



Fiona Nicholson (right) and other participants at a national event to mark opening of 16 Days event in Johannesburg.

Photo by Colleen Lowe Morna

Key facts

- Prevention strategies need to address the root causes of GBV as well as create an environment that promotes GBV prevention.
- Political will and commitment is critical to addressing GBV.
- The Sixteen Days of No Violence Against Women and Children is not well known among men and women; Only one in five men and one in ten women heard of the 16 days of activism.
- A lower proportion of women (6%) and men (16%) heard about the 365 Days Campaign.
- Three percent of women and almost a quarter of men (23%) ever participated in a march or event to protest against GBV.
- Most people get their news about GBV campaigns from television.
- Primary interventions for preventing GBV in Limpopo include local door to door campaigns, community dialogues and programmes for engaging men. The interventions are implemented by provincial government and civil society.
- Secondary interventions include training of service providers as part of national departmental programmes.



I (Murendeni) was on my way from school in September 2011 when I met the father of my child. We were no longer in a relationship and he was not providing for his child. He said, "Come take money for the child to buy diapers." When I got closer to him he grabbed my hand and started dragging me to his place. That's when he started beating me, saying that I was a prostitute. "I want to sleep with you by force," he said. I refused, giving the reason that I was no longer in a relationship with him. He said, "That doesn't mean anything. If you can, go get me arrested, I'm not afraid of the police. You'll see, they will not arrest me." I cried as he forced me to have sex with him on the floor without laying down any blankets first.

It wasn't the first time that he was doing this. These incidents happened in the past several times. While we were still in a relationship he would invite me to fetch money for our baby's subsistence. When I got to his home he would say, "Let's have sex first and buy the baby's clothes later." When I suggested that we buy the clothes first and sex later, he would then start beating me. He would tear my clothes off and after sleeping with me he would say he doesn't have money. He would apologise again and we would go on as lovers. I realised that he is abusing me and so I told him I don't want to be with him anymore. He accepted this and boasted about having a wife.

Sometimes he will call threatening to harm me. He would block my way if he finds me walking with another man or he would beat us both. Every time when school ended I would run away before he could find me because he would be waiting for me by the gate. I didn't want to see him anymore because he kept on abusing me.

I decided enough is enough when he forced me to have sex with him last September. I went home crying. I found my mom's elder sister and my grandmother at home and they asked me what had happened. I told them Prince had dragged me to his place and raped me. They asked me if I had bathed and I said no. They took me to the police. I opened a case but

he wasn't arrested. When I think of what he did, he hurt me and what hurts the most is that I have reported the case several times but the police never arrested him. He always gets away with it.

I even went to Tshilidzini Trauma Centre but it didn't work out. I was checked by the doctor and he confirmed that I had had sex; he even checked my panties which I left at the centre. They said to me that he would get arrested, but I'm still surprised that nothing has happened to him yet.

After these incidents of being abused I always think about what happened. When I see him I always feel scared, I've even changed my routes. Even when I'm somewhere I get scared that if I see him there, he will beat me because I have reported his abuse to the police. I am also scared to go to school, thinking that he might come after me. I even told my grandmother that I will no longer attend school because I am scared. I am also scared of other men when I think of what has happened to me.

Murendeni's story is one of a young woman who is abused by the father of her child. He uses money as bait. The man refuses to look after their child and takes advantage of Murendeni's low economic status. He physically, sexually and emotionally abuses her. Murendeni opened cases with the police and sought assistance from the trauma centre to no avail.

This is a common story for financially challenged young women who depend on men for money. It illustrates how economic dependence can cost women their freedom. Because of this, economic empowerment of women has been identified as a critical prevention strategy to curb violence against women. This story also notes the failure of the system to detain the perpetrator and bring him to book. This perpetuated recurrent abuse against Murendeni, underscoring the need to strengthen the justice system.

This chapter outlines a compendium of prevention initiatives implemented in the Limpopo province and analyses their effectiveness.

Violence prevention programmes need to be holistic and build on evidence, targeting those at risk (primary prevention) or those who have been victims or offenders in order to reduce re-victimisation or re-offending (secondary prevention).

Primary prevention aims to address GBV before it occurs in order to prevent initial perpetration or victimisation. It includes targeted actions aimed at changing behaviour and attitudes. Primary interventions for GBV seek to address the root causes at individual, relationship, community and societal levels. Interventions can also aim to change risk-producing environments. Strategies include:

- Political will and commitment to address GBV;
- Public awareness programmes;
- Engaging men;
- Using the media;
- Local government initiatives to prevent GBV; and
- Economic empowerment and education.

Secondary prevention happens immediately after the violence has occurred to deal with the short term consequences, for example treatment and counselling. GBV survivors require comprehensive care and support from multiple service providers. This includes health, legal, social services, education, economic and social support. Secondary GBV interventions empower those charged with the responsibility of addressing GBV with the skills to promote prevention and the ability to deal sensitively with the topic. Strategies include training key stakeholders: police; health personnel; traditional leaders; prosecutors and faith-based organisations.

Tertiary prevention focuses on long term interventions after the violence has occurred in order to address lasting consequences - for example, perpetrator-counselling interventions.

This study emphasises documenting primary and secondary prevention initiatives in the different action areas in Limpopo province, as well as evaluating their impact within the South African GBV prevention model.

Figure 8.1: The National GBV Prevention Model
NATIONAL CAMPAIGN:
365 DAYS OF ACTION TO END GBV

