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# Assessing the Successes of and Challenges Facing Civil Society Organizations in South Africa, in Influencing Gender-Based Violence Policy

Sarah Connolly  
*SIT Study Abroad*

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**ASSESSING THE SUCCESSES OF AND CHALLENGES FACING CIVIL SOCIETY  
ORGANIZATIONS IN SOUTH AFRICA, IN INFLUENCING GENDER-BASED  
VIOLENCE POLICY**

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### **Abstract**

The purpose of this study is to explore how South African civil society organizations (CSOs) influence government policies that are put into place to prevent and respond to gender-based violence (GBV). The project seeks to determine what strategies for influencing these policies have been the most effective and had the greatest impact, what factors have contributed to the organizations' successes in influencing these policies, what challenges have been experienced in attempting to influence these policies, and what best practice for civil society actors attempting to influence such policies might be. The research focuses on the experiences of seven women working that currently work or have worked for various CSOs and coalitions attempting to influence GBV prevention and response policies in South Africa. The examined organizations include MOSAIC, the Legal Resources Centre (LRC), Sonke Gender Justice, the Heinrich Böll Foundation, and the Shukumisa Campaign. Oral interviews with staff members from these five organizations, as well as two interviews with anonymous participants with years of experience working with various CSOs in the sector, were the primary method of data collection for this project. These interviews were supplemented by desktop research on GBV policy and public participation in South Africa. Through these research methods, this study interrogates how civil society has influenced GBV policy in South Africa, and how, drawing on learnings and insight in this regard, it might have a greater impact in the future, shining a light on the issue of GBV, participation in the policymaking process by survivors of GBV themselves, and nonprofit effectiveness in policy influence in South Africa.

## **Introduction**

It is a well-documented fact that South Africa has shockingly high levels of GBV. Many of the policies in place to attempt to combat these high rates of GBV are ineffective. South Africa has a vibrant culture of civil society activism and civic engagement, and many CSOs focused on ending GBV place an emphasis on advocating for stronger GBV prevention and response policies. CSOs sit in a unique space between the government and ordinary citizens, and, if managed properly and effectively, they are in a good position to influence policies and ensure that they are effective. However, their advocacy techniques have not always been successful, especially in ensuring that ordinary citizens and marginalized groups have a voice in the policy-influencing and policymaking processes. Therefore, it is important to evaluate these techniques in order to uncover what strategies are the most effective at strengthening GBV prevention and response policies so that more organizations can employ them and hopefully increase the clout of their policy advocacy.

This study focuses on the intersection between GBV policy and civil society advocacy. The primary objective of this project is to understand how South African CSOs dedicated to preventing and responding to GBV influence policy. It seeks to obtain a limited understanding of causal factors behind GBV and why it continues to be such a big problem in South Africa, despite the country's progressive Constitution and various organizations' commitments to ending it. Through interviews with various stakeholders in the GBV sector, it will attempt to discern what strategies have been utilized in and successful at influencing these policies as well as what challenges civil society actors have experienced in this process. It will particularly look at community empowerment strategies in order to learn what approaches and mechanisms civil society has put in place to ensure that affected stakeholder groups are empowered to understand

and identify their oppression and mobilize and articulate their policy needs to state actors directly, with support from CSOs. Finally, it will hypothesize what best practice for influencing GBV prevention and response policies might be and use these insights to develop recommendations on how organizations might strengthen their strategies for influencing these policies.

Coming into this program, I was unsure if I wanted to pursue a traditional research ISP or an internship. With the help of my advisor and Academic Director, I was able to develop and refine a research topic that sits right at the intersection of three things I am very interested in: gender issues, government policy, and civil society advocacy. I grew up attending a summer camp put on by and now work for a non-governmental organization (NGO) focused on educating teenage girls about global gender equality and the inequities between women's access to power, resources, services, and political influence in developed and developing countries. As I began my college career, I began to develop a passion for the intersection between public policy and civil society advocacy, and I hope to pursue a career working in a policy and advocacy chapter of a NGO focused on gender equality. Through this project, I was able to examine the intersection of these three issues and learn more about GBV, an issue incredibly relevant to gender equality, particularly in the South African context.

The first section of this paper will provide a brief overview of existing literature on GBV prevention and response policies and public participation in governance through civil society in South Africa. This section will inform the rest of the paper and give context to the primary research presented later in the report. It will allow the reader to better understand why GBV is a problem in South Africa and how CSOs can most effectively influence policy. The second section of the paper will present the findings from the seven interviews conducted with various

stakeholders in the South African GBV sector. It will begin with a brief overview of my methodology and the limitations of this study, which will be followed by an in-depth analysis of the seven interviews. This analysis will be divided into sub-topics based on the answers to my various interview questions. These include the current state of GBV prevention and response policies in South Africa, the strategies for influencing these policies and their effectiveness, government reception to these strategies, successes, failures and challenges, societal positionings, changes in policies, and finding a way forward through a shadow National Strategic Plan (NSP). Finally, I will summarize this research in my conclusion and present recommendations for continuing this study in the future. This project aims to provide a synthesis of strategies and recommendations for the ways in which CSOs can most effectively strengthen GBV prevention and response policies.

## **Literature Review**

This study will seek to bridge the gap between two existing bodies of literature. One body of work examined relates to GBV and the GBV prevention and response policies that the South African government has enacted thus far. The second body of work refers to public participation, particularly by South African CSOs. This study is located between these existing bodies of literature, to see how CSOs can best influence GBV prevention and response policies in South Africa. Based on existing literature, it seems that the most effective way for CSOs to influence policies relating to GBV is by empowering affected populations to articulate their frustrations with existing policies and express their opinions on what would make effective new ones in order to ensure that these policies actually assist these people.

