



SOLIDARITY FUND GBV II REPORT (Part 1)

The need for catalytic solutions to bring about sustained and systemic change

DESCRIPTION	AMOUNT
GBV II	R75 000 000

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INTRODUCTION: GBV I, GBV II AND LANDSCAPE OVERVIEW

The Solidarity Fund is a rapid-response fund established to provide health and humanitarian relief to communities affected by the COVID-19 pandemic, and to help mitigate the negative outcomes of lockdown in South Africa. The fund channels its involvement and financial assistance across three pillars, namely Health; Humanitarian Relief; and Behaviour Change and Communications. Under the Humanitarian Relief pillar, the Fund prioritised food relief and responses to gender-based violence (GBV). The Fund responded to GBV in two phases.

During the first national COVID-19 lockdown, the Solidarity Fund enabled a rapid and targeted response to GBV and the challenges faced by women and children during that time. The aim of the second GBV intervention, which is elaborated on in this report, was to implement more catalytic solutions. This was intended to bring about systemic and sustained change, and provide support to grassroots community-based organisations (CBOs) that deliver GBV-related services.

Consultation with various stakeholders revealed that the uncertain economic climate made organisations that offer GBV-related support services particularly susceptible to financial shock. To ensure rapid but sustained impact and to continue offering services to vulnerable families, existing CBOs and catalytic organisations required financial support.

GBV: South Africa's other pandemic

GBV is highly prevalent¹ in South Africa, and President Cyril Ramaphosa has described it as the country's 'second pandemic'. South Africa has the highest levels of femicide in the world (12/100 000 people; compared to 2/100 000 globally). Over half (56%) of women who are killed are murdered by their intimate partners, and 20% of women who are killed were also raped.

Rates of violence against children (VAC) are also high. Some 35% of young people have experienced some form of sexual abuse in their lifetime, and one out of three women who are physically and/or sexually abused, experienced sexual abuse as a child. Some 46.6% of women who were raped had also been sexually abused as children. Only 8.6% of rape cases reach a guilty verdict, and the various accounts of secondary victimisation of GBV victims underscore systematic failures to protect, support and attain justice for GBV victims.

¹Source 1: Republic of South Africa, National Strategic Plan on Gender-Based Violence & Femicide: Human Dignity and Healing, Safety, Freedom & Equality in our Lifetime, 2020.

Source 2: Shai, N., Structural Drivers of Gender-Based Violence and Femicide in South Africa: Presentation for the National Planning Commission, 29 June 2020. Source 3: Gibbs A, Dunkle K, Ramsosmar L, Willan S, Shai N, Chatterji S, Naved R, Jewkes R., (2020), New learnings on drivers of men's physical and/or sexual violence against their female partners, and women's experiences of this, and the implications for prevention interventions, Global Health Action, 13:1, from the What Works global programme.

The COVID-19 lockdown exacerbated both the challenges and causes of GBV, and constrained victims' ability to seek support and, conversely, for organisations to provide support. Reasons for this included:



The economic downturn that resulted from lockdown: This phenomenon led to many women becoming increasingly dependent on male partners, which further exposed them to abuse. As poverty and unemployment increase, so too does the vulnerability of women and children to violence.



Restrictions on movement during the initial lockdown levels: When public transport became limited, women and children were compelled to consider riskier transport options, such as walking alone or taking emptier taxis. Women and children who were already exposed to domestic violence, in particular, were also unable to escape violent home situations, as lockdown prohibited citizens from being outside during certain times without a permit.



Police behaviour in enforcing lockdown regulations: Police brutality, and the empowerment of the police to enforce COVID-19 regulations, further normalised and exposed children to violence. The fear of encountering police outside of one's residence without a permit further restricted women and children from seeking help from abuse.



School closures: For many children, schools are a safe space. Being unable to attend school puts children at a higher risk not only of violence in the home, but also of food insecurity and malnourishment, as many South African children depend on school-based food schemes.



The threat to grandparent-headed households: South Africa has a disproportionately high number of grandparent-headed households, which is partly as a result of the HIV-AIDS pandemic. The COVID-19 pandemic posed and continues to pose a significant risk to the deterioration of these households; and an increase in the number of orphans.



Limited support services and resources: Lastly, many services like shelters and clinics were temporarily closed, or were only able to offer limited access during lockdown. This was either in order to comply with social-distancing protocols, or related to insufficient funds or personal protective equipment (PPE). Vulnerable groups were therefore unable to get the help they needed.

In response to these challenges, the Solidarity Fund implemented two support interventions, respectively named GBV I and GBV II. The first GBV intervention aimed to identify programmes and NGOs with existing capabilities to fight this scourge by augmenting and supporting their activities. The Solidarity Fund's Humanitarian workstream – together with Global Health Strategies (GHS) and Genesis Analytics – conducted a landscaping exercise to identify and cost several immediate and impactful interventions. The final beneficiaries and interventions were based on stakeholder interviews conducted during the rapid-assessment process. From June 2020 to March 2021, the most urgent needs and interventions were:

1. Scaling up support to the national GBV Command Centre (GBVCC) Helpline by capacitating newly appointed staff, along with an additional cohort of newly appointed social workers to provide GBV services in GBVCC-selected provinces
2. Support in the funding, procurement and distribution of critical PPE for 78 shelters under the National Shelter Movement (NSM), including masks, gloves and sanitiser. Transport to shelters was also provided to enable people to access critical medical services related to COVID-19 during the lockdown in South Africa
3. Support in funding, procurement and distribution of critical medical supplies to 55 Thuthuzela Care Centres (TCCs), such as rape kits and PPE including masks, gloves and sanitiser.

A total of R19 737 776 was spent on these interventions.

This Solidarity Fund undertook this rapid response to meet the urgent needs of GBV service providers. However, further efforts were required to address structural challenges in the GBV landscape, and to bring about sustained impact beyond the first intervention. **As a result, the Solidarity Fund recognised the need to fund a second, larger intervention to meaningfully address GBV in South Africa. Known as GBV II, this intervention is elaborated upon in this report.**

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OVERVIEW OF APPROACH

Six-step approach to solution-building and operationalisation

To meet the needs of South Africans – and South African women in particular – the Solidarity Fund conducted research to enhance its understanding of GBV in South Africa, and to design and implement effective solutions to curb this scourge.

Genesis Analytics, funded by the Bill & Melinda Gates Foundation, assisted the Fund in building solutions for sustained impact in addressing GBV. Apart from ongoing stakeholder consultation, Genesis followed a six-step approach to assist the Solidarity Fund in channelling funds with both speed and impact. These included:

1. Conducting a landscaping exercise of GBV in South Africa to identify failures in the broader ecosystem.
2. Identifying and mapping the ecosystems of three focus areas:
 - a. Strengthening preventative measures;
 - b. Enhancing the criminal-justice system; and
 - c. Sensitising and training the police force.
3. Identifying existing and new interventions that can be built into broader solution development.
4. Developing a theory of change (ToC) for each focus area to outline a causal results chain for creating sustained impact through a series of interventions.
5. Assessing possible interventions according to a matrix to measure potential for sustained and scalable impact. (The ToC and the assessment framework proved useful in determining which interventions were prioritised.)
6. Developing, operationalising and costing a structured solution for Solidarity Fund's approval.

Importance of joint solutions (stakeholder consultations)

To ensure that the Solidarity Fund's contribution to fighting GBV was based on the needs of the sector – as well as being evidence-based, and complementary to ongoing, external efforts – the Solidarity Fund conducted extensive research and relied on leading voices and experts.

