Masiphephe Network

eMalahleni 28 October 2019 GBV Stakeholder Mapping Report

Abbreviations

CATs	Community Action Teams
CBO	Community Based Organisation
CCI	Centre for Communication Impact
CCN	Collaborative Community Networks
CDP	Community Development Practitioner
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
DCS	Department of Correctional Services
DOH	Department of Health
DSD	Department of Social Development
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 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 (eThekwini – KwaNdengezi, the Community Partner is Ethembeni Crisis Centre and KwaMashu, the Community Partner is Gugu Dlamini Foundation);
Mpumalanga (Mbombela – KaNyamazane 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 the mapping process 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 eMalahleni concerning the delivery of services to survivors of GBV;
- Assess existing coordination mechanisms including collaboration structures to address GBV in eMalahleni.
- 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 eMalahleni. 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 mapping process in eMalahleni 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 eMalahleni.

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 eMalahleni.

4. Mapping in eMalahleni

4.1 Overview of eMalahleni (Witbank)

Witbank (meaning "White ridge" in Afrikaans) was established in 1890, In 2006 Witbank was officially renamed to Emalahleni (meaning "place of coal")(Kruger, 2010). eMalahleni is situated on top of the hills in cosmos fields approximately 110km east of Johannesburg and Pretoria. Its neighbouring town is Middelburg which is 25km east toward Mbombela. The population in eMalahleni in 2011, was estimated at 61,093, with 50.6% female residents and 49.4% male. (Statistics SA,2011). According to statistics SA, Black Africans at 48.1% are the largest ethnic group in this region, followed by 46.8% of Whites and the remainder consisting of Coloureds (2.0%) and Asians (2.5%) (Statistics SA,2011) .

The risk of sexual violence one assumes just by living while a female is high. South Africa is becoming an increasingly unsafe place for women to live in. The Crime Against Women in South Africa Report by Statistics South Africa (Statistics SA, 2018) shows that femicide (the murder of women based on their gender) is five times higher than the global average. This means that in South Africa, women are five times more likely to be killed due to gender-based violence committed by men. South Africa's rape statistics are double the country's murder rate at 53.8 cases per 100 000 people in the country. This equates to one person getting raped every 13 minutes (Statistics SA, 2018).

The South African Police Service and StatsSA released the 2018/2019 crime stats, which indicate that murder, violent crimes and sexual offences have increased significantly in the past year. A total of 2.01 million crimes were recorded in early 2019. This number is down from 2.09 million recorded in 2018 (Statistics SA, 2018). There was a 1% increase in the number of reported crimes in the 17 public categories, along with a massive 22% decline in the number of crimes as a result of police action. Additionally, contact crimes which include murder, attempted murder and sexual offences, common assault and robbery, increased by 2.6%. In 2018 there were 601 366 reported contact crimes and this number rose to 617 210 in 2019 (2018/19,BusinessTech Crime Statistics for South Africa).

Crime statistic 2019 have ranked eMalahleni at number 1/10 of the worst crime infested precincts in Mpumalanga. Reported sexual offences have increased from 3198 in 2018 to 3470 in 2019 (i.e. an increase of 272 sexual offences cases) (2018/19,BusinessTech Crime Statistics for South Africa). The numbers are relatively low which might deem the estimates flawed and this underreporting can lessen the apparent severity and the need fraction to redress issues associated with underreporting, ranging from corrupt police, secondary victimization to name a few.

4.2 Project Support Association Southern Africa (PSASA)

PSASA was established in 1998 and in later years got registered as a separate legal entity under section 21. PSASA has achieved good results on the landmark strengthening of South Africa's revitalized response to HIV programme. The organization has a board representative from the wider community of Mpumalanga which meets four times a year providing oversight, support, and strategic direction. The programmes are led and managed by multiskilled and multitasked staff members all of whom are well qualified and have extensive experience in facilitating programmes at national, provincial and district levels.

