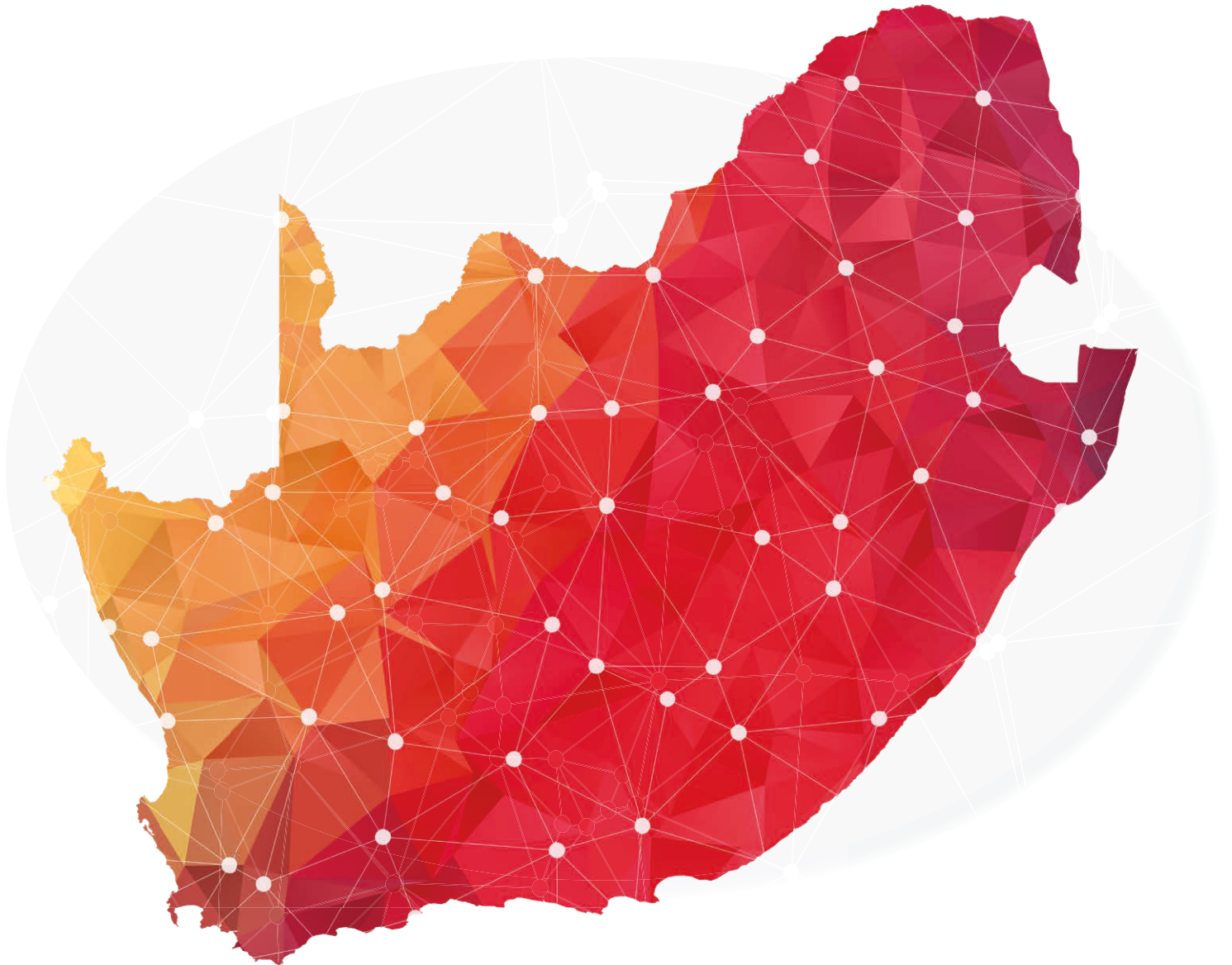




CSV  
Centre for the Study of  
Violence and Reconciliation  
Working towards peaceful, equal and  
violence-free societies since 1989



FirstRand  
EMPOWERMENT FOUNDATION



# A RAPID RESPONSE

Addressing the Shadow Pandemic of  
Sexual and Gender-Based Violence within South Africa

An Analysis of the Impact Achieved Through the FirstRand Empowerment Foundation and  
Centre for the Study of Violence and Reconciliation Project Implemented in 48  
Gender-Based Violence Hotspot Communities

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**CSVr**  
Centre for the Study of  
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<b>CBO</b>	Community-Based Organisation
<b>CPF</b>	Community Policing Forum
<b>CPS</b>	Community Psychosocial Supporters
<b>CSO</b>	Civil Society Organisation
<b>CSVr</b>	Centre for the Study of Violence and Reconciliation
<b>FREF</b>	FirstRand Empowerment Foundation
<b>GBV</b>	Gender-Based Violence
<b>GBVF</b>	Gender-Based Violence and Femicide
<b>HURISA</b>	Human Rights Institute of South Africa
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>NGO</b>	Non-governmental Organisation
<b>NPO</b>	Non-profit Organisation
<b>NSP-GBVF</b>	National Strategic Plan on Gender-Based Violence and Femicide
<b>SAPS</b>	South African Police Service
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>TVEP</b>	Thohoyandou Victim Empowerment Programme
<b>UPR</b>	Universal Periodic Review
<b>VEP</b>	Victim Empowerment Programme
<b>WHO</b>	World Health Organisation



South Africa has been dubbed a country in crisis when it comes to the levels of gender-based violence (GBV) and femicide. The COVID-19 pandemic further exacerbated the experiences of women and girls and the national level 5 lockdown at the onset of the pandemic saw a spike in violence against women. The 30 GBV hotspots list released by Police Minister Bheki Cele painted a gloomy picture of the GBV situation in the country. In response to this scourge, the South African government adopted the National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF), a cohesive, coordinated and multi-sectoral strategic framework that guides a national response to GBVF in the country. The NSP-GBVF is structured according to six pillars, as well as distinct objectives with indicators (detailed below) to measure the level of implementation at the end of five years in 2024.

To address the high rates of GBV in South Africa, the Centre for the Study of Violence and Reconciliation (CSVR) implemented a project titled A Rapid Response: Addressing the Shadow Pandemic of SGBV within South Africa, funded by the FirstRand Empowerment Foundation (FREF). The project was implemented initially in eight communities in two provinces and later upscaled to 48 communities across eight provinces in South Africa. Advancing CSVR's multidisciplinary approach to addressing GBV, the project included: conducting research to inform interventions tailored to contextual realities; providing mental health and psychosocial support (MHPSS) services to victims of GBV; sub-granting community-based organisations (CBOs) and providing technical support in their community-led GBV responses and strategies; and upskilling CBOs on a broad range of GBV topics and organisational development. It also included partnering with multiple stakeholders to amplify efforts; capacitation of stakeholders in eight provinces; and empowering women victims on GBV and establishing self-sustaining networks. The project activities fed into all six pillars of the NSP-GBVF, as well as the four strategic pillars of FREF's GBV strategy framework.

The project recorded numerous successes and had an impact on the communities most affected by GBV. Among its successes, the project went beyond the usual GBV responses and met victims' practical needs. To ensure their empowerment, the project appointed young black women as interns and fellows at CSVR or as research fieldworkers and project provincial focal points. This approach provided the women with both a financial lifeline and new skills that positioned them for employment.

CBOs that often cannot access funding through mainstream channels were beneficiaries of both funds and upskilling on implementing GBV projects, with some being assisted to register their organisations and strengthen their monitoring and evaluation, fundraising, advocacy, gender, MHPSS, financial and project reporting skills. Most CBOs increased their reach with GBV victims and services provided in their communities. Some increased their visibility and are now known as the go-to service providers for GBV interventions by multiple stakeholders in their communities. Transformation of attitudes and beliefs was also recorded, as men in some communities sought help and showed a willingness to change behaviours that constitute GBV.

The project presented key lessons for CSVR and other stakeholders responding to GBV in South Africa and beyond. Among others, the project highlighted the need for shared responsibility in preventing and addressing GBV by public and private institutions, with community members at the centre. The project also highlighted the need to sensitise funders to locate GBV within a larger socio-economic landscape, as GBV is part of the violence architecture in society and the social challenges that communities face. Implementation of this project also modelled that translating national GBV responses into community strategies is the best and most effective way of localising and including communities in addressing GBV in their localities, particularly the nuances of lived realities of victims and community members.

The project showed that shifting from rapid response to long-term and sustained GBV programming is what is needed to turn the tide and transform attitudes that perpetuate GBV. Overall, the project is a positive indicator of what shared and collective responsibility among various stakeholders, particularly the corporate sector, civil society organisations (CSOs) and communities, can achieve to address GBV in communities and in society.

