



CSVVR
Centre for the Study of
Violence and Reconciliation

Policy brief

Accelerating GBVF Response Through Community-Led Platforms - Lessons from the Scorecard of the Localisation of the National Strategic Plan on Gender-Based Violence and Femicide

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Summary

Gender-based violence and femicide (GBVF) have increasingly been recognised as issues of national emergency across South Africa. In 2018, the efforts of civil society organisations and activists led a national movement towards the establishment of a national policy to identify and implement key interventions to address GBVF and the wider challenges women and children face with regard to safety and security, poverty, and access to economic opportunities (IRC, 2017). This culminated in the 2018 Presidential Summit on Gender-Based Violence and Femicide which laid the foundation for the National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) which was published in 2020. However, delays in the establishment of the National Council on Gender-Based Violence and Femicide (NCGBFV), and insufficient funding meant that the implementation of the policy was slow and uneven.

Although the NSP-GBVF is groundbreaking for setting clear objectives and priorities for a coordinated national GBVF response, the localisation of the policy is crucial for ensuring that national commitments are translated to local and community-level impacts and positive change. Localisation specifically calls for local actors to be at the centre of the provision of GBV prevention and response initiatives through the improvement of local capacities, inclusion of community leaders and community-based organisations. Localisation allows for the assessment of the resource and capacity needs, as well as identifying context-based opportunities and challenges to the implementation of the policy, and consequently, enables appropriate responses. Recognising the importance of localisation of the NSP-GBVF, the Center for the Study of Violence and Reconciliation (CSVR) conducted a nationwide scorecard assessment to track the progress of the implementation and localisation of the NSP-GBVF.

The scorecard results demonstrated the extent to which the objectives of the NSP-GBVF were being realised in the surveyed communities. A key emerging insight was the importance of community-led initiatives in addressing the scourge of GBVF through prevention and response mechanisms. In addition, the study highlighted the crucial role of community policing forums (CPFs) in facilitating collaboration between communities and the police to provide effective response to GBV incidents as well as support to GBV victims to access health services, police assistance and legal advice, and referral networks for victim support. The popularity of CPFs across the country showed the willingness of communities to mobilise against crime and GBV. Furthermore, community-led platforms, such as CPFs, alongside local police, local government services and service providers have the potential to strengthen the delivery of GBVF response. Therefore, this practice brief shows how these structures can be leveraged to accelerate the localisation of the NSP-GBVF and offers recommendations on how local police and CPFs can extend their existing partnerships to include GBVF as part of the scope of crimes they respond to and mobilise against.

This policy brief highlights the findings from the scorecard on the localisation of the NSP-GBVF, emphasising the areas of priority for all state and community-based actors as they continue to implement to objectives of the policy. This brief is intended to be used by organisations and community leaders working to strengthen efforts against GBVF, service providers providing protection, prevention and support to victims of GBV, stewards of safety and gender equality in public institutions, police representatives, CPF coordinators and business leaders seeking to make positive contribution to the efforts against GBVF towards gender justice and a violence-free South Africa.

The Gender-Based Violence and Femicide Crisis in South Africa

While South Africa's Constitution is considered one of the best in the world, on account of its comprehensive provisions for the protection of rights and freedoms, this has not worked well enough to protect vulnerable groups from GBVF in the country. GBVF is a profound and widespread problem in South Africa, disproportionately affecting women and girls. It is systemic and deeply entrenched in institutions, cultures, and traditions in the country (SaferSpaces, 2023).

Statistics that accurately depict the reality of GBV incidence are often scrutinised especially because most incidents of GBV go unreported. However, South Africa has extremely high rates of GBVF, including violence against women and girls and violence against people from the LGBTQ+ community. Population-based surveys show staggering levels of intimate partner violence (IPV) and non-partner sexual violence, with IPV being the most common form of violence against women (*Ibid.*).