It was critical to achieve stakeholder buy-in through collaborative solution-building and, in this way, to establish unity in approach. Though fighting GBV is often considered a contested space in South Africa, there are thousands of passionate and dedicated voices who seek to address different parts of the problem; whether through prevention, response, advocacy or research. It would have been remiss not to leverage the decades of expertise in this space. As such, stakeholders from various backgrounds, organisations and levels of implementation were consulted at each step of the understanding, solution-building and operationalising phases. The tables below summarise the different voices who contributed to this intervention:

COMPREHENSIVE LIST OF STAKEHOLDERS	
Organisations	Stakeholder
WISE	Brenda Madumise
Office of the Presidency	Sibongile Mthembu
HILL Justice	Adam Oxford
Institute for Security Studies	Chandre Gould
Dept. Women, Youth and Persons with Disability	Esther Maluleke
Various civil society networks	Joan van Niekerk
COPESSA	Nobulembu Mwanda
UN Women	Anne Githuko-Shongwe Loveness Nyakujarah
TLAC	Welekazi Stofile

Organisations	Stakeholder
Research	Lisa Vetten
Institute for Security Studies	Penny Parenzee
Soul City (Hi rainbow)	Usdin Shereen
Childline	Lynne Cawood
National Associate of Child and Youth Care Workers	Zeni Thumbadoo
Mariam Mangera	GBV Prevention Network
Izwi Lami Survivors Support Health e-News	Kim Harrisberg
Amnesty International	Andrew Chinnah
UNISA Forensic Criminology Department	Marietjie Fourie
SAPS: Strategic Management Component	Brig. Craig Mitchell

This list was later narrowed down to form the GBV Technical Advisory Group (GBVTAG), which was consulted during stakeholder workshops I and II, as will be described below.

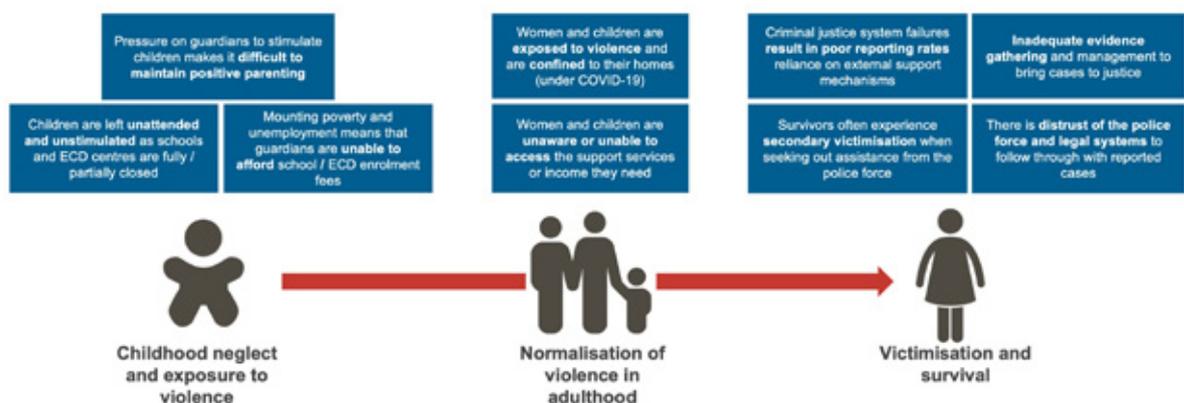
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FOCUSING OUR EFFORTS AND ALIGNING THE NATIONAL STRATEGIC PLAN

Genesis Analytics consulted with stakeholders on an individual basis to understand the GBV context of each focus area. **Initial consultations** with experts helped the team to understand the specific challenges of the three strategic focus areas, and particularly in the context of COVID-19 lockdown conditions.

Through these one-on-one consultations with sector experts, the team established the rationale for each of the strategic focus areas and identified a preliminary set of solutions for consideration. Referrals informed who was to be included in these consultations. Below are some of the insights gained.

Understanding GBV as an ecosystem challenge



The prevalence of GBV is a complex socio-economic issue that is systemically entrenched and perpetuated during various life development stages. Far too often, this is the result of exposure to GBV during childhood, to normalisation in adulthood, and leading to further victimisation later in life. Many studies have found that being exposed to and experiencing violence during childhood is strongly associated with becoming a perpetrator or victim of GBV in adulthood. This often drives acceptance and the social learning of violence, as violence is normalised in adulthood, which then leads to perpetuation or victimisation.

The COVID-19 lockdown has exacerbated each of these steps. Children are left unattended and unstimulated when schools and early childhood development (ECD) centres are full, inaccessible (financially or otherwise), or closed (such as during lockdown). Together with mounting poverty and unemployment, this puts pressure on guardians to keep children stimulated and engaged, which makes positive parenting more difficult.

Furthermore, lockdown left women and children more exposed to violence and confined to their homes, which complicated access to support services or an income. When seeking assistance from the police, survivors often experience secondary victimisation, which is compounded by distrust in the police force and legal systems as regards follow-through with reported cases. Yet there are also opportunities to address these challenges by preventing exposure to violence in childhood; preventing the normalisation of violence; empowering survivors; and improving the efficiency and effectiveness of reporting and case resolution.

This could mean providing positive-parenting programmes to parents and guardians; providing children with support services and/or safe spaces; and creating payment or voucher mechanisms to subsidise ECD or school-enrolment fees. To prevent the normalisation of violence, a reduction in the exposure to secondary victimisation is needed, which includes minimising dependency on inadequate policing. Using existing digital solutions could help to reduce the burden of engagement with the criminal-justice system, while improving access to meaningful justice for victims would help to restoring trust in the criminal-justice system.



Focus areas in addressing GBV

Based on a review of the National Strategic Plan (NSP) on GBV, and in consultation with key experts and stakeholders, the following three strategic areas were identified to focus efforts for solution development:

1. Strengthening preventative measures to curb the incidence of GBV in South Africa;
2. Enhancing the capability of the criminal-justice system to effectively manage and prosecute GBV cases; and
3. Sensitising, training and supporting the police force to more effectively provide support that meets the needs of GBV survivors.

Insights per focus area

Prevention

As mentioned, children who are neglected and exposed to violence are more likely to experience violence again as adults. To dismantle the underlying risks of violence and have a long-lasting impact on GBV prevention, interventions need to focus on breaking the cycle of violence.



Child protection and family-support services are a critical prevention measure to curb GBV in South Africa. Yet there are barriers that stop children or families from accessing support services; and financial and technical needs that challenge the operationalisation of protection services. These include, for example, the unequal distribution of psycho-social support services (with a concentration in urban areas). Women who live in households that are unable to afford ECD/child care enrolment fees are also limited in their ability to participate in the economy or achieve economic power, because they need to stay at home. Small, community-based organisations often lack the skills and capacity to develop, implement and monitor employee- and client-safety protocols to minimise COVID-19 transmission risk, making them ineligible to resume services.

Based on these examples, the following two opportunities were identified to galvanise GBV-prevention efforts in the country:

1. Improved access to child protection and family-support services; and
2. Coordinated technical assistance for evidence-based, violence-against-children (VAC) prevention programmes to ensure business continuity, scale-up and sustainability.

Access to justice

The failure of the criminal-justice system to effectively address GBV in South Africa occurs within an ecosystem of shortcomings that occur at critical points in a victim's cycle of abuse: including when seeking help, when abuse is reported, during case processing and conviction, and when survivors need to return to their homes or normal lives. Given their fear and experience of secondary victimisation² when reporting abuse; and the distrust of the criminal-justice system to successfully convict perpetrators (only 8.6% of cases brought to the courts are successfully convicted³); victims are often hesitant to engage the justice system to seek help. But if these crimes are not reported, perpetrators can continue to engage in abuse or assault, and the incidence of GBV remains unchanged.



During the 'understanding' phase of this focus area, several traditional and digital solutions available to victims were identified to be strengthened. This was intended not only to make it easier for women to access the justice system, but also to address various systemic shortcomings with regards to ill-management of evidence and case data.

Interventions in this area focused on providing support through Mobile Network Operators (MNOs) to reduce barriers or provide funding for existing digital platforms to be integrated into the larger criminal-justice system or mobile functions.

²Secondary victimisation refers to the attitudes, processes, actions and omissions that may intentionally or unintentionally contribute to the re-traumatisation of a person who has experienced a traumatic incident. Source: Department of Justice and Constitutional Development. 2006. South African Service Charter For Victims Of Crime Conceptual Framework: Understanding The Victims Charter.

³Source: South African Medical Research Council.