# Introduction

## Overview of GBV in South Africa

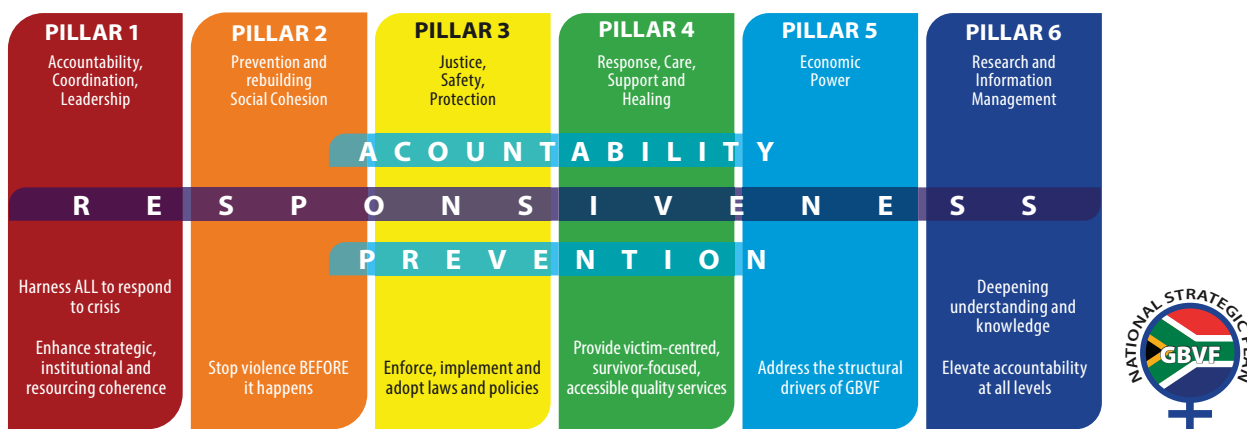
GBV in South Africa has reached crisis proportions in recent years. For a country not in conflict, the safety and security of women and girls in particular is at an all-time low. The 2020 World Population Review report showed that South Africa had the highest number of rape incidents globally and the 2023 Population Review Report placed South Africa in third place, after Botswana and Lesotho.

Gender experts estimate that only one out of nine crimes of violence against women are reported in South Africa. The 2021 Statistics South Africa report titled *Crimes Against Women in South Africa* and South Africa's 2016 Demographic and Health Survey show that one in five women has experienced physical violence by their intimate partner. The World Health Organisation (WHO) further highlights that 12.1 in every 100 000 women are killed by an intimate partner in South Africa each year, a figure that is five times higher than the global average of 2.6. A 2021 *Mail & Guardian* report showed that 51% of women in South Africa have experienced GBV in their lifetime. In the same report, 76% of men admitted to perpetrating violence against women.

In response to the COVID-19 pandemic, measures taken by the South African government to protect the population and keep the health system afloat had the adverse effect of leaving women and girls especially vulnerable to existing and new forms of GBV and other violence. In the first week of South Africa's level 5 lockdown in 2020, over 2 320 cases of GBV were recorded. In the same year, Police Minister Bheki Cele released a list of the top 30 GBV hotspots in the country, showing the prevalence of this scourge.

Following CSVR's 2017 research report titled *Violence against Women in South Africa: A Country in Crisis* and the national shutdown led by women activists and victim groups protesting high levels of GBV in the country, President Cyril Ramaphosa hosted a Presidential Summit on GBVF in November 2018. The summit identified key interventions to address GBVF and wider challenges that women and children face in the country. It led to the signing of a Declaration for collaborative conceptualisation and implementation of measures to eradicate GBVF and the subsequent development and adoption of the NSP-GBVF as a coordinated and multi-sectoral response to the scourge of GBVF in South Africa.

Figure 1. The six pillars of the NSP-GBVF

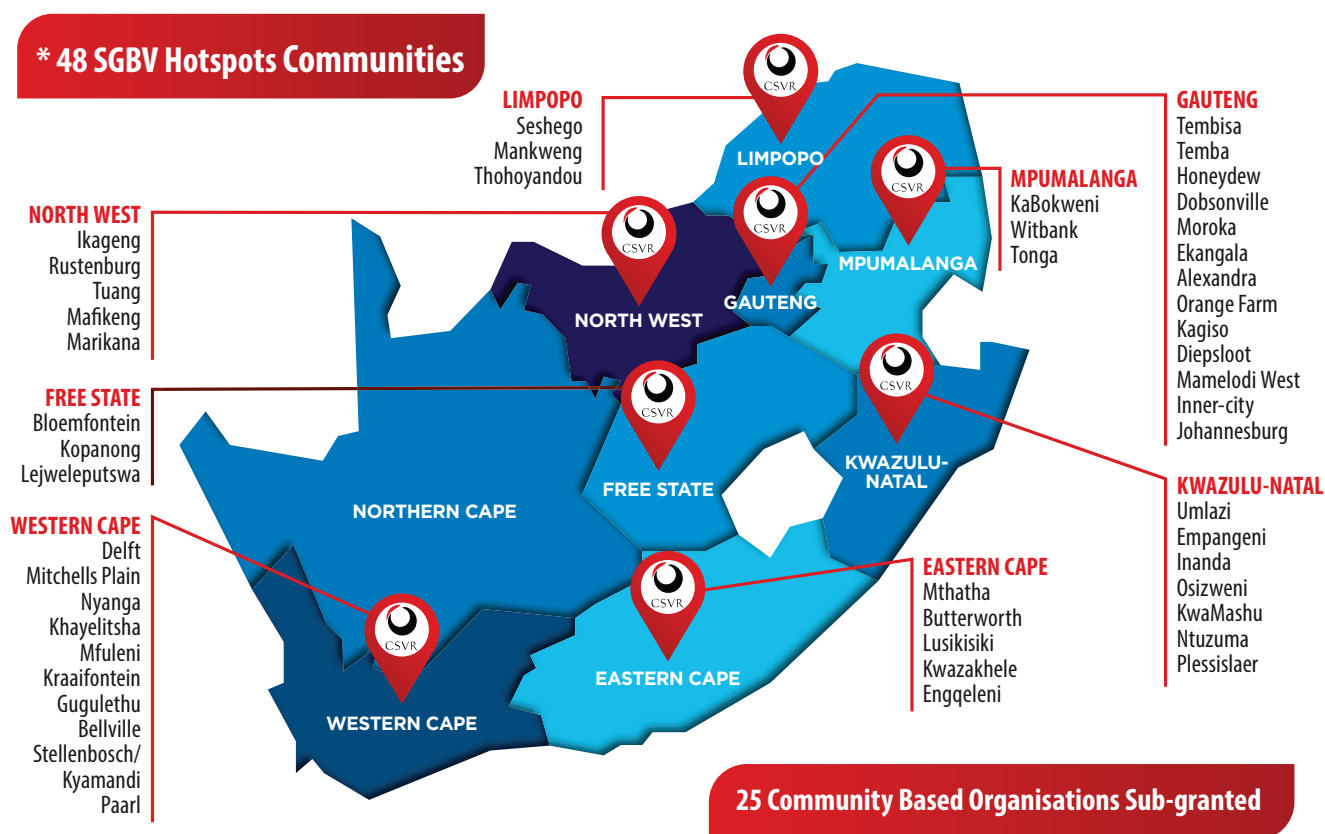


## FREF's investment in addressing GBV in South Africa

Having identified GBV as a strategic focus area, FREF seeks to achieve the following objectives within the framework of the NSP-GBVF: (a) to promote the prevention and mitigation of GBVF through supporting initiatives that facilitate increased understanding of GBVF, and address associated social, cultural and/or traditional, religious, political and economic factors; (b) to strengthen the delivery of effective, accessible and responsive protection, care and support services to those affected by GBVF through integrating this response across the strategy's priority pillars; (c) to support the production of research to enhance timely and relevant GBVF knowledge and information to inform evidence-based interventions as well as foster sharing of best practices and innovation on GBVF responses, service planning and implementation; and (d) to facilitate women's empowerment and enhance their economic power as a strategy to curb GBVF and contribute to gender transformation.

FREF selected CSVR as a strategic partner to support the implementation of its GBVF strategy and its objectives. To this end, in December 2021, CSVR received R7.5 million to pilot a rapid response, multidisciplinary project aimed at addressing the shadow pandemic in seven communities in Gauteng province and one community in North West province. In July 2022, the pilot project was upscaled to target an additional 40 communities across eight provinces, focusing on the government's top 30 GBV hotspots and emerging hotspot communities identified by CSVR through its research and community interventions. The upscaled project had a budget of R28 245 438, with additional components that included upskilling and partnering with local communities in addressing GBV.


**Figure 2. The 48 communities CSVR worked with to address the shadow pandemic of GBV**



\* The hotspot-communities include the 2020 Hotspot Communities from the Minister of Police, including 18 additional hotspot communities identified by the CSVR.

## CSVr's unique approach: Optimising the project's impact

Drawing on CSVr's long-standing gender work, the project showcased the uniqueness of CSVr's multidisciplinary approach as a much-needed model to address GBV in South Africa.