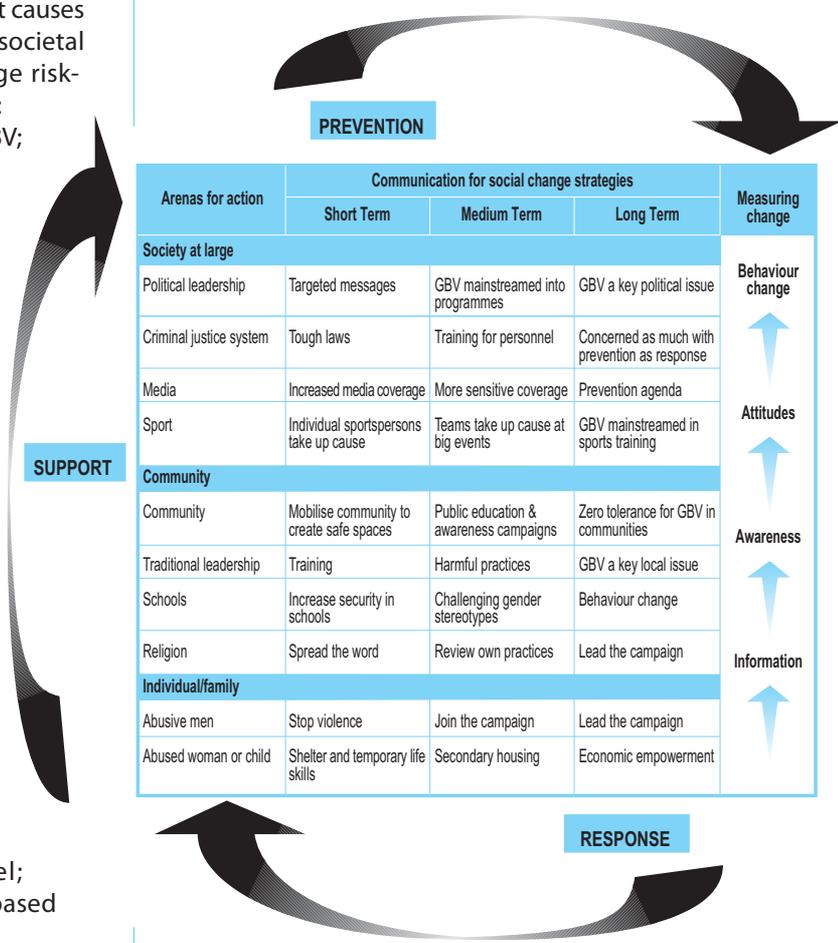


Figure 8.1³³ identifies a number of “arenas” in which GBV is reinforced or can be challenged. This includes the individual, community, and society at large. It occurs within the context of the prevention, response

³³ Adapted from UNICEF et al. Violence prevention model and action plan, www.unicef.org/southafrica/SAF_resources_violenceprevmodel.pdf

and support ecological model used by the IDMT. The model also recognises that interventions can be short, medium or long term and that one may be necessary for the other. It further recognises that the ultimate objective of any intervention is to progress from information to awareness to changes in attitude to behaviour change.

It recommends actions to be taken in the short, medium and long term. Key elements include:

- *An overarching national framework* or campaign that provides an enabling environment for initiatives in all spheres and at all levels of society. This builds on the 365 Days of Action to End Gender Violence, with the annual 16 Days of Activism campaign as a way of heightening awareness as well as enhancing accountability for targets.
- *Understanding the relationship between prevention, response and support.* While the focus is on primary prevention, the model emphasises that good response and support mechanisms should also contribute to prevention. For example, tough laws and their implementation should serve as a deterrent to GBV. Shelters should not only provide temporary refuge but empower women to leave abusive relationships, thus preventing secondary victimisation. Working in unison, prevention, response and support strategies can both reduce GBV and ensure redress for those affected.
- *Stepping up targeted primary prevention interventions at three key levels:* In the home (women, men, children and the family); the community (traditional leaders, religion, schools and sports); and the broader society (the criminal justice system, media and political leadership). Again, if well designed, these initiatives should form a continuum. An initiative to empower abused women should also seek to change the way that their families, communities and society address GBV.
- *Identifying approaches and strategies that work* based on communication for social change theories and using these in the design of future interventions.
- *Developing more effective monitoring and evaluation tools,* bearing in mind that up to now most of the data available concerns outputs rather than outcomes. Ultimately, prevention campaigns must

be able to demonstrate that their impact moves beyond information and awareness to create knowledge, wisdom and behaviour change. This in turn should lead to a quantifiable reduction in GBV.

Areas for action

The ecological model locates key arenas for action:

- **Individual:** The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. These include age, education, income, substance use, or history of abuse.
- **Relationship/family:** The second level includes factors that increase risk because of relationships with peers, intimate partners and family members. A person's closest social circle peers, partners and family members influences their behaviour and contribute to their range of experience.
- **Community:** The third level explores the settings, such as schools, workplaces, and neighbourhoods, in which social relationships occur and seeks to identify the characteristics of these settings associated with becoming victims or perpetrators of violence.
- **Societal:** The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other societal factors include health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. These so-called contact crimes usually occur between people who know each other (e.g. friends, acquaintances and relatives). Yet the courts, police and society at large still often find it difficult to understand how a woman can be raped by a person she knows.

An ecological approach to GBV argues that no one factor alone “causes” violence but rather that a number of factors combine to raise the likelihood that a particular man in a particular setting may act violently toward a woman.

Political will and commitment to address GBV

For a violence prevention strategy to be successful it has to be unified, coordinated, scientifically-informed,

well-resourced and directed across all clusters of society, government departments and civil society. The most effective way to fight violence against women is a clear demonstration of political commitment by states, backed by action and resources.

National Public awareness campaigns: 16 days of Activism campaign

Level of action: individual and community

Each year, stakeholders hold several events to raise awareness about GBV and mobilise key stakeholders as well as the public to take action against violence during the 16 Days of Activism.

Key dates include:

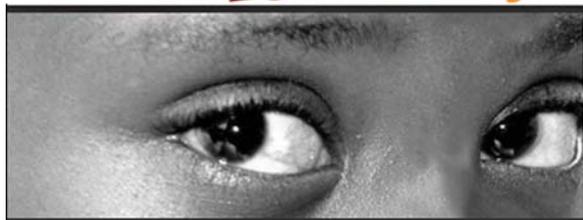
- 25 November: International Day of No Violence against Women
- 1 December: World AIDS Day
- 3 December: International Day for the Disabled
- 10 December: Human Rights Day

Every year, government, civil-society organisations and the business sector work together to broaden the impact of the campaign. By supporting this campaign, thousands of South Africans have also helped to increase awareness of abuse and build support for victims and survivors of abuse.

National Symbols and messages



Don't Look Away



Concept



Each year since the advent of democracy in 1994, the government, spurred on by NGO efforts, has increasingly taken ownership of the campaign. The government symbol for the campaign is the beating drums, to which it later added the strap line "Act against abuse." In 2007, government added to this the "Don't look away" concept illustrated in the graphic. Government refers to the campaign as the "16 Days of Activism Against Women and Child Abuse" and promotes use of the white ribbon, which is the international symbol of protest against gender violence.



NGOs have created their own variants to this theme and messaging. In 2004, NGOs chose to call the campaign "16 Days of Peace" with the strap line "Imagine a world free of gender violence, HIV and AIDS." In 2005, some chose the slogan, "Peace begins at home" arguing that this is a simple and positive message that is easy to translate into many languages.

One point of departure has been in the promotion of the red and white as opposed to just the white ribbon. The red ribbon is the symbol for HIV and AIDS. Nisaa Institute for Women and Development pioneered the red and white ribbon campaign in South Africa as a way of raising awareness on the link between gender violence and HIV and AIDS.

Since 2009, the Minister of Women, Children and People with Disabilities has championed the campaign and activities during this period have been coordinated by the Department of Women, Children and People with Disabilities (DWCPD). Departments, provinces and civil society organisations will use this framework as a tool to assist in determining focus areas.

Stakeholders created the international theme "From Peace in the Home to Peace in the World: Let's Challenge Militarism and End Violence Against Women" in 2012.