The failure of the criminal justice system to effectively address Gender Based Violence in South Africa occurs within an ecosystem of shortcomings at critical points in a victim's cycle of abuse

4 Putting the pieces back together

- Often survivors are forced to face their abusers again with little shown for their pursuit of justice.
- The trauma often experienced requires long term psychosocial and empowerment support to overcome
- Family life, career prospects, and mental wellbeing are severely affected

3 Case processing and conviction

- *8.6% of cases brought to the courts are successfully convicted.
- Inadequate evidence gathering and management is a major contributor to low conviction rate
- Justice is not delivered and the process results in further disempowerment of victims

1 Seeking help

- Breaking the cycle of abuse requires the empowerment of victims to come forward.
- Distrust in police and the legal system results in survivors relying on underfunded NGOs heavily for support
- There are very few effective options for seeking emergency help and removal from violent situations

2 Reporting abuse

- *2.1% of women raped by an intimate partner report the incident to the police.
- *7.8% of women raped by a stranger or acquaintance report the incident to the police
- Where reporting does occur, victims are exposed to additional trauma and overly burdened in the reporting process.
- Evidence gathering is inadequate and access to healthcare for assessment and support is limited



*Based on research from the South African Medical Research Council

Police sensitisation

As the first responders to cases of assault or GBV when victims report to a police station or telephonically, police officers are responsible not only for gathering evidence, providing legally correct information, ensuring survivors obtain medical treatment and finding them suitable accommodation,⁴ but also for making the victim feel safe, not intimidated, and taking into consideration challenges that the victim may experience when giving a statement (e.g. language barriers, shock and fear). Unfortunately, this is not how the majority of victims experience interactions with the police force. This, in turn, creates distrust and stops victims from seeking help or reporting.



Police intimidation, weak dedication to GBV efforts and secondary victimisation are considered to be symptomatic of deeper, root problems. These include the normalisation of police brutality due to its long history in South Africa; unresolved trauma and frustration that police officers suffer from and may unintentionally act on; and other issues – such as unequal gender norms – which may condone violence against women and devalue women's voices (and thus experiences of GBV).

Stakeholders reported that this is a complex problem in the GBV ecosystem, which is not easily addressed. Yet there have been several interventions in this regard. Recently, 5 000 police officers received training on GBV-related topics to sensitise them to victims as part of the Emergency Response Action Plan (ERAP). Other interventions include the South African Depression and Anxiety Group's (SADAG) Frontline helpline, which provides psychological support to traumatised police officers.

Opportunities in this area include expanding these, or channelling victims to civil society volunteers or NGOs for assistance, rather than directly dealing with police officers.

⁴Source: Tracey-Themba, L. 2020. Police and courts must do more to reduce gender-based violence. Institute for Security Studies. Newsletter, 13 July 2020.

Building and assessing interventions

Based on the insights gathered for each focus area, a series of interventions were designed to address the failures of the GBV-ecosystem. This was again based on research and extensive stakeholder consultation to build on existing initiatives and facilitate buy-in from various actors in the field.

Stakeholder Workshop I took place on 29 July 2020 and sought to build a 'universe of solutions'. Key stakeholders were invited to participate in this workshop over Zoom. During this session, the rationale for each of the strategic focus areas and the identified preliminary solutions were presented and refined. These interventions were designed to achieve the following objectives:

1. Address ecosystem failures in overcoming GBV to bring about sustained medium- to long-term impact;
2. Craft a relevant response that overcomes GBV challenges related to the COVID-19, while also taking a longer-term view in addressing the structural failures that enable the ongoing GBV epidemic;
3. Activate partners in the implementation of solutions and catalyse a broader response from stakeholders to collaboratively develop solutions mechanisms; and
4. Support key elements of the NSP on GBV.

The Solidarity Fund was present at this workshop to answer questions from stakeholders regarding the purpose and lifespan of the Fund's efforts in the context of GBV.

Assessment framework

Each intervention was developed based on the above criteria with input and feedback from stakeholders. Next, the interventions were analysed through the lens of an assessment matrix, with scoring based on the following criteria:

1. Potential for sizeable impact and improved outcomes;
2. Potential for continued financing/attention following SF support;
3. Potential for partner activation and ownership;
4. Potential for private-sector engagement;
5. Potential rapid mobilisation and operationalisation; and
6. Potential for achieving unity in response, aligned to the Solidarity Fund's objectives.

As can be seen in the matrix template below, low potential for the above criteria was marked with red; medium potential was marked in yellow; and high potential was marked in green. Once scored, the interventions to be prioritised became more apparent.



Figure 1: Assessment matrix template

Proposed intervention	Potential for sizeable impact and improved outcomes	Potential for continued financing/ attention after SF support	Potential for partner activation and ownership	Potential for private sector engagement	Potential rapid mobilisation and operationalisation	Potential for achieving unity in response
A	High	Medium	High	High	High	High
B	High	High	High	High	High	High
C	High	High	High	High	High	High

Low Medium High

Workshopping solutions with stakeholders

After the universe of interventions were internally assessed, these matrices were again presented to stakeholders.

Stakeholder Workshop II took place on 5 August 2020 and sought to identify opportunities, barriers and the potential impact of proposed solutions. A slightly expanded list of key stakeholders were invited to participate in this workshop, hosted on Zoom. The purpose of the workshop was to go through the assessed universe of solutions, and identify the opportunities and barriers for each of the solutions. Thereafter, participants were asked to rank the sustainable impact of the solutions as low, medium or high to further guide prioritisation. This allowed the refinement of the scoring of solutions against the assessment matrix, and building out the best-scoring solutions. The workshop was conducted in an interactive manner using Mural.

As an example, see below the Mural exercise with stakeholders after Workshop II for focus area 1 – ‘strengthening preventative measures’.

Figure 2: Mural outcome for ‘prevention’ (focus area 1)

OPPORTUNITIES				BARRIERS				LIKELIHOOD OF SUSTAINED IMPACT
STRATEGIC FOCUS AREA 1: STRENGTHENING PREVENTATIVE MEASURES TO CURB THE INCIDENCE OF GBV IN SOUTH AFRICA								
1) Fund training for safety educators to deliver online services	Should include training community educators, women's educators and home-based care givers working in close contact with service users.	There is a huge need for this, particularly under COVID-19 conditions.	Link this to the solution below of providing data vouchers.					High
2) Provide online data vouchers to counsellors and users	Can be linked to the training and delivery of online services.	MNOs can support this solution						High
3) Design BCO vouchers to cover recruitment fees	Critical area if we consider the number of women who have lost their jobs.	Practical operational solution and could get companies to come on board to subsidize vouchers.	A number of organisations with existing initiatives that can support and sustain this solution. Haveno Women's Foundation and eSisa.	ETDP/GETA funds BCOs so may be a useful partner for developing a sustainable solution.	Consult the help desk to understand the extent of the need for this, and the ETDP/GETA database and the fund distribution database.			High
4) Create local GBV Community Watch	Move action away from formal big structures.	There is a strong history of a Female Empowerment and High Research shows that many residents can be recruited at the local level and members of the community often are more professional.	Potential to work with FBOs. UN Women has been working with FBOs to map out community structures.	UN has done work on lead health groups – responding in real time to situations on the ground. But this requires formalisation.				Medium
5) Align with community action activities	There is a robust ongoing campaign as part of the NCP and there has been a lot of work already in identifying key areas for writing tenders.	Need to bring government and civil society together. Can also utilise the creative industry.	Communication needs to be grounded in SBCC approaches. The current campaign under the NCP is aligned to this.	Communication needs to be evidence based, focus on women and register citizens. Consider the challenge, the severity of the situation.	Should operate organisations to raise awareness, which is less likely to happen under COVID conditions.	Possibility to source needs through community organisations – helping to empower women.	Previous approach has been spiky and only.	High
6) Link donors and national funding to become continuity	Need to create a strong partnership with donors and national funding to become continuity.	This could be the next phase of the GBV funding support.	UNWOMEN has a strong plan for understanding which organisations are in need. UN Women also has a list of interested organisations.	National Lotteries has a program where established orgs monitor their ones.				High
7) Distribute funding to GBV organisations to deliver	MNOs need to be funded and to have a strong relationship with donors and national funding to become continuity.	Can do this for the above solution for sustainability, once you have secured the funding, it is important to link them to the organisations that are currently in need of funds.	GBV Clinics, but foundation South Africa could be useful in working organisations to be successful. There is a strong history of this and an existing infrastructure of funds.	Everything like the GBV and MNOs are not able to operate. There is a strong history of this and an existing infrastructure of funds.				Medium
8) Support existing programmes for longer among perpetrators			Critical area if we consider the number of women who have lost their jobs.					Low

Outcome of assessments

Stakeholder inputs proved tremendously valuable in identifying opportunities to enrich or strengthen proposed solutions. For instance, interventions that may have seemed insignificant or lacking potential for impact were shown to be impactful if implemented across the focus areas. At the end of the workshop, the following four interventions were shortlisted to be presented to the Solidarity Fund's TAC for final selection and approval:

1. Providing ECD financial assistance to mothers/guardians in low-income communities to cover enrolment fees;
2. Providing financial support to organisations providing GBV-related support and services to ensure the continuation of services;
3. Supporting the innovation and scale-up of digital solutions that improve the reporting ecosystem from the perspective of victims; and
4. Supporting the rollout of a national communication campaign aligned to the NSP to raise awareness of the services available to victims, and to drive social behavioural change.