Approach	Value proposition
 <p><b>Multidisciplinary approach</b></p>	<p>Enabled CSVr to provide holistic interventions and services to victims and survivors of GBV, communities affected by GBV, and institutions mandated to respond to GBV. This approach encompasses:</p> <ol style="list-style-type: none"> <li>1. undertaking research to understand the lived realities and experiences of key population groups affected in each community or context, to facilitate evidence-based and targeted interventions and advocacy to address GBV</li> <li>2. providing MHPSS to address the traumatic experiences and mental health challenges that victims of GBV experience</li> <li>3. undertaking advocacy work through awareness raising, capacity building and training for multiple stakeholders, including victims, CBOs, CSOs and institutions</li> <li>4. undertaking community dialogues to transform beliefs, attitudes and norms that tend to perpetuate GBV in communities</li> <li>5. empowering victims and groups vulnerable to GBV in communities (through knowledge, healing and training) to become active citizens who can advocate for the change they want to see through movement building and self-sustaining support networks.</li> </ol>
 <p><b>Learning from and collaborating with communities affected by GBV</b></p>	<p>CSVr's approach to addressing GBV and violence in communities is a collaborative one, with those affected being experts on their contextual realities and lived experiences and thus playing a central role in articulating solutions to address and prevent violence in their communities. As CSVr collaborated with communities, the organisation also continuously learned from their resilience and innovative ways of bringing about change.</p>
 <p><b>Community dialogue approach</b></p>	<p>This approach prioritised dialoguing through GBV challenges that communities face as a collective, with the aim of co-developing locally designed and owned strategies for addressing these challenges, be they root causes, key drivers, triggers or fuellers of GBV. Dialoguing allowed participants to share and consider different perspectives and personal experiences and provided an opportunity to discover areas of common concern. The community dialogues were catalysts for openly discussing issues and having members of communities hold each other accountable for transformative change in beliefs and attitudes – moving away from harmful norms to positive ways of engaging with one another in the home and in the public sphere.</p>
 <p><b>Experiential research</b></p>	<p>CSVr's research for this project was anchored in the lived realities of communities most affected by GBV. Their views collected during the research were informed by their daily lives and experiences of the scourge of GBV. This approach ensured that CSVr's recommendation to policymakers, CSOs and government, among other stakeholders, addressed these lived realities of community members.</p>
 <p><b>Trauma-informed approach</b></p>	<p>This approach acknowledges how past traumas and systemic inequalities contribute as root causes and sometimes key drivers of conflict in communities. Historical trauma and systemic inequalities often lead to mistrust and disillusionment in communities, creating a sense of apathy where communities do not engage with the social challenges they face. With interventions that were sensitive to how violence, including GBV, impact on individuals, families and communities, CSVr practised the principle of 'do no harm' to promote equal participation and created safe spaces where everyone felt heard regardless of their social standing. CSVr practitioners employed diverse skills, tools and exercises to build relationships of trust and took care to foster the safety, choice, collaboration and empowerment of community members.</p>



**Gendersensitivityand genderresponsiveness**

Theprojectintegratedanawarenessofandsensitivitytohowgenderinfluences theopportunitiesofindividualsinsociety,withwomenandgirlsbeing disproportionatelyaffected.Theinterventionsrespondedtothisawarenessby activelyaddressingthecausesofgenderinequality.



**Inclusionofwomenin alltheirdiversity**

Interventionsintentionallyincludedwomeninalltheirdiversityasbeneficiaries andthetargetaudienceoftheproject,includingwomenwithdisabilities,young women,olderwomen,womenlivinginperi-urbanandruralareas,widowed women,unemployedwomen,womeninthelowestincomebracket,womenas singlemothers,womenofdifferentsexualorientationandidentity,womenwith differentreligiousbeliefsanddifferentethnicities,womenleadersasagentsof positivechangeandprofessionalwomen.



**Buildinglocalcapacity torespondtoGBV**

ThisapproachsawCSVRubuildingthecapacityoflocalCBOsandosomeGBVvictimst orespondtotheissuesandGBVchallengesintheircommunities.Thecapacityto addressGBVincommunitiesthusbecamelocalisedandeasilyaccessiblefor victims.



**Sub-grantingforlocal CBOs**

Sub-grantsprovidedfinancialsupporttoCBOsthatoftendonotqualifyfor mainstreamfundingcalls.Thesub-grantswereaccompaniedbyorganisational developmentsupport,settingupandstrengtheningtheirfinancialandoperational systems,processesandproceduresaswellascompliance.Thesub-grantsalso ensuredthatresponsestoGBVineachcommunitywerelocalised,whichpromoted fasterandtailoredresponsestoGBVbyindividualsandserviceproviderswhom communitiesknowandcaneasilyaccess.

Thesub-grantsdemonstratedbothCSVRSandFREF'scommitmenttoempowering individualsandorganisationsincommunities.



**Community-led, community-tailored andlocalisedGBV preventionstrategies andinterventions**

Cognisantofthefactthatnotwocommunitiesarethesameandthataone-size-fits-allapproachtoGBVpreventiondoesnotwork,CSVRprovidedsupportand trainingtocommunitiestofacilitatecommunity-ownedandcommunity-led interventions.ItwascommunitiesthatimplementedGBVawareness-raising campaigns,documentedtheirlivedrealities,anddesignedtheirlocalisedGBV preventionstrategiesfortheproject.



*CSVR facilitating a session on community GBV prevention plans*

## **Implementation of CSVR's approach in the project**

- ✓ Conducted research to understand the intersections between the lived realities of community members and the key drivers of GBV, as well as the needs of community members, victim groups and leaders, to inform community-based and community-informed GBV prevention strategies.
- ✓ Provided MHPSS services to victims of GBV and their families in the communities and those referred to CSVR for MHPSS services by community policing forums (CPFs), CBOs and other partners.
- ✓ Upskilled CBOs on GBV, legal frameworks, the criminal justice system and how victims can navigate it; data collection; advocacy and engaging with policy makers; financial accounting and financial management; financial and donor reporting; fundraising proposal writing; and broader organisational development to facilitate the sustainability of their work beyond the project.
- ✓ Sub-granted CBOs to respond to context-specific GBV issues in their communities, disbursing funding ranging from R60 000 to R495 000 following a due diligence process that ensured the CBOs' capacity to manage these grants.
- ✓ Partnered and collaborated with multiple stakeholders undertaking GBV work in the communities and provinces and at the national level, to strengthen GBV responses and GBV referral networks.
- ✓ Capacitated various stakeholders on GBV laws and the NSP-GBVF to ensure their effective implementation and on integrating MHPSS into GBV interventions through a trauma-informed lens, including frontline workers, community leaders, youth initiatives, men's forums, South African Police Service (SAPS), Department of Health, Department of Social Development and Department of Education.
- ✓ Linked CBOs with opportunities for funding and with national GBV responses.
- ✓ Empowered women victims of GBV and established self-sustaining support networks.

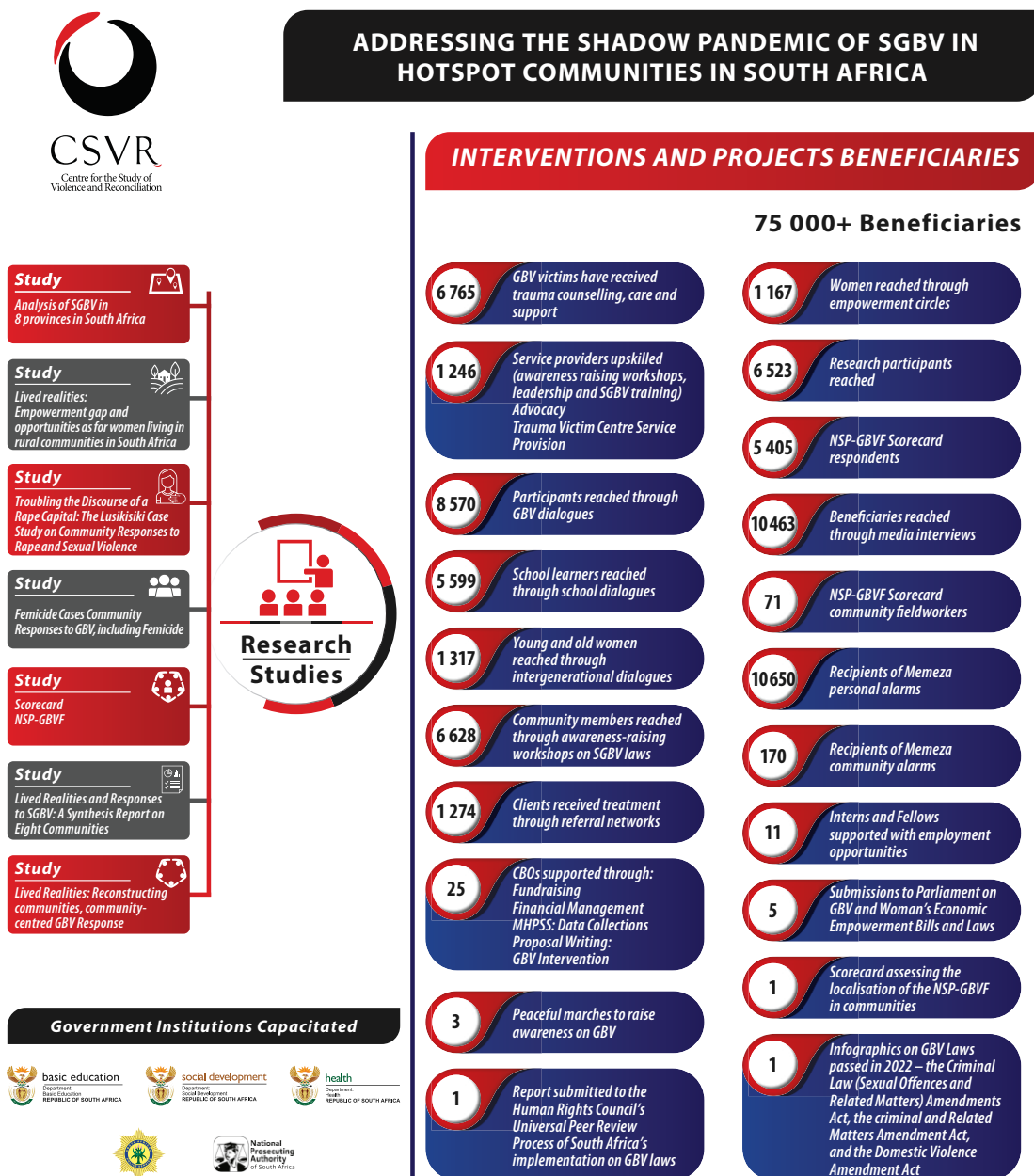


*CSVr providing training to community members regarding SGBV laws for various communities at our offices*

