholders (Soweto)

Public Sector	Civil Society	Private Sector
Civil servants and departments	Community based organizations	Legal institutions
1. Department of Cooperate Governance and Traditional Affairs (COGTA) 2. Nthabiseng Thuthuzela Care Centre 3. Department of Social Development (DSD)	4. Tlhokomelo Child Care and Support 5. Renalelona Creative Centre 6. Sinethemba Community Care Centre 7. Save a Boy Child 8. Ikageng	9. Tswaranang Legal Advocacy Centre 10. Legal Aid
Courts	NGOs	Businesses
	11. NISSA Institute for Women 12. South African National Council on Alcoholism and Drug Dependence (SANCA) 13. NICRO 14. Lungelo Women's Organisation 15. People Opposing Women Abuse (POWA) 16. African Diaspora Forum 17. Lifeline 18. Victim Empowerment Programme (VEP) Centre 19. Alzheimer's South Africa 20. Soweto HIV/AIDS Counselling Association (SOHACA) 21. Childline 22. Teddy bear Clinic 23. Grassroot Soccer 24. Inqaba Yokulinda Youth Organisation 25. Isizinda Sempilo (ISO) 26. Youth Without Borders	27. Bara Mall Management 28. Establishment Pub (Tavern)
Traditional Representatives	Health Facilities	
29. Community Leader Diepkloof Hostel 30. Izwelonke Traditional Healers Programme	31. Health 4 Men	

5.2 Preliminary Classification of Stakeholders

The below-mentioned table is a classification of stakeholders according to power and interest, the stakeholders are grouped based on power as well as their level of influence in alignment with the objectives of the Masiphephe network. The table is a representation of the Soweto stakeholders according to the following binary attributes high power or low power, high interest or high interest, low power, low interest, and low power.

<p>High Power, Low Interest</p> <ol style="list-style-type: none"> 1. Establishment Pub (Tavern) 2. Nthabiseng Thuthuzela Care Centre(TCC) 3. Legal Aide 4. Lifeline 5. Childline 6. Lungelo Women’s Organization 7. People Opposing Women Abuse (POWA) 8. Izwelonke Traditional Healers Programme 9. Teddy Bear Clinic 	<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"> 10. Department of Cooperate Governance and Traditional Affairs (COGTA) 11. Tshwaranang Legal Advocacy Centre 12. Bara Mall Management 13. NISSA Institute for Women 14. SANCA 15. NICRO 16. Soweto HIV/AIDS Counselling Association (SOHACA) 17. Victim Empowerment Centre (VEP) 18. Health 4 Men 19. Department of Social Development (DSD)
<p>Low Power, Low Interest (Need to forge better relations and buy-in from these Stakeholders)</p>	<p>Low Power, High Interest (These might benefit from the programme)</p> <ol style="list-style-type: none"> 20. Tlhokomelo Child Care and Support 21. Renalelona Creative Centre 22. Sinethemba Community Care Centre 23. Save a Child Boy 24. Ikageng 25. African Diaspora Forum 26. Isizinda Sempilo (ISO) 27. Grassroot Soccer 28. Youth Without Borders 29. Alzheimer’s South Africa 30. InqabaYokulinda Youth Organisation 31. Community Leader Diepkloof Hostel

GBV Services Offered

The mapping process identified a range of services provided by stakeholders. These include counselling services, medical care, traditional healing and guidance from ancestors, attorneys and paralegals, stakeholders dealing with victim empowerment, youth development, psychosocial services, career guidance awareness-raising, teaching, safety and security, childcare, court preparations casework and GBV advocacy.

Stakeholders Providing Care, Treatment And Support Of Victims And Survivors Of GBV

Victim Empowerment Centre (VEP)

In 1998, diverse Stakeholders in South Africa created the national victim empowerment programme (NVEP). The NVEP aims to promote and implement a victim-centered approach to crime prevention. Subsequently the Soweto VEP was formally established in August 1998, however full implementation only started in January 1999.