The outcome of the comprehensive scoping exercise was the prioritisation of a single intervention for the Solidarity Fund to pursue.

04

OVERVIEW OF PRIORITISED SOLUTION

High-level overview

Based on extensive research, stakeholder consultation and alignment with the Fund's mandate, the Solidarity Fund TAC prioritised 'Providing financial support to organisations providing GBV-related support and services (prevention, response and access to justice) to ensure the continuation of services'.

With a budget of R75 million (comprising R50 million from the Solidarity Fund Humanitarian envelope, and an R25 million grant from the United Kingdom government), it was anticipated that around 350 organisations countrywide would receive funding to continue their much-needed work addressing GBV.

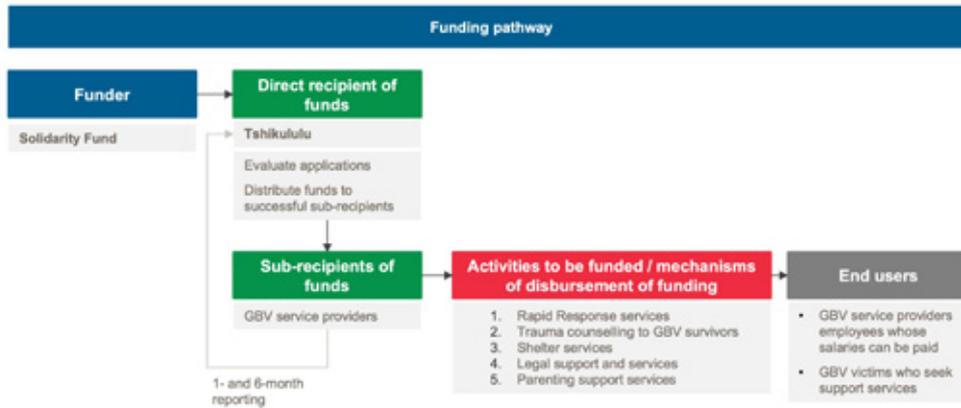
Intervention objectives

This intervention aimed to provide funding to organisations that offer GBV-related support and services, but which have been financially impacted by COVID-19, lockdown and the state of the economy. The rationale was that if organisations could stay afloat in the short term, it would increase the possibility of them staying open in the long term.

The majority of these organisations are run by women, whose ability to earn an income was also threatened by limited finances – especially in community-based organisations (CBOs). Women's financial independence reduces the risk of GBV and child neglect in tough economic times, and increases victims' willingness to seek help and report incidents, which further reduces the prevalence of GBV. Organisations are able to cover salaries, operational costs and project-implementation costs. When the financial burden is reduced, it improves an organisation's service-delivery capability and ensures continued access to services for victims. In this sense, it is not only non-profit organisations that benefit, but also the non-profit sector more broadly, the female workforce and vulnerable communities seeking GBV-related support and services.

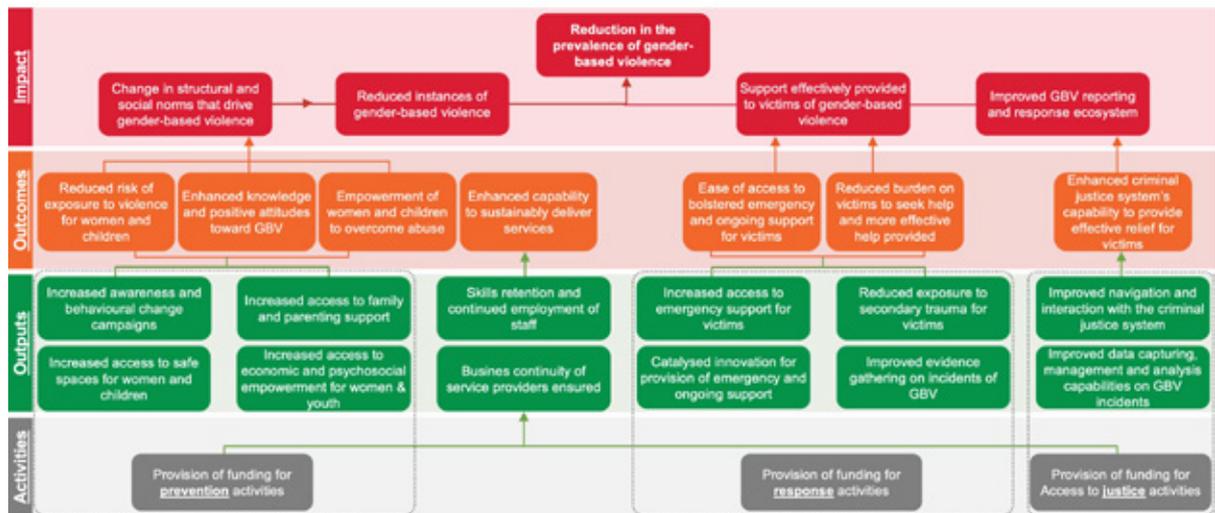
A structured overview of the funding pathway for this intervention is demonstrated below, with the Solidarity Fund as the funder and Tshikululu as the facilitator of the application process and feedback from organisations.

Figure 3: Funding pathway of the chosen intervention



Theory of change: how the intervention will achieve impact

Figure 4: The theory of change of the chosen intervention



The above theory of change (ToC) was developed to provide an overall logic model, outlining the impact pathway the fund has taken to reduce the prevalence of GBV in SA. By funding activities in GBV prevention, GBV-response services and access to justice for GBV survivors, this would likely ultimately contribute to a reduction in the prevalence of GBV if the normalisation of violence is prevented, effective support is provided to survivors, and there is an improvement in the criminal-reporting systems.



OPERATIONALISING SOLIDARITY FUND SOLUTIONS: PROVIDING FUNDING TO GBV SERVICE PROVIDERS

To identify the most deserving CBOs and non-profit organisations (NPOs) involved in the delivery of services to combat GBV, and to disburse appropriate funding to these organisations, the Solidarity Fund needed to identify an implementation partner.

It was essential for this implementation partner to possess expertise in fund management and distribution with robust governance structures in place. A demonstrated track record in designing, operating and managing funds intended to achieve large-scale socio-economic impact was also critical.

With support from the Solidarity Fund's TAC, expert stakeholders and Genesis Analytics, Tshikululu Social Investments was identified as a capable and preferred partner. Tshikululu had previously provided support services to the Solidarity Fund on a pro bono basis during the Fund's inception and as part of Phase 1 activities. However, it was determined that support provided by Tshikululu for this intervention would be completed on a drastically discounted basis. Some 5% of the overall envelope would be necessary to cover the operational and implementation expenses associated with disbursing funding.

Defining the intention of funding

As a rapid-response fund that also seeks to bring about catalytic change, this opportunity had to service GBV-related organisations of various sizes. Smaller, or more informal organisations, often miss out on traditional funding opportunities. For this reason, two funding buckets were created: one for CBOs, and another bucket for organisations that address GBV through catalytic and systemic investments.

To reach a significant number of CBOs that provide important grassroots services, but which may not be fully equipped to meet the strenuous requirements associated with funding, the application process, funding allocation, funding envelopes, areas of support, and eligibility criteria were different for these two types of organisations, as outlined below.

Ensuring inclusivity and accessibility in the application for, and allocation of, funding

Application process: The Solidarity Fund used the following platforms to reach organisations and invite them to apply for funding:

1. GBV media networks and forums;
2. Solidarity Fund and Tshikululu digital and social media platforms (including respective websites, and Facebook, LinkedIn and Twitter accounts);
3. The NGO Pulse portal;
4. Circulation to trusted partners with networks/reach (a) within the sector; and (b) of CBOs in particular;
5. The TAC, consulted stakeholders and the Selection and Evaluation Panel (SEP) who formed part of this project;
6. Communication campaign (especially for more rural-based organisations); and
7. An official Solidarity Fund press release.

