

City of Mbombela GBV Stakeholder Mapping Report- Expansion Sites



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Abbreviations

CCI	Centre for Communication Impact
CDW	Community Development Worker
CEM	Community Education and Mobilisation
CLO	Community Liaison Officer
CSO	Civil Society Organisation
DOH	Department of Health
ECD	Early Childhood Development
EPWP.	Expanded Public Works Programme
FAMSA	Families South Africa
FCS	Family Violence, Child Protection, and Sexual Offences Investigations Unit
GBF	Governing Body Foundation
GBV	Gender-Based Violence
GRIP	Greater Rape Intervention Programme
GHJRU	Gender Health Research and Justice Unit
GDF	Gugu Dlamini Foundation
HIV	Human Immunodeficiency Virus
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
NPA	National Prosecuting Authority
OMC	One- Man- Can
OVC	Orphans and Vulnerable Children
RM&E	Research, Monitoring, and Evaluation
SAG	South African Government
SAPS	South African Police Service
TCC	Thuthuzela Care Centres
TIP	Trafficking In Persons
TVET	Technical and Vocational Education and Training
UN	United Nations
USAID	United States Agency for International Development
VEP	Victim Empowerment Programme

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1. Introduction and Background

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

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

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

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

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

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

CCI, PSASA and key community level stakeholders selected additional wards in Emalahleni Local Municipality region based on an expansion strategy that informed the selection of expansion sites for implementation of the programme. The partners note that

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

This report details the stakeholder analysis for new stakeholders in extended the City of Mbombela (Masiphephe Network project sites) coordinated by CCI's Community Partner, Project Association Southern Africa (PSASA) which is based in Bethal, Mpumalanga Province.

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

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

2. Project Expansion

CCI and partners identified the first set of wards where project implementation took place in Year 1 of the 5-year Project. PSASA, like other community-based partners, is expected on an annual basis, to increase the number of project implementation sites by expanding to new municipality wards. The main target group for this assessment are the organisations working on preventing and redressing GBVF in their respective wards/region (within the City of Mbombela) where PSASA is facilitating the implementation of project activities. This mapping aims to complement the 2018/2019 mapping in initial project wards as some existing stakeholders also work in both initial and new project sites. The complementary mapping is targeted at new stakeholders at project expansion sites where programme implementation will be conducted and intensified from July 2020 to June 2023. Stakeholders not mapped previously at the initial 2018/2019 project sites will also be mapped. The data collected will provide information about all the stakeholders in the local communities to inform for programme strategy, planning, partnership building and in strengthening collaboration for GBVF prevention, response, and mitigation interventions within the Masiphephe Network. already work in the new wards. In that case, there is no need to map them again. Mapping should only be for new stakeholders in new wards or existing relevant stakeholders who were not mapped. PSASA will be expanding to four additional municipal wards (project implementation sites) and these expansion sites are the following:

- I. Ward 6 in Masoyi
- II. Ward 22 in Pienaar
- III. Ward 23 in Dantjie
- IV. Ward 45 in Barberton

3. Rationale for Stakeholder Mapping

The mapping exercise is aimed at mapping organizations/stakeholders as well as prospective beneficiaries that are engaged in the process of prevention, redressing and mitigating the prevalence of GBVF and harms. The mapping exercise will target stakeholders in the new project expansion sites where programme implementation will be conducted and intensified from July 2020 to June 2023. As a result, the collected data will

provide valuable background information that will inform initiatives to strengthen the response to GBVF. The stakeholder mapping will also enable CCI, GHJRU and the PSASA and stakeholders in the Masiphephe Network to engage all relevant stakeholders and sustain collaboration with them through the regional/local GBVF Coordination Forums and Technical Working Groups. Through the mapping process, PSASA aims to achieve the following:

- To determine which stakeholders are most critical and relevant to engage with in selected expansion sites;
- Determine if there are any glaring gaps in expansion sites in the delivery of services to survivors of GBV;
- Assess existing coordination mechanisms including collaboration structures to addresses GBV in the targeted expansion sites and assess the resources communities can leverage on;
- Identify the stakeholders that participate in local collaboration structures and create partnership and working relations with them;
- Contribute towards the identification of existing community resources that can be leveraged to scale up and sustain successful community-based GBV prevention and response interventions;
- Build successful relations between key GBV service providers;
- Identify and collaborate with prospective beneficiaries;
- Utilize the mapping to create succinct information of the services, locations of stakeholders and the coordinates to locate the local of the stakeholders; and
- Utilize the stakeholder information to upload on the USAID database as well as Safetipin (where possible).