# Impact of the project in 48 communities across eight provinces in South Africa

The FREF project implemented by CSVR, in partnership with communities and stakeholders, provided a safe space for individuals to voice their pain, seek support and receive practical help, fostering community healing even in some of the remotest rural communities in South Africa. Through capacity-building and training initiatives, including trauma-informed and gender-sensitive programmes, CSVR empowered communities to take control of their lives and well-being.

Community dialogues have been crucial in addressing GBV challenges, and CSVR created platforms for community members, stakeholders and local government to engage. The focus on community needs and the establishment of sustainable practices through MHPSS and community mobilisation facilitated ongoing healing support. The following infographic shows the specific positive impacts CSVR made through the project:



## Qualitative impact of the project

The infographic above shows the large number of individuals, communities and institutions CSVR reached through the project. Yet, this impact analysis would be incomplete without the inclusion of voices from the different communities in which CSVR worked, particularly women who benefited from the project. These voices are crucial for gaining a comprehensive understanding of the tangible transformation that took place on the ground, including both intended and unintended impacts of the project's interventions. The impact analysis is based on each of the project's seven objectives.



### Objective 1:

#### **To strengthen access to timely, quality MHPSS services for individuals, families and communities affected by SGBV and its impacts, both pre and post the COVID-19 pandemic and for its duration – Led by CSVR's MHPSS Programme**

Implementing Pillar 4 of the NSP-GBVF, the project undertook the following interventions to achieve this objective:

- *Conducted awareness campaigns to reduce stigma and increase understanding of mental health issues related to sexual and gender-based violence (SGBV). This included educating communities on the importance of seeking help and the available support services for victims.*
- *Provided training programmes for healthcare professionals, social workers and community leaders on how to effectively identify and respond to mental health needs arising from SGBV.*
- *Integrated MHPSS into existing healthcare systems and services. This facilitated GBV victims' access to these services alongside medical care.*
- *Supported the establishment of community-based support groups and networks for survivors, where they shared experiences, received emotional support and accessed resources for their empowerment.*
- *Worked closely with CBOs, non-governmental organisations (NGOs), government departments and other stakeholders providing care and support for GBV victims to coordinate efforts and to improve the availability and effectiveness of support services.*

Through these strategies, the project created a comprehensive and accessible system of support and care for individuals, families and communities impacted by SGBV, helping them to heal and rebuild their lives. Several CBOs sub-granted through this project took the lead in providing MHPSS to GBV victims following funding, capacitation and training from CSVR. For example, Mankweng Victim Empowerment Programme (VEP) and Thohoyandou Victim Empowerment Programme (TVEP) in Limpopo specifically provided MHPSS to victims of GBV.

Mankweng VEP showed its initiative and innovation in reaching out to and following up on victims, noting, **'We also conducted home visits to check on how victims are coping.'** TVEP, meanwhile, highlighted that, through funding from CSVR, their MHPSS interventions were enhanced to reach a much wider group of beneficiaries than before: **'Our organisation has two trauma centres that operate as one-stop centres and they are open for victims 24 hours a day, seven days a week to provide MHPSS. We have an arrangement with the police for them to transport victims who come to their police stations to our trauma centres for services. We also have officials in the smaller courts as a link to the courts to provide services to victims of GBV and ensure that victims are not subjected to secondary trauma through court processes. This work's growth has been made possible by the dedication of our team and the funding from CSVR.'**

As a result of this work, **6765** victims of GBV in the target communities received counselling and emotional support, with an additional **1274** clients receiving treatment through CSVR's referral networks, which include medical doctors and psychiatrists.



## Objective 2:

### **To strengthen the capacity of service providers and frontline workers to respond to the complex needs of victims/survivors of SGBV – Led by CSVr's MHPSS Programme and supported by CSVr's Gender Programme, Finance Department, Operations Department and Monitoring and Evaluation staff**

Implementing Pillars 1 and 4 of the NSP-GBVF, the project's interventions under this objective created a more responsive, compassionate and effective support system for victims of SGBV on their journey towards recovery and justice. This, in turn, contributed to building more resilient and empowered communities.

Most of the CBOs and NGOs that CSVr worked with were founded by community members who are survivors of GBV, having experienced it first-hand or through a family member. While their passion for justice drove them to address GBV challenges in their communities, most had not received formal training to run organisations and implement GBV interventions in structured and sustainable ways. As part of strengthening the capacity of CBOs as frontline workers to respond to victims' needs, CSVr gave them a series of trainings on integrating MHPSS in GBV interventions, monitoring and evaluation, as well as financial reporting, which were crucial for ensuring the success of the project.

Benefiting from CSVr's training, some organisations only started integrating MHPSS services for victims at their locality during the project. Positive Women's Network summed it up this way: ***'On the issue of psychosocial support, we did not have much knowledge about it before CSVr's training and this project; the training we had opened our eyes as Positive Women's Network to the need to integrate MHPSS in our GBV activities.'***

CSVr's interventions were also key in improving the quality of services provided to victims of GBV. Service providers and frontline workers were equipped with the knowledge, skills and resources to deliver timely and appropriate support to victims that addressed their immediate and long-term needs. Quick and responsive assistance is crucial for mitigating the impact of trauma and facilitating the healing process.

The capacity-building activities led to the expansion of services, making them more accessible to a larger number of individuals in need. This was particularly important for reaching marginalised or vulnerable groups that face additional barriers in seeking help. It also ensured that victims were treated with sensitivity, empathy and an understanding of the psychological impact of GBV. Our competent and well-trained service providers were able to build trust with victims, creating a safe space where individuals felt comfortable disclosing their experiences. Trust is essential for establishing relationships that support survivors throughout their recovery process.

CSVr's capacity-building interventions also empowered victims by providing them with information, resources and options. Empowered victims actively participated in decision-making regarding their recovery and pursued justice when they chose to do so. Through our training, we protected victims from re-victimisation. Prevention of re-victimisation contributes to a more positive and empowering experience for victims seeking help.

Additionally, the capacitated service providers were better positioned to advocate for policies and systemic changes that address the root causes of GBV and improve response mechanisms. The knowledge and skills that service providers obtained contributed to creating a more supportive and protective environment for survivors at both community and institutional levels.

Under this objective, a total of **1246 CSO and government department personnel** were trained to provide trauma-informed services in response to the complex needs of GBV victims.



### Objective 3:

#### **To create greater awareness of the role of unresolved trauma and intergenerational trauma on incidents of SGBV – Led by CSVr's MHPSS Programme**

Also implementing Pillar 4 of the NSP-GBVF, interventions under this objective created greater awareness of the role of unresolved trauma and intergenerational trauma in incidents of GBV. Instrumental in fostering understanding, empathy and informed action, they contributed to more compassionate and effective responses to victims and helped in the development of strategies aimed at preventing and breaking the cycle of GBV and violence. This awareness encourages a more holistic approach to addressing GBV, as it highlights the interconnectedness of physical, psychological and social well-being. It also emphasises the need for multi-sectoral collaboration to provide comprehensive support to victims.

By increasing awareness, CSVr helped communities understand that GBV is not an isolated incident requiring attention only to the immediate consequences of violence; rather, GBV is often rooted in deeper issues related to trauma. Recognising these root causes is essential in GBV prevention strategies.

