



# GENDER-BASED VIOLENCE RESPONSE PROGRAMME PHASE II

## Final Impact Report

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GBV II SUPPORT PARTNERS	FUNDING ALLOCATED	FUNDING DISBURSED
<i>Grants to community-based organisations</i>	R60 044 414	R54 541 995
<i>Grants to systemic level partners</i>	R9 991 491	R9 991 491
<i>Programme expenses</i>	R4 964 095	R4 718 452
<b>Total</b>	<b>R75 000 000</b>	<b>R69 251 938</b>

01

### THE SOLIDARITY FUND'S HUMANITARIAN MANDATE

Sadly, the scourge of Gender-Based Violence (GBV) in South Africa is prolific. It permeates all walks of life, leaving countless South African women, children, and marginalised communities living in fear. The lockdown measures instituted to mitigate the spread of the COVID-19 pandemic exacerbated the levels of GBV, while simultaneously restricting access to support services, and hamstringing organisations dedicated to the GBV response.

The Solidarity Fund's Humanitarian Pillar supported government and civil society to mitigate and alleviate the humanitarian crisis brought by the pandemic and its response measures. A core focus of the Fund's humanitarian response was to support the GBV response, providing national and local organisations with the resources to continue delivering their vital and much-needed services to those affected by GBV.

02

### STRENGTHENING THE GBV RESPONSE

#### GBV PHASE I

The first phase of the Fund's GBV response was designed as a rapid, targeted response to the increase in gender-based violence. Implemented from June 2020 to March 2021, GBV Phase I provided significant support to the national GBV response by:

- **Scaling support to the national GBV Command Centre (GBVCC) Helpline** by capacitating newly appointed staff, and an additional cohort of newly appointed social workers to provide GBV services in GBVCC-selected provinces.

- Supporting the funding, procurement, and distribution of critical **personal protective equipment (PPE) for 78 shelters** under the National Shelter Movement (NSM), including masks, gloves, and sanitiser.
- Supporting the provision of transport to shelters to enable people to access critical medical services related to COVID-19 during the lockdowns.
- Supporting the 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.
- **Supporting a national communications and awareness campaign**, (running from 15 November 2020 to 15 May 2021), to equip survivors and potential victims with information on where they can access immediate help – whether it be shelter or services, such as legal, paralegal, or psycho-social support. Using four primary platforms - radio, print, digital, and social media - and broadcast in six languages, **the campaign reached over 29.9m people nationwide.**

Despite the successes of the first phase, 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.

The Fund’s website provides an in-depth report on GBV I. This report discusses the implementation and impact of the GBV II project.

### GBV PHASE II

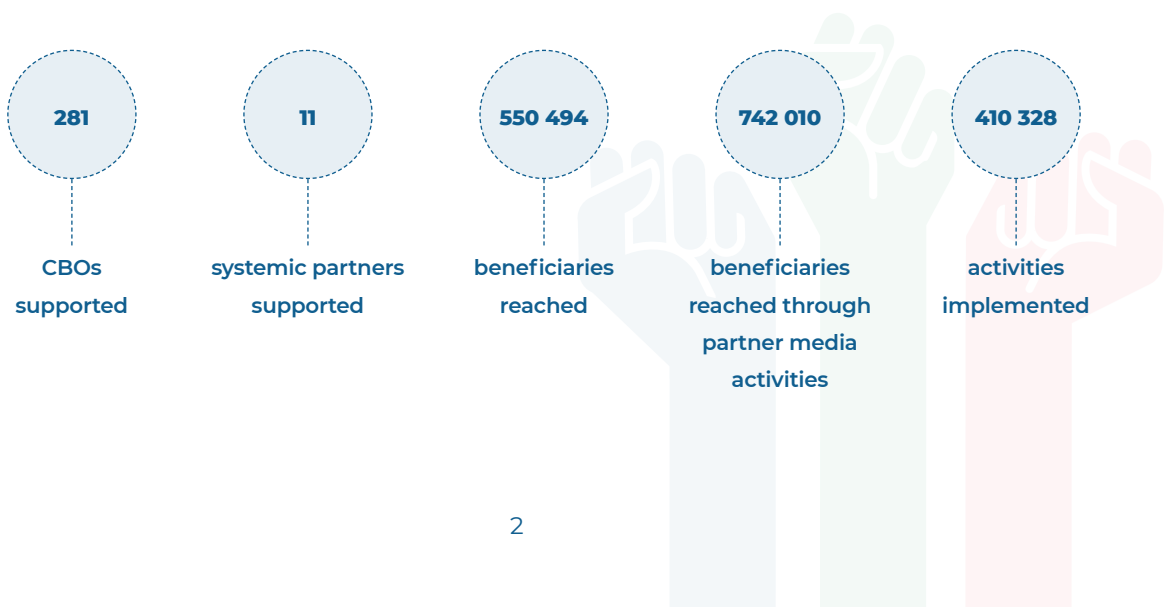
GBV Phase II aimed to reduce gender-based violence in South Africa by supporting the grassroots GBV response, and the invaluable projects and activities implemented within and by communities. Simultaneously, the project supported broader and national-level efforts to strengthen and support systemic and structural response efforts.