4. Stakeholder Mapping Process

The GBV Stakeholder Mapping Strategy document outlines the process of how the stakeholder mapping process must be done. Based on this strategy, a mapping tool was developed and used in the initial mapping activities in 2018-2019. The mapping tool has been revised to make it more concise and to be easily applied primarily through online (telephone) mapping, due to the COVID-19 national lockdown restrictions. CCI has

identified a core group of mapping teams within each community partner – and these include: Project Managers, Project Facilitators and Community Mobilisers.

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

PSASA used a snowballing approach working local leadership in their existing network to identify all the relevant groups, organizations, and people involved in GBVF prevention and response within the project expansion sites. This included desktop research of organizations/stakeholders which are engaged in the process of mitigating and redressing of the prevalence of GBVF.

Through a process of prioritisation based primarily on programme relevance and location of the organisation, a list of organisations and individuals to be mapped was finalized. A schedule of interviews (telephonic and face to face) was developed. Using the Masiphephe Network Stakeholder Mapping Tool, the PSASA team conducted telephone mapping interviews, and where possible face-to-face interviews were conducted while observing the national COVID-19 regulations and restrictions. The data collection (interviews) were complemented with desktop research to gather additional information.

5. Stakeholder Data Analysis Methodology and Plan

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

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

The analysis of the below five criteria will be used to create and populate a chart with short descriptions of how stakeholders fulfil them. Values will be assigned to each criteria (from low to high). CCI embarked on a process of stakeholder identification through the community partners, then conducted rigorous individual stakeholder interviews using a standard mapping tool.

Stakeholder	Contribution Legitimacy	Willingness to Engage	Influence	Necessity of Involvement	Final outcome
Stakeholder 1	High: Knowledge in GBV is of value to CCI	High: Directly affected by CCI’s GBV project activities	High: Proactive group that is already engaging	Low: Relatively unknown group	
Stakeholder 2	Medium	Medium	High	Medium	
Stakeholder 3	Low	Low	Medium	Low	
Stakeholder 4	Low	Medium	Low	Medium	
Stakeholder 5	High	Medium	Low	High	

Table 1: CCI Stakeholder Analysis Criteria 2018/2019

A semi-structured questionnaire (Masiphephe Network Stakeholder Mapping Capturing Tool 2020) was used to probe and assess the GBVF work undertaken by various stakeholders in PSASA's expansion sites. This process included interviews with a range of pre-identified statutory and non-statutory stakeholders, including organisations working with orphans and vulnerable children (OVC), local government officials, health facility employees, non-government organisations in the GBVF prevention and response sphere, and other organisations and individuals working on gender-based violence.