Greater awareness led to increased advocacy for MHPSS services and resources. Trauma-informed mental health support became a crucial component in the overall response to GBV, ensuring that survivors had access to the care they required. Service providers and institutions were better equipped to respond in ways that were sensitive to the experiences of trauma victims. One police official highlighted how this awareness transformed SAPS' service delivery: ***'We have since adopted trauma-informed approaches, creating a safe and supportive environment for survivors. This fostered trust and encouraged individuals to disclose their experiences, which is essential for effective support.'***

An MHPSS practitioner reflected how CSVr's trauma-informed approaches helped communities better understand and address GBV: ***'As communities increased their awareness of the impact of trauma, the project in turn had the effect of reducing the stigma and shame associated with being a GBV victim. This helped individuals and communities to understand that the effects of trauma are not a personal failure but a result of complex and often systemic issues. Through awareness raising, communities were empowered to address trauma as a collective issue. This encouraged open dialogue, education and community-based initiatives that promoted healing and resilience, fostering a sense of solidarity among victims and their communities. Most importantly, we understood that addressing intergenerational trauma facilitates breaking the cycle of violence by addressing the transmission of trauma from one generation to the next.'***

Through this activity, **8570 community members** were reached through community dialogues, **5599 learners** were reached through school dialogues, and **1317 women** were reached through intergenerational dialogues.



CSVr conducting social mapping in Lusikisiki for the research report



## Objective 4:

**To understand the intersections between lived realities and experiences of community members, and the key drivers, root causes of violence and SGBV in particular as well as the needs of community members, victim groups and leaders, to inform community-based and community-informed SGBV prevention strategies – Led by CSVR’s Research Programme and Advocacy Programme**

Pillars 2 and 6 of the NSP-GBVF focus on understanding the intersections between lived realities and the drivers of violence, along with addressing the needs of community members, victim groups and leaders. This is foundational for developing effective, culturally sensitive and sustainable community-based and community-informed GBV prevention strategies. To this end, CSVR conducted research to understand the key drivers and root causes of GBV in communities, producing the following reports on the findings:

1. **Lived Realities and Responses to SGBV: A Synthesis Report on Eight Communities**
2. **Lived Realities: Empowerment Gaps and Opportunities for Women Living in Rural Communities in South Africa**
3. **Scorecard on the Localisation of the National Strategic Plan on Gender-Based Violence and Femicide**

Research and advocacy based on the specific context and lived experiences of each community facilitated the implementation of GBV interventions that were relevant to the community members. A deep understanding of the intersections between communities’ lived realities and the key drivers and root causes of GBV facilitated the development of interventions tailored to each community. A one-size-fits-all approach would not have effectively addressed the diverse needs and challenges present in different contexts.

By involving community members, victim groups and leaders in the research and advocacy, CSVR fostered a sense of ownership among them. Community members actively participated in and supported initiatives that represented their needs and priorities. Community-informed strategies proved to be more effective because they considered the perspectives of those directly affected by GBV. A representative of the Positive Women’s Network CBO noted, **‘Being engaged by CSVR and our local community leaders made me feel seen and heard. It’s not just a campaign; they truly want to make a difference.’** A GBV victim, meanwhile, said, **‘I appreciate that they asked us about our needs and challenges. It feels like we are part of the solution, not just statistics.’**

CSVr’s research on the root causes of violence helped us identify the social, economic, cultural and political factors that contribute to GBV. This information shaped the design of our advocacy efforts, which focused on addressing these root causes to create sustainable change. In addition, understanding the needs of victim groups through community dialogues led to the development of strategies that empowered victims and provided them with the necessary support.

Acknowledging the intersections between lived realities and cultural contexts was essential for developing culturally sensitive GBV prevention strategies. This ensured that our interventions respected local norms and traditions, making them more likely to be accepted by the community. Informed by research, our advocacy efforts were more targeted and strategic. Understanding the specific needs and challenges in each community empowered advocacy to make a compelling case for policy changes, resource allocation and community support.



## Objective 5:

### **To raise awareness about SGBV laws in South Africa for their effective implementation as tools for disrupting norms, practices and perceptions that perpetuate SGBV – Led by CSV's Advocacy Programme**

Implementing Pillars 2 and 3 of the NSP-GBVF, activities under this objective raised awareness about GBV laws in South Africa. They had several positive impacts, ranging from empowering victims and others to challenging societal norms and fostering a culture of accountability and justice. The long-term effect is transformative, contributing to a safer and more equitable society. Below are some of the positive impacts recorded on this project.

- **Legal empowerment**  
Increased awareness of GBV laws empowered community members with knowledge of their rights, responsibilities and legal protections. This further empowered GBV victims and community members to take informed action against GBV.
- **Changing norms, attitudes and beliefs**  
CSV's dialogues and other awareness-raising initiatives challenged and disrupted societal norms, practices and perceptions that perpetuate GBV. By highlighting the legal frameworks in place to address the scourge of GBV, the communities, and men in particular, were encouraged to re-evaluate harmful beliefs and behaviours. TVEP in Limpopo highlighted this transformative change in some men in their community: **'One man came to my office seeking services and support; he was open to say, "I am very abusive to my wife, I need support and your help to change my ways." When you see men reporting themselves to organisations like ours that they are perpetrators of GBV and seeking help, it shows transformation of attitudes.'**
- **Accountability and prosecution**  
Increased awareness about GBV raised expectations for accountability. Communities and GBV victims are now increasingly demanding that perpetrators be held accountable, thus enforcing legislation, fostering a culture of justice and reducing impunity.
- **Community mobilisation**  
Awareness-raising initiatives mobilised communities to participate in actively preventing and addressing GBV. Some of the communities have pledged a collective commitment to challenging harmful practices, supporting victims and preventing GBV. The CBOs facilitated the development of community-led, multi-stakeholder GBV prevention strategies, and some hosted pledge-signing ceremonies involving various stakeholders, mobilising them to play their part in addressing GBV.
- **Support for victims**  
Awareness-raising initiatives promoted understanding and empathy for GBV victims within the communities. This, in turn, reduced victim-blaming tendencies and encouraged supportive responses from friends, family and community members. TVEP in Limpopo underscored this new level of support: **'On a radio programme, a woman shared that she is a victim of GBV and a man responded asking her if she had been to TVEP (our organisation) for services; the woman said no and the man directly referred the woman to our organisation on air, telling her she will receive all the support and services she needs from our organisation.'**

A total of **6628 community members** were reached through awareness-raising initiatives in the project.



## Objective 6:

### **To enhance effective implementation of GBV laws, plans and strategies in South Africa through monitoring and reporting at the national and international levels – Led by CSVR's Advocacy Programme**

Giving effect to Pillars 1 and 6 of NSP-GBVF, interventions under this objective contributed towards systemic improvements, increased accountability and a more supportive environment for victims. Recognising the need to track the progress of the implementation of the NSP-GBVF and to document community-centred approaches to addressing GBV, CSVR developed a scorecard to assess the localisation of the NSP-GBVF. The scorecard also mapped community awareness of GBV services across South Africa's GBV hotspots.

This scorecard assessment was key, given that effective implementation of the NSP-GBVF will require, among other things, that communities know about it and use it in their localities to address their GBV challenges and experiences. The assessment was structured according to the six pillars of the NSP-GBVF, and the questions evaluated the extent of progress made through existing interventions in each community. It also examined the kind of information that communities and individuals have about the NSP's objectives.

A key insight from the findings was the importance of community-led initiatives in addressing the scourge of GBV through prevention and response mechanisms. In addition, the study highlighted the crucial role of CPFs in facilitating collaboration between communities and the police to ensure effective responses to GBV incidents, as well as support to GBV victims to access health services, police assistance and legal advice, and referral networks for victim support. The popularity of CPFs across the country shows the willingness of communities to mobilise against crime, including GBV. Furthermore, community-led platforms such as CPFs, alongside local police, local government services and service providers, have the potential to strengthen the delivery of GBV responses.

Implementation of this project coincided with the Human Rights Council's fourth cycle of South Africa's Universal Periodic Review (UPR) in 2022. CSVR's Advocacy Programme took the lead on a joint CSO submission to the Human Rights Council on the GBV situation in South Africa. Recommendations in the submission embedded the voices and aspirations of community members from the project. The positive outcome of making a CSO submission to the Human Rights Council was that CBOs were capacitated and trained on the UPR process and sensitised on avenues of participation. The skills they gained in contributing to monitoring and reporting on the status of implementation of national GBV laws to international platforms will facilitate their continued participation in this process every four years, with support from CSVR. CSVR also made submissions to Parliament on the Marriages Bill that was gazetted for comments from the general public in 2023.

Monitoring and reporting mechanisms established in the implementation of this project have created systems of accountability, ensuring that authorities and institutions responsible for implementing GBV laws are held to their commitments. Moreover, monitoring and reporting has generated valuable data on the prevalence and patterns of GBV in the different communities. CSVR and the relevant stakeholders on this project used the data to inform evidence-based policy making, enabling the development of targeted strategies to address specific issues and gaps in the system.



## Objective 7:

### **To facilitate women's empowerment and resilience through creating platforms for women and girls in all their diversity to share experiences and create support and empowerment networks – Led by CSV's Gender Programme, Advocacy Programme and MHPSS Programme**

Implementing Pillar 5 of the NSP-GBVF, the project created platforms that positively contributed to the personal growth of GBV victims, building resilience in communities and facilitating transformation. These achievements collectively promoted gender equality, inclusivity and the overall well-being of women and girls in the eight provinces. For women living in rural areas in particular, these platforms were key as they ordinarily do not have access to private counselling, coaching and empowerment networks due to their socio-economic circumstances and lack of these services.