PSASA has implemented a myriad of projects aimed at contributing to the national response on HIV. The projects are detailed below:

- PSASA partnered with CCI since 2016 and is implementing the Community Responses (CR) project. This is a community-based comprehensive HIV and sexual and gender-based violence prevention project that seeks to reduce HIV incidence through utilisation of a dialogue-reflection-action approach.
- PSASA provided technical support to Mpumalanga provincial government to develop and implement prevention of HIV/AIDS and STI in high transmission areas of Mpumalanga. PSASA also built the capacity of peer educators in 37 peer education projects across the 3 districts in Mpumalanga to develop approaches that are responsive to their local epidemiological situation and with targets that align with South African Government (SAG) indicators.
- PSASA also implemented an HIV prevention project which focused on reducing HIV infections amongst Female Sex Workers. It was funded by CDC as part of its mandate to address HIV prevention needs amongst Most at Risk Populations (MARPS) in Gert Sibanda, Mpumalanga.
- PSASA through Sasol Corporate Social Investment (CSI) is implementing ART adherence clubs as a long-term retention strategy for clinically stable patients receiving antiretroviral therapy in Govan Mbeki.
- PSASA is since November 2018 a partner on the CCI-led Masiphephe Network.

PSASA is an active member of the District Aids Councils (DACs) and Local AIDS Councils (LACs and contributes via regular reports and participation in these forums.

5. FINDINGS

5.1 GBV Stakeholders Identified and Mapped in eMalahleni

The initial face to face mapping interview process commenced on the **12th-15th of March 2019**, with the last phase of the mapping process undertaken on the **10th to the 14th of June** (these were telephonic). In total the mapping process in eMalahleni, resulted in a total of **19 Stakeholders identified.**

The distinctive features of the organizations **mapped were as follows:**

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

Public Sector	Civil Society	Private Sector
Civil servants and Departments	**Community Based Organizations**	**Legal Institutions**
1. Thuthuzela Care Centre (TCC) 2. SAPS Witbank 3. SAPS (Vosman Location)	4. Foundation for Victims of Crime (FOVOC) 5. Thembalethu Child Care 6. Masakhane 7. Vukani Homebased Care 8. Likazi Community Committee 9. Emmanuel Victim Centre	
Schools	**NGOs**	**Businesses**
10. Phakama Combined School	11. Greater Emalahleni Men in Action 12. Rata 13. Reach for life 14. Christelik Maatskaplike Raad (CMR) 15. South African National Council on Alcoholism and Drug Dependence (SANCA) 16. Child Welfare	
Traditional Representatives	**Health Facilities**	
17. Emalahleni Taxi Association	18. Department of psychology (part of the psychiatry unit) 19. Lynnville Clinic	

4.2   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 eMalahleni stakeholders according to the following binary attributes high power or low power, high interest or high interest, low power, low interest, and low power.

High Power, Low Interest	High Power, High Interest (These are key players who ought to be fully engaged and close alliance built with them)
1. Thuthuzela Care Centre 2. Thembalethu Child Care 3. Vukani Homebased Care 4. Rata 5. Reach for life 6. Child welfare 7. Lynnville Clinic	8. Emalahleni Taxi Association 9. CMR 10. SAPS Witbank 11. SAPS (Vosman Location) 12. Foundation for Victims of Crime (FOVOC) 13. Emmanuel Victim Centre 14. SANCA
Low Power, Low Interest (Need to forge better relations and buy-in from these Stakeholders) 15. Phakama Combined School	**Low Power, High Interest (These might benefit from the programme)** 16. Masakhane 17. Likazi Community Committee 18. Greater Emalahleni Men in Action 19. Department of Psychology (part of the psychiatry unit)

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.

Foundation for Victims of Crime (FOVOC)

Foundation for Victims of Crime (FOVOC) is an organization offering a place of safety (for a set duration) for women and children fleeing from violent backgrounds and are helped back onto their feet. Based on the mapping interviews FOVOC aims to offer victim support services through diverse interventions i.e. provision of community education, emotional support, referral information to victims and communities, information sharing with partnerships, government and civil society organizations, through advocacy for victim support services while demonstrating fairness. FOVOC's interventions go beyond the physical recovery process, survivors are equipped with economic skills that will empower them to gain financial independence such as planting gardens, selling the produce from their gardens (for example, the women are taught how to make jam and sell it). This process is vital as it increases women's economic independence and curbs their likelihood to return to an abusive relationship.