The vision of the government and recommendations and findings of the 10 Year Social Impact Assessment

largely informed the objectives for the 2012 campaign, which called for:

- Government to strengthen partnerships and collaboration with NGOs and Community Based Organizations (CBOs) - including those that target and involve men and boys for prevention and rehabilitation - faith-based organisations, traditional leadership and healers as well as the business sector, in crafting a coordination plan;
- The rallying of partners to strengthen the pillars for a more effective and rigorous implementation of the 365 Days National Action Plan - especially the prevention pillar in as far as it concerns root causes;
- Encouraging community involvement in initiatives to combat crimes against women and children;
- Communicating government's substantive programmes and priority actions to deal with the problem of women and child abuse; and
- Announcing the National Council Against GBV.

Awareness of and participation in national campaigns

Researchers asked women and men participating in the Limpopo survey about their knowledge and participation in GBV campaigns.

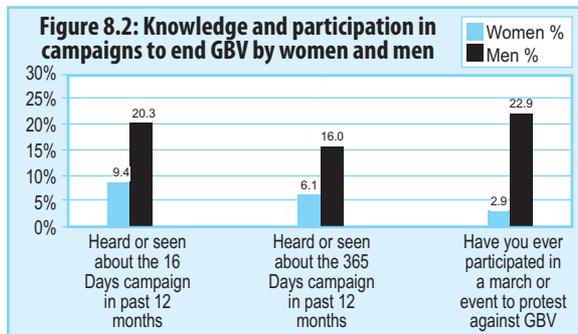


Figure 8.2 shows that women and men in Limpopo province are relatively unaware of GBV campaigns. One in five men and one in 10 women heard of the 16 Days of Activism. A lower proportion of women (6%) and men (16%) knew of the 365 Days Campaign. Three percent of women and almost a quarter of men (23%) had participated in a march or event to protest against VAW. General awareness is low overall,

although these figures show that men are more aware of campaigns than women. These findings indicate unequal access to campaign information. Men in the province seem to have more access to information about campaigns and greater ability to participate in GBV events. These findings point to a need for greater outreach efforts, especially geared toward women.

Source of information of events or GBV awareness campaigns

The survey asked participants further questions about any campaign information they had seen or heard about.

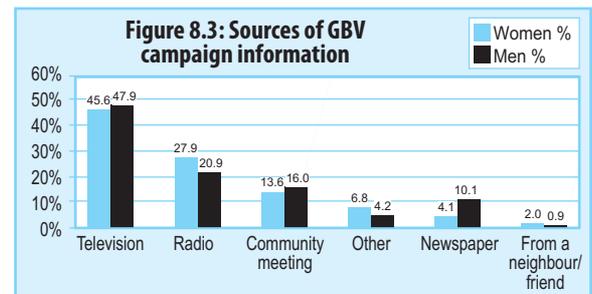


Figure 8.3 show that the majority of women (46%) and men (48%) heard about the GBV campaigns through television. Twenty eight percent of women and 21% of men heard of the campaigns through the radio and 16% percent of men and 14% of women heard about campaigns through community meetings.

While television is the most common medium used to access information for both women and men, greater proportions of women access information from radio and from friends. In contrast, greater proportions of men access information from community meetings and newspapers.

This finding shows that stakeholders should publicise GBV campaigns on television and radio to assume maximum outreach impact in Limpopo province. However, there is also a need to accelerate efforts to disseminate this information at community meetings and in print media.

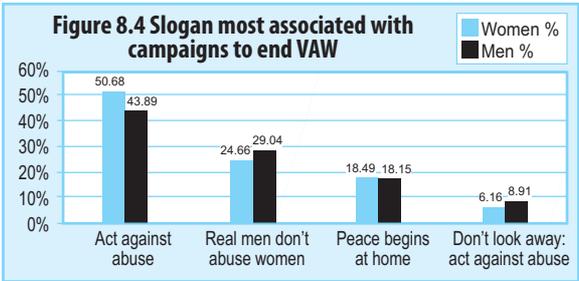


Figure 8.4 illustrates that “Act against abuse” is the most well-known slogan, with 51% of women and 44% of men linking it to GBV campaigns. The next slogan most associated with GBV campaigns is “Real men don't abuse women” (25% women and 29% men), followed by “Peace begins at home” (both 18%) and “Don't look away” (6% women and 9% men).

Case study: GL Centres of Excellence Program - working with councils to develop local government GBV action plans and strategic communications training



Area of action: Community

The UN Secretary General's report on GBV calls on states to build and sustain strong multi-sectoral strategies, coordinated nationally and locally. The GL Centres of Excellence (COE) process arose from the realisation that the only way to have a real impact at the local level is to work at council level. While policies and strategies at national level remain important, these exist as so many words if they do not get translated into action on the ground. Similarly, it has become clear that the lofty targets of the SADC Protocol on Gender and Development need to be localised.

GL, in partnership with the SALGA, is working with councils across Limpopo province that have elected to join the Centres of Excellence for Gender Mainstreaming in Local Government that devise and implement local level action plans for attaining the SADC Protocol targets.



Irish Aid and GL reference group gender mainstreaming training in a Limpopo province local council. Photo by Ntombi Mbadlanyana

The COE concept seeks to identify key councils across the country and work to get gender on their agenda. The approach also seeks to develop synergy in GL programme work by focusing various projects from GL's SADC Gender Protocol, governance, media and justice programmes in specific localities.

Key principles include getting buy-in at decision-making level; conducting a situation analysis that is council-specific and will help to address the needs of that council; and conducting council-specific gender and action plan workshops that localise national and district gender policies and action plans. Other activities include community mobilisation aimed to familiarise communities with the provisions of the SADC Protocol on Gender and Development and empower them to hold their councils accountable.

GL builds the capacity of council officials and political leaders through on-the-job training and assisting councils and communities to apply these

new skills through running major campaigns, e.g. 365 Days to End Gender Violence and the 50/50 Campaign.

Case Study: South African Local Government Association (SALGA) Limpopo - capacity building

SALGA Limpopo is actively involved in campaigns which seek to address GBV in five districts located within Limpopo: Vhembe, Waterberg, Capricorn, Sekhukhune and Mopani.



Burgersdorp Village residents take part in a GBV community dialogue in 2012.

Photo by Ntombi Mbadlanyana

SALGA Limpopo's overarching mandate is to build the capacity of the municipalities and ensure monitoring and implementation of the GBV Action Plans. From 2008 to 2009, SALGA, in collaboration with GL, hosted the GBV planning workshops, which saw several councils develop GBV action plans.

SALGA Limpopo, with support from various political champions located in the councils, has been part of the Sugar Daddy Campaign, an advocacy campaign that aims to highlight the growing phenomena of transactional sex between older men and younger women. This trend has been noticed in areas or localities with high levels of GBV and unemployment.

Achievements

SALGA has facilitated various stakeholder engagements and committees formed between the Department of the Premier and the Limpopo Department of Health.

SALGA has been instrumental in establishing the District Local Aids Councils, part of a national mandate for each province. The activities of the DAC of the Limpopo province feed into the Provincial AIDS Council (PAC) which ultimately feed into the South African National AIDS Council (SANAC). Stakeholders established this structure to ensure a multi-sectoral approach with regards to HIV and AIDS.

