CHAPTER 1

BACKGROUND AND CONTEXT OF VIOLENCE AGAINST WOMEN

A commitment pledge ceremony and launch of the local AIDS Council in Aganang district of Limpopo. *Photo by Ntombi Mbadlanyana*

Key facts

- The SADC Protocol on Gender and Development sets a target for SADC member states to halve GBV by 2015.
- Although previous research indicates that GBV is a flagrant violation of human rights in Limpopo province and the country at large, there is lack of recent comprehensive and provincially representative data on its extent, causes and effects, as well as on the response to it and the impact of prevention interventions.
- While various studies investigated the underlying causes of GBV in other provinces of South Africa, there is a need to establish indicators for measuring GBV and enhance the body of knowledge pertaining to the scourge of VAW within the Limpopo provincial context.
- GL implemented this study to fill this critical information gap.
- This study is the second provincially representative study in the province, following the 1999 MRC Three Provinces Study.
- The study tools and methodology used have been employed in Gauteng province in 2010, as well as in KwaZulu Natal and Western Cape. Similar studies have also been conducted on a national scale in Botswana, Lesotho, Mauritius and Zimbabwe.

I (Ambani) am a 36-year-old woman. My boyfriend came to stay with us in 2003. My husband died in 2000. When my husband passed away I had a son. In 2002, I then had a second child, a baby girl. Initially things were well because my boyfriend cared for me and my children.

I also did not know at the time that he drinks alcohol and smokes cigarettes, because he hid it from me.

At some point he changed and became so controlling. He would not allow me to visit family and friends. He also prohibited other people from visiting me. If someone came to the house he would ask who they were and what were they looking for. If the visitor was a man then it became a big problem for my boyfriend.

Even if a car turned near our yard, I would have to explain whose car it was and why it was turning at my gate. It was annoying to have to explain everything to him because I was not used to that. I felt that he had no right to ask me those questions because it was not his house - it was mine.

The first day he beat me I felt like I was dreaming. It felt like it didn't happen. When I asked him, "Why are you beating me?" he said that I was too clever and thought I could fool him.

Then it became worse, because he started coming home drunk. When I asked him about the drinking, he stopped hiding his habit from me and started drinking at shebeens near my house.

At that time the children were sleeping in a hut that we used for cooking because there wasn't enough space in the house. I decided that it would be better for us to build another room. Gwala, my boyfriend, refused for my children to move into the new room when it was complete. He said that they would make too much noise. When they wanted to watch television, it was always a fight with Gwala. This pained me because I bought the house and the building materials for the new room alone. Gwala had changed and this was even more painful for me. I couldn't recognise the man I had first met. I wondered if he was the true Gwala that I thought I knew.

Then I started having problems with my son. He was always scared and was crying easily. He spent most of his time away from home. On Fridays he went to stay with his grandmother so that he would be able to go out to visit friends for the weekend. Even myself, I was always scared. I couldn't even tell Gwala that my son was going to visit his grandmother.

I really became angry when Gwala told my son that he would beat him. He always blamed my children whenever something went wrong at my home. He stopped calling my children by their real names and called them names.

My children were no longer performing well at school and started failing, which was painful for me. When I went to tell my relatives they said, "There's nothing we can say because you are the one who loved him and brought him into your house. So it's up to you."

Being beaten became an everyday thing. My neighbours found out when they saw him beating me. They came to try to ask what was going on. When it was late at night my neighbours would take my children and give them a place to sleep.

After the violent incidents, Gwala would always apologise and promise it won't happen again. However, when he got drunk he would do the same thing again. When he wasn't drunk he was a very good person. You might think that I was lying about his bad qualities.

I went to the police several times and it didn't work. They gave me a protection order but he didn't follow it, he violated it and the police would arrest him. Gwala would come back home without even spending a week in prison. This really hurt me.

I felt like waking up and killing him while he was sleeping. I remember telling my father that I was going to come up with a plan to punish him myself because I was not getting any help from the system. But my father advised me against it.

Ambani has experienced violence at the hands of an intimate partner. He regularly beat her and stopped her from visiting friends or being visited. He questioned any visits she received, especially from male visitors. Because of this her children suffered emotionally and their school work suffered. Her son even stayed away from home on weekends. Ambani felt helpless because her partner ignored protection orders. Her family blamed her for allowing a boyfriend to move in after her husband died.