### ***Gender-Based Violence in South Africa***

GBV is a global phenomenon with a huge presence in South Africa. The Stop Gender Violence Campaign's shadow NSP defines GBV as "violence against a person on the basis of their gender identity" (Bollback et al, 2017: 26). Although women are not always the victims of GBV, violence against women (VAW) is one of its most pervasive forms (UN Women, 2015). Some of the root causes of GBV include ingrained cultures and gendered norms, institutional policies and laws, historical factors, and structural inequalities on the basis of demographics such as age, income, location, ethnicity, disability, gender, and sexual orientation (UN Women, 2015). GBV manifests itself in many forms, such as intimate partner violence (IPV), non-partner sexual assault, forced pregnancy and abortion, trafficking, honor crimes, sexual harassment and exploitation, stalking, sorcery and witchcraft-related violence, gender killings and femicide, female genital mutilation (FGM), and child, early, and forced marriages (UN Women, 2015).

As previously mentioned, GBV is a large-scale problem in South Africa. According to the South African Commission for Gender Equality, South African women experience more GBV than women in any other country in the world. In 2009 “more than 56% of all murders of women were perpetrated by intimate partners, making intimate femicide the leading cause of death for women and occurring at a rate six times that of the global average” (Stone et al, 2013: 2). A 2011-2012 study found that a South African woman is raped every seventeen seconds and that 31,299 rape crimes were reported during that two-year period. However, this study also determined that the actual number of rape crimes committed each year in South Africa is about 6.6 times higher than the number suggested by police statistics (Bornman et al, 2013).

In South Africa, there is a culture of silence around GBV because it is seen as a private matter that shouldn't be discussed outside of the home (May & Mudarikwa, 2012). However, GBV is a large, costly problem, and the country cannot continue to turn a blind eye to it. Some short-term costs to victims of GBV include lost income from taking time off work, relocation, school transfers, transportation, legal and court services, childcare, doctors, and psychological support. Some long-term costs to victims of GBV include legal fees, treatment for medical and psychological repercussions, leaves of absence from work, and prolonged court sessions (Stone et al, 2013). GBV costs South Africa between R28.4 billion and R42.4 billion each year (Bollback et al, 2017). These costs equal 0.09-1.3 per cent of South African gross domestic product (GDP), which is the same as the cost of support payments for the elderly and people with disabilities for two years (UN Women, 2015). To prevent GBV and decrease these costs to victims and the country as a whole, South Africa will need to put in place “a coordinated and multisectoral approach involving multiple strategies implemented in a mutually reinforcing way with individuals, as well as communities and organizations, and at the broader societal level”

(UN Women, 2015: 8). The next section will explore and analyze the ways in which South Africa has already attempted to implement this kind of holistic plan.

### ***Gender-Based Violence Policy in South Africa***

South Africa reputedly has the most progressive constitution in the world, which recognizes the human and civil rights of all its citizens, including women and girls. Also, since women and girls are recognized as a disadvantaged group based on historic discrimination and inequality, the state is constitutionally obligated to put in place policies to ensure their attainment of rights (Commission, 2003). Sonke Gender Justice notes that, “South Africa has progressive laws and policies in theory to address these unacceptable levels of violence, but implementation thereof has been irresponsibly weak” (Bollback et al, 2017: 6). Some of these laws and policies include the Sexual Offences Act (SOA) (Watson, 2015), the Prevention and Combatting of Trafficking in Persons Act (Prevention, 2013), the South African Integrated Programme of Action Addressing Violence Against Women and Children, the Judicial Matters Second Amendment Act 43 of 2013, the Protection from Harassment Act 17 of 2011, the 365 Day National Action Plan to End Gender Violence, the South African Police Services (SAPS) Act 68 of 1995, and the Domestic Violence Act (DVA) 116 of 1998 (Bollback et al, 2017). The DVA is a good example of the progressive nature of the majority of these policies. The Act was promulgated in order:

to afford the victims of domestic violence the maximum protection from domestic abuse that the law can provide; and to introduce measures which seek to ensure that the relevant organs of the state give full effect to the provisions of this Act, and thereby to convey that the State is committed to the elimination of domestic violence. (Domestic, 1998: 1)

While these are noteworthy commitments, in reality, there are a lot of challenges associated with the DVA’s implementation.

Many South African citizens and CSOs criticize the DVA and identify ways in which this piece of legislation could be improved. First of all, there is no effective mechanism for holding the SAPS accountable for implementing the DVA. Police officials often do not inform victims of their rights and subject them to secondary victimization through their treatment of survivors and the manner in which reported cases are investigated. Also, Sexual Offences Courts (SOCs) are often inaccessible and ill-equipped with resources to deal with victims (Taranto et al, 2013). The process for applying for domestic violence protection orders is time consuming, and applicants often have to wait for up to six weeks to receive feedback on their applications. Application forms are only available in English, and 84% of South Africans do not speak English as their first language (*NGO Pulse*, 2013). Finally, budget constraints mean that many cases are not properly examined and end up being withdrawn before they are taken to court (Commission for Gender Equality, 2003). In order to make the DVA more effective, the South African government would have to create policies that would standardize court practice, ensure that the courts keep cases confidential, broaden access to courts, create standards and accountability structures for SAPS training, create a strategy to deal with delays in proceedings, better communicate rights to victims, assist victims in their first language, and amend the guidelines for domestic violence arrests (Taranto et al, 2013).

There are many additional reasons why the DVA and other existing policies attempting to tackle GBV have been unsuccessful. Many people believe that the reason why the scope and scale of GBV has not been reduced is because police, lawyers, and other stakeholders in health, social development, and the criminal justice systems are not properly trained to deal with cases of GBV (Commission for Gender Equality, 2005). According to May and Mudarikwa from the LRC, for these kinds of stakeholders, South Africa should “require gender sensitivity training

that is focused on gender-based violence, which would enable them to approach and engage with victims in a manner that understands, and appreciates the abuse that the complainant has suffered” (May & Mudarikwa, 2012). Also, although the South African government has enacted these progressive pieces of anti-GBV legislation, they have not effectively implemented them (Bollback et al, 2017). At a governmental level, there is inadequate investment and coordination in creating a national plan to hold courts, police, magistrates, and local governments accountable for implementing GBV prevention and response laws such as the DVA. There is also not enough money in the budget to properly implement these laws (Bornman et al, 2014). Finally, there is a lack of collaboration between the government, communities, and civil society. Therefore, the provision of services to victims of GBV is not synchronized or well-planned (Bornman et al, 2013).