Running from March 2021 to August 2022, the project supported 281 CBOs and 11 systemic partners, each playing unique but complementary roles.

Impact and sustainability have been a golden thread running through all the Fund’s projects. Due to the nature of the scourge of GBV in the country, this was even more crucial in the conceptualisation and implementation of this project.

## 03

### GBV II IMPACT AT A GLANCE



## PROJECT PARTNERS

Two sets of project partners were selected to implement the second phase of the Fund's GBV intervention. They were classified as CBO and systemic partners. Their specific roles are described below.

The Fund appointed Tshikululu Social Investments NPC as the project manager to manage grant disbursements and project implementation by the partners' organisations. Tshikululu were supported in this by its monitoring and evaluation partner, Ucwangingo Research Surveys Pty Ltd.

### Roles of the project partners

To have the most significant impact on gender-based violence, the project focused support on several critical focus areas. CBO and systemic partners were chosen according to those with the required expertise and experience to support these areas.

The CBO focus areas included:

- **Prevention** – providing communication/information; safe spaces; programmes that focus on counselling, positive parenting, skills development and economic empowerment; addressing gender norms; and sexual and reproductive health and rights.
- **Response** – providing trauma counselling; maintenance of shelter services; programmes to improve access to emergency response; support and capacity building for community caregivers; access to protection services.
- **Access to Justice** – provision of non-profit and/or free legal and paralegal support services or support to victims in the criminal justice system.

Systemic partners were required to support the following focus areas:

- Research, advocacy and/or policy work related to GBV in South Africa.
- The development and scaling of digital solutions that help to address GBV-related challenges.
- Support and capacity-building for the criminal justice system.
- Support and capacity-building of community-level responses to GBV.
- Support for feminist movement-building efforts.

### Partner funding

A total of 321 community-level intervention partners and 11 systemic-level partners were initially approved for funding. All 11 systemic partners were paid in full. Of the 321 community-level grants that were approved:

- 30 were not paid and had their grants cancelled as they did not meet compliance requirements for contracting and payment.
- 279 were paid the total grant amount.
- 12 were paid only one of two tranches as they did not meet the performance and reporting requirements of the agreement. Two of the organisations that had their second tranche cancelled continued implementation using their first tranche of funding, bringing the number of reporting partners to 281.

Cancelled grants and unpaid tranches were returned to the Solidarity Fund.



## GBV II CBO and Systemic partner funding

GBV 2	FUNDING APPROVED	FUNDING SPENT
CBO grants	R 61 250 000	R 54 715 000
Systemic level partners' grants	R 9 991 491	R 9 991 491
<b>Systemic Level Partners</b>		
Cape Mental Health Centre	R 640 550	R 640 550
Gauteng Childline	R 620 000	R 620 000
Heartlines	R 1 000 000	R 998 691
JASA	R 945 835	R 923 266
LvA	R 887 005	R 887 005
Learn to Earn	R 1 000 000	R 1 005 887
Mosaic	R 1 000 000	R 1 000 040
Ntataise	R 999 000	R 999 000
Mikhulu Trust	R 899 931	R 643 377
Gender Links	R 1 000 000	R 1 000 000
WWSOSA	R 999 170	R 961 948

## 05

### IMPACT

While the relatively short duration of the project meant that it is impossible to measure the programme's direct effect on the overall incidence of GBV in the country, the project has had a significant impact, reaching **550 494** beneficiaries through **410 328** activities.