This report outlines the background, methods and findings of the GBV Indicators research in Limpopo province of South Africa conducted by GL in partnership with TVEP. More specifically, the first chapter outlines the regional background and rationale for the GBV Indicators research in Limpopo, its unique features, country context and previous related research.

Background and rationale

Gender-based violence (GBV), particularly VAW, continues to be one of the most common and serious human rights violations occurring in the SADC region. In response to the high levels of violence, and the 2006 call by the UN Secretary General to all member states to develop plans for ending such human rights violation, many Southern African countries have shifted from campaign mode to a more integrated programmatic approach in addressing GBV.

GL has been working in the gender justice arena for 11 years, using the 16 Days of Activism on Violence against Women as a platform for training activists in the SADC region in strategic communications. These campaigns led to inevitable questions about the sustainability of such campaigns beyond the 16 Days. In 2006, GL began working with nine countries in the SADC region to extend the 16 Days to a 365 Day National Action Plan strategy to end gender violence.

Developing action plans inevitably led to the need for reliable baseline data, targets and indicators for measuring progress in an arena where most violence is underreported or not reported at all, which means administrative data is an unreliable source of information.

In August 2008, SADC heads of state adopted the Protocol on Gender and Development that, among others, aims to halve gender violence by 2015. The question that arises following this key step is how governments will know if this target is being achieved if we do not know the starting point. To measure the efficacy of both government and civil society programmes, there is a need to have baseline data on the extent and effects of VAW, as well as the manner in which governments and civil support organisations respond to VAW. This underpins the innovative GBV Indicators research conducted in Botswana, Lesotho, Mauritius, South Africa, Zambia and Zimbabwe by GL, in association with various local stakeholders.

Drawing on the 2007 UN Expert Group Report on developing indicators for measuring GBV, some preliminary work began in earnest in Southern Africa through an initiative supported by UN Trust Fund and spearheaded by GL. The key players included representatives of government (i.e. gender, justice, health, police and prosecuting authority), research institutes and NGOs working on gender justice issues.

The UN Economic Commission Africa Gender Centre (UNECA/AGC) commissioned desktop research for the rest of Africa following similar methods used by GL and partners for the pilot project. The Centre for the Study of Violence and Reconciliation found gaps in the data collected by many different countries on GBV by looking at administrative data collection and situational analysis. Some countries do not even have recording systems on any aspect of VAW. Laws in various countries do not regard certain acts of GBV

as punitive violations, thus making it difficult for countries to speak the same messages on GBV This is taking place despite the fact that lawmakers in most countries unanimously agree that GBV is a gross violation of human dignity and have made demonstrable strides in combating its existence, mainly through ratification of tools such as the SADC Protocol on Gender and Development.

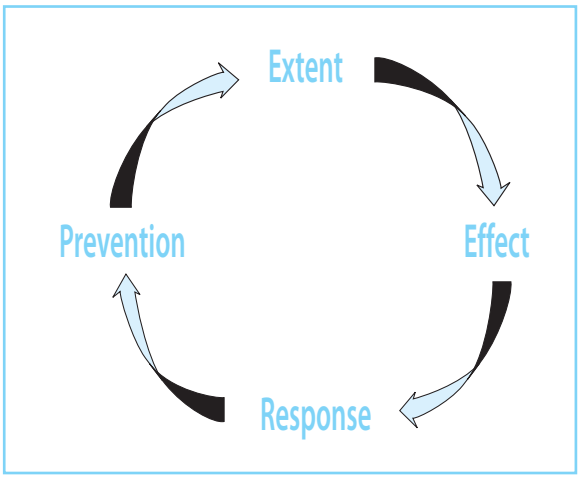
A 2009 think tank meeting helped determine key indicators that can be used to measure the extent of GBV in Southern Africa. *Photo by Gender Links*

The work of developing a set of indicators to measure GBV included a UNIFEM funded expert group think tank meeting from 10-11 July 2008. Sixteen representatives from government, research organisations and South African and regional NGOs focusing on gender and gender violence issues participated. This meeting sought to get conceptual clarity on requirements, as well as buy-in from key stakeholders, for developing a composite set of indicators to measure gender violence that is methodologically solid, pre-tested, and can eventually be applied across the region.

The meeting aimed to determine indicators that can be used to measure the extent of the problem (what uniform administrative and survey data could be obtained across all countries); the effect of the problem in social and economic terms; the response and support interventions as measured by the multi stakeholder National Action Plans to End Gender Violence based on the SADC Addendum and draft Protocol on Gender and Development; and the prevention interventions that underscore the importance of a paradigm shift towards prevention rather than simply response mechanisms.