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

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

6. Findings

6.1 Understanding the Population Served- Expansion Sites

City of Mbombela MUNICIPAL REGIONS

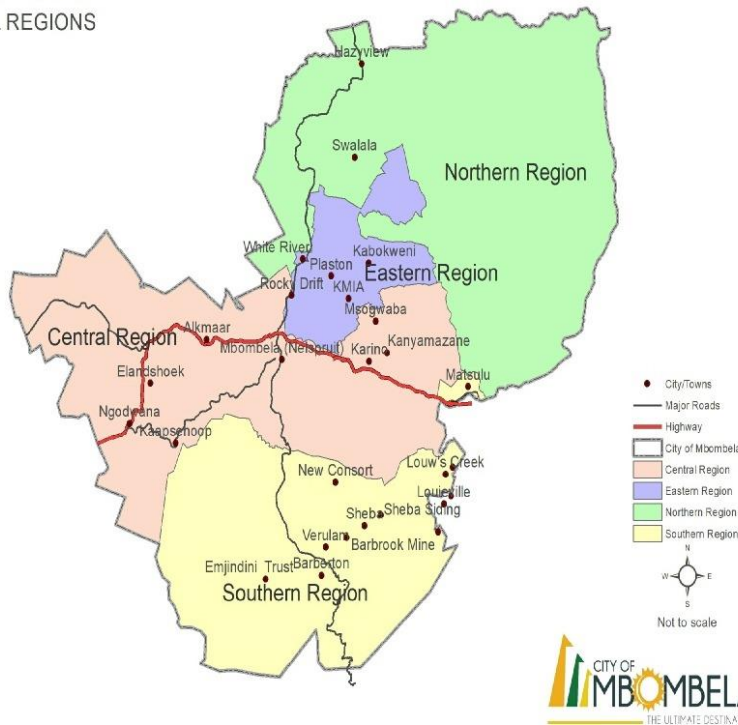


Figure 1 Map of City of Mbombela

PSASA has identified four new wards where the project will expand its activities, these are Wards Numbered 6, 22, 23, and 43. These areas are serviced by three police stations viz Masoyi, Barberton, and Pienaar. Table 2 shows the population of the expansion sites. Ward 22 has marginally higher population compared to the other sites. Ward 23 has the least population of all the expansion sites with a population of 10749.

Expansion Sites	Female	Male	Total
Ward 6	8509	7553	16062
Ward 22	8437	7775	16212
Ward 23	5609	5140	10749
Ward 45	5735	6360	12095

Table 2 Population Size in the Expansion Sites: Source WaziMap

Table 3 below depicts selected statistics of the expansion sites. Wards 6, 22 and ward 23 have approximately 40% of the Households headed by females. Though the levels of child headed households are below 1% across the expansion sites, violence against children remains a critical challenge facing children in households where there is no parent. Children without proper adult care are more likely to be abused, exploited and

perform poorly at school. Though the Percentage 5-17year olds-attending school is high (90% and above) in all the expansion wards. The level of educational attainment measure by percentage population in the wards that has Completed Matric or higher is disconcertingly low. Low educational attainment increases the poverty of opportunities and perpetuate the vicious cycle of vulnerability and abuse.

Expansion Site				
	Ward 6	Ward 22	Ward 23	Ward 45
Median Age	22	23	22	24
Women Headed Households	42,2%	40,1%	42,9%	32,7%
Child Headed Household	0,3%	0,3%	0,5%	0,4%
Completed Matric or higher	42,2%	37,6%	39,2%	24,5%
School Attendance Children 5-17years	95%	94%	95,4%	90%
Annual Income R 0-R 4800	22%	21%	18%	12%

Table 3 Selected Statists for the expansion sites: Source WaziMap

Expansion Site	House or brick/concrete block	Informal dwelling (shack)	Traditional dwelling	Unspecified
Mbombela Ward 6	92,4%	2,5%	2,0%	0,6%
Mbombela Ward 22	89,6%	0,6%	0,3%	0,6%
Mbombela Ward 23	91,6%	0,3%	0,2%	1,1%
Mbombela Ward 45	73,2%	8,6%	6,6%	0,9%

Table 4 Housing Typologies in the Expansion Sites

Table 4 above shows housing typologies in the expansion sites. Ward 45, and 6 has the highest number of informal dwellings (8.6,% and 2.5% respectively). This can be attributed to the mushrooming informal settlements as more people move into the area in search of employment and better livelihoods. All the expansion sites exhibit typical impoverished area traits where the drivers of GBVF thrive, including informality, low levels of income, lower educational attainment especially of women as well as high number of female headed household. It is areas like these that poverty and underdevelopment fuel GBV. Therefore, PSASA must in their programme planning develop interventions that seek to bridle this challenge

6.2 Crime Statistics in the Expansion Sites

Barberton, Masoyi and Piennar Police Stations service the expansion sites. Table 5 below shows that Piennar station reported the highest number of murder, sexual assault and rape cases during the 2019/2020 reporting period. Table 5 below also shows that Piennar Police Station reported higher assault GBH cases compared to Masoyi and Barberton Police Stations in last three reporting periods