The program was aimed to make integrated criminal justice victim-friendly and to abate the negative effects of crime and violence on the victims as well as respond to the needs of victims of crime and violence using a restorative justice approach. To ensure integrated and coordinated services between government departments (at various levels) and civil society, the NVEP is comprised of various structures. These include an integrated inter-sectoral Victim Empowerment Management Team (VEMT) consisting of representatives from the national departments including Department of Social Development (DSD), correctional services, justice and constitutional development (DOJ&CD), South African Police Service (SAPS), the National Prosecution Authority (NPA) and the department of health (DOH).

The DSD is the lead department on the program and coordinates the program within the criminal justice system. Different departments play different roles in the provision of services to victims of crime and violence. The services vary from registering and investigating a case by a victim, to offering medicolegal services by health professionals and ultimately prosecuting the case through the courts. The VEMT is responsible for determining the strategic direction concerning the management of the NVEP, and ensuring that respective departments address all issues about victims.

The partnership between various government departments and civil society on service delivery to victims of crime is a prerequisite to the success of the integrated VEP. Each structure is expected to develop its strategies to address the needs of victims. Within the department and between relevant departments to ensure a holistic approach to service

delivery with no duplication of services and service delivery, thus ensuring optimal use of the limited resources (Integrated Victim Empowerment Policy Draft 2007).

The Diepkloof Victim Empowerment Centre is located at the Diepkloof Police Station.

This organization is led by Lifeline, however, according to the interviews they lack resources such as laptops, internet and they have to rely on the Lead social worker from Lifeline to inform them and attend to complex issues that they cannot address to address them on their behalf. This thwarts their agency and limits the staff members for acquiring the skills they need to help their beneficiaries. In addition, their office has one bed for the victims and no play area for minors (limiting their efforts and the number of beneficiaries they can help at a go). Additionally, their offices are not conducive for private counseling and affording the survivors the privacy to discuss and relay their horrific violations.

From the onset VEP has encountered various challenges since inception which are evident to date, which includes the lack of monitoring and evaluation mechanisms and inadequate facilities for victims of crime and the broad geographic spread of such facilities. A glaring general observation is the is the inadequacy of centers to accommodate victims in rural areas. Victims do not always receive the type of services they deserve and high staff turnover hampers effectiveness and progress. The program is short-staffed and the counsellors and social workers currently available do not tally with the number of victims this was also an issue raised by the social worker on-site, as she was the only one and surrounded by lay counselors. Lack of a strong communication and marketing strategy has also impeded the effective administration of the program.

Lungelo Women's Organization

Lungelo is an organization which was started by a group of nurses who attended a workshop addressing wife battering. Thus, they saw a gap in Dube Soweto in offering services aimed at empowering victims and addressing GBV. They were troubled by the alarming number of women who were battered by their partners visiting local clinics. With the help of Families South Africa (FAMSA), they established Lungelo Women's organization, which focuses on GVB their work includes community outreach, school-based interventions, men's program, and Victim empowerment. This organization work is similar to the work undertaken by ADAPT and it would be best to link these two organization to improve Lungelo's work in Soweto. Although this organization was keen to join the Collaborative Community Networks (CCN) during the mapping process, this process is yet to come into fruition. Additionally, twinning between this organization and ADAPT will help both organizations to learn from one another and upscale the level of work conducted by each organization, consequently delivering exceptional help to the communities they serve.

Health 4 Men and SOHACA

Health 4 Men is a Non-Governmental Organisation (NGO) situated at Chiawelo clinic, it offers health services to Men, PreP and PeP, HIV counselling, Medical Circumcision, Men who sleep with men (MSM), gay men and transmen . This organization is unique as it offers sexual health services to certain segments of the LGBTQIA community and this is vital to treat and reduce sexually transmitted illnesses, providing trans men with hormone treatments as they transition to their desired sex.

The inclusion of this stakeholder will inform the Soweto based CCN on the issues faced by members of the LGBTQIA community and their counterparts in Soweto.