The listening circles as platforms for sharing experiences fostered a sense of solidarity among women and girls in the different communities, showing they are not alone in facing challenges and promoting a supportive community. They learnt from each other's triumphs, coping strategies and resilience strategies, contributing to personal and collective empowerment. This helped build women's and girls' confidence and self-esteem, as recognition and validation from their peers positively impacted on their perceptions of their own abilities and worth. This validation was crucial for those who had faced marginalisation, discrimination or disbelief regarding their experiences. This approach contributes to the development of resilience in the face of adversity.

Information and knowledge sharing within networks empowered women and girls by providing them with the tools to make informed decisions about their lives, health, education and overall well-being. The networks facilitated community building, as beneficiaries connected with others who shared similar goals, aspirations or challenges, leading to the formation of valuable social networks.

The platforms amplified women's and girls' voices, ensuring that their perspectives were heard and considered. This contributed to more inclusive and diverse representation in public discourse and decision-making processes in their communities and empowered them to engage in advocacy and activism.

Additionally, the platforms served as spaces for skills development and capacity building. Workshops, training sessions and mentorship programmes within these networks contributed to the personal and professional growth of participants. The platforms became a conduit of nurturing leadership skills by providing opportunities for women and girls to take on roles of influence and responsibility within their networks. This can inspire and prepare individuals for leadership roles in broader contexts.

The supportive networks contributed to the mental health and well-being of women and girls, as having platforms to share experiences and seek support reduced feelings of isolation and contributed to overall emotional resilience.

In total, **1317 women and girls were reached** through online and offline platforms to share their GBV experiences.



*CSV is hosting women's healing/empowerment circles*

# Transformational change through the project: In the implementers' and beneficiaries' own words

The true measure of success for the project lies in the transformative change witnessed by CSV's implementing partners – the CBOs and the communities that we collectively served. Through stakeholders' and community members' own words, CSV gained insights into the profound shifts in perceptions and actions occasioned by the project. From frontline CBO partners equipped with new tools to provide responsive interventions, to GBV victims and survivors empowered to reclaim their voices and seek justice, to fellows and interns as well as fieldworkers joining CSV to implement the project, to CSV staff and service providers, the first-hand experiences shared in this section illustrate the profound impact of the project's collective efforts on addressing GBV in the 48 communities

## Case Study 1



### ***Thohoyandou Victim Empowerment Programme (TVEP): Empowering and supporting GBV victims through MHPSS and awareness raising***

In the wake of the COVID-19 pandemic, the incidence of GBV rose alarmingly in Limpopo province. Recognising the urgent need to address the MHPSS needs of survivors in at least three communities in the province, CSV selected Seshego, Mankweng and Thohoyandou to be part of the project.

TVEP took the lead in strengthening access to timely, high-quality MHPSS services to individuals, families and communities affected by SGBV, both during and after the COVID-19 pandemic.

Their interventions aimed to raise awareness and reduce stigma through community-wide awareness campaigns, and to provide training to healthcare professionals, the police, social workers and community leaders to enhance their ability to identify and respond effectively to mental health needs arising from GBV incidents.

Through this effort, MHPSS was integrated into existing healthcare systems. Community-based support groups for victims were established as safe spaces for sharing experiences, receiving emotional support and accessing essential resources. The awareness campaigns engaged communities in open discussions, challenging misconceptions to foster understanding. This empowered survivors to seek help with less fear of judgement or stigma.

Frontline workers and community leaders were equipped with the necessary skills to provide empathetic support. This improved the quality of care and responses to survivors' mental health needs. Most importantly, integrating mental health services into healthcare systems ensured survivors received holistic care. This approach addressed both physical and psychological aspects of their recovery.

The impact of this work speaks volumes, as victims in the three communities received counselling services and emotional support. TVEP also recorded a marked increase in the number of people they reached. Before receiving funding from CSV, the organisation was addressing about 30–35 cases of rape and 70–80 cases of domestic violence. After the project, TVEP addressed 45–50 sexual assault cases and about 120 cases of domestic violence per month in one trauma centre. This represents an increase of 10–15 and 30–40 cases, respectively. These cases are part of the **4 791** victims of GBV in the target communities throughout the country who benefited from the project. Of particular importance is an incident in which a GBV perpetrator visited the TVEP office seeking help, as he had realised that he was being abusive to his wife.

Since engaging communities in this project, TVEP noted numerous positive changes. More survivors are now disclosing and breaking the silence about any kind of abuse. TVEP formed support groups to further support GBV victims. Victims have increased knowledge on GBV and have also been linked to other stakeholders for referrals. Women in abusive relationships have become more independent and some have started small businesses to avoid financial dependence. There has also been an increased number of reported cases at both of TVEP's trauma centres.

In conclusion, the project succeeded in creating a responsive and inclusive support system for victims of GBV in three communities in Limpopo province. By addressing MHPSS needs alongside physical care, the project empowered individuals, families and communities to heal and rebuild their lives. Through awareness, capacity building, integration and collaboration, this initiative stands as a beacon of hope for those affected by the trauma associated with GBV.

## Case Study 2



### **South African Police Service personnel: Capacitation for better responses to GBV**

SAPS was among the service providers CSVR trained on understanding the psychological impact of GBV, providing trauma-informed care, creating a safe and supportive environment, and empowering victims in decision-making.

One police officer shared how the project's capacity-building initiatives significantly enhanced the quality of services provided to GBV victims/survivors by the police personnel who participated: ***'We were equipped with the knowledge, skills and resources necessary for a compassionate and effective response.'*** She added, ***'We have since adopted trauma-informed approaches, creating a safe and supportive environment for survivors. This fostered trust and encouraged individuals to disclose their experiences, which is essential for effective support.'***

SAPS personnel were among the **1 246** CSO and government department personnel trained in trauma-informed services tailored to the complex needs of GBV victims.

## Case Study 3



### **Fellows and fieldworkers: Passion, professional growth and economic empowerment**

CSVr employed 11 young black women, men and gender non-conforming persons as interns and fellows on the project. The internship and fellowship programme alleviated the unemployment of these out-of-school and recently graduated women and equipped them with workplace skills, competencies and experience. In a highly competitive job market where almost every employer requires applicants to possess at least a year or two of job-related experience, CSVr's internship and fellowship programme bridged this gap for the participants, enabling them to qualify for entry-level positions.

For CSVr, the internship and fellowship programme secured much-needed support in the implementation of this ambitious project. As CSVr's Executive Director highlighted: ***'CSVr got to train and mentor the next crop and***

***generation of leaders, practitioners, researchers and gender and advocacy officers who, for the two years that they have been with us, have learnt our approach of addressing GBV using a multidisciplinary approach, with the hope that wherever they go after their time with us, they will be able to replicate this approach and be catalysts of a multiplier effect of the approaches and methods learnt from this project.'***

One fellow summed up her experience at CSVR this way: ***'The fellowship has provided me with an opportunity to expand both professional and personal growth through the experiential learning and the institutional support I received. Having to do community engagement has not just built my network within the space, but it has made me pursue my passion and allowed me to have a positive impact in other people's lives, especially in tackling social issues. In addition to that, the fellowship has given me an opportunity to also engage different platforms to share African expertise, learn from other experts in the field, and through research, which has also sharpened my writing skills.'***

Another fellow shared these impacts: ***'Being a part of the fellowship was a life-changing experience that has made a significant impact on my professional and personal growth. This opportunity enabled me to broaden my perspective on social justice issues and assisted me in learning more about research and civil society. Being part of the fellowship allowed me to be innovative and took me out of my comfort zone of working. I have grown professionally, and I am more confident in the work I do now. This fellowship has exposed me to spaces that have challenged me to grow, and most importantly I have had the opportunity to make decisions about my self-development with the support of the organisation.'***

A fieldworker from one of the communities, who was appointed to collect primary data for one of the research studies of the project, lauded the project for providing her with a financial and livelihood lifeline in the form of a stipend: ***'The stipend was my only source of income and during the course of the project, I was able to put food on the table and provide for my family. When the contract ended it was painful for me.'***

The CBOs that partnered with CSVr provided the following reflections on the transformational impact of the project on their organisations and operations:

### **TVEP**



*'The transformational change which occurred as a result of the project includes how we have empowered women to report cases of GBV. There was a marked increase in terms of numbers of people reached. The organisation was reaching about 30–35 cases of rape, 70–80 cases of domestic violence. Now we were also reaching 45–50 sexual assault cases and about 120 cases of domestic violence per month in one trauma centre – an increase of 10–15 cases, 30–40 cases. That means people came out because CSVr has given the organisation financial support.*

*In this project we saw men attending our workshops/sessions and this is something that was new; usually men don't come to dialogues and workshops. One man came to my office seeking services and support. He was open to say I am very abusive to my wife; I need support and help to change my ways.*

*There was also an increase in the visibility of the organisation, and a change of attitudes. A good example is how a man on a local radio station responded to a woman victim of GBV asking her if she had been to TVEP for services – when you start seeing men referring women to an organisation like ours, it shows that there has been a change of attitudes; when you see men reporting themselves to organisations like ours, that they are perpetrators of GBV and seeking help, it shows transformation of attitudes.'*