CRIME CATEGORY	BARBERTON MPUMALANGA			MASOYI MPUMALANGA			PIENNAAR MPUMALANGA		
	2017/2018	2018/2019	2019/2020	2017/2018	2018/2019	2019/2020	2017/2018	2018/2019	2019/2020
CONTACT CRIMES (CRIMES AGAINST THE PERSON)									
Murder	27	19	33	13	42	32	30	35	39
Sexual Offences	60	73	61	121	135	130	104	125	153
Attempted murder	26	33	38	75	59	54	33	49	45
Assault GBH	261	264	287	242	247	257	407	409	377
Common assault	195	203	252	172	194	236	208	231	229
Common robbery	67	65	54	53	55	53	54	57	41
Robbery with aggravating circumstances	139	103	176	370	290	237	185	233	257
Total Contact Crimes (Crimes Against The Person)	775	760	901	1 046	1 022	999	1 021	1 139	1 141
Total Sexual Offences									
Rape	48	58	48	112	129	123	88	110	142
Sexual Assault	6	10	6	6	5	7	6	10	6
Attempted Sexual Offences	4	4	3	1	0	0	10	5	4
Contact Sexual Offences	2	1	4	2	1	0	0	0	1
Total Sexual Offences	60	73	61	121	135	130	104	125	153

Table 5 Crime Stats in the Expansion Area Policing Precincts

6.3 Organisations Mapped

Table 6 below shows a list of stakeholders that were targeted for mapping and those that were actually mapped. A process of pre-selecting potential stakeholders was initiated informally prior to the mapping exercise where the project manager engaged with these stakeholders telephonically to introduce the Masiphephe Network.

Names of targeted organisations for mapping	List of organisations mapped	Type of Organisation	Ward Number
Thandanani Drop In centre.	Thandanani Drop in Centre	Non-Statutory	6
Masoyi HBC	Masoyi HBC	Non-Statutory	45
Injabulo Nokuthula Gender Based Violence Centre	Injabulo Nokuthula Gender Based Violence Centre	Non-Statutory	45
Thandanani Home Based Care	Thandanani Home Based Care	Non-Statutory	45
Man Up Mans Organisation			
Impilo Youth Development			
World Unity Organisation			
Ward councillor ward 45			
Ward councillor ward 22			
Ward councillor ward 23			
Ward councillor ward 06			
Mbombela Youth Forum			
Family Restoration			
Pelonomi Community Project			
Mhola Multi Creative Cultural Group			
Mbombela Federation for SMME			
Ekujabuleni Workshop for people with Disabilities			

Table 6 List of Organisation Mapped

Of the 17 stakeholder organisations that were targeted to be mapped, 24% (n=4) were actually mapped. All of the organisations mapped are non-statutory (these include Non Profit Organisations, Non-Governmental Organisations). None of the organisations mapped are private (business) organisations or statutory.

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

Table 7 Target Population Served by the Mapped Organisations

Table 7 above shows the population served by the mapped organisations. These are ranked in the order of importance with 0 being not served, 1 being the least served to 10 being the most served population. The LGBTQIA+ community is by Thandanani Home Based Care in the expansion sites. Most of the organisations have programmes that impact young women, children and men as well families. Thandanani Home Based Care have a primary focus working the elderly non-conforming community and only Thandanani Drop in Centre serves the immigrant populations.

Table 8 below shows services offered by the mapped organisations to the populations they serve as well as skills, expertise and capacity staff who see survivors of GBV.