Lesbian, gay, bisexual, and transgender (LGBT) people face violence motivated by hateful attitudes towards their sexuality or gender identity. Members of the LGBTQIA community in Soweto still face several violations of their human rights to date. South Africa in 1996 was the first country to adopt a Constitution that protects people from discrimination based on sexual orientation. Under its terms, the Constitutional Court ordered the government to legalize same-sex marriage by year's end. Partly as a result, the country has the most open gay community on a continent where homosexuality is usually driven underground and portrayed as un-African—an unwanted legacy of colonialism and white culture. But legal protection does not guarantee acceptance or tolerance. The reality is often a life of loneliness, fear, rape, violence and sometimes even murder.

It is imperative to have such stakeholders be part of the CCN to address and bring issues faced by members of the LGBTQIA community to curb their exposure to violence and secondary victimization. For example, Health 4 men had this process in place where they refer their beneficiaries to SOHACA an organization funded by the Department of Health to provide HIV counselling services (HTS). SOHACA offers services that are friendly and accessible to members of the LGBTQI community. SOHACA works closely with Men 4 health, as well as schools (mostly with children who need to understand their sexuality and families to come to terms and accept their child's sexual identity, curb suicides social delinquency and drug abuse).

These two organizations are a key focus as champions of LGBTIA rights and services and GBV and addressing as well as including minority groups in our Masiphephe program.

Nthabiseng Thuthuzela Centre (TCC)

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 the victim of rape and various attributes of GBV. The closest TCC

servicing Soweto is located at Chris Hani Baragwanath Hospital which is 4 km away from the implementation site. The TCC operates close to the community we operate in, the Soweto Nthabiseng TCC is linked to sexual offenses courts, which are staffed by skilled prosecutors, social workers, magistrates, NGOs and police, and located in relative proximity to the centres.

Although the TCC shown an interest in participating in the Masiphephe CCN, they did not seem to understand their role and fit in the Masiphephe Network and the program. To date, the TCC team have yet to take part in the FIXED methodology. As the Masiphephe network, we need to engage and get buy-in from these prospective stakeholders as they do play a central role in overseeing a one-stop-shop that is aimed at helping victims of GBV.

Save the Boy Child

This program is based in Pimville Soweto and it is aimed at boys in grade 5 to 10, however, they are aiming to expand with time. The program is aimed at addressing issues of positive masculinity. Traditional masculinity is harmful to boys, men and all those who are around them. Therefore the program by Save the Boy Child is redefining and identifying harmful masculinity norms and replacing them with positive traits. The program operates within schools and encourages boys to identify norms that are unhealthy and replace them with positive ones. Additionally, guide boys in making positive choices in their lives and pursue careers they thought were not accessible for boys like themselves who grew up in the townships with limited prospects.

The programs works closely with SAPS youth desk, this requires SAPS to work closely with youth to voluntarily assist SAPS in issues of social crime prevention and create safer environments for children as well as schools.

In summary, a majority of the Soweto stakeholders are invested in redressing and remedying the social ills that are linked to GBV, this is evident in the roles and narratives we encountered with the various stakeholders who were mapped and their enthusiasm to join and be part of the CCN was evident in the interviews we had. However, there are stakeholders who have verbally shown interest however, they did not manage to attend the follow up workshops which were scheduled post the mapping process. It is imperative that the community stakeholders continues to invite and emphasise the central role/s they play in redressing GBV and turning victims of GBV into survivors.

Lack Of Understanding Of Own Work and how it links to GBV

Legal Aid

Legal Aid South Africa is meant to provide professional legal advice and representation to those who cannot afford such services. The organization helps diverse people, including vulnerable groups such as women, children, the elderly, disabled and rural poor. Based on the mapping results for Soweto, the CEO of the Soweto legal aid office had minimal to none awareness of the factors that are exacerbating GBV in the area and how to remedy them. Additionally, his understanding of the work they do and its importance in helping with legal cases that are linked to GBV. In comparison to Alex, Soweto's Legal Aid office was not as keen nor did they see how they link to the Masiphephe Network. An additional issue identified from the mapping process, is the mushrooming of legal disputes among family members, fighting for household ownership and a few child neglect issues.

