

**Emalahleni Local
Municipality 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
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 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 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 Masiphephe Network project sites coordinated by CCI's Community partner, Project Support 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 have identified the first set of wards where project implementation will take 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 targets group for this assessment are the organisations working on preventing and redressing GBVF in their respective wards/region (within Emalahleni Local Municipality) 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 Number 7 in Witbank,
- II. Ward Number 8 in Vosman,
- III. Ward Number 23 in Witbank, and
- IV. Ward Number 29 in Witbank.

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 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 objectives:

- 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

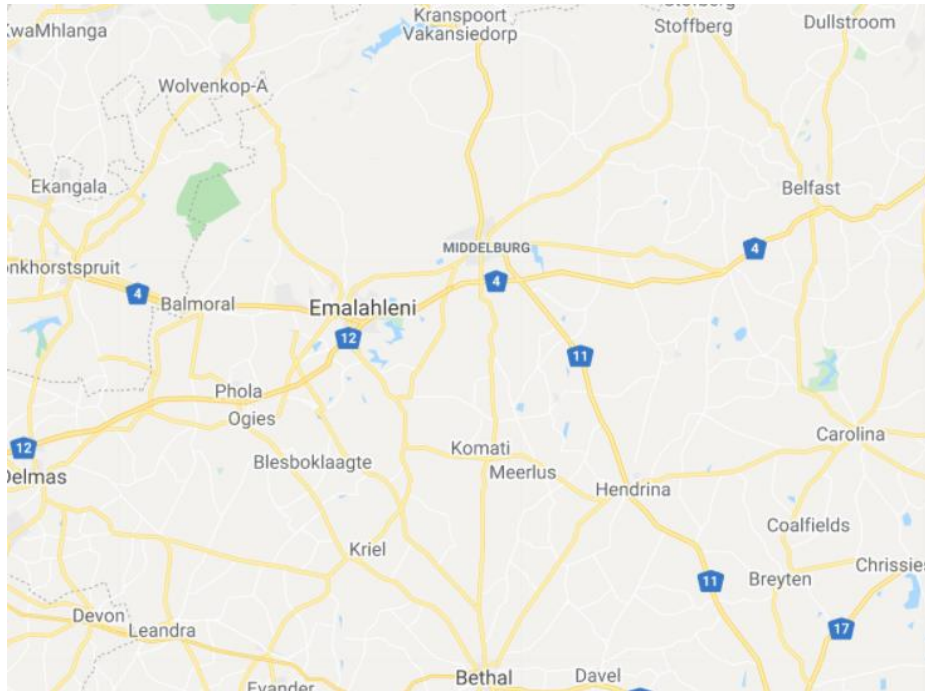
employees, non-government organisations in the GBVF prevention and response sphere, and other organisations and individuals working on gender-based violence.

The mapping in PSASA's expansion sites commenced on 27th of July 2020 and was completed on the 19th of August 2020. The data was captured in Masiphephe Network Stakeholder Mapping Capturing Tool 2020 (excel spreadsheet). The Mapping tool was used to explore and understand stakeholders' roles, capacity, needs and willingness to participate in a collaborative structure. The following thematic areas were explored:

- Stakeholder Administrative Information,
- Overview of the 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



PSASA has identified four new wards where the project will expand its activities, these are Ward Number 7, 8, 23 and 29. These areas are serviced by two police stations, i.e. Witbank Police Station and Vosman Police Station.

Figure 1 Expansion Site Map

Table 2 below shows the population of the expansion sites. Ward 29 has the highest population compared to the other sites. Ward 7 has the least population of all the expansion sites with a population of 8400..

<i>Expansion Site</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Ward 7</i>	4240	4160	8400
<i>Ward 8</i>	6139	6815	12954
<i>Ward 23</i>	6231	6253	12484
<i>Ward 29</i>	9398	10379	19777

Table 2 Population Size in the Expansion Sites: Source WaziMap

Table 3 below depicts selected statistics for the expansion sites. Wards 7 and ward 23 have 33% of the Households headed by females. Though the levels of child headed households are below 1% across in the expansion sites, the proportion of these

households whose heads are females is highest in ward 29 (50%). 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. According WaziMap website the Percentage 5-17 year-olds attending school is highest in ward 7 (98%).