The South African government has attempted to address these inconsistencies in GBV prevention and response policy, but these attempts have ultimately been inadequate and ineffective. For example, in December of 2012, the South African government committed to developing a national plan to address GBV and established the National Council on Gender-Based Violence (NCGBV) to this end. However, “Since its inception, the NCGBV has been unable to come up with a national plan and its future is in abeyance as violence against women seems to have shifted off the state’s agenda of priorities after the 2014 elections” (Watson, 2015: 2). The NCGBV has been destabilized by political changes and a lack of funds (Bollback et al, 2017).

Another state intervention includes the establishment of Thuthuzela Care Centres (TCCs). TCCs are service centers where victims of GBV can access healthcare, counseling, psycho-social support, and specially-trained SAPS members to serve as their case managers.

However, there are only 55 of these centers in the country, and, even then, only 44 of them were in operation in 2014/2015 (Pithey et al, 2016). In reality, there should be a TCC attached to every Child and Family Unit (CFU) of the SAPS (Watson, 2015), and they should be open 24 hours and provide more services to victims, including treatment for Sexually-Transmitted Infections (STIs) and transportation to and from police stations and hospitals (Haken et al, 2010).

Policy needs to be put in place to strengthen the state’s commitment to tackling GBV, and thereafter implemented and monitored closely. The government relies too heavily on NGOs to assist and provide resources to victims and does not do enough on its own (Pithey et al, 2016). As the Shukumisa Campaign, a civil society advocacy campaign established to ensure that the government implements effective GBV prevention and response legislation (Shukumisa, 2017) asserts, “It is only when a legislative framework exists that there will be real accountability by the state and provision of legal resources for victims should the state not comply with its legal obligations” (Pithey et al, 2016: 3). CSOs play a vital role in influencing these policy processes and leveraging state accountability in this regard. To strengthen GBV prevention and response policies, communities need to be mobilized and able to voice their input on policies, and CSOs are well-positioned to help them do so.

### ***Influence of State Policy through Public Participation and Civil Society Organizations***

Since the inception of democracy in 1994, South Africa has exhibited a democracy deficit. A democracy deficit occurs when established democratic institutions fail to effectively integrate ordinary citizens into the decision-making and policymaking processes. When democracy deficits exist, the state is less accountable to its citizens and less representative of its people (Buccus & Hicks, 2008). Regardless of this deficit, Buccus and Hicks assert their belief “that ordinary people have the right to participate in the decision making processes that affect

their lives, and that informed policy-making leads to better policy that is more responsive to communities' needs" (Buccus & Hicks, 2008: 150).

While the state bears the constitutional obligation to enable citizen participation, and has crafted some spaces to this end, these spaces are often limited, and not designed or facilitated in a manner in which marginalized groups can influence policy. They typically are only for sharing information or raising concerns, rather than for lobbying or substantially influencing policies (Buccus & Hicks, 2008). State departments and institutions typically do not usually provide marginalized groups with the information and resources that they need to influence policy. Therefore, they are often unable to obtain information and reflect on proposed policies or get the representation that they are guaranteed in the Constitution (Hicks, 2010). Buccus, Hemson, Hicks, and Piper further assert that:

Although we have legislative provision for participatory mechanisms and have many such provisions in place, this is not enabling civil society and local communities to participate meaningfully. Policymakers often acknowledge the limitations of these mechanisms, and civil society experience leaves us in no doubt that these are inadequate, inaccessible and disempowering, and that new approaches to community participation in development planning and policymaking are required. (Buccus et al, 2008: 10-11)

In South Africa, CSOs are well-positioned to increase public participation in the policymaking process by deepening democracy. Deepening democracy occurs when CSOs and the government bring communities into the policymaking process, which strengthens the reach of democracy so that more ordinary citizens, particularly marginalized groups, can participate in it (Buccus & Hicks, 2008).

CSOs have the potential to play a significant role in influencing the policymaking process, but these organizations are typically run by elites with lots of access to lots of materials and resources, and, therefore, they often exclude ordinary citizens and marginalized groups from the policymaking process just as much as the government (Buccus & Hicks, 2008). For CSOs to

better participate in and attempt to influence the policymaking process, they need to first question how they represent marginalized groups and implement mechanisms to better represent them (Buccus & Hicks, 2008).

There are various strategies that South African CSOs could use to ensure the representation and participation of affected groups in their policy advocacy initiatives. These strategies could include CSOs hosting training sessions for ordinary citizens to learn how to participate in policy monitoring or creating publicity campaigns for people to learn more about different policies (Buccus & Hicks, 2008). As Buccus and Hicks claim, “CSOs should exert the necessary pressure to create an environment for political will to champion public participation, through awareness-raising and a variety of advocacy interventions” (Buccus and Hicks, 2009: 224). In addition, CSOs can work to create a more inclusive policy-influencing environment by establishing links between the state and civil society at provincial and local levels because it is easier for ordinary people to participate in local government (Buccus & Hicks, 2008). To more effectively influence South African policy and ensure that they respond to the needs of all affected stakeholders, CSOs need to dedicate themselves to bringing marginalized groups into their activities.

A further factor for consideration relates to the impact of entrenched gendered power relations and women’s inequality on women’s participation in policymaking. With women’s representation in Parliament currently standing at 43% (Hicks, 2016: 3), South Africa is one of the top five countries in the world in terms of the number of women in Parliament. However, it has been argued that this points to advances in women’s formal equality rather than their substantive equality (Lesiegang et al, 2012). Women have equality in terms of constitutional guarantees, the provision of equality legislation, and the elimination of discrimination in relation

to inheritance, property ownership and legal status, but, in many respects, they are not able to substantially shape their own lives and influence the policies that directly affect them (Hicks, 2016). This is in part because political parties are more focused on issues related to women's political representation, rather than enabling female-identifying politicians to advance gender equality and ensure that women's issues are addressed through policy means. The strength of gender equality advocacy movements and CSOs focused on women's issues attempting to strengthen GBV prevention and response policies can help enhance women's substantive equality (Lesiegang et al, 2012).

