



SOLIDARITY FUND GBV II

Interim Report

ENVELOPE	AMOUNT ALLOCATED	AMOUNT DISBURSED
GBV 2	R75 176 355	R52 484 754 (as at 10 September 2021)

01

OVERVIEW

Since its inception, the Solidarity Fund has been engaged with work in the Gender-based Violence (GBV) sector. National lockdowns proved disadvantageous to GBV victims, as many were suddenly locked in with their abusers. The lockdowns, paired with the fact that GBV in South Africa is disproportionately higher than the global average, incited the Fund to implement targeted and rapid responses to this secondary shadow pandemic.

The Fund aimed to implement its GBV response in 2 phases. With the closure of GBV phase 1¹, the second phase aimed to provide grant funding to community based organisations as well as large NPOs to continue providing the much-needed day-to-day assistance and systemic interventions to victims of GBV. The Fund and its managing partners wanted to engage with organisations on the ground, working with survivors to provide the necessary resourcing to implement positive programmes to assist those affected.

Project Goals

The overall goal for this project is to help reduce the incidences of GBV in South Africa. To do so, the Fund ran an open call for applications from CBOs and large NPOs. The Fund chose a coordinated and collaborative approach to maximise the additional impact the project could have.

CBO partners were guided with broad categorisations to focus efforts on. Table 1 lists these categories and their general meaning within the overall project. It is essential to clarify and conceptualise the project goals, as these goals guide and maintain the course of the overall project, with little room for misinterpretation.

¹Interim and Close-Out reports for phase one are available on the Solidarity Fund website.

Table 1: CBO focussed outcomes

Category	Definition
 <p>Prevention</p>	<p>The provision of:</p> <ul style="list-style-type: none"> • Communication and information • Safe spaces • Programmes focussing on counselling • Positive Parenting • Skills development and Economic Empowerment • Addressing gender norms • Sexual and Reproductive health and rights
 <p>Response</p>	<p>The provision of:</p> <ul style="list-style-type: none"> • Trauma counselling • Maintenance of shelter services • Programmes to improve access to emergency response • Support and capacity building for community caregivers • Access to protection services
 <p>Access to justice</p>	<p>The provision of:</p> <ul style="list-style-type: none"> • Non-profit and/or free legal and paralegal support • Support to victims in the Criminal Justice System (CJS)

In terms of the systemic partners, the broad categorisation of the project goals is maintained, with the inclusion of the following:

- Research, advocacy and/or policy work related to GBV in South Africa.
- Development and scale-up of digital solutions that help to address GBV-related challenges.
- Support for capacity-building of the CJS.
- Support and capacity-building of community-level responses to GBV.
- Support for feminist movement-building efforts.
- Support of innovations and/or piloting of GBV initiatives².

Project Opportunity

Various opportunities were identified with the commission of this project. It is important to the Fund to aid and resource initiatives that will have a measurable and positive impact on the lives of South Africans, and so the identification of these opportunities is important. The opportunities indicated from the project include:

1. The potential for creating synergy between organisations operating in different areas but within the same catchment

Collaboration is vital in fighting GBV in South Africa. The devastating results of this type of violence require a multi-sectoral and organisational response, as victims require

²Organisations are required to include a detailed scale-up and sustainability strategy to sustain the initiative beyond the support of the Fund.

different resources to aid their journeys and recoveries. Opening clear and effective communication and synergy between partners can help victims seeking aid by providing holistic care and resources through these connections.

2. Optimal organisational placement

The implementing partners in the project already exist within the GBV sector. Many organisations are placed to interact with victims of GBV successfully but have thus far been under-resourced. With the implementation of nationwide lockdowns, these organisations have been on the ground providing what resources they save to survivors, with much better reach than formal institutions. With this project, and its ability to furnish organisations with the necessary funding to implement positive strategies, there is the anticipation for the execution of these activities to go well.