Organisations could submit applications through the Solidarity Fund website (via an online application platform called Cognito). CBOs had the additional options of applying through:

1. A WhatsApp-based chatbot, which was developed by Genesis Analytics' Centre of Digital Excellence (CODE) team for this purpose. (Organisations would complete the application for funding by answering questions through WhatsApp); or
2. Email, which meant they had to download, complete and send the application form and required documents.

As on-the-ground staff could not be funded to find and support CBO applicants, a toll-free helpline was established to assist applicants through the process.

Available funding: Some 75% of the available funds was initially allocated to CBOs (~R53 million) and 25% to catalytic organisations (~R18 million). Selected CBOs would be able to receive once-off funding of between R50 000 and R250 000, whereas catalytic organisations could receive a larger once-off amount of between R500 000 and R1 million. This would mean that more CBOs would receive funding than larger, catalytic organisations.

Importantly, funding allocation per province was not predetermined, and the allocation of funding across provinces was determined according to the applications received. This was intended to ensure coverage of the entire GBV landscape, also across geographies. For this reason, 50% of available funding was intended to be allocated to qualifying organisations operating in informal settlements; 30% to qualifying organisations operating in rural areas; and 20% to qualifying organisations operating in urban areas. Though this was not exactly the outcome, this intention helped to guide the selection and evaluation process.

Areas of support: CBOs shortlisted for funding worked in GBV prevention, response, or supporting victims to access justice. Funding for catalytic organisations also included organisations that work in research, advocacy or policy, development, piloting or scale-up of digital solutions and other innovations, feminist movement-building efforts, capacity-building of the criminal-justice system, or community-level response.

Eligibility criteria: The eligibility criteria for catalytic organisations were slightly more rigid than for CBOs. CBOs needed to submit proof of NPO registration with the Department of Social Development (DSD), evidence of track record (e.g. in the form of a letter from a local ward councillor, or a report from a previous donor), FICA documents, and six months' bank statements, while catalytic organisations had to submit a Public Benefit Organisation (PBO) letter from the South African Revenue Service (SARS), broad-based black economic empowerment (BBBEE) certificates (where applicable), and audited annual financial statements. It is also worth noting that organisations which received funding from the DSD were not excluded from this funding opportunity on this basis.

Operationalisation process

Overview of the process with role players

Genesis and the Solidarity Fund partnered with Tshikululu Social Investments to co-create a four-phase process for operationalisation. These phases, with some important considerations along the way, are illustrated below.

Figure 5: Four-phase process for operationalisation

Phase	Preparation and application window	Screening and shortlisting	Adjudication and approval	Monitoring and reporting
Overview	<ul style="list-style-type: none"> SF press release Finalising application forms and platforms Announcing and releasing calls for proposals 3-4 week application window for CBO and catalytic/systemic calls 	<p>Based on agreed criteria:</p> <ul style="list-style-type: none"> Screening for eligibility by Tshikululu (begins during application window) Shortlisting applicants for approval (after window closes) 	<ul style="list-style-type: none"> A selection & evaluation panel (SEP) reviews shortlisted applicants (separate sessions for CBO versus systemic call) SEP provides final approval 	<ul style="list-style-type: none"> Grantees report back to Tshikululu: <ul style="list-style-type: none"> After 3 months and 6 months (CBOs) Quarterly (x3) until end 2021 (systemic) Tshikululu provides regular updates to SF
Considerations	<ul style="list-style-type: none"> Timeline is structured so that screening and shortlisting isn't happening for both calls completely simultaneously CBO call is prioritised, so happens first Planned date for opening application window depends on: Finalisation of two application channels (WhatsApp & Online) Finalisation of call centre support for applicants 	<ul style="list-style-type: none"> A high volume of applications is anticipated for the CBO call. All applications received before the deadline will be considered, so early screening will focus on declining applications that are clearly ineligible for shortlisting Structured for minimise overlap of calls for screening team and selection committee Aim to complete shortlisting by end of 2020 (which could be announced by SF before holidays) 	<ul style="list-style-type: none"> Calls are not first-com-first-serve, so SEP will need to consider and compare all shortlisted applicants, rather than making decisions in stages Aim for SEP to make all final decisions by end of Jan 2021 	<ul style="list-style-type: none"> Timeline is based on payments being made and implementation beginning in January/February The Fund is expected to close at the end of 2021, so partners' final reports will be submitted in November 2021 (and a close-out report submitted to SF in December)

Tshikululu conducted a screening and shortlisting process to effectively manage a large number of anticipated applications. During the screening process, ineligible applications were removed from consideration so that the remaining applications could be assessed in detail during the shortlisting phase. A selection and evaluation panel (SEP) was established to participate in the adjudication and approval phase of the intervention when shortlisted recommendations were reviewed for approval.

Selection and Evaluation Panel (SEP)



Mandate

The SEP was mandated to make an impartial assessment of applications and decide on the approval of funding for recipients based on certain criteria applicable to either CBOs or catalytic organisations.



Selection

The SEP was selected by the Solidarity Fund Executive Committee (ExCo) based on their reputable technical expertise in GBV policy, programming and services; management and grant funding; and their demonstrable dedication to improving the lives of South African people.

Their panel members come from civil society, advocacy, research, the private sector and international development organisations operating in South Africa. Their backgrounds include social work, education, business development and law.



Representatives

The SEP was chaired by **Dr Nwabisa Shai**, Specialist Researcher at the South African Medical Research Council (SAMRC) Gender and Health Research Unit. She is also an honorary senior lecturer at the School of Public Health at the University of the Witwatersrand, and a Drive Group Member for the Violence Prevention Forum. Other members included:

1. **Dr Anne Letsebe**, Chairperson of the Zenzele Development Programme at the Women's Development Bank Trust (WDB);
2. **Advocate Brenda Madumise-Pajibo**, Director of Wise 4 Afrika, an advocacy organisation and social enterprise;
3. **Elizabeth Dartnall**, Executive Director of the Sexual Violence Research Initiative (SVRI);
4. **Joan Moeketsi**, Component Manager for the South Africa Partnerships for Prevention (PfP) of Violence against Women and Girls in Southern Africa at GIZ;
5. **Nomvula Nxumalo**, then Head of Transformation at MiWay Insurance;
6. **Thoko Mpumlwana**, Board Director of Gender Links, a Southern African women-rights organisation.

OUTCOME AND REFLECTION

Applications for the CBO call for funding closed on 18 November 2020, while the application window for systemic funding closed on 25 November 2020 – ensuring that both applications were open for a sufficient period. Both rounds of applications received considerable attention from GBV service organisations throughout the country, ensuring geographic coverage, both rural and urban coverage, as well coverage across services provided in prevention, response and access to justice.

Overview of applications received

In total, 1 143 applications were received through the systemic and CBO funding windows. To process this high volume, Tshikululu reviewed each application with supporting documentation to assess firstly whether all the required information had been provided, and secondly the potential for impact. Applications that did not supply all of the required documentation, or which failed to meet minimum requirements, were screened out.

Submissions deemed eligible for further consideration by the SEP were proactively categorised as high, medium, or low potential based on:

- The strength of the application to realise meaningful impact in communities that are in need,
- Feasibility of delivering on intended impact, and
- Their financial track record.

A recommended funding amount was also provided to help guide the SEP.

CBO funding application overview

Overview of CBO window applications

Prescreening outcomes	Number of applicants	Recommended Funding
High potential	249	R53 450 000
Medium potential	188	R28 340 000
Low potential	244	-
Screened out	359	-
TOTAL	1 020	R81 790 000

Of the 1 020 applications received through the CBO application window, only 661 applications met the minimum requirements for further consideration by the SEP. If all of the applications that had preliminarily been categorised as high and medium impact were to have been approved, this would have required funding to a total of R81 790 000 – which far exceeded the available amount of R53 000 000 allocated to the funding window.