Expansion Site				
	<i>Emalahleni Ward 7</i>	<i>Emalahleni Ward 8</i>	<i>Emalahleni Ward 23</i>	<i>Emalahleni Ward 29</i>
<i>Median Age</i>	24	24	24	25
<i>Women Headed Households</i>	33,4%	29,5%	33,1%	30,1%
<i>Child Headed Household- Female</i>	17,3%	39,3%	27,3%	50,0%
<i>Completed Matric or higher</i>	52,3%	25,8%	35,1%	31,2%
<i>School Attendance Children 5-17years</i>	97,7%	89,5%	91,7%	89,7%
<i>Annual Income R 0-R 4800</i>	5%	9%	13%	14%

Table 3 Selected Statistics for the expansion sites: Source WaziMap

Expansion Sites	House or brick/concrete block	Informal dwelling (shack)	Traditional dwelling	Unspecified
<i>Emalahleni Ward 7</i>	95,5%	0,8%	0,0%	0,2%
<i>Emalahleni Ward 8</i>	70,5%	13,9%	12,1%	0,1%
<i>Emalahleni Ward 23</i>	63,6%	32,7%	1,1%	0,2%
<i>Emalahleni Ward 29</i>	52,1%	43,4%	0,9%	0,4%

Table 4 Housing Typologies in the Expansion Sites

Table 4 above shows housing typologies in the expansion sites. Wards 29, 23 and 8 have the highest number of informal dwellings (43, 4,% and 32,7% and 13% respectively). This can be attributed to the mushrooming of 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 in areas like these where 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

Vosman and Witbank police stations service the project expansion sites. Table 5 below shows that Witbank Police station reported the highest number of murder and rape cases during the 2019/2020 reporting period. Table 5 below also shows that expansion sites have the highest rate of contact crimes as well as sexual assaults and rape.

CRIME CATEGORY	Vosman Police Precinct			Witbank Police Precinct		
	2017/2018	2018/2019	2019/2020	2017/2018	2018/2019	2019/2020
CONTACT CRIMES (CRIMES AGAINST THE PERSON)						
Murder	46	46	45	44	49	60
Sexual Offences	135	144	124	140	149	128
Attempted murder	48	39	56	34	51	78
Assault with the intent to inflict grievous bodily harm	759	763	643	506	483	498
Common assault	329	393	363	668	666	662
Common robbery	169	141	140	365	348	303
Robbery with aggravating circumstances	461	455	567	821	839	838
Total Contact Crimes (Crimes Against The Person)	1 947	1 981	1 938	2 578	2 585	2 567
Total Sexual Offences						
Rape	103	108	91	99	116	104
Sexual Assault	22	25	18	26	28	21
Attempted Sexual Offences	9	10	10	7	3	3
Contact Sexual Offences	1	1	5	8	2	0
Total Sexual Offences	135	144	124	140	149	128

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.

<i>Names of targeted organisations for mapping</i>	List of organisations mapped	Type of Organisation	Ward Number
<i>African Atlas Khula Nathi Men's Forum</i>	African Atlas Khula Nathi Men's Forum	Non-Statutory Organisation	14
<i>South African National Civic Organisation (SANCO)</i>	South African National Civic Organisation (SANCO)	Non-Statutory Organisation	23
<i>Entokozweni Home based Care</i>	Entokozweni Home based Care	Non-Statutory Organisation	2
<i>Sifunokuhle Home based Care</i>	Sifunokuhle Home based Care	Non-Statutory Organisation	2
<i>Kwaguqa Advisory Officer</i>	Kwaguqa Advisory Officer	Non-Statutory Organisation	4
<i>Sinokuthula Home based Care</i>	Sinokuthula Home based Care	Non-Statutory Organisation	4
<i>Snenhlanhla Home based Care</i>	Sinenhlanhla Home based Care	Non-Statutory Organisation	23
<i>Gugulogama Youth Sisonke</i>	Gugunogama Youth Sisonke NPC	Non-Statutory Organisation	8
<i>Umusa Community Project</i>	Umusa Community Project	Non-Statutory Organisation	8
<i>Siyanakelela Organisation</i>			
<i>Santa Bhekimpilo Organisation</i>			
<i>Isibindi Organisation</i>			
<i>Child Welfare</i>			
<i>Hope of Glory Home Based Care</i>			