SALGA will continue to oversee these council processes as well as ensure council implementation of GBV Plans.

Challenges

Several challenges have impeded progress in the implementation of the plans:

- Lack of coordination between various stakeholders, as well as lack of accountability from managers and those responsible for implementing plans. It appears the senior managers - and chief custodians of the plans - have not yet prioritised the programme. Quite often managers have exhibited ignorance on issues of gender mainstreaming and do not understand the basic concepts; therefore it becomes difficult for them to understand their role in implementation.
- Challenges around budget allocation. To date there is no explicit budget allocated towards the rolling out of the plans within the municipalities. Very often councils only address and cost projects that address GBV if they link to a commemorative day or fall during the 16 Days of Activism.
- A lack of current statistics and clear indicators from SAPS makes it difficult to monitor cases of VAW. The number of cases that go unreported is also an area of concern.

Community mobilisation

If properly implemented, community mobilisation can be a powerful tool in addressing VAW. It involves engaging community members and incorporating their ideas in a strategy to combat VAW. As such, it can be viewed as a process which initiates a dialogue among members of the community to determine how to look at issues in the context of that community. It also provides an outlet for community members to participate in decisions that affect their lives (Tedro et al 2011).

Beyond promoting social dialogue, community mobilisation provides a platform for social change by empowering community members and leaders to take charge of their own health through engagement in a collective process. Through community mobilisation, women can be empowered to break the culture of silence and take action against VAW. Community engagement also raises awareness among men and challenges behaviours that perpetuate women subordination and condone violence against women.

Case Study: LDOH work to address VAW

Working in partnership with Irish Aid and other partner organisations, the Limpopo Department of Health (LDOH) undertook projects to address GBV in the province. It established a district reference group constituting various NGOs in Mopani and Vhembe. It aimed to further identify challenges in the respective areas and raise awareness on VAW. The reference groups provided feedback to other stakeholders about progress made in the communities.

Activities in 2011-2012

Door-to-door campaigns identified those villages that exhibited high incidence rates of DV. Researchers conducted studies in these villages and asked women about their experiences of VAW. They found high rates of GBV and noted that a culture of silence impeded government efforts to address it. Most women did not want to open up about VAW.

LDOH conducted six workshops in Mopani to raise awareness about femicide. It also educated citizens about ritual murders, which are common in the region. The teams conducted similar activities in Vhembe District, including an additional project - the Zero Tolerance Village Alliance Project - conducted in collaboration with TVEP and GL.



Maruleng village residents take part in an Irish Aid GBV community dialogue about witchcraft and ritual murder in 2012.

Photo by Ntombi Mbadlanyana

Achievements

- The establishment of provincial government bodies and reference groups which have assisted in the identification of challenges, coordination of campaigns, providing feedback and gender mainstreaming within communities.
- The door-to-door campaigns proved a success, especially the involvement of youth. This campaign gave them further insight into what is happening on the ground.

According to the LDOH representative, the partnership between the LDOH and Irish Aid proved a success: "Our department made a breakthrough because of its partnership with Irish Aid and the Office of the Premier is appreciating our work addressing GBV and witchcraft."

Assessment of the organisations engaged in primary prevention of GBV in Mopani and Vhembe districts of Limpopo

After assessing 46 organisations (listed in Chapter 7) that engage in the area of GBV in Limpopo, only four stood out in Ecory's study as potentially promising in addressing GBV prevention in the province. The study assessed 15 CBOs, 12 government institutions, six NGOs, five traditional or religious institutions and eight VEP structures. TVEP in Vhembe, the Thuthuzela

Care Centre in Tshilidzini, FAMSA Vhembe and ProGroup Foundation Trust in Mopani stood out as the most promising organisations. These four organisations showed a clear understanding of the root causes of GBV in their communities and they had implemented constructive efforts to address it. Using an assessment framework based on seven qualities, the research team further explored the GBV prevention activities undertaken by these organisations. The seven qualities that characterise best practice in addressing GBV are outlined in the table below.

Table 8.1: Best practice characteristics for addressing GBV

Criteria	Tshilidzini TCC	ProGroup	FAMSA	TVEP
Addressing the root cause of GBV	Focuses more on treatment of GBV victims although at times when resources are available they do engage in awareness raising activities.	Addresses lack of information about women's rights and basic human rights. They conduct awareness campaigns where staff hand out pamphlets and advise women of their rights when they go for protection orders.	Provides parental skills, family preservation, marriage preparation, conflict resolution and trauma counselling programmes to the community.	Since its inception in 1997, it co-opted a range of stakeholders as trustees of the organisation. These included representatives from SAPS, the departments of health and social development, traditional leaders and healers, and faith-based organisations. Each tackle the root causes of GBV relevant to their area of work.
Empowering excluded sectors of society	It is reaching out to excluded sectors of society through its campaigns.	Does not empower excluded members of the community.	Accepts all family types, including same-sex families, but does not have specific programmes targeting excluded persons.	It works with sex workers and their organisations like Sisonke. It also collaborates with Sonke Gender Justice Network and SWEAT. Each victim supported by TVEP is linked to a victim advocate who prepares them for court hearings and supports Post Exposure Prophylaxis (PEP) adherence of victims. ³⁴ Advocates also support children in child abuse cases. TVEP is currently expanding its support for abused children or children who witness domestic violence.
Promoting community ownership and private-partner partnerships	Promotes community ownership by encouraging communities to be TCC ambassadors.		Promotes community ownership by involving the community in its violence awareness programmes in schools. Educators trained to report child abuse.	Peer educators are chosen by the community before being tested and trained by TVEP. The helpdesk is operated by persons who form part of the community and nominated by the community. The oath taken by local chiefs to denounce and stop GBV in their communities is a profound indication of community ownership.