In addition, existing public participation mechanisms do not provide women and other marginalized groups the space to influence policy and gain substantive equality. No space in policymaking or civil society is neutral, and public participation often works to the disadvantage of marginalized groups (Buccus & Hicks, 2009). Power dynamics follow actors into these spaces, which negatively impacts on women's participation and ability to influence policies (Hicks, 2016). There are very few spaces for women to come together and work to enhance policies focused on women's issues, in part because policymaking is dominated by men who are not as responsive to or invested in women's issues (Hicks & Myeni, 2016). As Hicks notes, "It is clear that interventions are required at participation policy design and implementation levels to create channels for active engagement between women's lived experience and knowledge and state policy and programmatic responses" (Hicks, 2010: 37). Therefore, it is especially important for CSOs focused on women's issues to ensure that they implement measures designed to strengthen women's agency and enable them to participate in policy-making advocacy on issues impacting on their lives.

### *Concluding Thoughts*

GBV prevention and response policies are clearly hopelessly inadequate in the face of the alarming levels of GBV in South African society. CSOs have a critical role to play in advocating for strengthening these laws. The literature discussed in this section demonstrates that CSOs need to be more focused not only on finding more effective advocacy strategies to this end, but also on ensuring they represent ordinary citizens and bring affected populations into the policy-influencing and policymaking processes. Ending GBV is not just about the actions of the government. It is necessary to create multifaceted partnerships across sectors that include CSOs as key players (Commission for Gender Equality, 2003). According to the Shukumisa Campaign:

The value of bringing NGOs into these processes derives from the wealth of experience and expertise they have developed in working with sexual offence victims/survivors. In addition, unlike government departments, many NGOs provide a continuum of services including psycho-social support, health-care and support throughout the criminal justice process and thus have a broader perspective on the needs and experiences of rape survivors. Finally, the monitoring function performed by NGOs is critical to holding departments and agencies accountable for their implementation of policy and law. (Submission, 2010: 8)

The government should closely collaborate with civil society in order to ensure that any sort of plan to tackle GBV is truly responsive to the needs of victims, and CSOs can play a significant role in this regard, as policy-influencers and service-providers. Without the input of civil society, GBV prevention and response policies would never fully encompass the experiences and needs of survivors of GBV (Bornman et al, 2013). However, to effectively influence policy, CSOs need to ensure that they are empowering affected community members to participate in their strategies. This study will attempt to uncover what strategies CSOs have employed to influence GBV prevention and response policies and which have been the most successful. More significantly, however, it will seek to discern ways in which CSOs can ensure the inclusion and

participation of ordinary women and survivors of GBV in these processes impacting on their lives, and often, their very survival.

## **Methodology**

In conducting this research, I primarily gathered qualitative data through individual interviews with employees from various CSOs working in the GBV sector in South Africa. I employed this method in order to acquire first-hand insight into the current state of GBV prevention and response policies, what strategies these organizations have used to influence these policies, how effective they feel that those strategies have been, how receptive they feel that the government has been to their strategies, what challenges they have encountered, what success they have had, how they feel being CSOs centered around women's issues affects their ability to influence policy, whether they feel they are doing an adequate job at empowering affected community stakeholders to identify and articulate policy shortcomings alongside them, how much more effective they believe these policies have become since they began employing their techniques, and what long-term plans they have for their advocacy. I supplemented this primary research by conducting extensive secondary research on GBV policy, public participation, and civil society in South Africa, which was discussed in the "Literature Review" section of this report.

I conducted interviews with four individuals currently working for various organizations in the GBV sector, including Sonke Gender Justice, MOSAIC, the LRC, and the Heinrich Böll Foundation. Sonke Gender Justice and MOSAIC focus on grassroots empowerment and community work. The LRC focuses on litigation and law reform. The Heinrich Böll Foundation is a foreign foundation with a chapter in South Africa that focuses on research. I also conducted an interview with an employee from the Shukumisa Coalition, a former campaign that is now a coalition of many CSOs working in different areas of the country and different parts of the GBV sector, an academic conducting research on GBV and other gendered issues, who has experience

working with various CSOs focused on GBV, and a woman with 11 years of experience working in the gender sector, who wished to keep her organization as well as her name anonymous. All of these participants were recruited with the help of my advisor, Janine Hicks. The names of the research participants will remain anonymous, but more information on their work and organizations will be discussed in the “Primary Research” section of this report.

Two of my interviews were with people or organizations based in Durban, so they were recorded and conducted in person. However, the rest of them took place and were recorded via phone or Skype because they were with people working in other South African cities. Since so many of my interviews took place electronically, it would have been difficult to observe the work that most of them are doing. Therefore, conducting interviews with employees at the different CSOs was the most time-efficient way to gather qualitative data on and learn about the policy advocacy work that they are doing. It also was an effective method because it allowed me to obtain knowledge of the work in which these organizations are partaking to strengthen GBV prevention and response policies from the people who are conducting this work.

However, conducting interviews as a primary research technique does have some weaknesses. For example, since I conducted interviews with employees from the organizations that I was studying, they might not have been totally upfront about the failures they have had and the challenges they have faced because they want to portray their organizations positively. It is important to take this existing bias into account. Also, I did not conduct any interviews with survivors of GBV, so I do not have any research on whether or not they feel that the policies for which these organizations have been advocating have actually been effective at helping them, which is an essential component of understanding the effectiveness of various policy-influencing techniques. Finally, since I did not conduct any observation as part of my research, I did not

really get to see first-hand how these organizations function and how they conduct their advocacy work in the field and their office spaces, which could limit my understanding of their work.

### **Limitations of the Study**

The biggest limitation to this study was time. If I had had longer to complete this research, I would have been able to interview more than seven participants, which would have allowed me to gain a more nuanced understanding of the effectiveness and shortcomings of the different techniques employed by CSOs to influence GBV prevention and response policies. I also would have been able to hear more perspectives on the current state of these policies and the reasons why the government has not effectively implemented them. Also, since I only had four weeks to conduct this study, if I had had more time, I not only would have been able to get more perspectives to nuance my thesis, but I also would have had more time to write, edit, and refine my report.