Name of Organisation	Description of the organisation	Services provided by the organisation	What are the skills, to assist survivors of gender-based violence	Focus on Trafficking in Persons (TIP)
<i>Thandanani Drop in Centre</i>	It's a community-based organisation (CBO), which was established 23yrs ago. They have Orphan and Vulnerable Children's (OVC) Program, cooking meals for OVC, assisting with homework and laundry. They also have a performing art programme	Educational and feeding scheme	1) Basic counselling skills 2) Child care skills and orphan and vulnerable children training (OVC) training	No

<i>Masoyi Home Based Care</i>	It is a CBO with 43 community care workers running different programs in Masoyi such as peer-to-peer program in schools, Have 2 Early Childhood Development (ECD) Centres and 3 Drop in centres. Youth skill development program, Wellness mobile HIV Testing Service for males 25years and Older. Sowing program and House building,	Medical service and educational service	All staff members have attended a 5 days training on GBV) The organisation also have a qualified professional Nurse	No
<i>Injabulo Nokuthula Gender Based Violence Centre</i>	Injabulo Nokuthula GBV project is a community-based organisation. It established as responds to raising GBV within the areas of uMjinding and the city of Mbombela in general.	Provide psychosocial support and education to GBV victims, and make appropriate referrals	Basic Counselling skills	No
<i>Thandanani Home Based Care</i>	Thandanani it is home based project established 23years ago started as a peer education project. It has 23 care workers. They are doing DOTs to TB and HIV patients, tracing defaulters, palliative care and referral	Care and support	12 care workers attended 59 days home based care training. 23 care workers attended the HTS training. 23 care workers trained on Human trafficking	No

Table 8 Services Offered by Mapped organisations

Though staff members at Thandanani Home based Care are trained in Human Trafficking, the organisation is not focused on Trafficking in Persons (TIP) programmatic interventions. The City of Mbombela Municipality’s Masiphephe network will have to develop and implement a structured capacity development programme to enhance the skills of the mapped organisations who are willing to join the network on GBV response and interventions. Most organisations mapped will best serve the network in advocacy and awareness creation targeting their programme beneficiaries and the larger community.

6.4 Resources Required to Enhance GBV

<i>Name of Organisation</i>	<i>Resources required to enhance GBV prevention and response interventions</i>
<i>Thandanani Drop in Centre</i>	Funding, Skilled staff, Means of communicating with clients (Data and Airtime).
<i>Masoyi Home Based Care</i>	Capacity building on GBV
<i>Injabulo Nokuthula Gender Based Violence Centre</i>	Skills and transport
<i>Thandanani Home Based Care</i>	Skilled staff in GBV and Funding

Table 9 Resources required to Enhance GBV

Table 9 shows each for each organisation mapped and their most important resource needs to enhance GBV prevention and response intervention. The following resources are required by the organisations:

- Funding to help enhance GBV response interventions;
- Training of their staff members in GBV prevention and response interventions;
- Airtime and Data and funding to improve communication (including with Victims of Crime); and
- Transport – for any organisation to function efficiently, transport plays an important role. All organisations indicated that their transport requirements far out the way they have.
- Though Injabulo Nokuthula Gender Based Violence Centre provides psychosocial support to GBV victims expressed a need for capacity building and funding to effectively implement their programmes.

6.5 Social /economic/ educational challenges

The respondents pointed to the proliferation of illegal mining in Mpumalanga as a source of criminality in the area. The social and structural changes that accompany “large”- scale illegal mining and the economic opportunity it presents attract young women who work as prostitutes. A large majority of the mapped organisations indicated that poverty, high unemployment rate, crime, and substance abuse as the causes of the prevailing social

ills in the City of Mbombela. The respondent from Masoyi Home Based Care also pointed out to high rate of incest in the area and the community do not generally report these cases to the police.

The lack of skills and training facilities for post matric education was also raised as a contributor to socio-economic challenges in the area.

6.6 Reporting of GBV Cases.

GBV cases in the area are mostly reported to the South African Police Services. Thandanani Drop in Centre reports/refers GBV cases to the Greater Rape Intervention Programme (GRIP) which is based in Rob Ferreira Hospital in Mbombela. GRIP was established in the year 2000, in response to the high levels of rape, and the concordant high levels of HIV/AIDS infection, transferred to predominantly child rape survivors. GRIP is currently based in Nelspruit, Mpumalanga, and has branches in Masoyi, Kabokweni, KaNyamazane, Barberton, Hazyview, Tonga/Shongwe, White River, Malelane and Matsulu areas.