Criteria	Tshilidzini TCC	ProGroup	FAMSA	TVEP
Challenging negative conceptions of masculinity in a culturally sensitive manner	Encourages men to join men's forums to learn more about preventing GBV.	Raise public awareness of the Constitution, which clearly stipulates that gender equality must be practised and enforced.	FAMSA reported that its programmes challenge negative conceptions but it did not specify how.	Works closely with community leaders and seeks advice about traditional response to various violent behaviours to ensure that it is enforced. Where there appears to be conflict, it promotes adherence to the constitutional law.
Adapting activities to the culture and traditions of the area	Tshilidzini did not specify how it adapted its activities to the culture and traditions of the community.	ProGroup Trust does not adapt its activities specifically to the culture and traditions of the area.	FAMSA insists on interactive sessions in which participants learn from each other and compare traditions regarding specific situations.	It seeks advice and support from traditional leaders at every step. The Zero Tolerance Village Alliance programme encourages local chiefs to be the first to take an oath against abuse in front of his people, followed by prominent leaders and all the males. Women also take a public oath not to accept or keep quiet about abuse.
Promoting holistic responses in "one-stop" continuum of care arrangement where various services for the victims are provided in one place	The TCC has all service providers available, accessible and ready to serve the victims.	Provides counselling, information, medical assistance if needed as well as access to PEP at its community centre in Tzaneen. It also conducts court support and preparation, assistance with obtaining a protection order and maintenance order.	FAMSA provides limited information to victims and the community at large.	TVEP provides a one-stop set of services at its two trauma centres with temporary shelters, 14 rural helpdesks, Zero Tolerance Village Alliance, community mobilisation around prevention, stigma mitigation, ARV adherence, among many others.
Enabling civil society groups to hold policy makers accountable	Tshilidzini is a member of the District VEP forum, which fights for government accountability.	ProGroup holds government accountable at a local and regional level by attending stakeholder meetings and assisting organisations such as the NGO Treatment Action Campaign (TAC) to ensure compliance with the victim charter and the Constitution.		TVEP encourages people to stand up for themselves, resist abuse and claim their rights. TVEP undertakes systematic monitoring and follow-up of all rape and domestic violence cases brought to its attention. To date, TVEP has monitored more than 9000 cases of GBV since it started operations in the past 12 years.
Promoting the establishment of a systematic approach to data collection	Tshilidzini does not collect statistics.	ProGroup has been collecting some client data since 2010.	FAMSA is not yet collecting systematic data on GBV.	TVEP has a large amount of data in its intake forms that it has been collecting systematically for more than 15 years. The Institute for Security Studies is assisting TVEP in preparing the data for analysis.

Source: Adapted from the Ecopy's report: Assessing organisations and structures that address Gender Based Violence in Vhembe and Mopani Districts, Limpopo, 2012.

³⁴ The TVEP support to rape victims has increased PEP adherence in Thohoyandou to close to 80% compared to 30% in the rest of the country.

Table 8.1 indicates that of the four organisations assessed, TVEP excels in terms of involving the community in the processes of GBV prevention. It is also better at data collection. TVEP adopts a rights-based approach and insists on holding government services and communities accountable for implementing the law protecting women from GBV. The other three continue to do their part though at a minimal level of operation. Basing on these findings, other organisations in the province need to be further capacitated and the TVEP model of operation must be replicated in other areas. Government should also provide the needed resources to support other community-based CSOs that have the vision but seem to lack the capacity.

Engaging traditional leaders and prosecutors

Traditional leaders wield influence and command much respect within their communities. Traditional leaders as custodians of culture occupy a strong position to work with their communities to address the harmful cultural practices that trigger and perpetuate VAW. In South Africa they preside over customary law courts and reach communities through *imbizos/lekgotlas*, or community dialogues. South Africa's National House of Traditional Leaders has members in all the nine provinces. It is the officially

recognised organisation of traditional leaders in the country.

The NHTL was inaugurated on 18 April 1997. It was originally called the National Council of Traditional Leaders (NCTL) but the name changed in 1998, to the National House of Traditional Leaders. In his inaugural address to the NHTL, former South African President, Mr Nelson Mandela, said: "When the new constitution was drafted, there were concerns that it did not define in sufficient detail the status and role of Traditional Leaders and that it did not, unlike the interim constitution, oblige government to set up this council." The NHTL is an organisation that stands for transformation and equality amongst everyone. Ongoing capacity building needs to be conducted with Traditional Leaders so that they can deal with SGBV cases on merit and not based on their personal values and attitude. Once confident and skilled enough, Traditional Leaders may be able to cascade the knowledge. Each province, with the exception of the Western Cape, has a Provincial House of Traditional Leaders with a clear, province-specific vision and mission that promotes autonomy, transparency and institutions that are gender sensitive. NHTL unifies the Traditional Leadership and guides it on protecting diverse cultural practices.

Case Study - Population Council Dialoguing and capacity building of traditional leaders

Background



The Population Council, in partnership with the Ubuntu Institute, embarked on a programme to engage Traditional Leaders in three South African provinces (North West, KwaZulu-Natal and Limpopo) to address sexual and gender-based violence (SGBV) in rural communities. The overarching goals of the programme were to strengthen linkages between the Population Council and traditional communities, generate and share strategic information on SGBV, strengthen prevention and response to child sexual assault, engage new partners to address prevention of and access to SGBV services, and expand access to comprehensive post-rape services by working with Traditional Leadership structures.

In order to strengthen community-based initiatives and to understand the potential role of traditional leaders in the prevention of SGBV, a series of workshops was held in three provinces. Workshops provided information on the state of SGBV in individual provinces, on the need for a multisectoral approach to SGBV, and the potential for strong advocacy from traditional leaders on prevention and management of SGBV. From these workshops, researchers highlighted a number of important lessons learned and recommendations for further action.

Findings

The key findings from the programme by the Population Council include that

- Traditional Leaders are still largely uninformed about the drivers of SGBV in South Africa and need further capacity building.
- Traditional Leaders suggested should have stronger ties between themselves and the court systems/magistrates for better referral and so that cases are managed more effectively.
- Traditional Leaders need to work closely with local government officials and other government agencies to support the empowerment of women in their communities, engagement of men, and to sensitise their communities about SGBV.
- Through social mobilisation campaigns, Traditional Leaders can play a vital role in strengthening prevention and responses to SGBV as they reach thousands of people in their communities at a grassroots level. They are willing to support such campaigns.
- Traditional Leaders need protocols and guidance documents which they regard as a critical component for effective and comprehensive programming.
- Traditional Leaders need to be better linked to the justice system and to the South Africa Police Service (SAPS) to be able to more effectively deal with perpetrators.
- Traditional Courts are an important platform for addressing and adjudicating gender-based violence cases in rural communities and need to be revived or strengthened where they already exist.

Adapted from http://www.popcouncil.org/pdfs/2010RH_TradLeadersFinalReport.pdf

While the findings of research show limited capacity of traditional leaders in addressing GBV, some of leaders have shown leadership in the fight against the scourge. The following case study is one of a female leader Hosi Tinyiko Nwa'mitwa who has championed programmes to address sexual and reproductive health issues including GBV.

Case study: Traditional leadership addressing GBV, Sexual and Reproductive Health and HIV in Nwa'mitwa, Limpopo



Photo http://nwamitwa.org.za/?attachment_id=192

Hosi Tinyiko Nwa'mitwa II was appointed as heiress to the throne in 2002. However this appointment was contested since according to custom it was taboo for a female to rule a clan. After contesting in court for six years eventually Hosi Nwamitwa was inaugurated in 2008 as one of the very few women among South Africa's approximately 750 traditional leaders. She rules Nwa'mitwa in Tzaneen which is in South Africa's Limpopo Province. Currently Hosi Nwa'mitwa II is Chairperson of the Valoyi Trust and a Member of the South African Parliament. The Valoyi Traditional Authority was established in 2004 with the aim of improving the social and economic well-being of the Nwa'mitwa (Valoyi) community. Since Hosi

Nwa'mitwa II's inauguration she has been implementing programmes that seek to address HIV, gender based violence (GBV) and Sexual and Reproductive Health (SRH) in her community. Her goal is to promote youth and women's rights through implementation of a job and life skills training programme called the *Fit for Life, Fit for Work* programme. *Fit for Life, Fit for Work* is a six week work preparedness and sexual and reproductive health and rights (SRHR) programme offered to vulnerable post matriculants (those who have completed Grade 12) between the ages of 18 and 30 years.