Stories of change showcase the remarkable progress and impact the project has had on the lives of beneficiaries and partner organisations. The partners could also draw on work they had previously done in developing complementary ways of reaching those in need. This was very important since the pandemic severely reduced the opportunities for face-to-face interactions.

### CBO PARTNERS

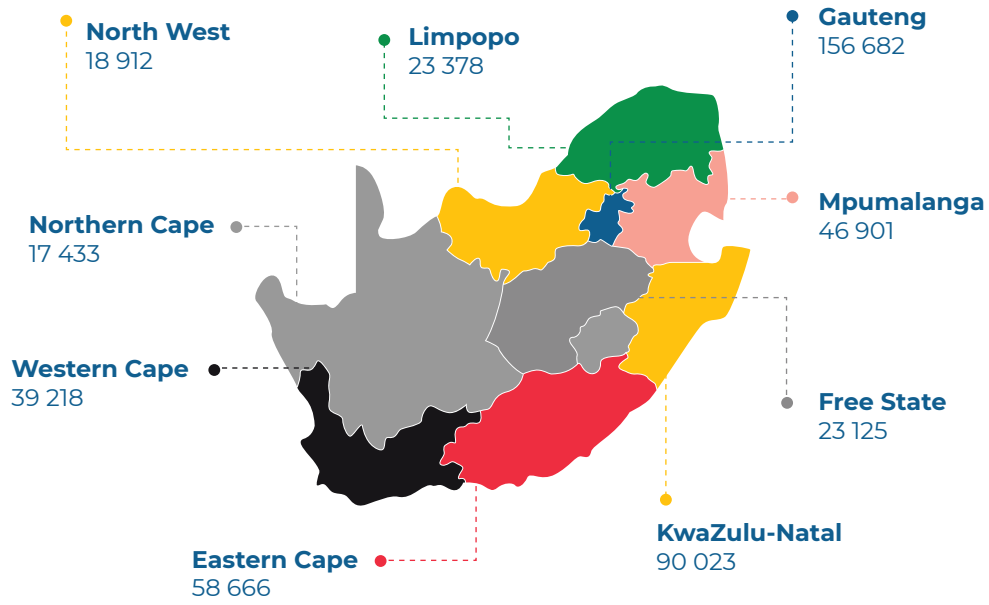
Overall, CBO partners reached 474 338 beneficiaries across all nine provinces. The majority of beneficiaries hailed from Gauteng, followed by KwaZulu-Natal and the Eastern Cape. This correlates with the number of CBO partners who provided grants in each province.

The CBO partner programme reached:

- 408 898 Black African beneficiaries
- 257 400 females
- 191 962 males
- 181 536 young people