Between 25% and 40% of South African women have experienced sexual and/or physical IPV in their lifetime, while almost 50% of women reported having experienced emotional or economic abuse at the hands of their partners in their lifetime (*Ibid.*). Prevalence estimates of rape in South Africa range between 12% and 28% of women having reported being raped in their lifetime and resulting in the highest rape incidence in the world and a crisis of endemic portions (*Ibid.*; CSVR, 2017). South Africa has an embedded rape culture which has normalised rape and sexual violence in the country, and the South

African Police Services estimate that a woman is raped every 36 seconds. It is important to note that accurate statistics regarding male victims of rape are nearly non-existent due to under-reporting.

The National Strategic Plan on Gender-Based Violence and Femicide – A Policy Response to GBVF

The National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) was adopted in April 2019 as the national response to effectively combat GBVF by the government and other stakeholders. It came as the result of the 2018 #TotalShutDown in women's groups, civil society, and the public at large from across South Africa marched to Parliament to demand urgent action to be taken to address the crisis of GBVF, and the first Presidential Summit on Gender-Based Violence. The NSP-GBVF provides 'a multi-sectoral, coherent strategic policy and programming framework to ensure a coordinated national response to the crisis of gender-based violence and femicide by the government of South Africa and the country as a whole' (Department of Justice, 2020).

Since its adoption in 2019, there has not been any publicly available reporting on the progress of the implementation of the NSP-GBVF. The delay in establishing the National Council on Gender-Based Violence and Violence (NCGBVF) – the body tasked with overseeing the coordination of the plan – has further hindered the effective coordination of the NSP-GBVF Pillars across the various government departments and sectors. These delays were caused by the disbanding of the interim steering committee (ISC) which had been tasked with developing the NSP after the Presidential Summit and establishing the council (CGE, 2021 pg. 12). This has resulted in the role of the ISC and coordination of the NSP-GBVF implementation being transferred to the Department of Women, Youth and Persons with Disabilities (DWYPD). in the allocation of funding to implement the plan, and in the establishment of monitoring and evaluation systems to track its progress.

The Importance of Policy Localisation in GBVF in Response

Localisation of policy is critical to ensuring the effective and even implementation of that policy across a country. This process refers includes ensuring that policies are responsive to the needs and priorities of local actors and communities while embracing the direct participation of local and community-based actors in the implementation of policy objectives. The term has emerged and gained popularity as part of global efforts to reform the humanitarian system to give 'more decision-making agency, funding, leadership, and power to local and national actors throughout all stages of humanitarian response' (Center for Humanitarian Leadership, 2021). Localisation seeks to rectify the fact that local people affected by crises have long been excluded from high-level policies that affect them, despite their greater understanding of the local context and needs (*Ibid.*).

The International Rescue Committee (IRC, 2017) described some of the main obstacles that local actors face to being able to deliver GBV services in a timely, sustainable, and quality manner include:

- Limited access to the organisational and human resources to build and maintain capacity to continue providing support to beneficiaries.
- Complex donor funding and reporting requirements that render them ineligible for funding without intermediary organisations.
- Insufficient technical and operational capacity to deliver GBV response in emergency settings.
- Local and women-led organisations are not seen as equal partners but are instead viewed as implementers rather than co-decision-makers on what the interventions should include and how they should be delivered.

There have been some efforts to localise the implementation of the NSP-GBVF with local partnerships across the country. The #EndGBVCollective is the largest civil society collective is made up of organisations, activists, and GBV survivors and has been working closely with the government to develop and implement the NSP-GBVF. The Collective has been leading a nationwide campaign with local municipalities and courts to implement the NSP-GBVF as "Amplifier Organisations" to take stock of their own practices and behaviours and to identify where they need to improve in terms of GBV prevention and responsiveness and receive support to make improvements (EndGBVCollective, 2023).

While this is a great step towards localisation by incorporating local public institutions, this intervention needs to further incorporate local organisations and key groups that are doing extensive GBVF work and that can make significant contributions to efforts against GBVF. Community-led platforms such as CPFs, men's and women's support groups, community safety patrols, school governing bodies, and community-based organisations can serve as central locations of information, mobilising action to spread awareness and prevent GBVF, while providing support to victims.