Legal Aid's buy-in is imperative, as it will guide beneficiaries towards professional, legal services that might guide a survivors pathway to justice.

Traditional healers

Although there is a traditional healer forum in existence in Diepkloof, the traditional healer who was interviewed felt ill-informed about issues related to GBV and this was also evident in her responses to the various questions such as the community she served, her responses were not addressing the questions asked. For example, when she was asked about the community she served concerning GBV she responded that she dealt with pregnant women, who prefer to use traditional herbs to ease any potential pregnancy-related complexities. Therefore, she does not know what clearly defines a GBV case and she does not deal with GBV related cases.

Staffing and Capacity of Stakeholders

One of the important aspects of the mapping process was assessing whether the prospective stakeholders' educational background and skills were closely correlated to the work they did concerning GBV. Having skills to deal with GBV cases adequately is vital to victims and survivors. Adequate services are important as well as protecting the victims from secondary victimization.

The mapping process allowed CCI to identify the skills required in comparison to an employee's actual skill level.

These Skills Ranged from:

- Specializing In Alzheimer's Or Dementia
- Counseling for LGBTQIA
- Migration Law to a minimal extent
- Volunteering

The table below is a succinct breakdown of the qualifications as well as skills stratified by the organization. **See Appendix A for the list of schools in Diepkloof.**

Figure 2 Staffing and Stakeholder Capacity

	Name of Organization	Staff Profile	Staff Skills and Work Profile
1.	Life Line	2 General Workers 3 Admin 2 Office Workers	Skills Engagement; Communication Skills And Listening Skills
2.	Renalelona Creative Centre	1 Centre Manager 10 Care Givers 6 Intensive Grants 4 EPWP 1 Coordinator EPW 1 OVC coordinator	ECD Skills; Social Auxiliary, Environmental Health; Environmental Health
3.	Nicro	5 Social Workers 3 Auxiliary Workers 1 Admin; 1 Office Assistant 1 Maintenance Person	
4.	Save A Boy Child	No Permanent Staff: Most of the employees are volunteers Secretary Admin Field workers (numbers are not specified)	Social Work, Learner Counselling; Career Development Practitioner And Physical Education.
5.	Lungelo Women's Organisation	3 Social Workers 3 Auxiliary Social Workers 2 Volunteers	Financial Management; Counselling; Victim Empowerment

		1 Director Of The Organisation	
6.	People Opposing Women Abuse (POWA)	1 Social Worker 1 Aux Worker 2 Volunteers	Counselling plus victim empowerment support groups.
7.	Legal Aid Maponya	44 Legal Aide Attendants 8 Admin	
8.	Nthabiseng Thuthuzela Care Centre	3 NPA 4 POWA 10 DOH Employees 3 NPA Site Manager	Communication Skills Victim Support Skills Legal Skills
9.	NISSA Institute for Women	1 Social Worker 1 Social Auxiliary Volunteer 1 Counsellor 2 Student Social Workers	Missing Information
10.	African Diaspora Forum	1 Refugee Help Desk Assistant 1 Secretary	Missing Information
11.	Department Of Cooperative Governance And Traditional Affairs - COGTA	1 Staff 1 Volunteer/Cleaner 1 Administrator	Human Development Work. Team mediates and referrals to the appropriate organizations or agency for specific interventions.
12.	Soweto HIV/AIDS Counselling Association - Sohaca	15 Staff Members 9 Counsellors 1 Linkage Officer	Trained counsellors Offer Friendly Services
13.	Alzheimer's South Africa	1 Staff Member Based In Soweto as Supervisor 4 Volunteers Aged Between 34 - 50+	Social Auxiliary Worker: Trained in Alzheimer's & Dementia