I was also limited by location and transportation. As previously mentioned, most of my interviews took place via phone and Skype because the organizations from which my participants came were located in cities other than Durban. If I had had the means to travel to these organizations' offices, I would have been able to conduct these interviews in person, meet my interviewees, and potentially observe the advocacy work in which the examined organizations are taking part. Observing these organizations would have potentially provided me with a more neutral look at them, but I was unable due to proximity, time, and money. I was further limited by the fact that my participants were mostly recruited with the help of one person, my advisor, Janine Hicks. While she was a great resource, this factor may have limited the diversity of perspectives and organizations in my report.

Finally, I was limited by two different kinds of existing biases. First, I was limited by my own existing bias as a white American conducting research in a majority Black African country and studying South African civil society. Due to my outsider status, I am truly not in a position

to make completely informed judgments on the effectiveness of the strategies employed by the organizations that I studied. Also, due to my identity, the participants may not have been as candid with me about their work as they would have been with someone from South Africa who better understands the issue of GBV in the country and the problems with the policies in place to prevent and respond to it. No study is immune to subjective personal biases, and this one is no exception. I was also limited by the existing biases of my interviewees. Since they were all part of the CSOs that I was studying, they likely tried to portray their organizations positively, whereas I might have gotten a more nuanced understanding if I had asked people outside of these organizations about the effectiveness of their work.

## Primary Research

### *Current State of Gender-Based Violence Prevention and Response Policies*

Despite South Africa's turn to democracy in 1994 and, since then, its implementation of progressive laws to combat GBV, this issue is still endemic in the country. This section will focus on the various interviewees' opinions of the current state of GBV prevention and response policies in South Africa. Through analysis and consensus, it becomes clear that while the legal frameworks and progressive pieces of legislation are in place to combat GBV, the government has not effectively executed them in a way that has reduced the incidence of GBV in South Africa.

When asked about the current state of GBV prevention and response policy, an employee from the Shukumisa Coalition, a network of CSOs all dedicated to ending GBV and putting in place policies to prevent and respond to it (Shukumisa Campaign, 2017), remarked that:

*If you look at the policies, they are all well-developed. If you look at it, there's also consistent engagement, especially from civil society, around policies and laws to ensure that they are relevant, that they do speak to survivors, that they are victim-centered, that they are appropriate. (Anonymous E)*

However, despite the interviewee's point that the policies are well-developed, they are not effectively implemented, and, therefore, have not substantially reduced the incidence of GBV in South Africa. A participant from MOSAIC, a CSO based in Cape Town "focused on preventing and reducing domestic and sexual violence and abuse through a holistic set of interventions and prevention activities" (NGO Pulse, 2017) said:

*I'm not going to say that it is good. I'm sure you will have seen that by the high incidence of gender-based violence. I think that the response has been very poor, and I think that the implementation of the policies has been terrible. (Anonymous C)*

As noted in the "Literature Review" section of this report, some of these progressive laws and policies include the DVA (Bollback et al, 2017) and the SOA (Watson, 2015). This interviewee's

assertion that the government has not effectively implemented the laws and policies in place to combat GBV in South Africa is also discussed in much of the existing literature on this topic. This discrepancy is likely a large factor as to why the incidence of GBV remains so high in South Africa.

There are a number of reasons why GBV prevention and response policies have proven so ineffective in South Africa. According to a research participant from the Heinrich Böll Foundation, a German political foundation that has been active in South Africa since 1989 and focuses on research (Heinrich Böll, 2014):

*Execution calls for a multisectoral response, and these kind of responses have not been implemented. It's really fragmented. There's not a lot of dedicated funding towards prevention and response. There are very good laws in place that all look very nice on paper. However, in terms of implementation, we are not doing enough to really affect significant change. (Anonymous D)*

This interviewee points to the fact that the government has not collaborated well with other sectors, such as civil society, the SAPS, and the private sector, to attempt to effectively execute GBV prevention and response. These sectors do not synchronize the kinds of services that they provide to victims of GBV. Therefore, there is often a lot of overlap between what various organizations, groups, and sectors provide to victims and at-risk populations (Bornman et al, 2013). Due to this overlap, many of the needs of these populations are not fulfilled. As evidenced by this participant, to strengthen the implementation of these policies, especially the ones that dictate which services are provided to victims of GBV, the government needs to collaborate with these other sectors in order to synchronize planning and service provision.

Another reason for the ineffective implementation of GBV prevention and response policies is that many people who work in the government and other sectors that are tasked with

executing them do not understand the underlying, unequal gender dynamics that lead to GBV. As a participant with 11 years of experience of working in civil society on gender issues noted:

*I don't think we are so much into prevention, really. I think it's going to be a mammoth task, prevention, because social issues depend on families and GBV actually happens behind closed doors. I believe that the country as a whole needs to commit to understanding that. Structural issues and powers in our societies need to change before we say "ok, we can prevent gender-based violence." I think the biggest challenge is that everybody who works with the public needs to know gender dynamics so that they are able to implement it. (Anonymous G)*

If the government officials and other public employees do not understand the reasons why GBV is such a big problem, then it will be almost impossible for them to effectively implement prevention and response. Therefore, they need to become more educated on gender norms and inequalities in order to strengthen the implementation of these policies.

A final reason for the ineffective execution of GBV prevention and response policies in South Africa is the lack of funding for these laws. According to a participant employed by the LRC, a human rights organization focused on law reform and litigation (Legal Resources Centre, 2017) in Durban:

*There is a disconnect between the budgeting process and the actual intention and provisions of the legislation. At the moment, we do not have response to GBV, or, if there is, it is incoherent, sporadic, and arbitrary. For 27 years of democracy, I think we have made legislative progress in terms of logistical protection. However, the State has not given substance to it, which is often because the funding for doing so is not there. (Anonymous B)*

One example of this problem of a lack of funding for implementing anti-GBV policies comes from the NCGBV, which was discussed in the Literature Review. The NCGBV was established to strengthen policy relating to GBV prevention and response. However, the council was dissolved due to the lack of a substantive budget to keep it running (Watson, 2015).