Thandanani Home Based Care and Injabulo Nokuthula Gender Based Violence Centre report cases to the Umjindi Victim empowerment. Umjindini Victim Empowerment functions as a TCC. They work closely with Police and the hospital for rape cases and they provide psychosocial support. While Masoyi Home Based Care report and refer GBV cases to Themba TCC in Kabokweni.

6.7 Collaboration on GBV interventions

Table 10 below shows the existing network that each partner belongs to, in their response to GBV. There is no specific forum for GBV collaboration in all the expansion sites. However the respondent from Thandanani Drop in Centre indicated that they belong to Umjindi Drop In centre Forum. This is a forum of is a community-based facilities providing basic services aimed at meeting the emotional, physical and social development needs of the most vulnerable in Mjindini area within the city of Mbombela.

<i>Thandanani Drop in Centre</i>	Umjindi Drop in Centre
	DSD
	Thandanani HBC
	Ekujabuleni Disable Centre
	Injabulo Nokuthula GBV Centre
<i>Masoyi Home Based Care</i>	Siyaphilisa Home Based Care
	Uthando Home Based Care
	Phola Nsikazi Clinic
	Right to care
	Siyanakekela Home Based Care
	Dayzenza Home Based Care
	Jerusalem Home Based Care
<i>Thandanani Home Based Care</i>	Umjindi Victim Empowerment
	Ekujabuleni Disable Centre
	Thandanani Drop in Centre
	Department of Social service
	Department of Health
<i>Injabulo Nokuthula Gender Based Violence Centre</i>	Mbombela Civil Society
	Local Aids Council

Table 10 GBV Intervention-Collaborations

Each of the organisations do from time to time come across a GBV case that they refer either to the Local Police Station or other organisations in their existing network. The organisations listed as collaborators in the fight against GBV actually exist networks which organisations across refer to, based on the peculiarity of the cases.

6.8 Challenges and recommendations to collaboration

All potential partners in the Masiphephe Network see coordination and collaboration on GBV prevention and response interventions as important to stop the scourge of GBV in the area. The challenges raise included that:

- There are few organisation with the skills and resources required to respond adequately to GBV in the City of Mbombela,
- Respondents felt there needs to be a dedicated funding for GBV work;
- Respondents also felt that there is limited awareness about GBV within their organisations and the communities that they service.

A number of mapped organisations have acknowledge the need for stakeholders to genuinely coordinate activities to achieve a sustainable and effective collaborative partnership in the fight against GBVF.

6.9 Willingness to Join the Masiphephe Network

Although no direct question was asked about willingness to participate in the Masiphephe Network, conclusion can be drawn from the responses on factors that can help improve coordination and collaboration. Organisations in City of Mbombela are already collaborating with one another especially on referrals of GBV cases. A respondent from Masoyi Home Based Care summed up the prevailing sentiment when he pointed out that he sees no challenges with collaboration, as they have not started. However a GBV collaborative network can and must be started if support is received from the community and other stakeholders.

6.10 Potential stakeholders relevance

The stakeholder mapping strategy document asserts that the key outcome of the mapping process must yield an understanding of each potential stakeholder’s relevance (including population served and services rendered) and the perspective they offer, as well to understand their relationship to GBVF.

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

Table 11 Analysis of the Mapped Stakeholders

Table 11 above shows the ranking according to the prescripts of CCI’s stakeholder mapping strategy document based on the responses gathered using the stakeholder-mapping tool. All the organisations mapped, demonstrated high relevance and a clear perspective they offer, as well to understand their relationship to GBVF.

Injabulo Nokuthula Gender Based Violence Centre is primary focus is in the fight against GBV in the City of Mbombela. These organisations are already working with key populations that are more vulnerable to GBV and are willing to engage in the Masiphephe network. They have a potential to make an immediate impact in contributing to achievements of Intermediate Results (IRs) such as improved referrals and victim empowerment, as well as long-term outcomes such as breaking the cycle of violence and social cohesion.

7 References

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