			Conduct Awareness Campaign
14.	Establishment Pub (Tavern)	5 Full time Part time employees (total number not mentioned)	Catering Bar tending Hospitality
15.	Tshwaranang Legal Advocacy Centre	2 Directors Capacity-building team Law Clinic, Research Team, Finance Department, Office Assistant, 2 Paralegal's Attorney, Logistics and Receptionist, Advocacy, M&E team.	Litigation Operations M&E
16.	Izwelonke Traditional Healers Programme	243 members are on the forum +/- 60 traditional healers, herbalists and prophets. Circumcision specialists, these are traditional healers.	The skills of the traditional healers include a natural calling. Birth given gift of prophecy from the ancestors. Knowledge of healing Herbs, taught by one's forefathers and one is not born with it.
17.	Sanca (Rockville Soweto)	72 Staff Members 2 Nurses, 1 Chief Social Worker, 1 Social Work Supervisor, 2 Security Guards, 1 Caretaker, 1 Driver, 3 General workers, 10 Community Workers, 2 Prevention Awareness Coordinator, 25 Kemoja Coaches, 2 Kemoja Coordinators, 2 Prevention Awareness Coordinators, 7	Counselling Facilitation Empathy Knowledge In Substance Abuse

		Social Workers, Acting Director and 1 Development Manager 12 Coordinators	
18.	Health 4 Men	3 Staff Members 1 Clinic Coordinator 1 Lay Counsellor 1 Data capturer	Nursing Nurse initiated management of Antiretroviral therapy (NIMART) Peer education HIV knowledge and literacy
19.	Sinethemba Community Care Centre		
20.	Community Leader Diepkloof Hostel	Approximately 100 Forum Members	As a Community developer, one records and keeps client data. Trustworthy and confidentiality are important skills Studied towards a short course and HIV counselling.
21.	Tlhokomelo Child Care And Support Care	10 Care Givers 1 Poverty Alleviate 19 EPWP 1 OVC Coordinator an 3 Social Axillary Workers 1 Administrator	Missing Information

22.	Victim Empowerment Programme Diepkloof	3 Victim Supporters 1 Auxiliary Nurse 4 Victim		Skills victim supporters contain and refer victims of crime. To contain means to listen to the person/survivors narrative and refer them to for relevant services.
23.	Bara Mall	8 Cleaners 11 Security Guards 1 Mall Manager 8 Car Guards		Mall Manager: Community Accountability, Seeking Tenants Best Interest, Manage the Team and Reports and Customer Satisfaction.
24.	Childline	5 Staff Members 2 Social Workers 2 Auxiliary Workers 1 Administrator		Degree in Social Work Certificate in Social Work Administration certificate
25.	Teddy bear Clinic	7 Staff Members 1 Branch Manager 2 Social Workers 2 Auxiliary Worker 1 intern 1 Administrator		Degree in Social Work Certificate in Social Work Administration certificate Further Education and Training Certificate
26.	Grassroot Soccer	5 Staff Members 2 Mentors 1 Care Coordinator 1 Programme Coordinator 1 Site Manager 1 Administrator		Degree in Project Management Degree in Social Work Referral and Facilitation Certificate
27.	Inqaba Yokulinda Youth	3 Facilitators		Youth development course

	Organisation		Journalism Certificate in Theology
28.	Isizinda Sempilo (ISO)	15 Staff Members 1 Director 1 programmes Director 1 Senior Programme Manager 1 Finance Manager 1 M&E Manager 1 Compliance Manager 1 Administrator 2 Coordinators 4 DREAMS coordinators 1 Linkage Manager 1 Quality Improvement Manager	Nursing Degree Degree in Community development Diploma in Accounting Human recourse diploma
29.	Youth Without Borders	4 Staff Members 3 coordinators 1 project Manager	PHD in Migration Communication Skills PHD in Politics
30.	Department of Social Development	2 Staff Members 1 Programme Coordinator 1 Expanded Public Works Programme	Community Leadership Certificate
31.	Ikageng	68 Staff Members 2 Social Workers 3 Auxiliary Social workers 3 Champions 4 Volunteers	Nursing Degree Degree in Community development Diploma in Accounting Human recourse diploma Care giver