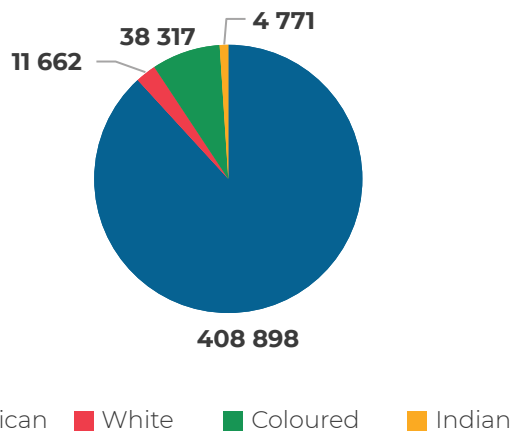


### CBO partner beneficiaries by province



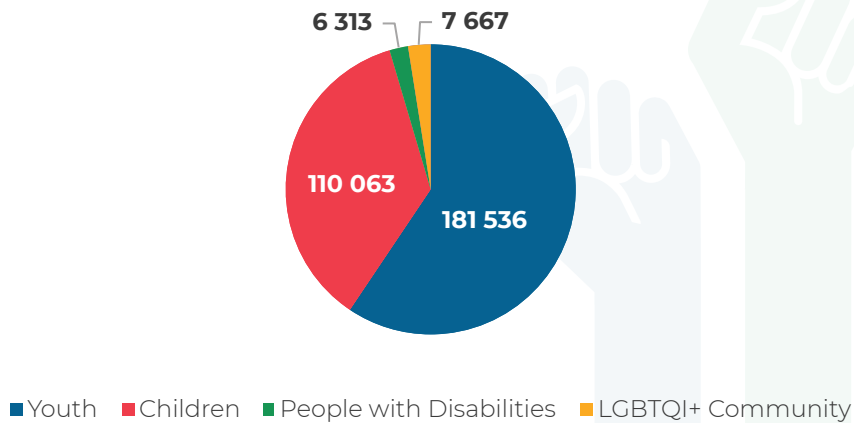
### CBO partner beneficiaries by race

Number of people reached by race



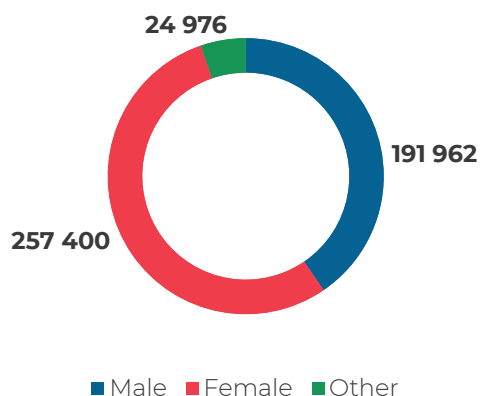
### CBO partner beneficiaries by other vulnerable groups

Number of people reached by vulnerable groups



### CBO partner beneficiaries by gender

Number of people reached by gender



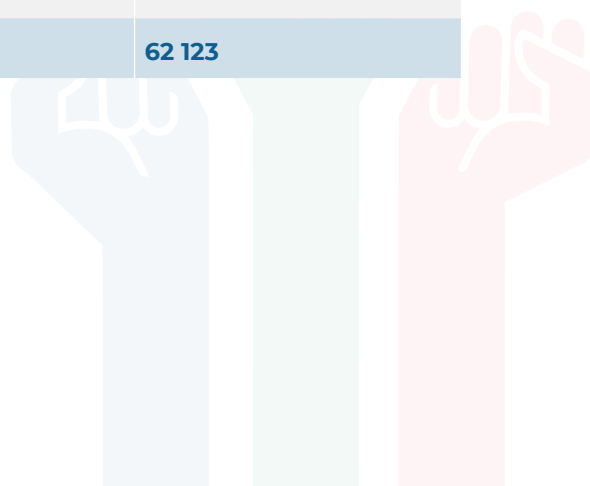
### CBO partner activities

The CBO partners implemented a broad range of activities in line with the determined core focus areas of prevention, response, and access to justice. These activities included community meetings, campaigns, training, individual sessions, and pamphlet distribution.

The highest number of activities were hosted in Gauteng, followed by KwaZulu-Natal and then the Western Cape.

### CBO partner activities by province

PROVINCE	NUMBER OF ACTIVITIES	NUMBER OF ACTIVITIES WITHOUT PAMPHLETS
Gauteng	13 0578	13 702
KwaZulu-Natal	30 155	10 222
Western Cape	16 389	8 627
Mpumalanga	38 082	7 360
Eastern Cape	49 738	7 179
Limpopo	12 849	6 635
Free State	5 315	3 471
North West	11 280	2 855
Northern Cape	84 418	2 073
<b>TOTAL</b>	<b>378 804</b>	<b>62 123</b>



### Highlights from the CBO partner projects include:

- Grassroots organisations across the country were able to access much-needed funding to respond to GBV as the need increased significantly over the pandemic.
- The community-level approach enabled the project to reach all the provinces in South Africa with contextualised GBV messages.
- The partner organisations were given the opportunity to share their work with representatives from the Foreign Commonwealth and Development office FCDO UK. This opportunity opened a pathway for possible collaborations and funding in the future for the partner organisations beyond the life of the project and the Fund more generally.

06

### CBO SUCCESS STORIES

(All names have been changed)

#### Callas Foundation - Western Cape

##### Access to Justice

Anna, a 26-year-old female, reported a case of assault by her ex-boyfriend. The same perpetrator had verbally, physically, and emotionally abused her for over two years. In January 2022, Anna was physically assaulted by her former boyfriend for two days and suffered injuries that made walking difficult. Through community GBV responders from the Callas Foundation, she was advised to go to the hospital, where the doctor completed a J88 (a medical certificate to be used as evidence in securing a conviction in court). She was accompanied to open a case of assault against her former partner at the police and advised to apply for a protection order against her former boyfriend, which she subsequently obtained. Her assault case is currently in court. Through the intervention of the Callas Foundation, the client's case received the immediate attention it required from the police services.