Table 6 List of Organisation Mapped

NOTE: Six of the Stakeholder Mapped are not based in the Actual Expansion Sites, but do offer services in these areas.

Of the 14 stakeholder organisations that were targeted to be mapped, 64% (n=9) 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
South African National Civic Organization	10	4	4	10	10	10	10	10	1	1	1
Entokozweni Home Based Care	10	10	10	10	10	10	10	10	0	0	0
Sifunokuhle Home Based Care	10	10	7	9	10	10	10	4	1	1	2
Kwaguqa Advice Officer	10	10	5	5	10	10	5	10	0	10	0
Sinokuthula Home Based Care	10	5	10	3	10	3	10	1	3	2	2
Snenhlanhla Home Based Care	10	1	1	10	10	3	10	1	1	1	1
Gugulogama Youth Sisonke	1	10	10	1	10	4	0	10	0	1	10
Umusa Community Project	10	10	7	8	10	10	10	4	1	1	2
Khula Nathi African Atlas Men's Forum	7	4	10	9	5	6	0	0	3	2	1

Table 7 Target Population Served by the Mapped Organisations

Table 8 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 mostly served by Kwaguqa Advice Officer and to a lesser extent by African Atlas Khula Nathi and Sinokuthula Organisation in the expansion sites. Most of the organisations have programmes that impact young women, children and men as well families and the elderly. Gugulogama Youth Sisonke have a primary focus of working with gender non-conforming community and the immigrant populations.

Table 9 below shows services offered by the mapped organisations to the populations they serve as well as skills, expertise and capacity of the staff who see survivors of GBV.

Name of Organisation	Description of the organisation	Services provided by the organisation	What are the skills, survivors of gender-based violence (GBV)
<i>South African National Civic Organization (SANCO)</i>	SANCO as a civic movement. The Emalahleni SANCO is leading the fight against GBV in the Area.	Promote empowerment through projects, programmes, campaigns, education and training, They are provided trainings on how to deal with GBV issues.	They are not skilled and need more knowledge about GBV and be capacitated in helping and supporting survivors and victims of GBV
<i>Entokozweni Home Based Care</i>	Home based care centre, Door to door visits, Adherence Support. Refer cases of GBV to the nearest service providers' e.g. Social Workers and SAPS. Conduct Health discussions in the community and clinics about health issues.	Adherence Training, Conduct Do door to door visits to support patients..	The organisation educate their staff by giving them Trainings of GBV and HIV prevention. Training is provided by the Health department.
<i>Sifunokuhle Home based Care</i>	Door to door visits, identify people who are sick and need help in food, collecting of medication from the clinic. Help people in getting id documents and children who don't have birth certificates	Provide psychosocial service but also refer to further service if needed, Adherence support and training.	Give the staff inductions of GBV and health issues. Department of Health provides trainings
<i>Kwaguqa Advice Officer</i>	Do joint sessions on family matters. Deal with all social problems encountered by community members. Work in conjunction with DSD in relation to social matters. Work with Legal Aid South African Mpumalanga Justice Cluster. Work with local clinics especially Siphosensimbi as it is the nearest clinic. Work to the local schools for outreach	Psycho-social, Legal and Educational	The organisation has 2 Auxiliary social workers that is skilled and have the capacity to offer psycho-social service
<i>Sinokuthula Home based Care</i>	Educate community members in treatment adherence, Conduct educational health talks in communities, Refer victims and survivors of GBV to social workers and local Police station. Do door to door visits.	Psychosocial service and Educational service	Receive trainings by department of Health to get knowledge in helping survivors and victims of GBV