These are the services offered by FOVOC:
- Legal information, assistance with the completion of legal forms, and assistance with court appearances (especially vulnerable victims/witness who attend court for the first time) Social and practical support – in the form of emotional and in some cases transportation for victims and witnesses to access various government services
- Referrals, especially in cases where trauma support is required
- Case management – providing a link between victims and South African Police Services, National Prosecuting Authority (NPA), Department of Correctional Service (DCS), Department of Social Development (DSD), and Department of Health (DOH)
- Monitoring progress – cases and recording incidents of reported crimes within communities

Although the work undertaken by FOVOC is pivotal to assisting survivors of GBV, the populations they serve include:
- Victims of Domestic violence (e.g. Assault, abuse, etc.).
- Victims of Violent crimes (e.g. Murder, Rape and Robbery, etc.).
- Victims of Commercial crimes (e.g. Theft, Fraud, etc.).

One of the evident concerns encountered by the organization is reaching all their beneficiaries, as they do not a vehicle to transport their Social workers and survivors to and from the diverse destinations. This patent issue confines the organizations efforts for its beneficiaries and staff members. Nonetheless, this is an organization that is operating in Lynnville under the auspices of the Department of Social Development (DSD).

Thuthuzela Care Centre (TCC)

The NPA's Thuthuzela Care Centers (TCCs) were established as one-stop facilities to provide services to victims of sexual offenses. These one-stop centers were established to curb secondary victimization of the victim of rape and various attributes of GBV. The closest TCC servicing eMalahleni is located at Witbank Hospital which is approximately 7km away from the Masiphephe implementation site in Lynnville. The TCC operates in relative proximity to the community we work with. The Witbank TCC is linked to sexual offences courts, which are staffed by skilled prosecutors, social workers, magistrates, NGOs and police, and located within the hospital and close to organizations such as the TCC's Department of Psychology and Child Welfare.

The team at the eMalahleni TCC was keen to join the team Masiphephe Network. This is evident from the responses from the Centre's Coordinator who stated that it is important to join the Masiphephe network and her hastiness to find out the commencement of the programme.

One of the drivers for the TCC to join the Masiphephe network is to have a collaborative process curbing the scourge of GBV. Additionally, decreasing the norm of the stakeholders in the area to work in silos to tackle the issue of GBV. According to the interviewees, the coordination and harmonization of work that is undertaken by the various organizations in eMalahleni are imperative in redressing GBV and their drive to achieve a decrease and protect their beneficiaries is evident in their utilization of diverse platforms to address GBV such as roadshows and a radio talk show on Emalahleni FM, which is broadcast in the evening at 19h00. The talk show tackles issues related to GBV such as how to protect yourself, what to do if you or loved one is a victim and how to identify nuances of GBV. This platform also provides an opportunity to inform the community about the services they offer.

This would be a beneficial platform to invest in as the TCC staff are currently unable to utilize the timeslot on Emalahleni FM due to competing pressures, such as not having transportation to drive to and from the show as it takes place late at night and most of the staff have reported that they are single mothers and they need to be home early as they cannot afford to pay additional costs associated with childcare.

Christian Social Council (CMR)

The Christian Social Council (CSC) or Christelik Maatskaplike Raad (CMR) is a Christian-based welfare organisation that has been making a difference in people's lives for over 100 years. This is evident in the mapping process, as most of the stakeholders who were mapped mentioned CMR as their go-to partner. This registered non-profit organisation delivers comprehensive social services to the communities of White River, Hazyview, and Masakhane (Do refer to the demarcation document for clarity of the regions CMR covers). It aims to empower people socially, emotionally and economically. The key aspects of CMR are child protection, family preservation, and emergency poverty relief. CMR uses puppet shows and storytelling methods among preschool and primary school children.

The protection of children against neglect and abuse is one of the most important priorities of the organisation. The CMR social workers help to improve the coping skills of families through family counselling. Additionally, removing children who are violated or deemed to be in danger of neglect from their parental home and their placement into safe/ foster care or children's homes is considered only as a last option. However, this is usually an interim solution and the aim is to reunite the child with at least one of its parents at a later stage. Therefore CMR aims to take care of the physical, emotional, social and scholastic needs of the children offering them a chance to experience a loving, secure and homely environment.

This organisation does not operate in Lynnville, however, it does offer services to an area known as Masakhane, which was incorrectly included in the mapping process. This area, has alarming rates of abuse, no clean water, electricity and the women who are working and staying in that area have experienced various forms of violations. (An outline of this region is described under the Mapping limitations section).