3. Replicability and sustainability

The success of this project has the potential to continue with funding from the government and other non-governmental funding sources. The project has been designed to provide a clear means of replication in other sectors to implement a well-funded national effort to eradicate GBV.

4. Innovation through limitation

The COVID-19 pandemic proved the greatest threat to the project. However, with the sudden and strict limitations on movement and contact, the Fund and its partners were forced to create and perfect innovative means of programming. An example is the use of virtual training and other mechanisms for helping.

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GOVERNANCE

Managing Partnerships

The Fund entered a partnership with Tshikululu Social Investments and Ucwangingo Research Surveys to commission the response to GBV in South Africa. Tshikululu is the managing partner for the project.

The project is being implemented nationally and overseen by Ucwangingo, Tshikululu's monitoring and evaluation partner. Ucwangingo employed a process of verifying each partner's details through the telephone and then verifying the email address/es on the contact details spreadsheet provided by Tshikululu. After the verification, Ucwangingo coordinators would then send an introduction pack that comprised an introductory letter detailing M&E processes, a consent form for SF photographs, the reporting templates, and the M&E framework. Remote monitoring of the project was implemented due to the current COVID restrictions.

Ucwangingo developed the M&E framework in partnership with Tshikululu. Tshikululu provided strategic guidance and support to link the framework to the Fund's overall programme objectives and impact framework. This framework was developed to track implementation and outputs systematically and also measure the effectiveness of the programme. It was furthermore developed to link the different programme areas (prevention, response, and access to justice) to verifiable outputs. The framework assumes that outputs lead to outcomes, which are expected to lead to impact and the achievement of the final programme goal, which is the reduction in the incidence and impact of GBV in South Africa. This framework proceeds from the Solidarity Fund's strategic impact

framework, the focus of the GBV2 calls for applications, and domestic and international frameworks for tackling GBV. The M&E framework was based on the project's short timeframe and prioritises outputs and achievable outcomes.

Letters also included invitations relating to reporting template training. Training was provided to streamline the reporting process for each organisation, to give an overview of project monitoring and evaluation requirements. Partners were taken through the data reporting template and guided on meeting reporting deadlines. Of the 116 CBO partners paid, 106 submitted reports, and 12 submitted incomplete reports. Incomplete reports were those submitted without the mandatory documents or with incorrectly filled in reporting templates. Ucwangingo coordinators informed the partners to submit missing mandatory documents and, in other cases, would assist the partners in correcting mistakes on the reporting template.

Implementing Partnerships

A total of 321 community-level intervention partners and 11 systemic-level partners were approved for funding nationally. At the point of disbursing funds, some organisations had compliance issues, resulting in delays in the payment of funds, and to date, not all organisations have been paid. Those paid after 30 April 2021 have extended their reporting deadlines until 1 August 2021 and 1 November 2021. Those submitting incomplete reports are being assisted further by Ucwangingo coordinators. The data summarised in this report is based on **94 (22%) CBO partners** and **10 (91%) SPs** who had received payment by 30 April 2021.

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PROGRESS AND IMPACT

Various projects have been planned and are commencing over 12 months. Both CBO and SPs reached **452 449 people** within the first reporting period. **4 592 activities** (excluding pamphlets and radio campaigns) have been executed under the project to date and have included meetings, campaigns, individual sessions, and media campaigns. An analysis of the partner progress reports shows that, despite many challenges with implementing the Solidarity Fund's response to GBV project activities, there have been some progress and important lessons learnt from preliminary implementation.

It was found that most provinces had implementing partners that were engaging in initiatives across most focus areas. A few focus areas have not been implemented in some of the provinces. This is hopefully only temporary, and it is the expectation of the Fund and partners that these missing focus areas will be covered once all partners have received funding. An unfortunate observation made is an absence of shelter offerings to GBV survivors facing threats at home in Mpumalanga, Free State and the Northern Cape.