#### Phokeng Trauma Centre - North West

##### Psychosocial support and access to justice

A 28-year-old woman approached Phokeng about the trauma she suffered from being raped by her maternal cousin several times when she was between four and seven. When she was ten years old, she told her mother about the incidents, but her mother paid no attention. This assault destroyed her future as she could not cope and dropped out of tertiary education. She was looking for some justice as the trauma kept straining her emotionally. Through Phokeng Trauma Centre, she received emotional support and counselling and was advised that she could still open a case. The woman is reported to have eventually opened a case of rape against her cousin, 22 years after the incident.

#### Vhutshilo Mountain School and Outreach Programme - Limpopo

##### GBV Fieldworkers/caregivers and women empowerment

Vhutshilo reported the case of Mulalo, who was born in 2001 with HIV and raised by a single mother of three girls. Mulalo became pregnant at 18, and her boyfriend declined to take part in the baby's life, leaving Mulalo in depression. She joined the Zwonaka Network, a programme for GBV first responders and an empowerment network facilitated by the Vhutshilo Mountain School. During her door-to-door campaign, Mulalo assisted a young woman in her village who was being beaten by her live-in boyfriend, helping the woman to open the case at the police station. Mulalo would always ignore GBV incidents before she joined the network. Helping others has helped her to take charge of her own life. She opened a savings account for her business, is saving money for her son's future, and wants to grow her nail business.

### **Refugee Children's Project (RCP) - Gauteng**

#### **Skills development and psychosocial support**

Jean, a 34-year-old woman from the DRC, has been living in South Africa for the past ten years. She is a mother of three children and is a victim of GBV. She was uncomfortable reporting the violence because, culturally, it was unacceptable to report her own husband. After receiving a flyer about RCP's GBV programme, she approached the organisation and stated that she was already separated from her husband because of the abuse. After an initial assessment, she was put in a counselling programme and has since joined their integrated Vocational Skills Training programme, where she attends pedicure and manicure classes. Jean said that this training is changing her life because she can now gain an income and support her children.

### **Institute for Sustainable Development (ISSD) - Northern Cape**

#### **Access to justice**

The organisation helped a rape survivor who had suffered secondary victimisation by a Department of Correctional Services official. The woman was abused and raped by her partner until she opened a criminal case against him. The perpetrator was sentenced to imprisonment, and after serving a few years, he qualified for parole. In terms of the Restorative Justice Programme of the Department of Correctional Service, the victim must form part of the programme, which meant she would have to meet with the perpetrator. The victim refused, making it clear she was not ready to see the offender. Since her refusal, she was constantly harassed by a Department of Correctional Services official, who tried to force her to cooperate. When she approached ISSD, they assisted in reporting the matter to the Police and encouraged her to open a case. The organisation also reported the matter to the Department of Correctional Services, which has led to the suspension of the application for the parole process. It resulted in the victim not having to forcefully participate in the restorative justice programme.

### **Footprints Foundation - Mpumalanga**

#### **Sexual and Reproductive Health and Rights (SRHR)**

Liza is a female teacher at a beneficiary school who has taught girl learners about menstrual health and management issues, as well as sexual and reproductive health and rights. For Liza, the SRHR programme from Footprints Foundation not only lessened the teaching load but also equipped her with new ways of having these conversations with learners. Furthermore, since she also finds herself mentoring older girl learners because they feel comfortable with her, she is experiencing a financial burden as she was buying sanitary products for learners out of her own pocket. With this programme's assistance, the Foundation could purchase sanitary pads for the learners, lessening the burden on Liza.