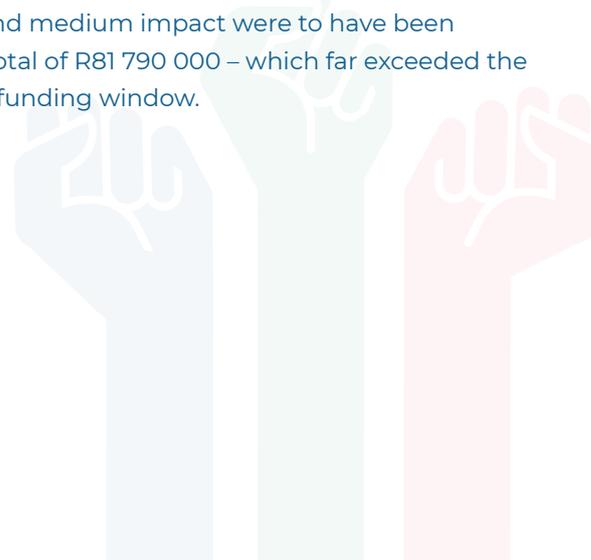
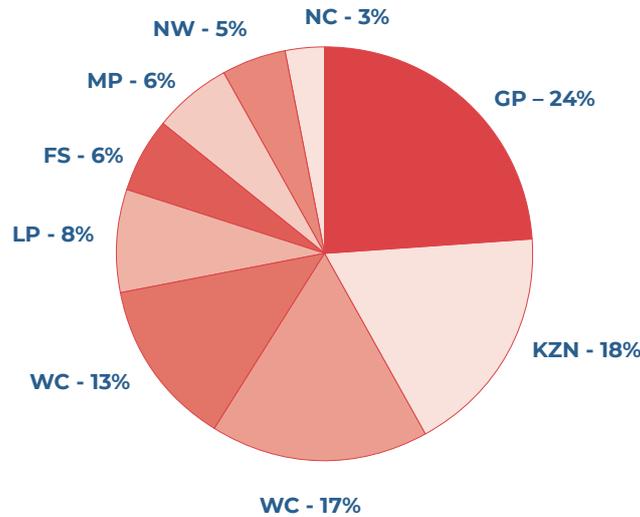


Figure 6: Provincial distribution of applicants that passed screening

Provincial distribution of applicants passing screening



Although CBO applications from organisations in all nine provinces successfully made it through the initial screening process, the majority of applications were received from provinces with major metropolitan areas, namely Gauteng, KwaZulu-Natal, the Western Cape and Eastern Cape. The Northern Cape, North West and Mpumalanga accounted for the fewest applications.

An important aspect of this round of funding was ensuring that organisations which have not had access to traditional funding mechanisms, but which were providing critical GBV-related services, would be able to secure support from the Solidarity Fund.

In order to ensure equitable and fair distribution of funding, and that applicants with limited capabilities in applying for traditional funding through traditional mechanisms were not precluded, provinces with historical underfunding for GBV services were given special consideration during the selection and evaluation process.

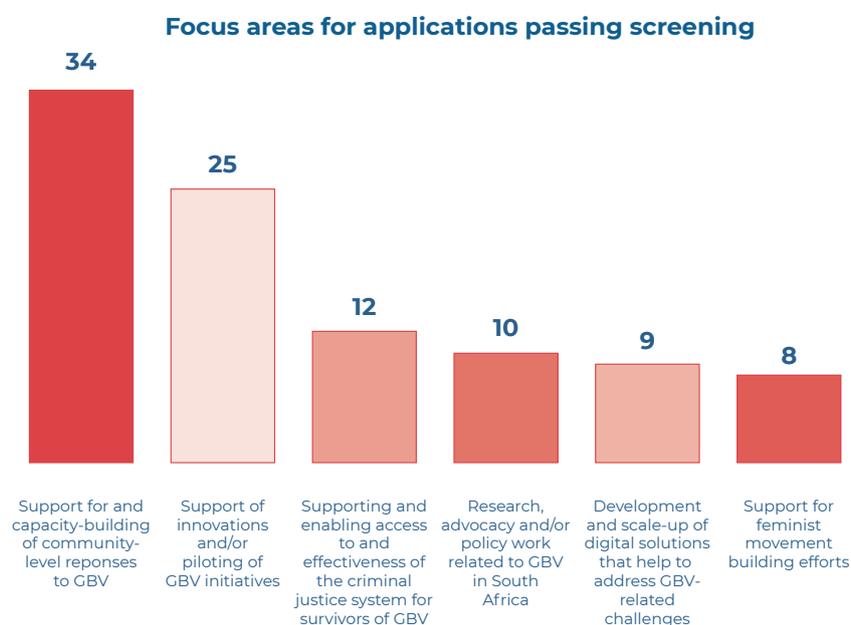
Systemic funding application overview

Overview of systemic window applications

Prescreening outcomes	Number of applicants	Recommended Funding
High potential	8	R6 905 385
Medium potential	7	R6 382 075
Low potential	25	-
Screened out	89	-
TOTAL	123	R13 287 460

Similarly to the CBO application round, all applications in the systemic round underwent a preliminary screening process to eliminate applications that failed to meet the minimum eligibility criteria, and to categorise the remaining applications into high, medium and low potential for impact. The significantly more stringent requirements for eligibility in the systemic-funding window resulted in 89 applications being screened out and 25 applications progressing for consideration by the SEP.

Figure 7: Focus areas of systemic funding applications



Systemic applications were assessed on the extent to which their proposed approach would convincingly bring about meaningful systemic change within the anti-GBV sector. The majority of applications focused on providing support and capacity-building of community-level responses to GBV. A notable portion of applications also focused on supporting innovations and piloting GBV initiatives and interventions, as well as enabling access to and improving the effectiveness of the criminal-justice system for survivors of GBV.

Disbursement outcomes

The SEP reviewed the shortlist of CBO and systemic applications, and approved those that were well positioned to meet the goals of ensuring prevention, response and access to justice to communities.

The selection and evaluation process was done virtually via three full-day sessions from 26–28 January 2021, followed by staggered two-hour meetings on 1, 2, 4 and 5 February 2021. (The SEP met for more than 20 hours in total.) Prior to each meeting, panel members reviewed each set of the applications that had been screened and shortlisted by Tshikululu Social Investments.⁵



⁵Source: Selection and Evaluation Panel Post-evaluation of Systemic and CBO calls Report. 12 February 2021.

Following the determination of the SEP on the distribution of funding, a total of 321 CBOs and 11 systemic organisations were selected to receive funding.

Disbursement outcomes: CBOs

Total funding approved	R61 250 000
Estimated beneficiaries	3 917 148
Number of benefitting CBOs	321

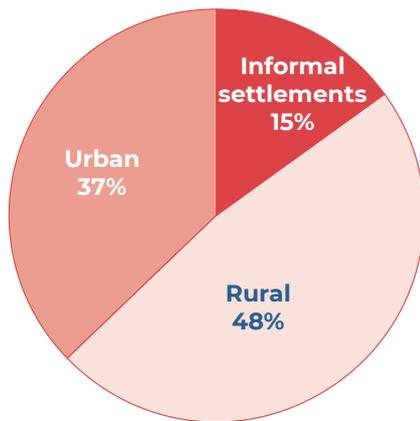
A total amount of R61 250 000 was allocated towards 321 CBOs across South Africa. In each application, organisations were requested to provide an estimate of how many people would be reached through their activities. If these estimates are utilised, the approved grants could have reached up to 3.9 million people in South Africa. However, the Solidarity Fund believes that the *actual* number of beneficiaries following the completion of the programme was substantially fewer. This is due to the fact that (a) many organisations received less funding than they requested; and (b) many organisations likely over-estimated their potential reach.

Provincial distribution of CBO funding

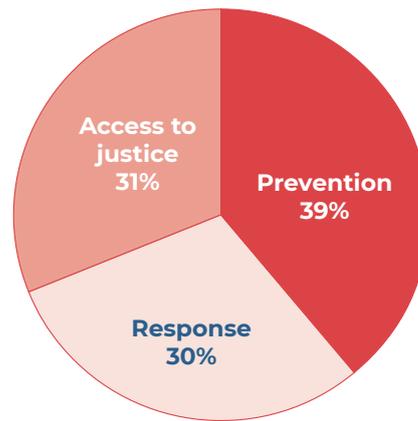
Geographical distribution		Approval rate	Funding distribution
Gauteng	64	41%	20%
Western Cape	56	49%	18%
Eastern Cape	47	54%	15%
Kwa-Zulu Natal	45	38%	14%
Limpopo	29	54%	9%
Free State	25	61%	8%
North West	20	67%	6%
Mpumalanga	18	49%	6%
Northern Cape	14	78%	4%
TOTAL	321		100%

Provinces that accounted for the majority of applications also naturally made up the majority of funding distribution. However, it is important to note that although Gauteng, the Western Cape, Eastern Cape and KwaZulu-Natal accounted for the greatest proportion of funding distribution, they also had among the lowest approval rate. Applications from these provinces had an approval rate of between 38% (KwaZulu-Natal) and 54% (the Eastern Cape). Provinces that accounted for the lowest proportion of applications also naturally received the lowest proportion of funding. However, these provinces also received the highest approval rates with Limpopo applicants scoring 54%, Free State 61%, North West 67%, Mpumalanga 49%, and the Northern Cape 78%.