The SRH component of the course is aimed at equipping learners with information to prevent HIV, STIs and GBV. It aims to train 120 young men (30%) and (70%) women annually. In 2011-2012, 125 were trained through the six weeks life coping skills (SRH, GBV, HIV) and 102 in basic computer literacy phase one. In phase two through work related skills 78 got trained on Early Childhood development. Fifteen got their driving licenses skills. Out of 117 graduates 48% young people got paid jobs, working in offices, shops, lodges; filling stations and 52% got temporary jobs.³⁵

The programme has been strengthened through the active participation and leadership of community members and the beneficiaries themselves. Community members are currently building the community centre where the *Fit for Life, Fit for Work* programme will be housed. Seven groups are engaged in various projects in different villages such as sewing, embroidering, brick making catering and decoration, car wash etc. The programme has been successful in affording youth, who are selected for the programme based on vulnerability to HIV, to get employment and to start small businesses so as to support themselves, their families and other dependants. Through raising awareness and economically empowering her community members, Hosi Nwa'mitwa II has shown that traditional leaders have a crucial role to play in the fight against GBV and HIV.³⁶

Adapted from the case study 'Traditional leadership addressing GBV, Sexual and Reproductive Health and HIV in Nwa'mitwa by SAfAIDS, 2011

³⁵ http://nwamitwa.org.za/?page_id=93

³⁶ <http://www.k4health.org/sites/default/files/traditional%20leadership%20addressing.pdf>

Engaging men, exploring masculinities

Programmes addressing masculinities often seek to explore what "makes a man." The overarching idea is to educate boys from an early age that violence is wrong and that the prevailing definition of masculinity in any society is not the only alternative.

Boys also learn that even though they may be physically different, girls are entitled to the same rights and opportunities as men. Gender roles and expectations condone male VAW, grant young and adult men the power to initiate and dictate the terms of sex and make it very hard for women and girls to protect themselves from violence. Strategies to address both HIV and GBV must include scaled up efforts to address gender inequalities. To be effective, such strategies must engage men and boys and bring about significant changes in their attitudes and practices towards sex, women, their own health and their role in caring for and supporting children. Leaders should also facilitate and support necessary changes in community norms that influence VAW-related behaviours of boys and young men.



GL collected two administrative case studies of programmes for engaging men in Limpopo province. One is the One Man campaign, a national programme championed by Sonke Gender Justice Network that has decentralised operations in the province. The other is from Munna Ndi Nyi, a community-based organisation operating in Vhembe district. Though

operating at different levels, both Sonke and Munna Ndi Nyi work with men and boys to eradicate GBV and achieve gender equality.

Access to Justice Project



The *Access to Justice project*, is a joint initiative by TVEP and Sonke Gender Justice Network which seeks to create a supportive and enabling environment for survivors of sexual assault, domestic violence and child abuse, and for people living with HIV and AIDS. The initiative specifically aims to engage men and boys effectively in preventing gender-based violence and HIV in Limpopo. In its quest to involve more men and boys to prevent sexual violence, the Access to Justice Project is rolling out Sonke's flagship One Man Can (OMC) campaign and the national Brothers for Life campaign.

The OMC campaign encourages men to work together with other men and with women to take action to build a movement, to demand justice, to claim their rights and to change the world. The Brothers for Life complements OMC by creating a strong focus on HIV and the role that men play can play in prevention of the disease and addressing the social and health consequences of HIV and AIDS. Targeting older men, Brothers for Life emphasises the risks associated with having multiple concurrent partnerships, men's limited involvement in parenting, lack of knowledge of HIV status, low levels of testing and disclosure, and delayed and inadequate health seeking behaviour.

While a large part of the project focuses on supporting TVEP and strengthening their capacity and resources, the Access to Justice Project also includes public and community awareness raising campaigns, men's dialogues, workshops on violence with men and boys, and a range of consultative meetings with government.

Case study: The One Man Can campaign

Background

Sonke launched its One Man Can (OMC) campaign on 25 November 2006 to mark the beginning of the 16 Days of Activism to End Violence Against Women. Formative research carried out for the campaign indicates that a growing number of men and boys worry about escalating levels of domestic and sexual violence and say they would like to do more to address it.

Programme aim

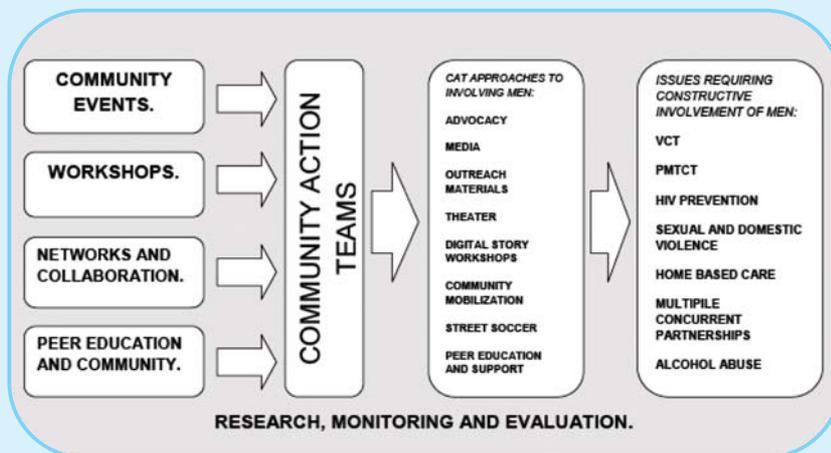
The OMC campaign aims to support men to advocate for gender equality, including taking active stands against domestic and sexual violence and to promote and sustain change in their personal lives to protect themselves and their partners from HIV and AIDS. This includes changing the gender norms driving the rapid spread of HIV.



Photo courtesy of Sonke Gender Justice

Programme description

The campaign provides carefully researched information and tools that men and boys can use to act on their conviction that men have a critical role to play in addressing gender-based violence and HIV and AIDS. Sonke has developed and successfully implemented a unique model, called the One Man Can Community Mobilisation model, which focuses on the role of men and boys in gender transformation. The model is illustrated below:



The One Man Can Campaign has now been implemented in all of South Africa's nine provinces.

Capacity building

Sonke is building the capacity of partner organisations and training them on how to engage men in addressing GBV. Using the OMC manual, Sonke facilitates three day workshops and community dialogues with relevant stakeholders. In Polokwane, Sonke works with the National Institute for Crime Prevention and Re-integration of

Offenders (NICRO) and its partner organisations, capacitating them to employ the OMC model in their work with sexual offenders. In Tzaneen, Sonke has partnered with some of the local radio stations and trains the radio staff members on the OMC and media advocacy. Sonke has also held community dialogues and OMC workshops with TCC staff members.