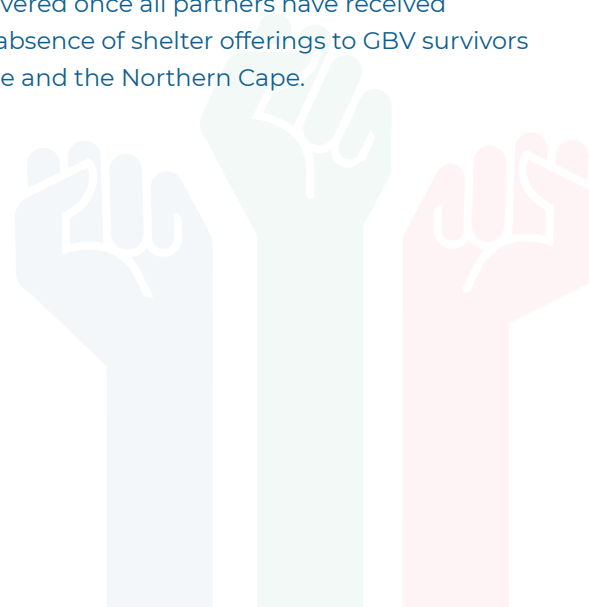
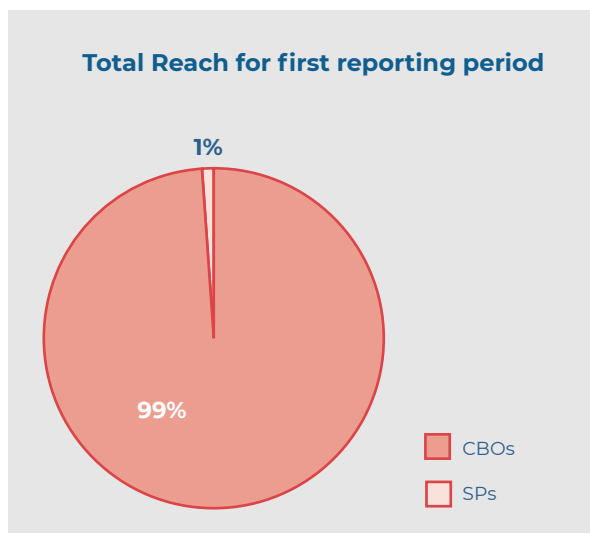


Figure 1: Total Reach for first reporting period



Community-Level Partner Impact

Various projects spearheaded by CBOs were conducted all over the country. A total of **446 110 people** were reached through these initiatives. KwaZulu-Natal had the largest reach, with 74% of the total people reached. North West province and the Northern Cape showed the lowest reach. However, this is due to the general population density of these areas being lower than that of the more highly impactful provinces.

If we exclude the number of people reached through radio and pamphlets, the total reach is **40 670 people**. Of this total, **23 533 (58%)** of people reached were **women**. It was important to include categorisation for non-binary people, and the inclusion of vulnerable groups (i.e., children, people with disabilities and the LGBTQIA+ community), as GBV is disproportionately high among these groups.

Black African people were the most highly reached racial group, with **27 115 (67%)** people reached. Furthermore, over **13 000 youth** were reached.