However, while, overall, GBV prevention and response policies have not been effectively implemented, some departments are better at implementing these policies than others. As an academic who has worked at various CSOs focused on GBV commented:

*Different departments have different policies, and some departments do better than others. I wouldn't say any of them are doing a wonderful job, but some departments do what they need to in relation to implementing these policies. There's also lots of different sorts of policy. It really depends on what the issue is and which department it is associated with. (Anonymous F)*

This point that different departments have implemented their GBV prevention and response policies at different levels of effectiveness is an important one, for it is naïve to lump the government and their actions together as one entity when there are so many different departments that often work very separately from one another.

It is evident from the responses of the women working in CSOs attempting to influence GBV prevention and response policies that the common belief is that, while the progressive policies that could reduce the the high incidence of GBV in South Africa might be in place, they are not implemented well enough to effectively reduce its occurrence. This fact is once again asserted by an employee from Sonke Gender Justice, an NGO that works to “strengthen government, civil society and citizen capacity to promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV and AIDS,” (Sonke Gender Justice, 2017) who said that:

*Generally, our policies and legislation are really progressive. We have some wonderful laws and policies that exist that do provide for adequate response, more so than prevention. The problem, however, is the lack of implementation of the laws and the policies. (Anonymous A)*

Thus, the general consensus on the state of the current GBV prevention and response policies between CSOs working in this sector across the country is that these policies are progressive on paper, but not in practice. However, some government departments are proving to be more

effective at implementing them than others. The next section will discuss the various ways in which these CSOs have attempted to advocate for stronger GBV prevention and response policies and analyze how effective these strategies have been.

### *Strategies and Effectiveness*

While most of the examined CSOs had similar responses regarding the state of GBV prevention and response policies in the country, they have all employed different techniques to attempt to strengthen them. They have engaged in forming partnerships with other actors in the GBV sector, litigation, grassroots training, community empowerment and workshops, submissions to Parliament and Portfolio Committees, joining coalitions, and research. All of these techniques are rooted in the common goal of strengthening the implementation of the progressive GBV prevention and response policies that are already in place, and they all have had different effects on these policies.

For example, when asked about the strategies that her organization has employed to strengthen GBV prevention and response policies, the employee from MOSAIC remarked on her organization's attempts to form partnerships with other actors in the GBV sector. She said:

*The way that we've done it has been to engage with other partners in the GBV sector, to pull on expertise. We try and engage with them and then to get them to push forward with any ideas, depending on which policy it is that we look at or that we hope to influence. That determines which partners we attempt to pull in for the necessary support.*  
(Anonymous C)

The participant noted that her CSOs chooses other organizations with which to form partnerships based on which policies they are attempting to influence. This method has proven effective because it allows them to form networks and connections with other actors that specialize in the specific areas of GBV prevention and response that align with the specific policies that they are attempting to influence. MOSAIC uses a holistic approach to tackle GBV, and they attempt to

influence a wide range of the policies in place to combat it (*NGO Pulse*, 2017). Therefore, it is important for them to ensure that they are forming partnerships with the organizations that are the most knowledgeable of and effective at implementing the policies that they hope to strengthen. For example, the employee noted that:

*One of the policies that we have worked on in the past has been on the parental leave in South Africa, particularly looking at paternity leave. I would love to believe that our partnership strategies have been very effective to the point where we have had the opportunity to present to the various Portfolio Committees on where we think policy reform should happen in regards to this issue. Without partnerships, we probably wouldn't have had the knowledge or resources to get these committees to increase paternal leave. (Anonymous C)*

It is clear that forming coalitions helped MOSAIC put in place the legislation that they were seeking to increase paternity leave. Sonke Gender Justice was one of the organizations with which MOSAIC formed a partnership to advocate for an increase in paternity leave. The research participant from Sonke also commented on the helpfulness of forming partnerships with other organizations in the GBV sector. She said:

*One of the things we find is really useful is joining coalitions. We can't do everything alone. One of the coalitions that we are a part of is the Shukumisa Campaign, which we joined 10 or 11 years ago. In 2007, we were part of the National Task Team influencing the new Sexual Offences Act. This team evolved into monitoring the implementation of the Act and monitoring Sexual Offences Courts, which were called for in the Act. Now, we are part of the Stop Gender Violence Campaign, which is calling for a National Strategic Plan on GBV. We are stronger together. (Anonymous A)*

When asked about how effective she feels her organization has been at influencing GBV prevention and response policies, the interviewee also commented on helping to successfully secure the increase in paternity leave. She attributed this success to the fact that some government departments are more responsive to CSO advocacy than others, and the Department of Labor (DOL), which puts the laws regarding parental leave in place, has been quite responsive to their advocacy. She remarked that:

*In working with the government, our success has depended on the department that we are trying to influence. We have had some success with the Department of Health (DOH) and the Department of Labor, but less so with the Ministry of Women and the Presidency. With the Department of Labor, we have been advocating for an increase in paternal leave through advocacy, submissions, and presenting to Portfolio Committees in Parliament. Now, the Department of Labor is in the process of amending the law to make a provision for paternal leave. It really depends on the department, lobbying directly with Portfolio Committees and making suggestions in Parliament are effective in some departments, but less so in others. (Anonymous A)*

The employee from Sonke Gender Justice mentioned joining the Shukumisa Campaign as a way that her organization has formed partnerships to increase their policy influence. The Shukumisa Campaign is now the Shukumisa Coalition, and, as a coalition, rather than an NGO, they focus on bigger picture strategies, such as building coalitions and unifying the voice of the GBV sector. The employee from the coalition noted that:

*Our biggest strategy is really working together, presenting a strong front of civil society organizations working in the gender-based violence sector so that there's this sense of us as GBV civil society working with one voice as Shukumisa. We represent about 60 organizations across South Africa. However, the GBV sector is known to be quite fragmented because there's a whole lot of other initiatives, coalitions, campaigns, and networks. The government is aware that this is a weakness, so they also tap into it. (Anonymous E)*