Assessment of the national One Man Can campaign

While Sonke has not conducted a provincial impact assessment of the programme, an independent impact evaluation of campaign based on self-reporting indicated significant changes in the short-term behaviour of participants in the weeks following One Man Can activities (Report on the Impact of Sonke, 2009). The Impact evaluation research conducted to determine the effectiveness of the Sonke Gender Justice Network's One Man Can (OMC) Campaign indicated that the campaign is an effective way to change the HIV and gender related behaviours and attitudes of men and women at both the individual and community level. Significant numbers of OMC participants reported getting tested for HIV, witnessing and responding to gender based violence and using condoms at higher levels than prior to their involvement in the OMC activities. A quarter (25%) of participants got tested for HIV and 61% increased their use of condoms following participation in the programme.

Sonke's work is also leading to shifts in attitudes about gender in other parts of the country. Before a workshop in Ekukhanyeni Tribal Authority, 63% of respondents believed that, under some circumstances, it is acceptable for men to beat their partners. After the workshop, 83% of respondents disagreed with this statement. Moreover, 96% of respondents believed they should not interfere in other people's relationships, even if there is violence, but after the workshop, everyone agreed that they should interfere (Ecory's Report, 2012).

Source: Sonke Gender Justice and OMC Evaluation Report 2009

There is a growing movement of men's organisations that recognise and support the women's movement for the benefit of women, men and all of humanity. However, such organisations have been criticised over the years as some feminists argue that men should not be telling women's stories (National Organisation for Men Against Sexism, 2008). Despite such views, most organisations working in GBV now understand

that men play an integral part in achieving gender equality. In regards to GBV, men can be part of the problem as the main perpetrators of violence against women, but they can also be seen as part of the solution. Thus engaging men is a relevant and much needed part to the puzzle. Empowering women and engaging men to change their behaviour is the only way to accelerate efforts to end VAW.

Case study: Engaging men to end GBV in Limpopo - Munna Ndi Nnyi?

Background

Munna Ndi Nnyi? (MNN) (Who is the Real Man?), is a registered non-profit organisation operating in the largely rural Vhembe District. The project began in 1997 as a collaboration between doctors and nurses at Tshilidzini Hospital who recognised the need to promote greater involvement of men in maternal health and child support issues.

With a particular focus on mobilising men and boys, and emphasising the interlinking issues of culture, health, poverty and moral regeneration in relation to GBV, MNN is a strong model for grassroots community-driven social change as it works to promote positive gender norms and



Munna Ndi Nnyi offices.

Photo by Mathew Willman

relations. It achieves this through targeting traditional and religious leaders and by increasing public awareness and access to support services in the community.

Programme description

MNN employs a holistic combination of strategically interlinked and inter-run programmes to tackle the broader mission of addressing the colliding issues of GBV, HIV and AIDS and poverty. MNN's GBV-related programmes include:

Victim Empowerment Programme (VEP): This programme aims to address the issue of gender-based violence, particularly domestic and intimate partner violence and its impact on women, children and men in the broader community. Five skilled lay counsellors provide face-to-face counselling and support. They also undertake campaign and advocacy work through workshops and outreach in the community to prevent GBV and empower victims and survivors in the community to access support and justice.

Men's Forum (currently sporadic event-based funding by DSD and DOH only): The MMN Men's Forum programme, under VEP, focuses specifically on mobilising and supporting men and boys to take the lead in addressing the causes and outcomes of gender-based violence in the community. This programme conducts education and awareness raising activities, provides lay-counselling to male perpetrators and victims of abuse, and engages men who are traditional, religious and community leaders in dialogue and training to influence gender norms and raise awareness of the issue of GBV.

Alcohol and substance abuse: MMN is currently negotiating to form a partnership with the South African Anxiety and Depression Group (SADAG). MNN seeks to increase its capacity to provide support groups and referrals for alcohol and substance abusers. Research shows that alcohol and substance abuse is one of the driving forces of the twin epidemics of GBV and HIV and AIDS.

Restorative justice: The organisation adopted the restorative justice approach and an emphasis on rehabilitation and reintegration of offenders. MNN is currently developing a government accredited young offender diversion programme in partnership with other stakeholders.

Radio and print media campaigns for education and awareness on GBV: Throughout 2012 MNN conducted regular weekly Phala Phala FM (funded by Brothers for Life) radio shows which addressed GBV and related issues. MNN also aired these on local UNIVEN Radio. MNN also received coverage on issues of GBV and circumcision/HIV and AIDS in local and provincial print media including The Limpopo Mirror, Capricorn Times and Ngoho News.

Table 8.2: MNN statistics

Activity 2012	Number
In office clients seen	507
Community members accessed through VEP campaigns, school visits and workshops	19 228
Total recorded community members accessed through MNN VEP	19 735

Staff

Staff members include: social auxiliary worker, lay counsellors and a registered nurse.



The team at Munna Ndi Nnyi?

Photo by Mathew Willman

Partnerships

MNN partners with Thuthuzela Care Centre (Tshilidzini Hospital), SAPS, South Africa Legal Aid, DSD, SASSA, Small Claims Courts, Department of Home Affairs, Traditional Leaders/Tribal Authority, SADAG, Thohoyandou Victim Empowerment and other VEP stakeholders.

Funding

MNN's VEP programme is exclusively funded by the Department of Social Development with some additional support, such as the Brothers for Life-funded weekly radio slot on Phala Phala FM.

Achievements

MNN is known throughout the Vhembe District. It has prompted strong community dialogue and changes in accepted norms and behaviours around masculinity and the role of women and gender relations. Through advocacy and education, MNN has secured a significant position on the Limpopo map as far as engagement of men to end VAW.

MNN has been involved in monitoring and training at traditional initiation schools, resulting in a drop to zero fatalities in the last two years, compared to 24 in KwaZulu Natal alone in 2012 (AFSA, 2012).

Challenges

A lack of funds has impeded effective implementation of some projects. This has also debilitated MNN's ability to follow-up with clients. It often encounters clients in need of basic amenities such as food and clothes; however, the organisation is not in a position to meet any of those needs. The lack of stable funding means it is also unable to acquire and retain qualified staff members. MNN also encounters issues with violent, self-harming or intoxicated clients.

Initiatives led by local community-based organisations remain vital to addressing VAW. Organisations like MNN have familiarity with the dynamics of local culture and how they interplay with gender equality. More effective men's mobilisation will require more partnerships between local CBOs like MNN and larger national men's groups like Sonke. Sonke's programmes engage men at national level and they have a regional and international reach. Given Sonke's level of expertise and capacity, it becomes imperative for it to help build the capacity and enhance the work of other locally-based organisations such as MNN. These groups remain hindered because of limited government funding and lack of expertise to execute complicated work. For example, Sonke has provided technical support to MNN so it can begin working

with traditional leaders using the relationships they have with local male circumcision schools.