	<p>1 Finance Manager 3 Cleaners 1 Gardner 14 Coordinators 1 M&E ***30 additional staffs roles or positions were not mentioned in detail</p>	<p>BCom Accounting Diploma in HIV testing and counselling</p>
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Population/Audiences Served

Most of the stakeholders offer their services to, women, men, young women, and men, as well children members of the LGBTQIA community and families as their primary beneficiary stakeholders. Twenty stakeholders served elderly beneficiaries.

The mapping results revealed the majority of the stakeholders had services which were curtailed towards meeting the needs of women, men, young women, and men, as well as children as their primary beneficiaries. Soweto's Stakeholders were the most diverse in the populations they served, however, their imitation was concerning serving the Gender non-conforming population.

Stakeholder Resource Needs

The below-mentioned resource needs are based on all the needs of the 31 stakeholders who were mapped in the process.

- Capacity Building
- GBV Training aimed at upskilling those who work in this sector
- Law and Statistics on GBV
- Financial resources to carry their work efficiently
- Funding to expand project activities
- Information, Education, and Communication (IEC) or Educational Materials
- Admin and Office Space
- Transportation

Mechanisms for coordination

The interviewed stakeholders had a very limited understanding of collaboration as well as coordination, both terms mean the “ukusebenzisana” in isiZulu. The stakeholders felt as though they were asked the same question by the interviewer more than once.

Trafficking in Persons (TIP)

Most of the stakeholders are aware of TIP and they made references to anecdotal cases of sexual exploitation, abduction, and forced labour.

Forums

Of the 31 stakeholders who partook in the mapping process, most of them belonged to forums and these are named below:

The various Forums Stakeholders belonged to are as follows:

- Child protection Forum
- Local Action Committee for Children affected by GBV
- Men's Forum
- Total Shut Down Movement
- Victims Empowerment Programme (VEP) Centre
- Governing Body Foundation (GBF)
- Medico Legal Forum

Although most of the stakeholders alluded to belonging to the aforementioned forums, the missing information was the frequency of meetings, the issues discussed and purposes of the meeting and the manner of coordination. Thus, stakeholders belong to a variety of forums, however, the value and the use of them being part of these forums is unclear.

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.

Unique Insights That May Critically Impact On Project Which Will Require a Strategic Approach From The Project

Purported Sexual Abuse and Sex work in Hostels

One of the issues that were mentioned during by some interviewees, is the alleged running of a brothel in the Diepkloof hostel. The allegation is that the brothel is said to operate or fronts as a tavern. However, this place is known to regulars as a go-to place to appease one's sexual needs for a specified sum of money. However, there was no concrete proof of the existence of the brothel, but just talks among people who live and worked in and around Diepkloof hostel.

Fighting for Home Ownership

The interview with the various stakeholders revealed that a majority of the disputes in Soweto were related to families are constantly embroiled in disputes over the ownership of four-roomed houses. This infighting includes children, grandchildren, cousins, relatives, and siblings, fighting for ownership of houses. This is one of the factors leading to violence among families and strangers.

In 2018 SABC news reported that fraudsters were targeting houses of deceased people in Soweto, Gauteng, which they sold with the help of corrupt public servants using fraudulent state documents. These are becoming a common occurrence in the area, driven by poverty, gluttony, and acts of criminality.

People With Disabilities And Children With Special Needs

The mapping processes limitation is not including the following schools in the mapping process i.e. Philip Kushlick School and Takalani, as the school-going children, staff members and families can be beneficiaries of the program. It is an important issue to highlight the least People with Disabilities (PWD) and children are forgotten.

Human Trafficking

None of the interviews conducted highlighted this as an issue. The team had to spend time explaining what it was and many people said that this did not happen in the community of Soweto. 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/about other communities/towns/provinces.