When the Shukumisa Coalition presents the GBV sector as a unified front with a singular voice, it makes advocacy more effective because there are more voices putting pressure on the government to strengthen policy implementation. However, like the interviewees from the other organizations, the participant from the coalition felt that even though banding together under a collective like Shukumisa can place more pressure on the government to effectively implement GBV prevention and response policies, the strategy is only as effective as it can be with a government that is not very invested in the issue. She said:

*Well, they've been as effective as they can be with a government that is actually largely ineffective. The level of corruption is incredibly high. The political will is extremely low. So how do you work effectively in such an environment? Imagine that we have a government with a political will that is approachable, then obviously the strategies that*

*have been put in place will be working much better. Things would be working quicker. You often turn around in circles. You go to another committee meeting where the same presentation is made and the same discussions are had. There's no movement, or, if there is, it's very slow movement. (Anonymous E)*

While the interviewees from MOSAIC and the Shukumisa Coalition only highlighted forming partnerships as their primary advocacy strategy, the participant from Sonke Gender Justice commented on the importance of working at various levels of society, particularly with individuals in communities. She said:

*We use a socioecological model for theory of change, where we work all the way from the individual level to governmental level. One of the strategies that we employ on an individual level is working with communities by doing workshops with them on harmful gender norms, the best practices for GBV interventions, parenting skills, etc. to influence the individual at that level. We focus primarily on primary prevention more so than response. We don't provide direct services. We use more of an educational strategy. (Anonymous A)*

The participant was quick to comment on the effectiveness of these community-based strategies, highlighting the success of the organization's flagship program:

*Our flagship program is the One Man Can Program, which is directly working with individuals and communities on changing gender norms and masculinities. We recently conducted an analysis on this program. The results were great, and the statistics showed that there was a significant change in norms and perceptions thanks to it. (Anonymous A)*

However, Sonke Gender Justice does not just work at a community level. According to the organization's interviewee:

*We then also use a number of advocacy strategies to influence at the government level. We do a lot of parliamentary submissions on bills, policies, and acts. We also draft submissions for Parliament. We do interventions on individual, community, and governmental levels. In terms of response policies, we do parliamentary submissions and conduct meetings with government officials. (Anonymous A)*

They use the knowledge that they gain from interacting with affected and at-risk community members to better “question their representation of marginalized groups, acknowledge deficits in accountability and mandate, and put in place mechanisms to address this” (Buccus and Hicks,

2008: 168). By engaging in this process, they are better able to interact with the government and influence policy in a way that will actually help the people who have been and are likely to be affected by GBV. Advocacy is not just about interacting with the government; it is about ensuring that these interactions are beneficial to ordinary citizens with a stake in GBV prevention and response policies.

As a different strategy for influencing policy, the LRC engages in litigation to defend GBV victims' rights. According to the interviewee from the LRC:

*We do test-case litigation for cases of GBV. We engage in strategic litigation to influence policy at a level where change is possible in the form of precedent and correct interpretation of legislation. Even if it's at a lower court level, we engage with the client and represent them in court to ensure that they obtain the relief that they are seeking. (Anonymous B)*

Litigation is a unique advocacy strategy because, while it is not a case of direct interaction with government officials and policymakers, it allows them to truly see how certain policies may not be strong enough in practice to ensure that GBV victims receive the justice or relief that they deserve.

Like Sonke Gender Justice, the LRC also highlighted the importance of a bottom-up approach to influencing GBV prevention and response policies. However, the current focus of their grassroots work is on schools, rather than on working with men and changing masculinities. They also engage in community-based work that focuses on making community members aware of their legal rights, which falls in line with their litigation work. The interviewee noted that:

*We also do a lot of grassroots training. We reach out to rural areas, and, in the past year, we have placed a particular focus on schools. We have made the schoolgirl the subject of training for educators. We aim to conscientize them on the topic of violence against the schoolgirl and obtain the buy-in of teacher unions, which have a big influence and are largely responsible for lots of sexual abuse and violence of schoolchildren. We also do community training to alert people of their rights and provide knowledge of what services are available. We connect them with service-providers. (Anonymous B)*

However, unlike the employee from Sonke Gender Justice, the LRC's participant did not think that the organization's litigation and grassroots work had been very effective. This pessimism was due to the fact that, in her opinion:

*We are just a ripple in a bigger pond of indifference. Around September of this year, that's how I felt. Without a coherent strategic plan from the government, without them taking a position on GBV – we are not going to be able to reduce our statistics. It's disheartening, but that is the harsh reality. We continue working, but the women that we work with are just small numbers of women when you look at the entire population. It requires far greater financial and administrative support from the state to actually be effective. (Anonymous B)*

In the eyes of this interviewee, her organization's strategies would never be fully effective due to the fact that the government is not very invested in GBV prevention and response. No matter how much work they do, as long as the government remains indifferent to this issue, nothing will ever change. This is an interesting contrast to the responses from the participants from Sonke Gender Justice and MOSAIC. While both of those interviewees maintained an optimism about their advocacy work and its impact, the LRC employee admitted the hard truth that, as long as the government does not care much about an issue, no matter what civil society does, not much will change. Nevertheless, the interviewee from Sonke Gender Justice noted that her organization's ability to influence policy depended on the government department that they were trying to influence. Therefore, potentially, the LRC has primarily been attempting to influence the departments that are less responsive to women's issues, such as the Ministry of Women and the Presidency, rather than the DOH and the DOL.