Health personnel training

Any training for medical practitioners needs to cover all forms of gender violence and their subsequent possible health consequences. Health workers receive training to improve services for abused patients. Improvements in medico-legal practices and services related to rape and sexual assault, especially better documentation of injuries, can lead to higher conviction rates.

GBV and the media

As established earlier, the media can either be part of the problem or part of the solution in fighting GBV.

The media is a potentially powerful tool in fighting GBV because it not only reports on society but also helps shape public opinion and perceptions. It is a key conduit for making GBV visible, advertising solutions, informing policy-makers and educating the public about legal rights and how to recognise and address GBV.

Case study: Media campaigns by different actors to raise awareness

1. National Prosecution Authority (NPA) Legal Features

NPA participated in a public education campaign in partnership with SABC Education. The campaign ran on 15 SABC radio stations and the format of the shows allowed for listeners to engage and ask questions to legal prosecutors about topics connected to VAW.

Content

The NPA Legal Features campaign covered key topics including bail and bail conditions, maintenance, prosecution of rape, understanding the criminal justice system, domestic violence and asset forfeiture.

Outreach

The NPA campaign reached approximately 30 million listeners throughout the entire country in all the official languages.

Replication or scale-up

Due to the overwhelming success of this campaign in achieving the organisation's communication objectives, the NPA will consider extending it to community media for even wider access to the public.

Source: NPA Report 2011-2012

2. Everyday Heroes Campaign

The Everyday Heroes concept is the brainchild of the Department of Social Development in partnership with United Nations Office on Drug and Crime (UNODC). The concept comprises of six sets of cartoon stories on victim empowerment related topics. The campaign championed by the DSD covers topics including domestic violence, human trafficking, abuse of persons with disabilities, abuse of older persons, sexual assault and sexual abuse of children.

The Everyday Heroes cartoon project seeks to create awareness among the South African communities on the evils of gender-based violence and the consequences thereof. The campaign is geared to encourage and mobilise communities to be active and to act against crime and domestic violence amongst communities.

The Department of Social Development (DSD) officially launched the Everyday Heroes Brand awareness campaign on 8 September 2011 at Polokwane Welfare Complex. Following the launch of the project in Limpopo Province, stakeholders implemented a massive roll out of activities throughout the other provinces in the form of road shows.

DSD is in the process of translating the stories into all 11 official languages, which will be printed as booklets. It also plans to create a television series on the VEP cartoon stories to reach a wider audience. Various Drama themes developed from the cartoon booklets will soon be performed during the provincial road shows.³⁷



The NPA information desk at a 365 Days Conference in South Africa.
Photo by Jan Moolman



Photo Courtesy: http://www.everydayheroes.org.za/about_eh.html

³⁷ <http://dsdupdates.wordpress.com/2011/08/29/65/>

Secondary prevention

National SAPS training

The provision of training to police remains a crucial element for ensuring that SAPS improves on services rendered to victims of sexual offences, domestic violence, offences against children and other victims of crime. The NAP also provides for all police stations, in cooperation with provincial training managers and the Division Human Resource Development, to set annual targets for training members in the Domestic Violence, First Responders to Sexual Offences, Victim Empowerment and Vulnerable Children learning programmes.

During 2011-2012, SAPS participated in a regional training workshop with the United Nations Office on Drugs and Crime (UNODC) as coordinators on the development of the Effective Law Enforcement, Responses to Violence against Women in the Southern African Region, particularly domestic violence. It also presented the Violence against Women and Children course to the Southern African Regional Police Chiefs Cooperation (SARPCCO) task team at a work session in Pretoria. This was part of the SAPS and South African government's commitment to assist SADC in addressing GBV within the region.

According to the annual performance plan 2011/12, the SAPS committed to foster the knowledge and skills of personnel through the following courses.

Table 8.3: SAPS course statistics

Activity 2012	Number of courses	Number of members to be trained
Victim Support (effective support to victims of crime)	191	3 820
Violence against woman and children	470	9 999
Total	661	12 819

Training of service providers by NPA

Stakeholders reviewed the training manual for sexual offences and included relevant additional sections (inter alia on the CJA and Children's Act and case law). They then developed a detailed programme and manual which caters for topics such as social context, child witnesses, mind maps of Sexual Offences Act, medical examinations and investigations. The team included a joint group of experts from the SOCA, SAPS, the Department of Health and the DSD (DOJ&CD annual report 2011-12).

Training of justice personnel

In the financial year 2011-2012, NPA SOCA conducted multidisciplinary training on the investigation and prosecutions of sexual offences cases. The training courses included advanced skills on prosecuting the child sex offender, child pornography training

seminars and integrated training for case managers, victim assistance officers, site coordinators and relevant stakeholders involved in TCCs and SOCs.

Forty-five delegates, including doctors, advocates and investigators, attended the technical assistance training programme in March 2011 in Maputo.³⁸

The department also developed the training manual on criminal law (sexual offences and related matters) Amendment Act 32 of 2007. The department conducted subsequent training for 645 prosecutors in 23 training sessions in all provinces.

Training for prosecutors

In 2011-2012 the SOCA team delivered five training sessions on the Domestic Violence Act attended by 108 prosecutors.³⁹ The SOCA also established a

³⁸ http://www.justice.gov.za/VC/events/2012natconf/paper_npa.pdf

³⁹ <http://www.npa.gov.za/UploadedFiles/NPA%20Annual%20Report%202011-12%20Final%20Copy.pdf>

partnership with information and systems management in the DOJ&CD National Operations Centre (NOC) to develop an electronic and standardised case management system for domestic violence matters specifically in relation to protection orders, but also those offences linked to GBV.

Conclusion

As with other social problems, GBV has largely been addressed and understood through responding to the aftermath of such violence. Prevention efforts, to the extent they have existed, have largely been driven by the women's movement. These have focused on changing social norms, building individual empowerment and addressing underlying structures that perpetuate VAW. The primary focus, however, has been at the level of response. Various prevention strategies have been noted to tackle VAW. These include political commitment, public awareness campaigns, education and economic empowerment. Engaging men to challenge negative gender norms that promote violence against women is another strategy of primary prevention that has been proven to achieve positive results.

There is often, however, a fine line between prevention and response. Each can enhance the effectiveness of the other. For example, strong laws and sanctions against GBV can have a preventive effect. Strong rehabilitation programmes for perpetrators of GBV can help to ensure that they do not become repeat offenders. Programmes of support for women that include economic empowerment can help to ensure that women do not become repeat victims, as illustrated in Murendeni's story at the beginning of this chapter.

While there are concerted efforts towards preventing GBV at the primary and secondary levels both at national and provincial levels, there has been limited evaluation of these processes, making it difficult to assess the impact of the different interventions. There is need for prevention interventions to build in monitoring and evaluation processes so we can begin to see what interventions work and replicate them to reduce the scourge. Documentation of interventions at community level is also critical in assisting the replication processes. It is apparent that many efforts have not been documented.