Key conceptual decisions taken at the meeting included the need to incorporate GBV as experienced by both women and men; to interrogate existing administrative data much more closely; to use prevalence studies to determine the extent of under-reporting and rarely reported types such as emotional and economic abuse; to combine prevalence and attitude studies and to facilitate more in-depth interrogation of data, for example on whether links exist between being a survivor/ perpetrator and various kinds of attitude/behaviour.

The team emphasised the need to test a draft set of indicators in a pilot project at local level before these are cascaded nationally and regionally. This study would gradually build support and buy-in for a comprehensive set of indicators that provides meaningful and nuanced measures of progress or regression.



Unique features of the project

Unlike previous prevalence surveys that have focused on a few aspects of VAW, the set of indicators seeks to measure:

- The extent of the problem (what uniform administrative and survey data could be obtained across all SADC countries);
- The social and economic effects of VAW;
- Response and support interventions as measured by the multi stakeholder National Action Plans to End Gender Violence based on the SADC Protocol on Gender and Development; and
- Prevention interventions that underscore the importance of a paradigm shift towards prevention rather than focus primarily on response.

GBV reference group report and process

GL convened an inception and reference group meeting in May 2012 in Polokwane. The meeting's objectives included sharing the project overview, briefing participants on how to do the research, obtaining stakeholder buy-in, obtaining recommendations for project implementation and finalising the research tools.

Participants included representatives from the National Prosecuting Authority (NPA), SAPS, GL, Polokwane Municipality, Office of the Premier, University of Limpopo, South African Local Government Association (SALGA), Department of Health (DOH), Irish Aid, Lawyers for Human Rights, Department of Social Development (DSD), Victim Empowerment Programme (VEP) centres, Far North Network on Family Violence, Lebowakgomo FM, Munna Ndi Nnyi, Tshilidzini TCC and the Capricorn District.

Country context

South Africa is known for its high levels of crime, stemming from a history of interpersonal violence linked to conflict and political struggle.[1] The leading cause of death and reduction in quality of life, also known as lost disability-adjusted life years, is due to violence and injuries from it.[2] Common crimes perpetrated against women include intimate partner violence, rape and femicide (Jewkes et al, 1999; Jewkes et al, 2006; Dunkle et al, 2004; Mathews et al, 2008).

South Africa is signatory to several conventions to combat VAW, including the Convention on the Elimination of Discrimination against Women (CEDAW), the Beijing Platform for Action (BPA); and the Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa.

South Africa has also committed to the provisions of the SADC Gender and Development Protocol of 2008. The Protocol objectives aim to empower women, to eliminate discrimination and to achieve gender equality and equity through the development and implementation of gender-responsive legislation, policies, programmes and projects.

The following table outlines South Africa's progress in implementing the provisions of the different instruments.

[1] www.statssa.gov.za
[2] Seedat et al 2009

Table 1.1: South Africa's progress against different instruments		
Instrument	**State responsibility**	**Progress made**
CEDAW	1. Provide support services for all survivors of gender-based violence, including refugees, specially trained health workers, rehabilitation and counselling services.[3]	• Mechanisms have been established to address the needs of survivors, including one-stop centres with counsellors, police and legal officers. • Stakeholders have established a 365 day national action plan to address GBV. • There is a progressive legal framework that ensures the protection of women rights. • Police and prosecutors receive training to address issues of sexual violence. • Legislation includes: a) Domestic Violence Act, 1998 (Act 116 of 1998); b) Sexual Offences Act, 1957 (Act 23 of 1957); c) Criminal Law (Sexual Offence and related Matters) Amended Act, 2007 (Act 32 of 2007); d) Employment Equity (Act No 55 of 1998). • Strategies and programmes developed include: a) The Anti-Rape Strategy (prevention, reaction and support) developed by an interdepartmental Management Team as an integrated response on violence against women; b) Domestic Violence Programme (prevention and reaction); c) Child Abuse and Neglect programme (prevention and reaction); d) Interdepartmental initiatives to improve Criminal Justice System processes for Rape and Sexual Offences (e.g. Multi-Disciplinary Service Centres, specialised training, Sexual Offences Courts, Family Violence, Child Protection and Sexual Offences (FCS) Units); e) Communication, Education and Awareness programmes; and f) Local and community-based programmes (community policing, neighbourhood watches). g) Communication, Education and Awareness programmes commissioned. • Inter-Departmental Management Team (IDMT) implemented at government level to coordinate an integrated response to violence against women. • More recently in 2012, the DWCPD inaugurated the National Council Against GBV.
	2. Use "due diligence" to prevent, prosecute and punish perpetrators who commit violence against women.	
	3. Collect data on violence against women.	
	4. Sensitise members of the criminal justice system.	
Beijing Declaration and Platform For Action - (1995)	1. Enact legislation on preventing and addressing issues of violence against women and girls.	
	2. Put in place strategies to address survivors of violence, as well as strategies with punitive measures against perpetrators of violence against women.	
SADC Gender and Development Protocol 2008	1. Enacting and enforcing prohibitive legislation.	
	2. Eradicating social, economic, cultural and political practices and religious beliefs that legitimise and exacerbate the persistence and tolerance of gender-based violence.	
	3. Adopting integrated approaches, including institutional cross-sector structures, with the aim of reducing current levels of violence by 50%.	
	4. Ensure implementation, monitoring and evaluation of these abovementioned efforts.	