Figure 2: CBO Provincial Reach

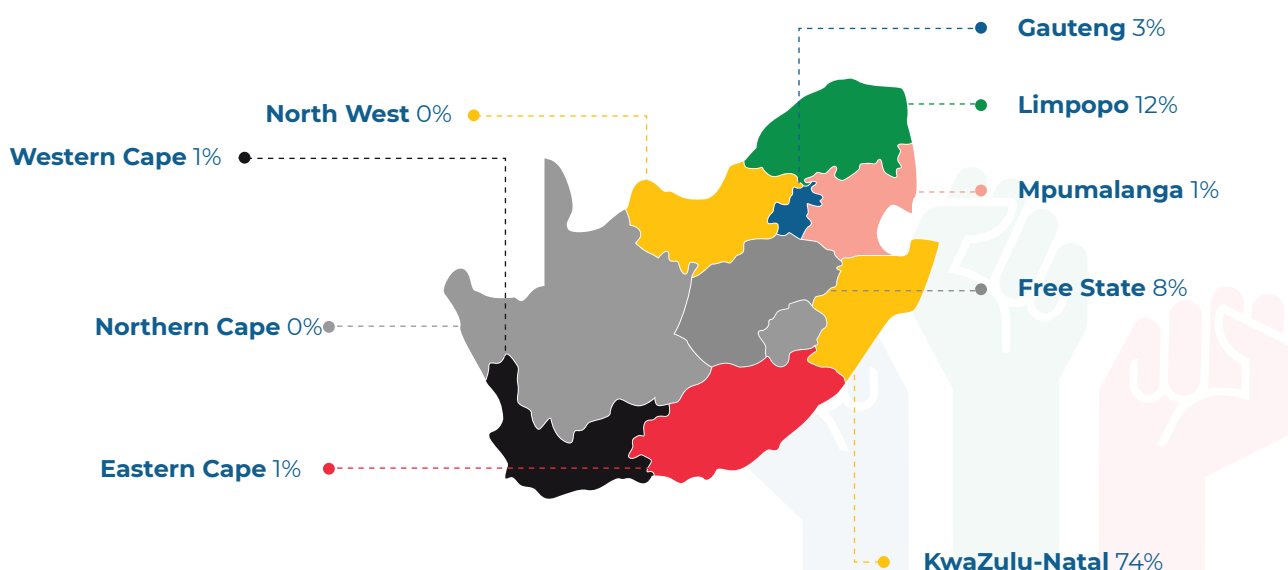
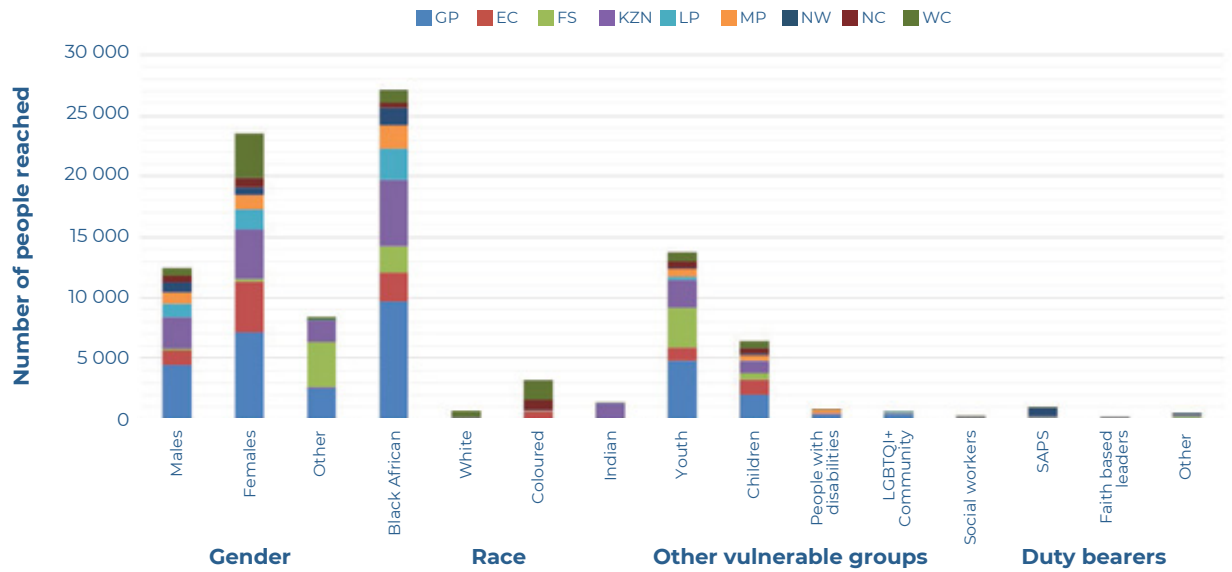


Figure 3: CBO reach by demographic³



A total of **R11 755 000,00** has been paid to 94 of the CBOs, with R4 786 671,52 (41%) being spent. CBOs only had two months between their implementations and their reporting deadline, which could explain why less than half of the allocation has been spent. It is expected that impact numbers will increase along with expenditure by the next reporting deadline. Many partners were still in their preparatory stages of implementation when their first reporting obligation was due.