Challenges with Access

We experienced challenges with recruiting and scheduling mapping interviews with the below mentioned stakeholders.

- Diepkloof Community Policing Forum
- FAMSA

In summary, Soweto stakeholders are invested in redressing and remedying the social ills that are linked to GBV, this is evident in the roles and narratives we encountered with the various stakeholders who were mapped and their enthusiasm of joint and being part of the CCN was evident in the interviews we had.

Community Media Access and Use

Preferred Media

Two modes of communication are popular in the area, these are radio (i.e. Jozi FM) and the community newspaper i.e. Diepkloof Urban News.

Communication With Communities

Radio: in particular, Jozi FM emerged as a leading medium that could be used to communicate messages on GBV with the community, as most families were perceived to have radios in their households.

Newspaper: Most respondents believed that Diepkloof Urban News was widely read and could reach a lot of people and the community newspaper emerged as the most accessible because it was free.

Social Media Communication

With regards to social media use, none of the stakeholders interviewed had a dedicated Facebook page. WhatsApp emerged as an important and leading tool for communicating within organizations and responding to queries from beneficiaries as it was easily accessible. However, WhatsApp 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.

In instances where Facebook was previously used to share information concerning queries posted on the Facebook Pages and it served as a tool to inform members of the community on the services offered by organizations with Facebook pages that were accessible to the community.

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.

Availability of Financial and Communication Resources

Several stakeholders interviewed (except government) operated 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.

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Mark, M. Onward Marching Comrades: The career of the charterist movement in Diepkloof, Soweto (1995). Paper presented at the History Workshop Conference at the University of the Witwatersrand, Johannesburg.

Appendix A

#	School Name	Contact details	Address
1	Andrew Chakoma Primary school	011 985 1083	722 B Nala street, Diepkloof, Soweto,
2	Bapedi Primary school	011 985 6291	4140 Letsoka street, Diepkloof
3	Boepakitso Primary school	011 985 1200	949 Phase 3 Khotso, Diepkloof
4	Bopanang Primary school	011 985 2551	69394 Taung street, Diepkloof
5	Bopasenatla , secondary school	0119851076/0828286263	2063 Diepkloof, Zone 2
6	Diepsdale Primary school	119850132	331 8B Diepenaar street, Diepkloof
7	Dumezweni Primary school	119851044	1536 Phumulo street, Diepkloof zone 1
8	Ekuthuleni Primary school	119852372	5110 Hlabisa street, zone 5. Diepkloof
9	Elthoni Primary school	119851092	1729 Ungove street, Diepkloof
10	Fidelitas Primary school	119852266	Ebben Cuyler drive, Diepkloof
11	Fons Luminas	119851132	834 Phase 3, Ben Naude drive, Diepkloof
12	Giyani Primary school	119331506	8077 Six Diepkloof
13	Ikaneng Primary school	119851034	6469 Lenong street, Diepkloof
14	Inkwenkwezi Primary school	119222893	1862 Diepkloof zone 6
15	Ipoloseng Primary school	119851126	3707 Motaung street, Diepkloof
16	Khomanani Primary school	119851151	2062 Sono road, Diepkloof

17	Lebowa Primary school	119851102	3707 B Molatedi street, Zone 3 Diepkloof
18	Madibane comprehensive school	115281934	3855 Marthinus drive, Diepkloof
19	Mangwele Primary school	119851128	PO Box 1 Diepkloof
20	Mpanza Primary school	119331174	PO Box 58 Diepkloof
21	Nandi Primary school	119858114	1278 Zone 3, Diepkloof
22	Thabisile Primary school	119851090	5793 Nongoma street, Diepkloof
23	Tiyane Primary school	119851008	33182 Matshibogo street, Diepkloof
24	Vulamazibuko Primary school	119851199	2062 A Tshukondo street, Diepkloof
1	Takalani home for the mentally handicapped	119388360	24614 Ramalunoane street, Zone 6 Diepkloof
2	Phillip kuschlick	0119331728/90	16 Old Potchefstroom road, Diepkloof