### **Human Rights Institute of South Africa (HURISA)**



*'The money received from CSVr as a partner enabled HURISA to reach communities in the eight GBV hotspot provinces in order to assess the effectiveness of the NSP-GBVF in preventing and addressing the scourge of GBV in South Africa, and measure the extent to which the NSP-GBVF has been popularised, and develop recommendations on addressing the gaps identified in the implementation of the NSP-GBVF.'*

### **Ekuvukeni Orphanage and Gender-Based Violence Organisation**



*'There has been a huge improvement in addressing GBV in the community through this project by CSVr. This improvement is in terms of the numbers who are coming to report to us and the number of people who receive counselling assistance. There is a positive change in attitudes and behaviours towards GBV by communities, traditional stakeholders, ward councillors and the police. This year, we have been approached by one of the chiefs who asked us to extend this GBV project, and we have written to the local companies to fund this project going forward – we are still waiting to hear from them.*

*Before this project from CSVr we were not able to reach out to a large number of people in the community. The funding from CSVr enabled us to get to the heart of the GBV issue in the community. We have been preaching this gospel of addressing GBV in our small ways before, but with this project, we have now been able to gain recognition, be noticed by various stakeholders in the community and provide services to a much larger number of beneficiaries.*

*We also gained a lot of experience in addressing GBV; we will never be the same again when it comes to doing our GBV work. CSVr taught us a lot, we learnt a lot about counselling, how to manage projects and things, how to implement GBV interventions and communication with various stakeholders – CSVr took us by hand and taught us a lot.'*

## Positive Women's Network



*'Funding from CSVr led to sustainability of the project. Before CSVr funding, it was difficult to have people assist us to expand to other communities and other districts and locations. After CSVr funding, it was easy to extend our work. We are now able to call other stakeholders our supporters, even men are now our supporters; it was a win for us to be taken seriously by other stakeholders in our GBV work.'*

*'We were doing SGBV work but we did not have much capacity to do it. CSVr came to us and asked if we could go to schools. Before, we only focused on older women, but it was not enough; the project helped a lot in reaching out to younger women and school learners. We have reached out to about 250 young people in the community and learners in schools through this project.'*

*'CSVr has put us on the map and, as a result, calls are coming all over from the municipalities, communities and other stakeholders asking us to come and address the issue of GBV in their communities.'*

Internally at CSVr, practitioners shared their perceptions and experiences on the transformational impact of the project:

## MHPSS Programme



*'GBV discussions and conversations are now taking place in the home and in schools. Communities where we have worked are increasingly asking for more GBV interventions from CSVr.'*

## Gender Programme

*'The money from FirstRand enabled us to reach to as many communities as possible, particularly rural communities. Without the money, this work would not have been possible.'*

*'Most of the CBOs were impacted by COVID-19 and could not operate. The sub-grants were a much-needed lifeline for CBOs and the grants also offered operational costs for CBOs, allowing them to work within a structure. And the stipends for fieldworkers really helped with livelihoods. In the process, the project was able to build the agency of the communities where they took the lead in initiating activities, designing community-led and community-responsive GBV interventions, responding to the realities in their localities. The fact that we did not micro-manage them gave them the leeway to advance and lead their own processes.'*

## Advocacy Programme

*'As a CSVr team, there are things that we did not know about and when we went to the field (communities) we got to know about some of these issues ... for example, "positive masculinities." It has also opened our eyes to what we thought we knew and did not.'*

*'Many CBOs that we worked with have never been funded before and have been doing this work out of their passion. And with the funding, this enabled them to reach out to more people than they did before. The way the project was structured to include the upskilling component enabled them to look really deeper into the issues, and do more. They are now able to network, they can now look at issues of trauma and MHPSS work, they can identify trauma. There has been a big impact on communities.'*



The 48 communities that participated in the project encountered both significant successes and formidable challenges. The achievements stand as a testament to the dedication and hard work of the CBO partners and the CSVR team, as well as the resilience of the communities the project served. From increased awareness of the impacts of trauma to the development of community-informed prevention strategies, CSVR witnessed remarkable progressive strides. All these efforts played a key role in fulfilling FREF's and CSVR's key mandates of empowering communities.

With progress also came recognition of obstacles, including limited resources, cultural barriers and the ongoing complexities of trauma responses. This section delves into the successes that propelled efforts, alongside the challenges that shaped the path towards addressing the shadow pandemic of GBV in South African communities.

## Successes recorded as a result of this project

Beyond contributing to the implementation of all six pillars of the NSP-GBVF, CSVR used its multidisciplinary approach to go above and beyond normal GBV programming, which contributed to the project successes detailed below.



### **Empowerment**

#### ***Reduced unemployment through a robust internship and fellowship programme***

Through this project, CSVR employed 11 interns and fellows who provided programmatic support to CSVR's implementing team. The opportunity provided graduates with job placements where they could be mentored and supported to hone their skills and gain practical experience in the job market. The fellows and interns gained experience in research, data collection, advocacy, facilitating community dialogues and training workshops, gender and GBV, administration, human resources and finance. The fellowship and internship programme contributed towards employment and skills development for recent graduates, who are often disqualified from employment opportunities in the job market due to their lack of work experience. This is key in the context of South Africa, where the number of unemployed young people stands at 4.9 million, according to data released by Statistics South Africa in May 2023.



### **Social Cohesion**

#### ***Community participation in addressing the shadow pandemic of GBV in South Africa***

CBOs and NGOs play a vital role in promoting social cohesion and addressing various societal challenges. They often operate at the grassroots level, working directly with communities to promote inclusivity, empower individuals and build social connections. However, the COVID-19 pandemic had a significant impact on both CBOs and NGOs, disrupting their operations and exacerbating the challenges they are trying to address. A number of them closed and some were struggling with funding. Through the sub-grants in this project, CSVR helped some organisations rebuild their work.

The sub-grants also went a long way to foster community inclusion and participation. Communities were supported with skills, management competencies and setting up monitoring and evaluation as well as finance systems. The biggest positive outcome is that communities are able to own their own processes, which makes ongoing and future implementation easier and sustainable.



## **Organisational Development and Growth for CBOs**

### *CBO capacity to access funding and implement programmes aimed at addressing GBV*

This project empowered community collectives to strengthen their organisational systems and structures, making them eligible for future funding. When CSVr started this project, some CBOs did not have bank accounts and some were not yet registered, while others were waiting for their non-profit organisation (NPO) certificates. CSVr supported them in structuring their organisations and in standardising their operational processes, including using attendance registers, reporting on activities done and measuring impact. One CSVr staff member noted, ***‘We shifted their thinking on how you measure success of interventions such as dialogues. Before some would record such things as “the dialogue/activity was a success; people came, and they ate and were happy.”’***

One CBO gave the following feedback about CSVr’s contribution to their organisational capacitation: ***‘CSVr was not only a funder but supported the implementation of the project by CBOs through upskilling, capacitation of various organisational teams, for example, monitoring and evaluation, finance, project team, as well as following up on progress made to implement the project. It is very rare for a funding organisation to support, empower, capacitate and upskill the organisation implementing the project. In most cases, funders simply give the money and go, leaving organisations to implement on their own. If all funders can adopt this approach, the impact on the ground and for organisations will be much greater.’***



## **Institutional Strengthening of CSVr**

### *Organisation-wide implementation of the project improved support provided to CBOs and community implementation of the project*

The organisation-wide scoping exercise conducted was a success and gave all the teams the necessary insight on how to provide support for the implementing teams and CBOs, based on the contextual realities in each province and community. Partnerships and relationships were also established with individuals who are GBV champions in their communities. Networks were able to introduce CSVr’s work in provinces in which the organisation had not previously worked. From the pilot project to its upscaling, CSVr demonstrated that its multidisciplinary approach to addressing GBV is replicable and can be applied on a large scale.

## Challenges faced during the implementation of the project



### **Unintended Negative Consequences**

While ensuring a cultural fit of CSVR staff to provinces created rapport between community members and CSVR staff and facilitated cultural sensitivity and buy-in, it led to issues with boundaries, such as staff receiving calls and messages at odd hours for non-emergency issues. CSVR staff had to clarify their personal and professional boundaries.



### **Compromised Safety and Security**

Most of the GBV hotspot communities in which CSVR implemented the project were also crime hotspots, with high rates of murder, carjacking and armed robbery. This presented security and safety issues for the CBO and CSVR staff who travelled to the communities and for community members using hired vehicles. Furthermore, service delivery issues in some of the communities prompted protests where roads were blocked, restricting movement into and out of the community. Some communities were also volatile due to the upcoming elections, causing difficulties in navigating local politics. CSVR staff had to remain neutral and not be seen as being loyal to a certain political party or individuals affiliated with those parties. Politically motivated killings were on the rise in some provinces, such as KwaZulu-Natal, due to the upcoming elections, compounding the safety and security risks. The appointment by CSVR of International SOS, a safety and security risk and management company, addressed the safety and security concerns of CSVR staff and project beneficiaries.