### **Richards Bay Family Care Support - KwaZulu-Natal**

#### **Intervention: Psychosocial support, shelter for GBV survivors**

A case was referred from one of the primary schools they rendered services to. A 12-year-old girl reported that she and her 32-year-old mother were severely abused by her stepfather. The child reported that her stepfather assaulted her mother and threatened to kill both the mother and the child. On investigation by the social worker, the child was removed from the unconducive environment and was placed in temporary safe care with a suitable family. The biological mother received psychosocial support, and she later left the relationship and decided to rebuild her life. She was granted a protection order by the Domestic Violence court. The child adjusted well into care and received counselling services. The biological mother later disclosed information about the child's biological father and requested the social workers' assistance in re-unifying the daughter with her biological father. Richards Bay Family Care helped to re-unify the child and the biological father. The child is settled well with her biological father and happy



in his care. She maintains reasonable contact with the biological mother. The biological mother is working towards sustaining herself as an empowered individual.

07

**SYSTEMIC PARTNERS**

The Fund supported 11 larger organisations that were best placed to positively impact the systemic and structural responses to GBV nationwide. The systemic partners' activities were focused on the following critical areas that would have a long-term, sustainable impact on the GBV response:

- Improved support and enabling access and effectiveness of the criminal justice system.
- Improved support for capacity-building of community-level responses to GBV.
- Development and scaling of digital and virtual training to stakeholders in providing access to justice.
- Research, advocacy, and policy work related to GBV in South Africa.

As part of the legacy of the Fund, the capacity building for community-level responses to GBV was a particular focus of the systemic level partners.

The table below presents a brief overview of the organisations that were funded and their contribution to the project:

OUTCOME	ORGANISATION	SERVICES OFFERED	GEOGRAPHICAL AREAS OF OPERATION
<b>Improved support and enabling of access to and effectiveness of the criminal justice system</b>	<b>Lawyers against Abuse (LvA)</b>	Critical legal and psychosocial support for victims of GBV	Based and operating in Gauteng
	<b>Mosaic Training Services and Healing Centre for Women</b>	Improving women's access to justice and rights through coordination	Based in Western Cape, operating nationally
<b>Improved support for and capacity building of community-level responses to GBV</b>	<b>Cape Mental Health Centre</b>	Sexual Abuse Victim Empowerment (SAVE) programme	Based and operating in Western Cape
	<b>Junior Achievements South Africa (JASA)</b>	Training and empowerment of GBV survivors	Based in Gauteng, operating in Gauteng, North West, and Limpopo
	<b>Learn to Earn (LtE)</b>	Training of GBV survivors	Based and operating in Khayelitsha, Western Cape
	<b>Ntataise Trust</b>	Empowerment of early childhood development practitioners on GBV issues	Based in Gauteng, operating in Gauteng, Mpumalanga, KwaZulu-Natal, Free State, and North West
	<b>Gender Links</b>	Empowerment of GBV victims through workshops and training	Based in Gauteng, operating in Gauteng, Limpopo, and Western Cape

<b>Development and upscaling of digital/virtual training in providing access to justice</b>	<b>Heartlines Centre NPC</b>	Voicing of issues, including GBV, through media campaigns	Based in Gauteng, but operating nationally
	<b>We Will Speak Out SA (WWSOSA)</b>	Empowerment of faith-based leaders to tackle issues of GBV	Based in KwaZulu-Natal, but operating in KZN, Gauteng, Western Cape, and North West.
<b>Research, advocacy, and/or policy work related to GBV in South Africa</b>	<b>Childline Gauteng</b>	Voicing of issues, including GBV, through media campaigns	Based in Gauteng, but operating nationally
	<b>Mikhulu Child Development Trust</b>	Research on GBV	Based and operating in Gauteng

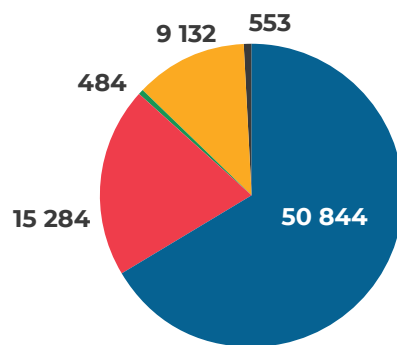
### Systemic partner reach

Overall, the systemic partner programme reached the following beneficiaries:

- 15 284 Black African beneficiaries
- 19 240 female beneficiaries
- 5 953 male beneficiaries
- 9 522 young beneficiaries