RATA

Rata (A Sesotho word meaning "to love") is an organisation which has been operating since 1948. Over the years the organisation has extended its services to vulnerable children, families, and communities. The services offered by RATA are similar to those offered by CMR, however these two organisation do not offer their services to the community of Lynnville. RATA is dedicated to enhancing the quality of life of all people through the protection of children against all forms of abuse, implementation of programmes to strengthen family bonds and to uplift communities through outreach programmes. Over the years, estimated 54,000 people have benefited from their services (Although the Chorology Is Not Clearly Defined).

RATA Educational Programmes

- Adult literacy projects.
- Literacy projects for children.
- Stimulation project

Masakhane Community: Vukani Homebased Care

Masakhane is a community located 28 km from the project site in Lynnville. This area was initially included in the initial mapping process, as the Gender Officer in Emalahleni believed that the Masiphephe Network programme would be implemented in this area.

Nonetheless, this organisation is included in this report as it was established that the organisation had a tremendous engagement with GBV, the engagements ranged from child abuse, intimate partner violence, confounded by HIV, poverty and the feeling of ineptitude. The section below therefore briefly summaries the findings relating to Vukani Home-based Care organisation.

This area was once farmlands that are surrounded by a variety of companies, such as mines, Telkom, and Eskom, which has become a home for the migrant workers who are employed by the aforementioned companies. Masakhane is a Zulu term, which is loosely translated into "let us rebuild one another". The Vukani Home-Based Care organisation operates as a day-care centre, as well as a home-based care organisation. This organisation does not have any full-time employees and depends on volunteers, it is not clear how they sustain their organisation and continue to help and meet the needs of their beneficiaries.

Some of the volunteers attend to the needs of the children at the day-care, while others do home visits to members of the community who are ill, offering services such as collecting the medication on their behalf, teaching new mothers on how to care and feed their new-borns to name a few.

These women are the most amazing people who remind one of the spirit of "*UBUNTU*". The ladies do not receive any remuneration for their effort and a majority of them are victims of GBV, however their commitment to the children and adults they care for is unwavering. As indicated above, it is a concern that Masakhane is not under the region where the Masiphephe programme is being implemented. One is of the view that this region will benefit from the Masiphephe programme, as the interviews revealed the level of emotional pain and harm the women have faced in their lives and how they use their time by volunteering to help others who might be subjected to the ills the volunteers have faced themselves.

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With numerous businesses surrounding the area, it is disheartening to see such high levels of abuse and poverty in Masakhane.

Lack of Businesses Inclusion in the Mapping Process

The mapping process in eMalahleni did not identify any businesses situated in Lynnville who can be part of the CCN and develop strategies with the members of the CCN to continue the work done by the CCN over time. This glaring gap is an issue as it thwarts the longevity of the programme after the USAID funds are no longer available. As the Masiphephe Network programme has its feet on the ground, it is important to have a future-forward outlook. As the next phase of a project approaches, (perhaps in year 2) and sustainability becomes a more tangible future need, the CCN ought to adopt the use of a feedback and evaluation mechanism to determine how and if the programme is moving in the direction of initial goals.

All members of the team need to review what has worked, what needs to be modified, what needs to be expanded, what budgetary issues have surfaced, and what the findings from early evaluation data indicate.

Lack of LGBTQIA Organizations Mapped

Based on the mapping interviews it is was evident that a bulk of the stakeholders working in the GBV space in eMalahleni did not include or extend their services to sex workers, gender non-conforming population and members of the Lesbian, Gays, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA) community. Therefore, the members of the aforementioned communities who are most at risk of encountering GBV were excluded from interventions that would benefit them most. This is a concern as it might mean that the aforementioned communities are discriminated against, harassed, ostracized and bullied based on sexual orientation and gender identity or the work they do. Therefore, the limited number of stakeholders who provide a haven for discussing issues of the LGBTQIA, gender non-conforming, and sex worker's, lifestyle and problems is vital for redressing and including them in their programmes. In eMalahleni, there is a great deal of work to be done to include straight, LGBTQIA, gender non-conforming people and sex workers in fighting for the safety and human rights.

Mapping Limitations
Incorrect Area Mapped

Post mapping, it was discovered that a majority of the stakeholders for this region do not implement their interventions in the project site of Lynnville. An alternative mapping strategy was therefore adopted to include the mapping of GBV stakeholders working in Lynnville. Our community partner PSASA has undertaken the mapping of additional stakeholders in the Lynnville area.

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:
- Emotional Intelligence (EQ)
- Organization.
- Critical Thinking
- Tolerance
- Empathy. Communication
- Mentoring
- Teamwork
- Constant learning

The table below is a succinct breakdown of the qualifications as well as skills stratified by the organization.