[3] Commission on Human Rights, 1996.

Although stakeholders have implemented relevant systems there is need for more vigilant data collection and management. There is also need for a comprehensive set of indicators to evaluate progress. In conducting this research, GL is testing a set of indicators which can be used as baseline and to monitor GBV programmes.

The GBV Indicators research implemented by GL is mainly focused in achieving Article 25 of the SADC Protocol on Gender and Development relating to adopting integrated approaches with the aim of reducing current levels of GBV by 50% by 2015. It is the role of the signatory governments to ensure implementation, monitoring and evaluation of these abovementioned efforts.

Legislation and the criminal justice system

South Africa has enacted protective laws to address issues of VAW. Lawmakers implemented the Domestic Violence Act No. 116 of 1998 in 1999. The Act seeks to protect women, men and children against violence, regardless of sexual orientation. A study conducted to monitor the impact of the DVA on the lives of women from 1999 to 2009 found a 40% increase in protection orders against non-intimate partners or by men against women (Mathews & Abrahams, 2001).

The Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 (Act No. 32 of 2007), came into operation on 16 December 2007. It expanded the definition of rape to encompass rape of men and use of any object in sexually assaulting another person.

Integrated Approaches

Prior to the SADC Protocol, South Africa had made advances through the development of a 365 Days Action Plan to end Violence Against Women and children. In March 2007, South Africa adopted the 365 Day National Action Plan for Ending Gender Violence, driven by the sexual offences unit of the National Prosecuting Authority Sexual Offences and Community Affairs Unit (NPA SOCA). The plan was an expansion of the efforts observed in the 16 Days of Activism against GBV and it came about through multi-sectoral partnerships between government and civil society organisations. The key focal areas of implementation include legal, social, economic, cultural and political services; awareness, education and training; integrated approaches; and budgetary allocations.

The National Council Against GBV

Deputy President of the Republic of South Africa Kgalema Motlanthe inaugurated the Council on 10 December 2012 as a direct response to the issues raised at CEDAW following South Africa's country report in 2011. The role of the council is to elevate the multi-sectoral intervention approach to a strategic level and monitor the implementation of all programmes dealing with GBV in the country, including the 365 Days action plan.

Previous research

Intimate partner violence

Intimate partner violence is a prevalent feature of intimate relationships and is a widely acknowledged norm (Jewkes, 2002; Wood and Jewkes, 1998). Forms of violence identified through previous research include emotional or psychological, economic, physical and sexual intimate partner violence (Jewkes et al, 2006; Dunkle et al, 2004a; Jewkes et al, 2003; Jewkes et al, 1999;). The extent of the problem has been variable is the differing studies, which can be explained by the differing study and sampling designs. The patterns of violence and exacerbating factors have also differed by site.

There is evidence that South Africa also has some of the highest levels of physical IPV in the region. More than a quarter (28%) of men participating in the South African Health and Stress Study reported having used physical violence against their current or most recent female partner during their current or most recent marriage or cohabiting relationship (Gupta et al, 2008). Other studies based on male samples found that one in four men had been violent towards a female partner (Jewkes, Sikweyiya, Morrell, et al, 2009; Gupta et al, 2008). One in four women interviewed in the *Three Provinces Study* reported having experienced physical abuse by a male intimate partner (Jewkes, Levin, & Penn-Kekana, 2003). Dunkle et al (2004a) found that 25.5% of women had experienced physical

abuse by an intimate partner in the 12 months preceding the interview and more than half did so in their lifetime.