### **CSV Being Perceived as Problem Solvers for all Issues**

CSV staff were called upon to address various issues in communities, even those not related to GBV. As highlighted by one staff member, ***'People started seeing us as problem solvers for every challenge that they face, from security, unemployment, crime, documentation for refugees and migrants. ... As much as we want to help everyone, it is not possible.'***



### **Expectations Regarding Project Continuation**

CSV's presence and impact in the communities created an expectation that the organisation would continue doing the work in 2024 and beyond. As much as the implementing team explained to the communities and partners that this was a rapid response project, calls to assist, particularly with resources that are no longer available, are still being received by CSV.



As CSVR navigated the complexities of addressing GBV in the 48 communities, the project became a journey of growth, reflection and continuous learning. This section shares the invaluable lessons learnt from CSVR's experience on the ground. The lessons were collected from the CSVR team, the CPFs, the CBOs and government stakeholders who were part of the project. From the challenges that tested CSVR's resolve to the unexpected successes that shaped the organisation's approach, each insight offers a glimpse into the evolving landscape of GBV interventions in South Africa. Through candid reflections and practical takeaways, CSVR shares the wisdom gained from this implementation journey, paving the way for more effective, sensitive and sustainable responses to the GBV scourge:

- *Addressing GBV and implementing the NSP-GBVF require shared responsibility on the part of public and private institutions and placing community members at the centre of efforts aimed at prevention, gender justice and safe environments that emphasise accountability, care and support, and protective measures.*
- *GBV is not an isolated issue within communities; it occurs in the context of other social challenges that communities face. This sometimes leads to discussions on GBV venturing into issues of unemployment, migration and criminality. Funders thus need to locate GBV and efforts to address it within a larger socio-economic landscape and the many challenges that communities deal with in South Africa.*
- *While policies and plans to address GBV may exist at a national level, they are abstract to community members, who may not even know about them, and often remain separate from how communities address their lived realities of GBV. National policies and plans thus need to be presented to community members in a language and format they understand, to promote their effective implementation.*
- *Translating national efforts to address GBV into community GBV prevention strategies is the best and most effective way of localising and including communities in addressing GBV. Community-led initiatives to address GBV capture the lived realities of victims and address the root causes of this scourge. It is community members, including leaders, law enforcement, families and victims themselves, who rise up and commit to collectively taking action against GBV.*
- *Rapid response interventions on GBV over 12 to 18 months provide too short a period for effectively addressing this deeply entrenched societal challenge. While the rapid response approach is necessary for timely responses to emerging issues in communities, it is long-term and sustained engagements over three to five years at the community level that will turn the tide and bring about the transformation that is needed to reduce the incidence of GBV.*
- *It takes time to challenge harmful norms and beliefs regarding gender and GBV and for individuals and communities to adapt to new ways of thinking.*
- *As the people implementing GBV initiatives in communities are often direct or indirect victims of GBV, issues of secondary and vicarious trauma cannot be underestimated. GBV interventions must also focus on implementers' trauma through 'healing the healer' programmes.*



In concluding the analysis of the impact and lessons learnt from this project, it is crucial to look towards the future and actionable recommendations. In this section, CSVr offers insights and guidance to funders, CBOs, CSOs and government stakeholders, based on first-hand experiences in the field. These recommendations stem from the challenges faced, successes achieved, and the voices of GBV victims and gender justice advocates that CSVr has had the privilege to work alongside. From the importance of sustained funding for comprehensive support services to the need for community-centred approaches rooted in cultural sensitivity, these insights aim to inform and empower future initiatives.

Although the recommendations of the project are all-encompassing, some are targeted to specific stakeholders. As such, the recommendations below are directed to multiple stakeholders.

## ***Recommendations to funders and developmental partners***

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***Adopt an empowering and supportive funding approach to CBOs and CSOs, especially those in GBV hotspot communities***

Funders play an important role in creating an enabling environment for GBV project success through upskilling and empowerment. Many CBOs are led by GBV victims who have opted to advocate for change and help other victims in their localities, without formal skills to manage or upscale projects and funds. Progressive funding approaches meet grantees at their level and enable funders to work with them to build up their experience, systems track record and expertise.



***Lower the funding qualifying criteria for GBV response and CBOs at the community level***

While due diligence is important and a qualifying criterion is a risk management measure that ensures CBOs have the capacity and systems to implement projects, the adverse effect of this approach has been the exclusion of CBOs that do ground-breaking, transformative work in addressing GBV. By lowering the qualifying threshold for CBOs, funders would ensure that we leave no community behind in implementing community-led and tailored GBV responses.



***Commit to giving long-term and multi-year GBV funding that can support implementation as well as monitoring of GBV prevention strategies***

While rapid response projects are a good strategy for addressing emerging challenges, short-term projects should be followed by long-term projects that can foster the sustainability of responses to the scourge of GBV. Long-term projects also facilitate implementation of interventions and monitoring of their impact, which often takes longer to occur.

## ***Recommendations for government departments and policy makers***

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### ***Partner with CSOs and CBOs in interventions to address GBV in communities***

The work of addressing GBV requires partnerships between government stakeholders and CSOs and CBOs that are experts on contextual realities and victims' needs. Among other things, this partnership facilitates sharing of up-to-date information as well as qualitative data necessary for informing policy change and formulation.



### ***Consult with victim networks and communities most affected by GBV to develop action plans that address their lived experiences***

With communities as sites of GBV and places where victims and perpetrators often co-exist, GBV prevention plans, programmes and strategies need to be informed by contextual realities, not one-size-fits-all interventions.



### ***Lead advocacy, awareness-raising and sensitisation campaigns on GBV legal frameworks, plans and strategies***

While addressing GBV requires multi-stakeholder cooperation and interventions, government departments mandated with addressing GBV at various levels need to take the lead – with CSOs and CBOs supporting – in advocacy, sensitisation and awareness raising about their work, support they provide to victims and communities, and frameworks of protection that are in place.

## ***Recommendations to CSOs and CBOs***

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### ***Work with men and boys alongside working with women and girls to prevent GBV and transform attitudes and norms***

While the emphasis of GBV interventions has been on women and girls, the work of preventing GBV necessitates focusing on men and boys as a strategy for transforming norms, attitudes and beliefs that perpetuate GBV. When men and boys are sensitised to positive gender norms and positive masculinity, this results in a critical mass of men as advocates for gender justice and agents of change in their communities.



### ***Enhance technology integration, expanding the use of technology for reporting, tracking and responding to GBV incidents***

Through technology integration and automated GBV interventions, civil society GBV reporting and tracking will increase in efficiency and reach wider audiences and beneficiaries. With shrinking funding and donor pools, technology can help CSOs and CBOs do more with a smaller budget, once all systems are set to optimise efficiency and reach. Examples of how technology can be harnessed to report, track and respond to GBV incidents include digital platforms and mobile applications, as well as using social media to provide information, support and resources to victims.



### ***Meet victims and communities at the point of their need, leaving no one behind***

Initiatives that meet victims and community members at the point of their need require tailoring interventions to address some of their pre-existing vulnerabilities which make them susceptible to GBV and further victimisation. For example, unemployment, dependency on the breadwinner, illiteracy, patriarchal communities, and cultural and religious beliefs may act as obstacles that exacerbate women's and girls' vulnerability to GBV. GBV interventions must, therefore, be sensitive to these nuances and adopt a transformative approach.

## ABOUT THE CENTRE FOR THE STUDY OF VIOLENCE AND RECONCILIATION

The Centre for the Study of Violence and Reconciliation (CSV) is an independent non-governmental organisation established in South Africa in 1989. CSV is a multi-disciplinary institute that seeks to understand and prevent violence, heal its effects and build sustainable peace at the community, national and regional levels. Through our research, advocacy and psychosocial support work, and in collaboration with communities affected by violence, we seek to enhance state accountability, promote gender equality and build social cohesion, integration and active citizenship.

## ABOUT THE FIRST RAND EMPOWERMENT FOUNDATION

The First Rand Empowerment Foundation (FREF) was established in 2005 as part of the First Rand Broad-Based Black Economic Empowerment (B-BBEE) transaction, as a result of which FREF thus became a direct shareholder of First Rand. The objective of FREF is to reduce poverty and inequality by undertaking and/or supporting public benefit activities that result in Broad-Based Black Economic Empowerment (B-BBEE). The Trust supports various public benefit activities and wishes to provide funding for these in accordance with the provisions of the TRUST deeds.

FREF has identified Gender-Based Violence–Femicide (GBVF) as a strategic focus area where the strategic objectives:

- To promote prevention and mitigation of GBVF through supporting initiatives that facilitate increased understanding of GBVF, and address associated social, cultural and/or traditional, religious, political and economic factors.
- To strengthen delivery of effective, accessible and responsive protection, care and support services to those affected by GBVF through integrating this response across this strategy's priority pillars.
- To support production of research to enhance timely and relevant GBVF information and knowledge to inform evidence-based interventions as well as foster sharing of best practices and innovation on GBVF responses, service planning and implementation.
- To facilitate women's empowerment and enhance their economic power as a strategy to curb GBVF and contribute to gender transformation.



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