However, since the Collective's activities are mainly coordinated online, many local activists, community workers and organisations cannot participate in these activities, especially those from rural areas with little access to the internet who remain excluded from this. Unequal access to services and spatial inequalities often means that services such as health care, police, social workers, and mental health practitioners are concentrated in cities, big metros, and towns, while those

in peripheral and remote areas such as townships and rural areas cannot access anti-GBV interventions and services. As such, awareness-raising and outreach initiatives are also limited to these more central and accessible areas, which further increases the vulnerability of rural and peri-urban-based communities. Community members and the organisations based in each of these local communities are best placed to understand the issues around GBV, including the contributing factors to the prevalence of GBVF. In addition, local actors are the best positioned to assess the implementation of policy and the functioning of local systems as they can directly observe the services that exist and work well, and thus can reliably report on their success or otherwise. Thus, with the right kind of support, they can play a key role in localising the objectives laid forth in the NSP-GBVF.

Assessing the Localisation of the NSP-GBVF

CSVR developed a nationwide scorecard to track the progress of the implementation of the NSP-GBVF. Localisation of the policy refers to and to assess the extent of its localisation through community-centred approaches to addressing GBVF. The scorecard study aimed to demonstrate this progress through the experiences of community members, community leaders, service providers, and social and law enforcement services. This would inform a more relevant, and community-based approach to sexual and gender-based violence prevention strategies.

The study was conducted through door-to-door surveys and community dialogues in communities that had been identified as hotspots for GBVF incidence by the Minister of Police in eight provinces (excluding the Northern Cape) across South Africa (SAPS, 2020). The indicators measured in the scorecard were derived from the six pillars of the NSP-GBVF's and represented the different thematic areas of service delivery and intervention of the policy are organised into, namely:

1. Institutional Leadership, Coordination, and Accountability,
2. Awareness, Prevention and Social Cohesion,
3. Justice, Safety and Protection,
4. Response, Care, Support and Healing,
5. Economic Power, and
6. Research and Information Management.

Strengths and Weaknesses of the NSP-GBVF Implementation and Community-Centred Approaches

The scorecard rated the services named under the objectives of the NSP-GBVF pillars from inadequate (0-33%), moderate (34-67%) and substantial (68-100%). The majority of the objectives or indicators ranged between inadequate and moderate, indicating the slow and insufficient implementation of the NSP-GBVF at the local level.

Weaknesses

One of the objectives of the NSP-GBVF that was the weakest in terms of implementation was the widespread **absence of community forums** to discuss and find solutions to GBVF. An average of 31,25% community respondents across 8 provinces said they had such a forum. Community forums refer to platforms or neighbourhood groups in which community members gather to discuss the prevalence of GBVF and collective efforts to address it. They are important for the tracking of GBVF incidents, mobilising community response to GBV and ensure collaboration on community safety with the police and other law enforcement. Most community forums across the country were reported to be led by local community leaders, non-governmental organisations (NGOs) and community-based organisations (CBOs). However, even though these existed in some communities, they were largely unknown in most of the communities surveyed. Where they did exist, they were reported to have serious shortcomings such as not meeting frequently, being exclusive and not open to all community members.

Similarly, the implementation was **awareness-raising campaigns and workshops** was also found to be inadequate, with an average of 27,24% of respondents reporting that they had witnessed them in their communities. This is an alarming reality because awareness campaigns on GBV have the potential to challenge underlying gender attitudes and beliefs that contribute to unequal power relations between men and women (Mataba, 2016). Moreover, this study by Mataba found that women exposed to GBV campaigns were found had more progressive gender attitudes and spoke about domestic violence more than those who were not exposed. Thus, awareness-raising initiatives play a crucial role in the prevention of GBVF, and the success of the NSP-GBVF.

Strengths

Responsiveness to GBV complaints fared slightly better than the awareness and prevention efforts as they moved from inadequate to moderate across the surveyed communities. According to the scorecard survey, an average of 45,5% of respondents showed that South African Police Services (**SAPS**) response to GBV complaints within 7 days, thus, this

objective was moderately achieved across the 8 provinces. SAPS responsiveness varied based on several factors including the physical accessibility of the community, attitudes about the severity of the situation based on limited resources, and assumptions about whether victims would want to press charges or not. In the community dialogues following the survey, community members maintained that should the police know that the victim would not press charges, they often do not respond. However, the installation of GBVF desks (which are resourced with rape evidence kits and victim support personnel) in police stations varied across the country. While most community members were aware of GBV desks due to campaigns to popularise them, there was not always someone at the desks. Few police stations across the country had GBV desks except those closer to bigger towns or cities, and victims would be referred to those stations, which can be costly for those living in rural and often more remote communities (Resha, 2023).