Since the *Three Provinces Study* conducted in Mpumalanga, Eastern Cape and Limpopo province (then named Northern Province) by the Medical Research Council (MRC) in 1998, there have been no further studies on the prevalence of GBV among women in a community with a representative sample of women in the population (at least none that has used reliable methods and thus provided robust prevalence estimates). The research used a cluster sampling methodology to draw a randomly-selected sample of women in the province. Researchers interviewed one randomly selected woman between the ages of 18-49 in each selected household: a total of 1306 women in the three provinces: 403 in the Eastern Cape, 428 in Mpumalanga and 474 in the Northern Province.

The key findings of the MRC study can be found in a report entitled *"He must give me money, he mustn't beat me", Violence against women in three South African Provinces* and associated articles. The findings include:[4, 5, 6]

Table 1.2: Findings of the *Three Provinces Study*

Indicator	Eastern Cape	Mpumalanga	Limpopo (formerly Northern) Province
Percentage women ever physically abused by a partner	26.8	28.4	19.1
Percentage women experiencing partner physical violence in the past year	10.9	11.9	4.5
Percentage women ever raped	4.5	7.2	4.8
Percentage women whose partner had ever boasted about or brought home girlfriends	5	10.4	7
Percentage of women physically abused during pregnancy	9.1	6.7	4.7
Percentage of women experiencing physical abuse who had been injured in the previous year	34.9	48	60
Percentage of women who had experienced emotional or financial abuse in the previous year	51.4	50	39.6
Estimated number of women treated in health facilities for injuries from partner violence per year	121 000	74 294	93 868
Estimated number of days lost from employment due to partner violence per year	96 751	178 929	197 392
Estimated number of days spent in bed due to injury after abuse per year	480 709	154 184	263 871

The study concluded that:

- Emotional, financial and physical abuse is common in relationships and many women have been raped.
- Physical violence often continues during pregnancy and constitutes an important cause of reproductive morbidity.
- Many women are injured by their partners and the health sector expends considerable resources on providing treatment for these injuries.
- Injuries result in incurred costs in other sectors, notably to the family and the women's community and employers and the national economy.

[4] Jewkes R, Penn-Kekana L, Levin J, Ratsaka M, Schrieber M (1999) "He must give me money, he mustn't beat me" Violence against women in three South African Provinces. Medical Research Council Technical Report, Pretoria.
[5] Jewkes R, Penn-Kekana L, Levin J, Ratsaka M, Schrieber M. Prevalence of emotional, physical and sexual abuse of women in three South African Provinces. South African Medical Journal 2001; 91(5):421-428.
[6] Jewkes R, Penn-Kekana L, Levin J. Risk factors for domestic violence: findings from a South African cross-sectional study. Social Science and Medicine 2002; 55, 1603-1618.

The Medical Research Council's *Three Provinces Study* showed gaps in the proportion of women reporting rape and women reporting rape to police stations around the country (Jewkes et al, 1999). It found that 1300 women aged 18-49 for every 100 000 had been "physically forced" to have sex (Jewkes et al, 2001) and in the same year, 210 of every 100 000 women reported being raped to the police (SAPS, 1999). These rates show that at most one in nine cases is reported to the police.

War at Home - Gauteng

This study is the first comprehensive community-based research study on the prevalence of GBV in the Gauteng province and South Africa. Gender Links and the Medical Research Council (MRC) conducted the study. It employed the same methodology tools used for this study. More than half of women in Gauteng (51%) have experienced some form of violence (emotional, economic, physical or sexual) in their lifetime and 78% of men in the province admit to perpetrating some form of violence against women. Only 4% of women interviewed reported these crimes to police. One in 13 women reported non-partner rape and overall only one in 25 rapes had been reported to the police. Following the research, SAPS agreed to four key ways to improve collection of domestic violence data. These include adding the nature of the relationship to records of domestic violence; creating a category for femicide; removing pornography and sex work from sexual offences statistics, as this masks the true nature, trends and patterns of sexual offences; and including a section on domestic violence.

Femicide

South Africa has a rate of intimate femicide-suicide, (when a woman is killed by an intimate partner who then commits suicide) that exceeds reported rates for other countries. The 1999 *Intimate Femicide-Suicide in South Africa: A Cross-Sectional Study* examined the incidence and patterns of intimate femicide-suicide and described the factors associated with an increase in the risk of suicide after intimate femicide (the killing of an intimate female partner).[7] Researchers conducted a cross-sectional retrospective national mortuary-based study at a proportionate random sample of 25 legal laboratories to identify all homicides committed in 1999 of women aged more than 13 years.