<i>Snenhlanhla Home based Care</i>	Dropping Centre Deal with drug abuse in the community. Conduct teenage pregnancy interventions. Domestic violence Fight against crime in the community	Psycho-social service Educational service	The organisation refer clients to social workers as they don't have the capacity and skills to deal with survivors and victims of GBV
<i>Gugulogama Youth Sisonke</i>	Conduct motivational talks with the youth, empower youth by investing knowledge holistically. Conduct knowledge about sexual reproductive health and the importance of education. Give support to the slow learners on their potentiality in hand work and skills. Educate young girls and boys the importance of abstinence and independency. Do homework supervision	Provide psycho-social services Provide educational services	Refer to relevant stakeholder for service. Do counselling Do activities and games to empower the youth
<i>Umusa Community Project</i>	Help in identifying people are unable to get medication from the clinic and assist them by collecting their medication and do day-to-day visits to check if patients adhere to their treatment. Refer GBV cases to Social workers or SAPS when community people report to them	Health care and support service assist in collecting medication for people who are not capable of traveling to the clinic Educational Service- Conduct health talks in communities, clinics and Home visits.	Receive trainings by department of Health to get knowledge in helping survivors and victims of GBV
<i>Khula Nathi African Atlas Men's Forum</i>	The organisation it is an NPO, established in 2018 to advocate for the voiceless people who are mostly victims of abuse and link them with relevant service providers according to their specific needs.	Educational and advocacy	GBV training

Table 8 Services Offered by Mapped organisations

The Emalahleni Local Municipality 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. The services the organisations are providing are diverse and reach all sectors targeted by the Masiphephe network.

6.4 Resources Required to Enhance GBV

<i>Name of Organisation</i>	<i>Resources required to enhance GBV prevention and response interventions</i>
<i>South African National Civic Organization</i>	Data and Airtime, Sponsors and funding, Trainings for GBVF and Transport
<i>Entokozweni Home Based Care</i>	Transport, Funding, Data and Airtime, Food
<i>Sifunokuhle Home Based Care</i>	Transport, Funding, Data and Airtime
<i>Kwaguqa Advice Officer</i>	Lack of staff, capacity building needed on GBV, and transportation
<i>Sinokuthula Home Based Care</i>	Funding, Trainings for GBV and Transport
<i>Snenhlanhla Home Based Care</i>	Funding , Skilled Staff and Transport
<i>Gugulogama Youth Sisonke</i>	Funding, Data and Airtime to facilitate communication with beneficiaries
<i>Umusa Community Project</i>	Funding, Data and airtime and Transport
<i>Khula Nathi African Atlas Men's Forum</i>	Funding, skilled staff

Table 9 Resources required to Enhance GBV

Table 10 shows each for each organisation mapped their most important resource needs to enhance GBV prevention and response intervention. Almost all organisations that were mapped indicated a need for:

- 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 way what they have.

6.5 Social /economic/ educational challenges

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 greater Emalahleni Local Municipality area. The interviewee, a Councillor, indicated that most of

the families in the area rely on social grants. The SANCO interviewee indicated that intimate partner violence is a social problem that is wide spread in the area. The lack of infrastructure especially amenities, was also raised as a challenge in the area which also contributes to lack of employment and general under development of the community.

There is also a serious challenge of drug abuse in the area, which fuels criminality and gender based violence. Sinokuthula Organisation interviewee also pointed out to a high number of teenage pregnancy. Teenage pregnancy reduces opportunities for a girl child because it usually results in them dropping out of school and thus increasing their vulnerability to GBVF.

6.6 Reporting of GBV Cases.

GBV cases in the area are mainly reported to the South African Police Services. Some GBV cases are reported to Isibindi Organisation’s social workers.