### Systemic partner beneficiaries by race

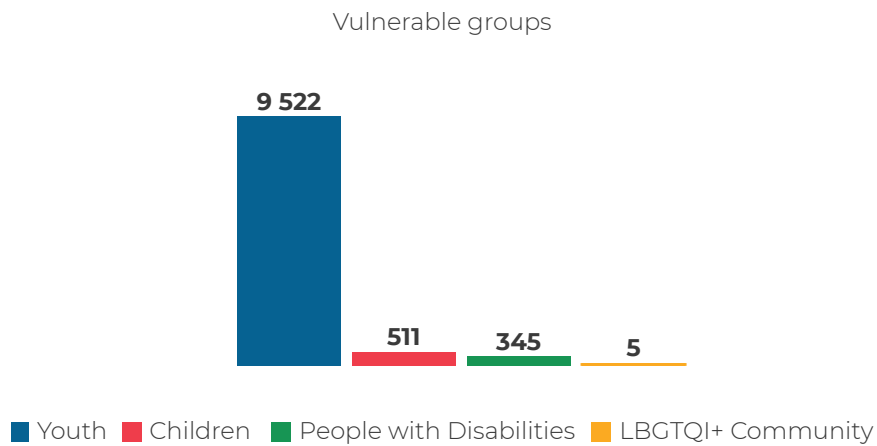
Beneficiaries by race



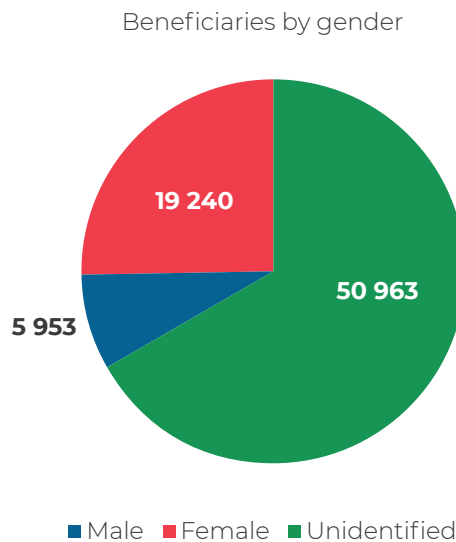
■ Unidentified ■ Black African ■ White ■ Coloured ■ Indian



### Systemic partner beneficiaries by other vulnerable groups



### Systemic partner beneficiaries by gender



### Reach by focus areas and activities

The highest number of beneficiaries (over 50 000) were reached through the digital/virtual solutions outcome, followed by access to justice.

FOCUS AREA	NUMBER OF BENEFICIARIES
Access to Justice	21 633
Capacity building	3 091
Digital/Virtual Solutions	51 025
Research/Advocacy	407
<b>TOTAL</b>	<b>76 156</b>

Interventions such as meetings, campaigns, training, individual sessions, and pamphlet distribution were used to reach people.

**Number and nature of systemic partner activities**

ACTIVITY	RESULT
Meetings/dialogues	248
One-on-one sessions	21 784
Trainings/workshops	6 235
Media campaigns	1 702
Campaigns	1 495
Actions/demonstrations	1 502
Research Papers	4
<b>TOTAL NUMBER OF ACTIVITIES</b>	<b>31 524</b>

**Highlights from the systemic partner projects include:**

- Some of the organisations contributed significantly to removing barriers to justice for victims with mental disabilities through networking, training, and capacity-building of duty bearers.
- The data from the Mikhulu Child Development Trust study, supported under the project, will serve as a strong guiding point on how to change the fathers' behaviour.
- Gender Links has completed a policy brief on the link between economic power and gender-based violence prevention, which can impact policy interventions.
- Partners have indicated that following their work with the Fund, their presence has increased and they are more visible. This should contribute to their ability to access funding, and other resources, going forward.



**SYSTEMIC PARTNER SUCCESS STORIES**

**Organisation name: LvA**

**Access to Justice**

A 16-year-old girl was assaulted while in police custody. Despite having opened a case, she did not receive a CAS number or any further feedback from the police. A woman activist brought the victim to LvA for assistance. LvA staff accompanied the victim and the activist back to the police station and first tried to get information about the status of the case from the branch commander, who refused to provide LvA with any information. LvA staff then leveraged relationships established within the Department of Community Safety to learn that the case has been referred to the Independent Police Investigative Directorate (IPID) for investigation. LvA then facilitated communication between the IPID investigator and the victim so that she could receive an update about the status of her case.