Figure 2 Staffing and Stakeholder Capacity

	Name of Organization	Staff Profile	Staff Qualifications
1.	Rata	Programme Manager Senior Social Worker Social worker and an Auxiliary Social Worker	4 year Bachelor of Arts degree (Social work) Diploma in Auxiliary Social Work
2.	Greater Emalahleni Men in Action	5 Staff Members	Honours Degree: Chairperson Certificate (Person Assistant) Regular Matric Fieldworkers, and Engineering Driver
3.	Foundation for Victims of Crime (FOVOC)	2 House Mothers 2 Social Workers 4 Mediators	Grade 12 and Certificate in Auxiliary social workers Adhoc on the job skills
4.	Thembalethu Child Care	14 Staff Members 4 Managers And 10 Community Care Workers	Grade 8 No Formal Education Grade 12 Bookkeeper Site Manager Management No Formal Education.
5.	Thuthuzela Care Centre		
6.	Masakhane		
7.	Reach for life	23 Staff Members	1 Manager- Matric in a course in project management Grade 12- computer science

			book keeping
			1 Administrator-Matric and computer science
			2 Team leaders- Grade 11
			18 Care givers 10- Matric, 6 Grade 11
			2 Grade 10
8.	**SAPS Witbank**	18 Staff Members	SAPS Training
			Sexual Offences Course
			Family Violence
			Child Protection and Forensic Social Workers
9.	**CMR**	1 Supervisor 12 Social Workers 4 Auxiliary Workers 3 Administrators And 1 Labourer	Supervisor: Social Work Degree Management Skill, Time Managements And Supervision Skills. Social Workers, Social Degrees, Administration Skills, Knowledge Of Statistics and Time Management As Well As Report Writing. Auxiliary Social Workers Have A Diploma
10.	**Vukani Homebased Care**	10 Home Based Carers 1 Project Manager	No skills
11.	**Department of psychology (part of the psychiatry unit)**	4 Psychologists 1 Registered Counsellor	Qualified Psychologists & Registered Counsellor (No Knowledge Of Psychiatric Component)

12.	**Likazi Community Committee**	15 Committee Members. 1 Chairperson 1 Deputy Chair 1 Secretary 1 Dep Secretary 1 Treasurer and 10 Additional Members	Matric; Grade 11
13.	**Emmanuel Victim Centre**	12 Staff Members 1 CEO 1 Manager 1 Administration Officer 9 Field Worker Volunteers	Bachelor of Arts Degree Grade 12 certificate
14.	**Emalahleni Taxi Association**	DC Committee 4 Staff Member 1 Chairperson 1 Secretary 1 Deputy Secretary 1 Additional Member	No particular skills in the taxi industry, people are voted in to their positions
15.	**SAPS (Vosman Location)**	3 Staff Members 1 Coordinator 2 Volunteers	BA Social Work Honours; Current studies towards Social Work Degree; Computer Practice Certificate
16.	**Phakama Combined School**	16 Staff members 15 teachers and 1Administrator;	Degree In Teaching; Teachers' Diploma; Admin & Computer Skills
17.	**Lynnville Clinic**	18 staff members 1 Operational Manager 4 Professional nurses 2 Enrolled Assistant Nurses 1 Admin Clerk	Degree in Nursing NIMART Certificate

		1 Data Capturer	Adult Patient Care Certificate
		1 HTS Counsellor	
		1 Enrolled Nurse	IMCI Certificate and VMC Training
		1 Ground breaker	
		6 Ward Based Outreach members	
18.	**SANCA**	18 Staff members	
		1 Director	
		4 Social Auxiliary Worker	
		6 Social Workers	Certificate In Social Auxiliary Work
		3 Medical Staff	
		3 Admin Officers	Degree in Nursing and Community Development
		2 Community Development Practitioner (CDP)	Certificate
19.	**Child Welfare**	14 Staff Members	
		6 Social Workers	
		3 Auxiliary Social Workers	
		3 Admin and 2 Admin Aux	BA Social Work; Certificate in Auxiliary Work

Population/Audiences Served

Most of the stakeholders offer their services to, women, young women children, and men, men young as well families as their primary beneficiary stakeholders. Based on the Mapping results, the majority of the stakeholders had services that were curtailed towards meeting the needs of women, men, young women, and men, as well as children as their primary beneficiaries. However, the communities that were most at risk i.e. sex workers, LGBTQIA and Gender Non-comforting communities were not serviced.