Eight of the mapped organisations are not are aware of the services of the Thuthuzela Care (TCC) and none of the organisations referred victims of GBV to the TCC. One of the respondents indicated that the TCC is very far from the area they serve. In cases where the organisations do not know about the TCC or it is far, they tend to refer GBV cases to the SAPS.

6.7 Collaboration on GBV interventions

Table 10 below shows the existing network that each partner belongs to, in their response to GBV.

Name of Organisation	Partners worked with on GBV interventions.
SANCO	Asiphileni Kahle Home Based Care
	Isipho Sensimbi Clinic ext 4
	Offer HTS service and home based care
Entokozweni Home Based Care	Reach For Life
	Home based Care Centre, Door to door visits

Sifunokuhle Home Based Care	Siyanakelela Home based,
	Isipho sensimbi Clinic ext 4
	Siyanakelela Home based care centre
	ASIPHILENI Kahle Home based
	Umusa Community Project
	Asiphileni Kahle
	Entokozweni Home based care centre
Kwaguqa Advice Officer	Child Welfare South African
	Citizen Justice Network
	Human’s Rights Commission
	Department of Social Development
Sinokuthula Home Based Care	Entokozweni Home based Care
	War room
Snenhlanhla Home Based Care	siyanakelela Home based
	Hope of Glory
Gugulogama Youth Sisonke	None
Umusa Community Project	Sifuna Okuhle Organisation
	Entokozweni Home based Care
Khula Nathi African Atlas Men’s Forum	Reach For Life home Based Care

Table 10 GBV Intervention-Collaborations

There is no specific forum for GBV collaboration in all the expansion sites. However each of the organisations do from time to time come across a GBV case that they refer either to the Local Police Station or to other organisation/s in their existing network. The organisations listed as collaborators in the fight against GBV are actually existing networks to which organisations across refer, 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 is no trust between organisations (refuse to share strategies and resources),
- Organisations which are better resourced tend to dominate common programmes resulting in disagreements,
- There is limited funding for GBV work;
- There are very few organisations if any, dealing specifically with GBV in these wards; and
- Organisations do not have the capacity to implement GBV prevention and response interventions.

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. The interviewee from uMusa Community Projects indicated that there needs to be a structured monthly programme where organisations share their thoughts and ideas to reduce GBV in their communities. It was also noted that organisations must support one another when they are planning events and other community based interventions.

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 Emalahleni are already collaborating with one another especially on referrals of GBV cases. All of them acknowledged a need for a proper collaborative and coordinating structure to bring together all those focusing on the common goal of defeating the scourge of GBVF.

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 and the perspective they offer, as well to understand their relationship to GBVF.

<i>Name of organisation</i>	<i>Contribution Legitimacy</i>	<i>Willingness to Engage</i>	<i>Influence</i>	<i>Necessity of Involvement</i>	<i>Final outcome</i>
<i>South African National Civic Organization</i>	Low	High	High	Medium	
<i>Entokozweni Home Based Care</i>	High	High	Medium	High	
<i>Sifunokuhle Home Based Care</i>	High	High	Low	High	
<i>Kwaguqa Advice Officer</i>	Low	High	Medium	High	
<i>Sinokuthula Home Based Care</i>	Medium	Low	Medium	High	
<i>Snenhlanhla Home Based Care</i>	High	High	Medium	High	
<i>Gugulogama Youth Sisonke</i>	Low	High	Medium	Medium	
<i>Umusa Community Project</i>	Medium	High	Medium	Medium	
<i>Khula Nathi African Atlas Men's Forum</i>	High	High	High	High	

Table 11 Analysis of the Mapped Stakeholders

Table 12 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. Of the organisations mapped, 6 demonstrated high relevance and a clear perspective they offer, as well to understand their relationship to GBVF.

Interestingly SANCO, which is Civic organisation is leading the GBVF fight in Emalahleni. 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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