**Organisation Name: Gender Links**

**Women's empowerment**

I am Nomathemba, I am in my fifties. I am from Midvaal in South Africa. My husband and I got into a fight and decided to separate. We had kids together. When we separated, he then

got a girlfriend. I did not work or have any financial support since he took care of everything. The girlfriend did not want the kids around and she did not want my husband to support them financially. I refused to send my kids to my husband and his girlfriend. That is when our communication stopped. He also stopped visiting the children and stopped his financial support as well. Along my journey I was introduced to Gender Links. I have learned a lot, I gained wisdom, knowledge and skills. After everything that has happened in my relationship and through the help of Gender Links, I told myself that I do not rely on anyone to support me financially, so I started looking for jobs and tried opening up a business so that I can support my children. I also used to struggle with low self-esteem, but now my confidence is back and I am happy that I am strong and I do not give up easily. Thank you Gender Links. I am happy and grateful to be one of your “products”.

**Organisation Name: Mikhulu Trust**

**Research/Advocacy**

*Stories from Fathers:*

“I want to understand my son and to be a better father to him. It was an interesting journey, because I got to understand how to share a book with my son and to understand him better so that kept coming. This programme made me better and better every time.”

“I wanted to change the perspective of fathers not being involved in their child’s lives and wanted to teach my child more. I want to have a good relationship with my child.”

09

**CHALLENGES, LESSONS AND RECOMMENDATIONS**

**Challenges**

The COVID-19 pandemic response measures contributed significantly to the challenges experienced by this project. This impacted on, amongst others, how beneficiaries were reached and communicated with. Innovation and agility were required to ensure the success of the project.

The key challenges experienced during project implementation included:

- When activities targeted beneficiaries in shelters, some vacated their shelter without finishing their skills training or sessions with the social worker. To ensure they could continue to receive services, such as psychosocial support, their cases were referred to other service providers operating within the vicinity the survivor lived.
- Pandemic lockdown restrictions led to challenges with obtaining protection orders. One organisation in the Western Cape partnered with the Western Cape Women’s Shelter Movement, enabling them to refer their clients, who could then access assistance with protection orders and other legal matters.
- Some organisations experienced stigmatisation of women who speak out against GBV. They began conducting door-to-door campaigns to improve awareness to overcome this trend.
- The process of providing psychosocial support to victims is long and may lead to burnout for employees. Organisations provided support to staff and opened lines of communication with their supervisors to enable staff to receive additional assistance.
- In some instances, community members were reluctant to attend meetings and gatherings where they did not receive incentives. To mitigate this, the organisation mobilised other stakeholders, such as local clinics, and offered community members sanitisers, masks, snacks and in some cases money for transport as incentives.
- For school-based activities, some schools did not have appropriate assembly points, making it difficult to conduct workshops and gatherings. This necessitated the use of alternatives such as libraries and community halls.

In terms of project management, the following challenges were experienced:

- Some partners struggled to understand and grasp the reporting framework and tools. This required continuous capacity building by Ucwangingo, which added significantly to the time and effort involved in supporting organisations to meet reporting requirements.
- Some partners experienced difficulties with reporting, creating a gap in implementation, especially between report submission and receipt of the second round of funding. Implementation was, therefore, sometimes delayed in the absence of funding.

#### **Lessons and recommendations**

- Women survivors using low-tech solutions such as WhatsApp, created much needed support systems and information and learning platforms.
- Working with significant males in the GBV survivors' lives is necessary and complex. Talking with males about their role in GBV prevention and reduction is critical.
- Going forward, it is important to continue working with CBOs who can access the beneficiaries requiring support and interventions.
- Any further development projects must cater for the other vulnerable groups to reduce their vulnerability.

10

#### **CONCLUSION**

Through the GBV I and II programmes, the Fund has achieved its aim of making a lasting impact on the country's GBV response. The Fund has supported 281 community-based organisations, 11 systemic partners, 78 GBV shelters, and 55 Thuthuzela Care Centres. This intentional and targeted support has strengthened these organisations' ability to provide protection, legal, psycho-social, and other support to over half a million beneficiaries, empowering countless women to move forward positively in their lives.

The Fund's support has also reached more than 30 million beneficiaries through media and online communications campaigns and activities, raising awareness on the scourge of GBV, how to get help, and encouraging South Africans to respect and cherish our women, children, and minority groups.