Spatial Funding Distribution



Activity Funding Distribution



The CBO funding window was also able to ensure that funding was distributed equitably among organisations situated in rural areas, urban areas and informal settlements. Similarly, funding was equitably distributed among organisations providing services in prevention, response, and access to justice.

Disbursement outcomes: systemic organisations

Total funding approved	R9 991 491
Estimated beneficiaries	89 493
Number of benefitting orgs	11

In total, the systemic funding window allocated R9 991 491 to 11 organisations to support them in pursuing innovative interventions intended to bring about systemic and catalytic change in the GBV sector. Similar to the CBO applications, systemic partners were requested to estimate the number of beneficiaries to be reached. Using this, the 11 systemic partners planned to reach 89 493 beneficiaries. However, the Fund believes that *actual* reach of the systemic grants will be much greater, as the goal is to have long-term, systems-level impact.

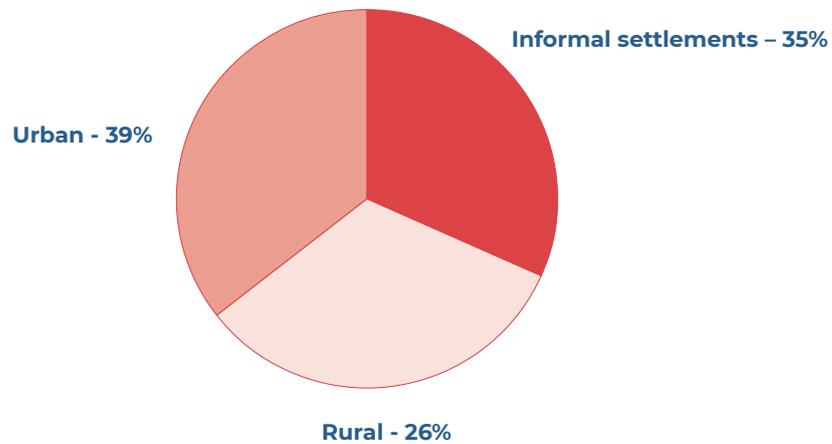


Provincial distribution of systemic funding

Geographical distribution		Approval rate	Funding distribution
Gauteng	11	52%	25%
Western Cape	7	32%	16%
Kwa-Zulu Natal	6	43%	14%
North West	5	50%	11%
Limpopo	4	31%	9%
Eastern Cape	3	23%	7%
Free State	3	60%	7%
Mpumalanga	3	50%	7%
Northern Cape	2	29%	5%
TOTAL			100%

The distribution of funding in the systemic application round was able to ensure that these interventions were directed across all nine provinces. However, the majority of supported organisations operate in provinces with major metropolitan areas, namely Gauteng, the Western Cape and KwaZulu-Natal.

Spatial Funding Distribution



The systemic funding window was also able to ensure that funding was directed towards activities in informal settlements, rural and urban areas.



Summary of disbursement outcomes

A total envelope of approximately R71 million was successfully disbursed to 321 CBOs to ensure continued services to victims of GBV; and 11 organisations expected to bring about systemic change in addressing GBV in South Africa.

The distributed funding ensured new or continued employment for:

- 4 880 full time staff
- 1 684 part time staff
- 4 575 volunteers

And ensured continued provision of GBV services for numerous vulnerable people in South Africa

In addition to estimating the number of beneficiaries to be reached, organisations were asked to note their number of full-time, part-time and volunteer staff. Taking these numbers into account, the Fund's approved GBV II grants will help to support on-going activities for an estimated total of 4 880 full-time staff, 1 684 part-time staff, and 4 575 volunteers.

Contracting and payments

Once all grants were approved by the SEP, the Solidarity Fund began the contracting process. This entailed drafting and finalising 332 grant agreements and circulating these to both systemic and CBO partners for review. Simultaneously, FICA checks were initiated on all approved organisations, based on the supporting documentation that had been submitted along with their funding proposals. Finally, organisations were also required to submit up-to-date Tax Compliance Certificates (TCC) from SARS.

Once a grant agreement was signed (by an authorised signatory), the FICA check was successfully completed and a satisfactory TCC was submitted, the Fund was able to make payments. However, getting to this point was more challenging than expected. Collecting the necessary documentation across a large group of organisations working all over the country – including many small CBOs with limited access to technology and limited experience with such donor processes – has been complex. A substantial amount of 'back-and-forth' with partner organisations was required. Along the way, the Fund contracted a specialist service provider to help organisations that had a TCC issue so that they could become fully compliant. It is estimated that more than 100 organisations needed this support, which represents a good example of the capacity-building component of GBV II.

In practice, this complexity meant that by 30 April 2021, the Fund had successfully paid R23 108 390 in grants to 131 GBV II partner organisations. This represents approximately one-third of the programme. The Fund hopes to have paid all partner organisations by the end of May 2021. The focus will shift to receiving and analysing reports in the second half of the year.



Impact and other positive outcomes

The primary impact of GBV II was ensuring not only that overburdened and under-financed organisations, which were at risk of discontinuing their services, would be able to ensure continued and expanded service provision – but also that several interventions designed to bring catalytic, systemic changes now have access to financing to enable implementation and scale-up. In addition, through this approach, the Solidarity Fund and other GBV stakeholders gained other valuable insights and tools, including:

- 1. A network of influential actors:** During the solution-building phase, the potential initiatives attracted R25 million funding from the United Kingdom government (which allowed a total envelope of R75 million for a suitable GBV response). Moreover, due to the urgent and wide-scale need for funding in the GBV space during 2020, Genesis consulted with various role players to facilitate a joint-solutioning process, which brought together diverse voices to stand behind one common goal.
- 2. A new funding model:** The Solidarity Fund has now set up a workable model for grant financing of relatively small CBOs, which do not typically receive funding from large-scale, established donors like the Fund. This model will allow the Fund and others to leverage existing interventions across many areas that have proven capabilities, and which can action impactful change. What also made this funding opportunity unique is that 48% of funds were distributed to organisations operating in rural areas, which are often neglected in comparison to urban organisations. Through Genesis Analytics' Centre of Digital Excellence (CODE), a WhatsApp chatbot and application helpline made it as easy as possible for CBOs to apply. This can be built upon.
- 3. Useful data on SA GBV services and the needs of small and larger service providers:⁶** With more than 1 100 organisations of all sizes apply for funding, the Solidarity Fund gathered a tremendous amount of data on the geographics, target audiences, financial states, organisational structures and services in the GBV-support space. This data can be used to paint a more accurate picture of the gaps that still exist in addressing GBV in South Africa – as the SEP has done, and as is mentioned below.

Lessons learnt

Some positive and challenging lessons were learnt from the solution-building and operationalisation process. The Solidarity Fund should remain mindful of these if a similar process were to occur in future.

- 1. While divergent views and positions exist within the sector, actors in this space are extremely dedicated and driven to achieve a common goal of ending GBV.** Building unity in approach and relying on the vast expertise available in the sector will ensure well-informed solutions are developed, and maximise potential impact.
- 2. Achieving stakeholder buy-in through collaborative solution-building is critical in the success of any intervention.** The GBV space in South Africa is highly fragmented and contested, with a multitude of actors and voices. It is critical to identify areas of broad stakeholder support to maximise the potential for success.
- 3. Severe coordination constraints and a deficit in available data created a significant challenge to achieving impact.** Fortunately, the Solidarity Fund application database created through this funding opportunity is likely the most comprehensive dataset available for understanding the GBV actor landscape in South Africa. This can inform the development of strategic interventions, and contribute to a publicly available dataset of organisations and activities performed at a community level.

⁶Source: Selection and Evaluation Panel Post-evaluation of Systemic and CBO calls Report. 12 February 2021.