While there were complications in implementation and reporting, CBOs revealed the following highlights.



Active community participation – CBOs indicated that the trust already present between organisations and their communities helped ease the mobilisation of programmes. An example from Ithemba lethu Outreach Project saw such success in their GBV awareness programme in schools, that the teachers requested a training session for educators, which the programme did not plan initially.



Positive feedback – partners shared that they had already received positive feedback from participants through evaluation forms. Participants reported gaining confidence and feelings of empowerment after attending GBV workshops.



Inter-organisational resource sharing – two organisations approached Badumetse Batho Centre to train on LGBTQIA+ issues. They attributed the interest to the campaigns they have been running on GBV and protecting vulnerable communities.



Children's camp – The “I am a dreamer” children's camp was a very successful programme, taking 38 children on a 3-day camp, where they learned about GBV issues, advocacy, and peer education. Children were trained to be facilitators and GBV ambassadors in their communities. Such camps provide a unique form of tackling GBV through positive parenting and inculcating values of gender equality and removing unacceptable gender norms.

³Data excludes people reached through radio and pamphlets.



Governmental support – Uncedo Home Based Care in Mpumalanga were approached by the Department of Social Development (DSD) to partner with the department in behaviour change campaigns in the province. This was after Uncedo had begun displaying GBV awareness posters in different places.



Surpassing of targets – Ubuntu Legal surpassed targets by more than 100% in some of their work. They aimed to reach 530 learners through their GBV awareness campaigns in schools. In total, they managed to reach 1 588 learners and 75 staff members.

Systemic Partner Impact

10 of the 11 Systemic partnerships managed to reach **6 339** people within the first reporting period. Most of these organisations are working within capacity building; however, most beneficiaries are within the scope of access to justice. Individuals were reached through various mechanisms, including meetings, workshops, one-on-one sessions, media campaigns and demonstrations.

A total of **R7 092 390,00** has been paid to 10 SPs. Unfortunately, organisations received their funding later than anticipated, so only **R899 399 (13%)** of the total allocation has been spent. This is expected to increase with the implementation of more initiatives.

Table 2: Overview of SPs

Project Outcome	Organisation	Offered Services	Location of Operations
Access to justice	Lawyers Against Abuse (LvA)	<ul style="list-style-type: none"> Legal and psychosocial support for GBV victims 	<ul style="list-style-type: none"> Based in Diepsloot Operations across Gauteng
	Mosaic Training Services and Healing Centre for Women	<ul style="list-style-type: none"> Improving women's access to justice and rights through coordination 	<ul style="list-style-type: none"> Based in the Western Cape Operates nationally
Community-level capacity building	Cape Mental Health	<ul style="list-style-type: none"> Sexual Abuse Victim Empowerment (SAVE) 	<ul style="list-style-type: none"> Based in and operating in the WC
	Junior Achievements South Africa (JASA)	<ul style="list-style-type: none"> Training and empowerment of GBV survivors 	<ul style="list-style-type: none"> Based in GP Operating in GP, NW and LP
	Learn to Earn (LtE)	<ul style="list-style-type: none"> Life skills training for GBV survivors 	<ul style="list-style-type: none"> Based and operating in Khayelitsha, WC
	Ntataise Trust	<ul style="list-style-type: none"> Empowerment of ECD practitioners on GBV issues 	<ul style="list-style-type: none"> Based in GP Operating in GP, MP, KZN, FS and NW
Development of digital/virtual training to stakeholders providing access to justice	Heartlines Centre NPC	<ul style="list-style-type: none"> Drawing attention to GBV issues through media campaigning 	<ul style="list-style-type: none"> Based in GP Operating nationally
	We Will Speak Out	<ul style="list-style-type: none"> Empowering faith-based leaders to tackle issues of GBV 	<ul style="list-style-type: none"> Based in Durban, KZN Operating in KZN, GP, WC and NW