While a handful of organizations worked or offered their services to the elderly and immigrants.

Stakeholder Resource Needs

The below-mentioned resource needs are based on all the needs of the **19 Stakeholders** who were mapped in the process.

- Training on GBV for Social Workers
- Financial resources to carry their work efficiently
- Transportation.
- Additional Staff Members
- GBV Training aimed at upskilling those who work in this sector
- Workshops and training on how to deal with diverse GBV related issues
- Information, Education, and Communication (IEC). or Educational Materials

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. In eMalahleni, some of the organisation reported a few cases related to TIP interviewees have alluded to several missing people whose whereabouts cannot determined.

A majority of the stakeholders belonged to the below-mentioned forums. As most of the organisations belonged to most or some of the below-mentioned forums, they were not counted to avoid overlaps and double counting.

The various Forums Stakeholders belonged to are as follows:
- Local Drug Abuse Forum
- Positive Women'sNetwork
- Civil Society Forum
- Local Taxi Association
- South African National Civic Organisation (SANCO)
- The Management Forums at all governance levels comprise of : Department of Social Development (DSD) (the lead and co-ordinating department); Office of the South African Police Services; Department of Correctional Services (DCS) and Department of Health (DOH).

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

Drug Usage Among Taxi Drivers
Based on the mapping interview with the eMalahleni taxi association. it was reported that several female commuters have reported incidents of verbal, physical and emotional abuse from the taxi drives in the area. Additionally, the taxi drivers in the area were allegedly accused of driving under the influence of drugs.

The Taxi association must work with SANCA and SAPS to help the drivers and protect the commuters. However, an allegation of some of the SAPs Staff befriending drug peddlers and lord in the eMalahleni area. This has impacted the communities' reporting rates declining as communicators did not want to put themselves in harms ways as some of the SAPS staff are viewed as unethical and corrupt.

SAPS's Commitment To Redressing GBV

The SAPS staff members who work/ed on GVB were keen to work on GBV, redress the issues linked to violence against women, children and the elderly. Government efforts are in existence in communicating messages against gender-based violence and on programmes that are implemented to prevent combat gender-based violence and abuse against children. However, reporting of these violations is not high in the area as the survivors do not have faith in the justice systems that are in place. However, it is evident that despite the community not trusting the statutory bodies in place such as SAPS, the staff are committed to redressing and fighting GBV.; Whilst the government has established legislation to provide protection to vulnerable persons who fall victim to sexual offences, it is imperative to educate society more on these legal instruments and promote greater access to them. Despite South Africa's constitutional and legislative protection, violence based on gender and sexual orientation remain at unacceptable levels. The violence takes different forms such as sexual harassment, abuse, assault, rape, domestic violence and other cultural practices that are harmful to women and children.

Human Trafficking

Some of the interviewees alluded to cases of people disappearing and not being able to trace their whereabouts. These were stories that were shared in corners and started as gossip and have somewhat been perceived as TIP. One of the tasks the Masiphephe network must take into cognisance is the stakeholders limited knowledge on identifying TIP and differentiate them from the It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men, and boys. As it will empower them and save the lives of victims from being exploited.

Stakeholders need to understand the drives of Trafficking in Persons (TIP) as GBV is both an important driver of human trafficking and a tool to manipulate and control women, children and even men into both sex work and forced labour across all forms of trafficking. Therefore those who work in GBV settings ought to be empowered to identify GBV, address it accordingly and have good collaborative links with the stakeholders in eMalahleni.

Community Media Access and Use

Preferred Media

Three modes of communication are popular in the area, these are radio (i.e. Ligwalagwala FM), Television and The Community Newspaper i.e. Mpumalanga News.

Communication With Communities

Radio: in particular, Ligwalagwala and eMalahleni 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 Mpumalanga 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

Concerning social media use, 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 and this communication proved most popular among the youth in comparison to adults and the elderly.

General Insights from the Mapping

In summary, eMalahleni stakeholders are concerned with redressing social ills linked to GBV this is evident in the roles and narratives we encountered with the various stakeholders who were mapped and their enthusiasm for joining and being part of the CCN.

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 felt limited by the demarcation process which defined the areas they worked in and not. *(Please see scanned copies of the demarcation of the eMalahleni Organizations).*

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