4. **Through the design process undertaken by the Solidarity Fund, several innovative interventions were fully developed.** The intervention designs offer a valuable starting point for new initiatives to rapidly mobilise and realise impact quicker.
5. **While the larger NGO contribution to GBV in South Africa is well-established and capable of affecting change, organisations at the community level face severe constraints.** CBOs are critically underfunded and under-capacitated to deliver services effectively. Through the GBV II process, these areas for capacity-building efforts have been identified and are elaborated upon in the following section.
6. **The Solidarity Fund's attempt to overcome historically inequitable distribution of funding for GBV efforts in South Africa** – by providing funding to organisations and geographies that have traditionally been underfunded – shows promise. While great strides have been made in this respect, there is more to do in terms of ensuring equitable distribution of funding in the sector.

Future opportunities: Strategic GBV focus areas in need of intervention

The SEP recommended the following focus areas for future interventions:

Monitoring and evaluation of the work of approved applicants: The SEP gave deep consideration to the position of the Solidarity Fund. As an emergency relief funding mechanism intended to alleviate the impact of the COVID-19 epidemic in South Africa, resources allocated to the monitoring and evaluation (M&E) of the activities of beneficiaries are limited. However, the SEP strongly recommends that an M&E component be strengthened and extended. This would enable the Fund to better measure the impact of the funding it has provided; to ensure that funding recipients have acted responsibly and ethically in delivering the programmes and services they are funded to deliver to communities; and to ensure that the principle of 'do no harm' is maintained.

GBV programmes and services are prone to implementational and ethical challenges. Reporting can be complemented by other mechanisms to determine whether the work promised by organisations was undertaken in ways that have impact, and which do no harm to project beneficiaries. The panel, for instance, also recommended that field visits be undertaken. Extending M&E with additional funding will also enable organisations to benefit from skills-building and provide some programmatic and service support. This provides an additional opportunity for catalytic impact. The SEP also raised M&E in the context of adhering to best practises; acknowledging the need for maintaining the good reputation of the Fund, as well as the those of the SEP members. In this way, SEP members would adhere to the same principles they uphold and practice in their respective positions as funders and donor recipients.

Capacity building of approved applicants: Developing coherent theories of change that reflect a good understanding of the feminist paradigm embedded in GBV work in South Africa emerged as principal among the need for capacity development and strengthening. The varying levels of understanding of pro-feminist work reflected great concern about the extent to which organisations their services in an equitable and ethical manner in the communities where they work.

Training on theoretical framing will enable the funded organisations to strongly align their work with the national policy frameworks, particularly the NSP. The NSP is a comprehensive document that was developed through collaboration between civil society organisations, government and other stakeholders in the country. Capacity building in working with children and adolescents is also important, as these groups require specialised skills to understand and cater to their developmental needs and ethics. This should be at the centre of programming and services provided to these population groups.

The SEP also observed a great need among many small organisations for skills-building and support with M&E, financial accounting and proposal writing. As a contribution to the national programme to prevent, respond to and provide access to justice for GBV, the SF should lend support to these organisations in order to leave an indelible mark on the work it has begun to fund. This will enable these organisations to successfully source the funds needed to avert violence in communities, and to ensure healing to those who have been exposed to violence.

Focus on prevention: The SEP emphasised the need to acknowledge gender inequity and gender inequality in the current work being supported by SF as an influential force driving the different manifestations of violence disproportionately experienced by women, children, LGBTQI+ persons, as well as families in South Africa.

The complicity of women in the perpetuation of social and gender norms that promote male privilege, tolerate and even excuse violence against women is a neglected area of intervention in the current funding space. Further, it is imperative that efforts to advance GBV prevention, response and access to justice prioritise the need to change the social and gender norms that perpetuate the tolerance, acceptance and perpetration of violence across the country. This should occur through programming that embeds pro-feminist perspectives. The selection and evaluation process demonstrated the scarcity of prevention approaches that address social and gender norms in a catalytic manner, and the SEP hoped that the Fund would consider lobbying other funders contributing to its endeavours, to prioritise programming that focuses on changing norms that are harmful to our society. The SEP also reiterates the message: without good catalytic prevention programmes, the goal of ending violence cannot be achieved in our country. Good prevention is dependent on proper response and access to justice.

Early childhood prevention of violence: the SEP also emphasised that to achieve a reduction in GBV, programmes and services should focus on preventing violence before it happens through early-childhood prevention programmes. These kinds of programmes were rarely featured in the work of applicants, and this is a cause for concern. Minimising and preventing children's exposure to violence by working with families and educational settings, and effectively supporting the developmental and mental health needs of children who are exposed to violence, can have positive effects. These include positive conflict-resolution skills and less aggression in children. Children can grow up with these attributes, which are essential to the ending violence in our society. Funders need to acknowledge the negative impact of COVID-19 on families' abilities to adequately protect and support children, and should provide dedicated funding of evidence-informed early-childhood prevention programmes.



CONCLUSION

In concluding this process, the SEP was asked to reflect on three questions.

1. After evaluating hundreds of applications, what gives you hope?

In response to this question, SEP members indicated that the number of organisations and people who are “comfortable, willing and ready to be part of the solution” inspired hope; as did the opportunity to achieve impact in neglected communities. “Working alongside such wonderful, experienced and wise women ... was truly inspirational”, said one member, while another was heartened by the fact that “addressing GBV is increasingly taking centre stage in the agendas of many organisations across the country”.

2. What do you want this funding to achieve for South Africa?

SEP members said they hoped the funding would “facilitate healing”, “provide relief, respite and hope to women and children experiencing violence” and sustain community-based services during a time when “resources are limited and the need is great”. One respondent believed that the Solidarity Fund “has set the tone” for GBV to be prioritised in the social investment space.

3. Which organisational or programme qualities do you deem most important or admirable?

Several SEP members noted that “reach” was an important and admirable quality, along with “sustainability”, “innovation” and “accountability”. In particular, one member highlighted “providing quality services ... to women and children with integrity and kindness” and “being evidence informed”.

These responses summarise the hope that this funding opportunity brings to women and children, communities, organisations and their employees. This project has demonstrated that there are thousands of organisations – and even more people – who are supporting GBV victims, who often feel alone and unheard. These people work endlessly to bring relief and support to communities that have been struck hard by the COVID-19 pandemic.



IMPLEMENTATION PARTNERS

Genesis Analytics

Genesis Analytics was contracted by the Bill & Melinda Gates Foundation (BMGF) to provide technical support to the Solidarity Fund in crafting strategies and implementing activities across all the Fund's three pillars of support, namely Health; Humanitarian Relief; and Behaviour Change and Communications.

In the context of the Fund's Gender-Based Violence (GBV) II project, Genesis Analytics drove the strategic development and ideation process for building interventions. Genesis Analytics also developed an actionable implementation plan, and provided implementation support for selected interventions.

Dr Nwabisa Shai, Specialist Researcher at the South African Medical Research Council (SAMRC) Gender and Health Research Unit, supported Genesis as an external consultant on this assignment. Genesis identified and engaged with key stakeholders in the GBV space from government, research and academia, civil society, international organisations, and the private sector. Extensive stakeholder engagement was important; initially to understand the GBV-landscape, and thereafter to develop potential interventions and implementation plans. Finally, this element was critical in vetting and convening panel members for the SEP, in consultation with the Solidarity Fund.

Once the Solidarity Fund approved its financial support to specific anti-GBV organisations as its priority area of intervention, Genesis developed the strategic design of the intervention – along with the supporting implementation plan. Genesis was assisted by Tshikululu Social Investments in designing and rolling out the application and selection process for organisations seeking financial assistance.

Tshikululu Social Investments⁷

The Solidarity Fund initially approached Tshikululu to provide pro bono services around the first phase of food relief, as well as to help build out the Fund's impact framework. For this project, however, the R75 million GBV II budget made provision for an implementation partner. Tshikululu had supported the Solidarity Fund on GBV I, and they were asked to again provide their expertise in the planning and roll-out of the application and selection process for organisations seeking financial assistance. Tshikululu were also to collate reports from beneficiary organisations to track implementation, progress and impact.

Tshikululu is a social-investment fund manager and advisor, working alongside investors and development partners to maximise the power of social investment. As agents of social change, they partner with clients throughout South Africa to realise their social-investment goals.

⁷This has been adapted from the GBV I report section on Implementing Partners.