Research, advocacy and/or policy work related to GBV in South Africa	Childline Gauteng	<ul style="list-style-type: none"> • Research on GBV 	<ul style="list-style-type: none"> • Based in Johannesburg, GP • Operating across GP
	Mikhulu Child Development Trust	<ul style="list-style-type: none"> • Research on GBV 	<ul style="list-style-type: none"> • Based in Cape Town, WC • Operating in GP and WC

While there were complications in implementation and reporting, SPs revealed the following highlights.



Increased visibility – One organisation (LVA) was appointed as Secretariat of the Orange Farm GBV Technical Advisory Committee and has since played an active role on the committee. This committee aims to raise awareness around GBV in Orange Farm and to assist in creating a platform for organisations addressing GBV to discuss challenges and come up with solutions. The committee is a mixture of state actors and civil society organisations.



Channels of communication with stakeholders – Mosaic was able to connect and convene with local stakeholders in Philippi, where they could move more quickly into their second phase. Ntataise has developed an innovative programme and GBV Module to build the capacity of organisational staff, trainers, practitioners, and parents to address effective ways to combat and prevent GBV within the context of ECD. We Will Speak Out has almost completed the first pilot of the six-month Faith Leaders' Gender Transformation Programme, which combines theory, theology and transforming of practice in the process of ongoing mentoring and accompaniment.



Improved beneficiary access to justice – A client of Cape Mental Centre's SAVE programme got her statement approved by police because of the psycho-legal support she received.



Providing safe spaces – JASA has assisted students who have survived abuse to express themselves and their emotions freely, without fear of stigmatisation.



Providing tangible skills to survivors – Five students received employment during their JASA programme, where they studied business and life skills.



KEY CHALLENGES AND LEARNINGS

Challenges

It is imperative in project implementation to note the challenges faced and the lessons learned from these obstacles. Identifying challenges early in the process ensures that corrections can be made going forward, aiming to streamline the overall process. Common challenges existed across all implementing partners, while other challenges differed between CBOs and SPs.

Table 3: Project challenges and recommendations

Challenge	Result	Recommendation
Late payment of funds to partners	<ul style="list-style-type: none"> Impacted programming and onward reporting. Partners felt rushed to meet reporting obligations. Impacted quality of reports. 	<ul style="list-style-type: none"> Coordinators are currently assisting partners with fixing reporting errors. Continuous engagement with partners is necessary to overcome these obstacles. The payment process needs to be modified to speed up the process, allowing partners to implement their initiatives successfully.
Misinterpretation or targets	<ul style="list-style-type: none"> Most partners indicated their targets per event, rather than targets per intervention type over the project's lifetime. 	<ul style="list-style-type: none"> Emailed communication is planned to clarify the targets. Follow-up calls are planned for partners who require more detailed clarification.
Reporting confusion	<ul style="list-style-type: none"> Some partners sent their reports directly to the Fund (rather than Ucwangingo), resulting in their reports not being captured. Issues with the reporting template were indicated 	<ul style="list-style-type: none"> Follow-ups are being made to all partners who incorrectly submitted reports. These reports are currently being collected. An updated and revised template is currently in progress with the intent to circulate among the partners.
Reporting timelines	<ul style="list-style-type: none"> Receipt of partner reports took close to two months due to the short reporting period timelines. Partners struggled to meet the reporting deadline and gather supporting documentation. Time frames between partner reporting and consolidation and analysis of the reports did not allow for back checks and sample verification. 	<ul style="list-style-type: none"> Certain partners were given reporting extensions in August and November. Ucwangingo and Tshikululu have agreed to harmonise their dates to avoid spill over of reporting times. Case studies have been proposed to see and track changes more efficiently. Ucwangingo will encourage partners to capture and provide more detail for case studies.