Community response to GBVF incidents was also moderate in various communities and fared slightly higher than SAPS response, with an average of 48,3% of respondents reporting that community members responded to GBV complaints within 7 days. Community members have been reported to generally listen and advise the parties, rather than turn the accused over to the police. Community members are mobilised through different calls such as “phala” or “isikhalo” which refer to a cry for help, often by victims. However, in the absence of such an explicit call people were not likely to respond or intervene (*Ibid.*). Collective action emerged to bridge the gaps where there was a lack of response from the police regarding GBV incidents and safety for women and girls. In some areas, this community response grew to community patrol groups that accompanied people who were walking early in the morning or late at night to ensure their safety in the absence of patrolling police vehicles (*Ibid.*).

The **prevalence of CPFs** was on the upper moderate score, with an average of 55,6% of respondents reporting that there was an active CPF within their community. CPFs are local groups that typically patrol the neighbourhood, often working with the police and community to report criminal activities and bridge communication between the two. The mandates of CPFs appear to vary from patrolling the streets and reporting crimes, to ‘disciplining’ alleged perpetrators of crimes. While most CPFs tend to respond to crimes such as theft and robbery, some communities reported that they responded to safety concerns of women walking alone in the early or late hours of the day (*Ibid.*). The community dialogues revealed diverging views about the different understandings of the roles of CPFs and how they are selected, but there was a strong view that CPF members should be apolitical due to the potential divisions among the community that this would create. Across provinces, there was a clear consensus that CPFs need to be trained and their roles should be standardised and made clear to community members as they were seen as a positive effort to respond to crime and violence in the community.

How Community-led Platforms Can Strengthen the Shortfalls of the NSP-GBVF Implementation

Broadening awareness raising, advocacy for protection, and prevention

Research has shown that there is a great distrust of the police amongst South Africans, and there exists a gap between the police and society (Van Riet, 2022:88). Hence, CPFs have been popularised as a system for **developing trust and understanding between communities and local police** to reduce crime. Section 18(1)(c) of the South African Police Service (SAPS) Act specifies that one of the objectives of a CPF is to promote cooperation between the police service and the community regarding policing (*Ibid.*). Reporting back to the community by the police enhances trust, as the community can observe what is being done about their concerns and feel safer (*Ibid.*). Community-led platforms such as CPFs, neighbourhood watches, patrols, and community groups on social media platforms can foster this collaboration with police and other community service providers to address concerns around the prevalence of GBVF.

Increasing safety and GBVF prevention requires the cooperation of different role players, especially necessary in communities where there is a lack of trust in the police services. These collaborations are critical for **spreading awareness and educating people about GBVF** as well as identifying and addressing the criminal acts that constitute it such as harassment, intimate partner violence (IPV), sexual violence, human trafficking, child or forced marriage, and online or technology-facilitated violence. This can empower GBV victims, as well as family, friends, and neighbours to report crimes to better understand certain practices as fitting the broad description of GBV so that all key stakeholders can understand the specific needs of the community and coordinate more targeted prevention and protection of demographics that are vulnerable to GBVF within the community.

Improving rapid response to GBV incidents

Once there is a collaborative effort between the community and the police to raise awareness and foster a common understanding of GBV, community participation is critical in ensuring that policing **responds to GBV in a timely, coordinated, and effective manner**. This study’s community dialogues revealed that community response to GBV is often inconsistent, uncoordinated, and in extreme cases, conducted through mob justice or vigilantism. The widespread presence of CPFs across the country provides an opportunity for community members to support police efforts towards

rapid response to GBVF incidents. This would also be key in improving the public perception of SAPS, and public willingness to assist local police in creating and maintaining safety for those who are vulnerable to GBV rather than resorting to vigilantism after a crime has been committed (Makondo, 2021). Community policing, particularly, is intended to emphasise prevention and the interaction between the police and the community workers in setting priorities for intervention which can lead to more substantial efforts in the reduction and reporting of GBVF (*Ibid.*).