Researchers collected data from the mortuary files, autopsy reports and police interviews. Among 1349 perpetrators of intimate femicide, 19.4% committed suicide within a week of the murder. The number of women killed is six times the global average and half of all women had been murdered by an intimate partner. Suicide after intimate femicide is more likely if the perpetrator is white. Guns play a factor - 91.5% of the deaths of legal gun-owning perpetrators and their victims may have been averted if this group of perpetrators did not own a legal gun. This study highlights the public health impact of legal gun ownership in cases of intimate femicide-suicide.

Photo courtesy of Google Images

Exacerbating factors

GBV is a by-product of gender inequality in South Africa, which remains patriarchal. Underlying factors associated with experience of GBV include male control of women and unequal power and gender relations in intimate relationships (O'Sullivan et al, 2006; Wood et al, 1998; Langen, 2005; Pettifor et al, 2004b; Jewkes et al, 2003; MacPhail & Campbell, 2001, Dunkle, 2004b). Men's control over women is seen

[7] Intimate femicide-suicide in South Africa: a cross-sectional study, Shanaaz Mathews, Naeemah Abrahams, Rachel Jewkes, Lorna J Martin, Carl Lombard & Lisa Vetten.

as a mark of masculinity. Culture, religion and media reinforce these norms and promote the view that men should be in power within homes and public institutions while women should be in a position of subservience.

Male perpetration of violence against women is also associated with exposure to violence during childhood (Jewkes et al, 2009; Gupta et al, 2008; Abrahams and Jewkes, 2005), which in turn is associated with men's later involvement in physical conflicts in their community or workspaces, the use of physical violence against their partners and arrests for possession of illegal firearms (Abrahams and Jewkes, 2005).

Effects

The effects of gender-based-violence manifest in a number of different ways and these are particularly evident in women. Health consequences mentioned by South African women who reported GBV include varying forms of physical and mental health problems such as unplanned pregnancies, sexually transmitted infections, posttraumatic stress disorder (PTSD), depression physical injuries, mental illness and HIV infection (Dunkle et al, 2004b, Campbell, 1998; Campbell, 2002; Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989; Decker, Silverman, & Raj, 2005; Foa, 1997; Moser, Hajcak, Simons, & Foa, 2007; Petersen et al., 1997; Silverman, Decker, Reed, & Raj, 2006; Silverman, Raj, & Clements, 2004).

Provincial context

Limpopo is situated at the north-eastern corner of the Republic of South Africa. The province is divided into five districts: Waterberg District Municipality, Capricorn District Municipality, Vhembe District Municipality, Mopani District Municipality and Sekhukhune District Municipality. These five districts are subdivided in 24 local municipalities.

The population of Limpopo comprises several ethnic groups but is predominantly Pedi followed by Tsonga, Venda, Afrikaner and English. Because Limpopo province shares international borders with districts and provinces of three countries - Botswana's Central and Kgatleng districts to the west and north-west respectively, Zimbabwe's Matabeleland South and Masvingo provinces to the north and northeast respectively and Mozambique's Gaza Province to the east - it also has a significant proportion of foreign migrant workers.

Why this research?

The MRC conducted the *Three Provinces Study* in Mpumalanga, Eastern Cape and the (then named) Northern Province in 1998. It also partnered with GL to conduct the Gauteng GBV Indicators research. However, there has been no study on the prevalence of GBV among women in a community with a representative sample of women and men across the more rural Limpopo province.

GL's GBV Indicators research provides the second ever population-based prevalence data on women in Limpopo and comparative data in the form of reports on perpetration by men. It encompasses the extent, effects, response, support and prevention of GBV, as well as awareness of legislation and services available to the survivors. The research provides important insights into the prevalence of GBV and perpetration of sexual violence in Limpopo province of South Africa.

Table 1.3: District municipalities of Limpopo province

Capricorn District	Mopani District	Sekhukhune District	Vhembe District	Waterberg District
Aganang	Ba-Phalaborwa	Elias Motsoaledi	Makhado	Bela-Bela
Blouberg	Greater Giyani	Fetakgomo	Musina	Lephalale
Lepele-Nkumpi	Greater Letaba	Ephraim Mogale	Mutale	Modimolle
Molemole	Greater Tzaneen	Greater Tubatse	Thulamela	Mogalakwena
Polokwane	Maruleng	Makhuduthamaga		Mookgopong
				Thabazimbi