Table 4: CBO-specific challenges and solutions

Challenge	Solution
Low participation from men	<ul style="list-style-type: none"> • Social media campaigns were used to improve participation by men. • Scheduling workshops on weekends accommodated and included more men, as many worked during the week.
Lack of PPE	<ul style="list-style-type: none"> • Operating during the pandemic required organisations to have access to personal protective equipment (PPE). • PPE was accessed through local clinics or using funding provided by the project.
Lack of resources	<ul style="list-style-type: none"> • Access to technologies (such as computers) and social workers was an identified challenge. • Some organisations approached government institutions to provide funding for computers and access to social workers.
National lockdowns	<ul style="list-style-type: none"> • In some places, it was difficult to secure venues that were COVID compliant and easily accessible. • Partners utilised local places of worship to conduct workshops and sessions when other venues were deemed unfit for use.
Inaccessible justice	<ul style="list-style-type: none"> • In remote areas, GBV victims could not access protection orders (POs) due to the distance between them and the necessary court. • Organisations reported interventions by the Department of Justice (DoJ) making it possible to use electronic POs.
Community disturbances	<ul style="list-style-type: none"> • On top of the pandemic, communities also experienced strikes, vigilantism, and service delivery protests, which negatively impacted the implementation of certain projects. • Interventions were moved online, and through virtual and social media campaigns, the work could continue.

Table 5: SP-specific challenges and solutions

Challenge	Solution
Limited access to counselling for victims	<ul style="list-style-type: none"> • Lack of access resulted in organisations' inability to participate fully in the criminal justice process. • To address this issue, maintaining strong relationships with a wide range of service providers (both NGOs and governmental organisations) is necessary to direct victims to the support structures they need.
Low participation	<ul style="list-style-type: none"> • The JASA programme attracted fewer expected student participants. • Students have dropped out due to job opportunities and transportation issues. • Moving these programs online could alleviate some of the challenges. • Holding sessions on weekends can accommodate those students who work.
Lack of GBV subject matter	<ul style="list-style-type: none"> • Ntataise indicated a lack of GBV subject matter in the context of ECD in South Africa.
Ethical clearance delays	<ul style="list-style-type: none"> • Childline GP cited a delay in receiving their ethical clearance from the HSRC, slowing their overall progress substantially. • Possible assistance could be provided to organisations seeking clearance from similar organisations. Clarifying the process and helping create clear guidelines could prove beneficial.

Lessons Learned

As with other projects of this nature, it is important to look back on the challenges, how they were (or will be) overcome, and map out improved processes and mechanisms to ensure the smooth continuation of the project. Some of the key lessons learned were as follows:

1. Training and support

It is vital to provide adequate training concerning M&E officers and not directors. For some organisations, it was noted that those who attended the training were not necessarily the ones drafting and completing the reports. This slowed the reporting process down.

2. Case study monitoring

As each organisation was tackling different initiatives and campaigns, measuring impact was difficult. This was alleviated by using a case-by-case approach to monitoring. The requirements changed from project to project. For example, registers could not be used in cases where children were receiving training. Other verification processes were necessary to confirm that activities were taking place. It does not make sense to measure each project with the same indicators, as not all campaigns target the same outcome or demographic. The use of case studies is more effective in capturing impact for short term projects such as this one. The case studies could be used to ascribe changes in the beneficiary's life to the project.

3. Adaptability

Taking the concerns and issues of implementing partners led to decreases in the time frames between reporting periods. Furthermore, the management of partners and processes must be adapted to ensure timelines are kept.

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CONCLUSION

The Fund is very proud of the work being conducted by our CBO and systemic partnerships. To truly tackle GBV in South Africa, we need to come together and collaborate on innovative and targeted programmes that can help survivors on their journey to justice and recovery. The Fund saw the value in partnering with organisations on the ground already engaged in the life-changing work of GBV. Trust and communication within these communities are imperative, and a multi-faceted and holistic approach bodes well for those suffering from this secondary pandemic.