One of the objectives of the CPF model is to accelerate and **improve service delivery** to communities through collaboration between community members and authorities and allows them to uphold their accountability to the “people first” (or citizen-orientated) approach to bringing public services and public safety (Makondo *et al*, 2021). This is especially important as research has shown that the COVID-19 pandemic affected the availability of GBV prevention and response services from the perspective of the organisations that provide them in several countries including South Africa (Roy *et al*, 2021). In addition to the existing inequalities in service delivery across the country, local government and service providers’ capacities to deliver much-needed support services has been seriously compromised since 2019.

As such, community-led platforms that are engaged and committed to addressing GBV can lead the way to direct local government and privately funded interventions on the key priorities, areas, and demographics with the highest needs, for services to be delivered more equitably and effectively. These community-based structures should have clear mandates with limits, which are publicly accessible and communicated to communities to prevent them from being perceived as political bodies. Community forums in schools, public spaces, and other groups, can integrate discussions about GBV into their activities, and this decentralised approach can ensure that these initiatives remain community-led and collaboration with community leaders and authorities refrain from becoming politically motivated and consequently, exclusionary. All relevant stakeholders must work in unison for CPFs to be successful (Wantnaar & Govender, 2023).

Increasing capacity building and resources for community service providers

Capacity building, partnerships, and funding to prevent, spread awareness and respond to GBV is essential for community-based interventions to be effective. The NSP-GBVF can only be fully and successfully localised if the organisations and individuals who are currently providing interventions to address GBV and support victims are empowered to expand and deepen their work. Our research showed that the majority of community respondents are aware of the support services that are provided by fellow community members, activists, and community-based organisations that are often underfunded, if at all. The community-based discussion forums and campaigns that were known in smaller, more densely populated townships and rural areas were largely those not delivered by the government but by members of those communities, as the initiatives provided by government representatives tend to be held in more central areas like the main town or bigger townships.

The NSP-GBVF stipulates the importance of the role of the private sector in contributing to addressing GBVF. They can do this is by **mobilising resources** for those local and community-based actors who are already doing this work by **sponsoring training and capacity building** for community workers, **funding organisations** that provide support for GBV victims, **forming partnerships with community-based organisations and schools** to develop and roll-out awareness campaigns on how to identify GBV, and prevent it through activities and dialogues that will transform attitudes and behaviours that perpetuate harmful gender relations.

Popularising community-based victim referral networks and victim empowerment services

A common critique of the CPFs that did intervene in GBV incidents within the community was that they often focused on the perpetrator and not the victim by handing the former over to the police or punishing them through vigilante violence. This is partly because of the common view that the victim ultimately refrained from reporting the perpetrator as they feared retaliation by the perpetrator or escalation due to the interference of third parties. On the other hand, there were both communities and some police members in our dialogues who held the belief that GBV incidents are not crimes, but rather matters to be dealt with within the privacy of the family structure.

Both these approaches neglect the needs of the victim in terms of receiving **medical, psychological, legal, and social support**, whereas there is a clear opportunity for community-led platforms such as CPFs and other action groups to refer the victim to case management workers and other psychosocial workers who can provide victim support. Moreover, since the Domestic Violence Amendment Act 14 of 2021 (DVAA) included the new duty to report commission of acts of domestic violence, stating, “A person who has knowledge that an act of domestic violence has been committed against an adult in a domestic relationship must report such knowledge immediately to a social worker or police official” also seeks to address this challenge (Department of Justice, 2022).

Community-based platforms need to respond to and mobilise against GBV just as they respond to crimes such as theft and robbery. Part of their capacity-building must include how to **integrate a GBVF toolkit within their scope** to guide

them on the appropriate interventions to GBVF incidents. This can include basic skills in conflict de-escalation, mediation, and victim referral to key services since they tend to respond faster and more regularly than police. This approach is beneficial so that in the absence of rapid response teams, CPFs have the power to connect victims of GBV with services and different points of contact within the community as part of their response to GBVF complaints. This would enhance the response to GBV within communities, as well as feelings of trust and safety among community members. Awareness-raising is also necessary for the community and local police to understand GBV as a crime that should not be overlooked due to perceptions that such matters are “private.”

Conclusion

Community-led and based actors have the potential to effectively localise responses to GBVF in ways that directly respond to social factors that contribute to GBVF and the lived realities of those affected by it. Although state-driven GBV interventions are provided at the provincial and district levels in the Service Delivery Improvement Plans (SDIPs) and the Integrated Development Plans (IDPs), implementation at these levels is still lagging as approaches are often uncoordinated and poorly reported (CGE, 2022). The Commission for Gender Equality’s assessment report on various state entities’ progress in implementing the Emergency Response Action Plans (ERAP) provincially showed widespread and consistent failures to meet targets and an inability to provide records for these assessments – revealing lack of functionality and accountability for realising these objectives. That said, community-led organisations and interventions such as CPFs can play a major role in supporting these structures in their objectives towards awareness-raising, advocacy for protection, and prevention of GBVF in communities.

More localised efforts for implementation of the NSP-GBVF will be strengthened if provincial and district structures are led by local NGOs and CBOs, forming valuable partnerships with organisations that are familiar with the unique needs of the community and can advise on the most relevant approaches. While community-led structures cannot be solely responsible for the localisation of the NSP-GBVF in South African communities, they have the potential to play an important role in strengthening the impact of state-led entities through collaboration, capacitation and coordinated efforts.

Recommendations

The following recommendations are suggested to maximise the beneficial role that community-led actors and interventions can play in enhancing the localisation and effective efforts against a GBVF in South Africa:

- Establish and support community forums for dialogue on challenges faced by the community; forums can be platforms for awareness-raising and public education about preventing GBV popularising victim support services.
- Awareness-raising campaigns and materials shared must be provided in English and the widely spoken local languages in each community. GBV prevention must be led in collaboration with SAPS, community leaders (religious, traditional and businesspeople), and must focus on transforming attitudes and behaviours that normalise patriarchal and violent gender relations.
- State agencies and local businesses must support and sponsor in long-term community-based resilience against GBV through initiatives such as: a) developing and maintaining public recreational facilities that seek to reduce reliance on substance and alcohol abuse, b) establishing local economic development initiatives such as co-operatives; and c) developing social programmes that promote healthy, balanced and progressive gender relations and values for different target groups (early childhood, adolescents, youth and young adults, men’s groups, women’s groups, LGBTQIA groups etc.)
- SAPS response to GBVF must be improved through closer collaboration with community actors and groups such as CPFs. CPFs must report GBVF incidents and support SAPS in apprehending perpetrators rather than remain neutral or take the law into their own hands. Local police liaisons and CPFs must collaborate regularly to identify, discuss, and share feedback on community safety needs.

- CBOs and groups must be better capacitated to respond to GBV by collaborating with community-based organisations to develop GBV response toolkits on general training on identifying the different types of GBV and how to respond to complainants. The toolkit should be coupled with capacity-building sessions to re-sensitise members to GBV and dealing with victims and must contain local victims support services/organisations and case management workers to refer victims.
- Community-led GBVF interventions must be supported through capacity-building workshops, partnerships, and funding allocations to sustainably deliver support services and conduct awareness-raising in a targeted and effective manner.
- Resources must be allocated based on the needs and demand of the communities, regarding GBV prevalence. Allocations from the GBVF Fund must prioritise communities that have been identified as GBVF hotspots and provide the subsidisation of key services including social workers, community patrol vehicles, GBV Desks and rape evidence kits, case management workers and victim empowerment groups – especially in peri-urban and rural areas.

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what does the localisation of the NSp-gbvf include? community awareness raising and outreach
Community-based safe spaces for at-risk and victims of GBVF
referral pathways to local service providers (post-incident care, psychosocial workers
community-based case management workers (incl. counselling and follow ups)
local rapid response team to GBV incidents
funding and capacity-building for responders and service providers
community-led assessment and monitoring of services
Community-based victim empowerment initiatives