The Heinrich Böll Foundation's primary advocacy strategy is research. The employee from this organization commented on this strategy and its effectiveness by saying that:

*We are currently coordinating a 3-year research project to strengthen state response to GBV through the context of domestic violence support services and shelters for abused women. It was initiated by an earlier project started in 2011. However, this one takes a broader look at GBV, it includes stuff with courts and research on the process of*

*applying for protection order: how long it takes, the kinds of responses that people get. It also includes research on the police, looking at what extent the police were actually able to refer women to shelters. (Anonymous D)*

Unlike the LRC's participant, the interviewee from the foundation was optimistic about this strategy. She noted that:

*For our first project, we did research on shelters. We were only focused on the Western Cape and Guateng. We look at the profiles of the women in the shelters: who is accessing the shelters, how many children they are bringing, what kinds of costs are involved, and what kinds of needs they have. We ask, can the shelter meet those needs? We look at staff capacity. Do they have a sufficient staff? Do they have enough funding? It helped us see how different shelters were just in those two provinces. Then we started to inspect what it is in other provinces. Every one is different. There's no uniformity at all. Provinces do as they please. One positive thing for us is that it raised awareness of the need for uniformity. Although I don't think anything changed in Gauteng, we were successful in the Western Cape. The Department of Social Development (DSD) in the province standardized funding to the shelters. It gave them all the same sort of subsidy and started putting some of the subsidies towards staff members. Through our feedback from shelters after conducting our research, we've realized that there's been a positive shift in the following years. Also, we've conducted a research study on victim empowerment and the impact of shelters. The government saw what we said and referenced it in their own research. This in turn substantiated what we were saying, and it was also what spurred the need for expanding that research, particularly into other provinces. We started delving deeper into it. Research, at least in that instance, was very positive. Combined with the research, we have engagements with governments, roundtables, and public debates with civil society. We also pass our research on to the media, so it gets out there for more people to see. (Anonymous D)*

Some people may not think that research would be an effective strategy for influencing policy, given that many think of it as a desktop activity. However, based on this employee's response, it seems that Heinrich Böll's research strategy has been effective. This is in part because they conduct primary research through observation and interactions with GBV victims in shelters, which allows them to better understand the needs of affected populations. Then, they use this research to showcase those needs to the world and, specifically, the government. Due to their commitment to understanding the problem of GBV from the ground up and attempts to make their research accessible to as many people, specifically government members, as possible,

the Heinrich Böll Foundation has been able to effectively influence policy, as shown specifically by their success in the Western Cape.

One theme that has surfaced a couple of times in this discussion of advocacy strategies is that, no matter which strategy is employed, it is effective to empower affected community members to articulate policy shortcomings alongside CSOs. This process allows CSOs to better represent the needs of affected populations through their advocacy, which will make policy advocacy processes much more effective because it ensures that policies are more likely to actually help GBV victims and at-risk populations.

Thus far in the report, Sonke Gender Justice has been a big proponent of empowering affected community members to articulate policy shortcomings as an advocacy strategy. When asked about how they employ this strategy, the participant from Sonke said that:

*We have community action teams, which are based in various communities. We have trainers that work with them on a weekly basis. Through those trainings and engagements with our community action teams, who then also take information back into communities, we find specific issues that are faced in communities and form our own submissions and demands based on what is being experienced at community level. We are changing our model to include community members in the policymaking processes. Next year, we are going to start including community action teams in going to Parliament and drafting submissions. We aim to capacitate them with the skills and knowledge for doing that in the future. (Anonymous A)*

These community action teams provide a good space the training sessions that Buccus and Hicks recommended as a strategy for improving CSOs' representations of affected groups (Buccus & Hicks, 2008). When asked why she thought this strategy had been so effective for her organization, the interviewee noted that:

*It is very important to hear out community members and have their needs translated into policy advocacy. We can't only do desktop research, say that these are the problems, and then draft our submission. We have to hear what's happening on the ground and use that to inform our policy submissions. That's critical. It's something that is really important to do, and the impact of it has been documented as well. It is the best practice to do, and we are aware of that. (Anonymous A)*

It is clear that the participant from Sonke has really found this strategy to be the most effective because it allows the policies for which they are advocating to really represent the people whom GBV affects. Even if they get the government to respond to their advocacy, without the input of these citizens, it is unlikely that the policies that they spent so much time advocating for will really be effective once they are implemented, which will leave the country in the same situation in which it currently is. The legal framework for GBV will be in place, but, without the input of affected populations, the implementation will likely be ineffective at reducing the incidence of GBV.

During the interview process, the participant from MOSAIC was also a proponent of the grassroots empowerment strategy. The interviewee from MOSAIC commented on their use of this strategy by saying that:

*We've been engaging with people, not just with NGOs dealing with gender-based violence, but actually hearing from the people directly involved and giving voice to the voiceless people and amplifying those voices. When we do presentations to Portfolio Committees or submit anything we try and get as many members as we can to give their input through community mobilization strategies. If people don't know what the laws are, they won't know whether their rights are being infringed upon. (Anonymous C)*

With their current work on drafting an NSP for GBV, MOSAIC has made great use of this strategy. They discussed this work by claiming that:

*The current advocacy that we are working on now is the National Strategic Plan for Gender-Based Violence. For that, we've gone through the state documents and one document in particular that speaks to violence against women and children. We've basically interrogated that document and gotten communities to go through it and then to tell us where the weaknesses and the gaps are and what are the sorts of recommendations that they would make to government if they were to present to any of our Portfolio Committees and we feel that that's very empowering, not just for NGOs, but for the people who are directly affected. (Anonymous C)*

As discussed in existing literature on public participation through civil society, ordinary people, especially those who are a part of marginalized groups, have a right to participate in the

policymaking and policy-influencing processes that affect their lives (Buccus & Hicks, 2008).

The NSP is potentially the biggest working piece of anti-GBV legislation in South Africa at the moment. By having GBV victims and at-risk populations play such a big role in shaping it, MOSAIC is ensuring that these groups are guaranteed this right.

The LRC focuses their empowerment of community members affected by GBV on helping victims understand legal and court processes. Their use of this strategy is less based in policy-influencing and more based in educating victims on their rights. The employee from this organization described this kind of work, which is just as important as getting these groups to assist in influencing policies, by saying that:

*We work on one level, with really powerless people. If there is a strategic litigation, prior to entering the litigation process, we caucus our communities to really sound out what their position and views are and to inform them of what the implications will be should we succeed in the relief for which we wish to ask the court. We do get them to understand how policy affects their daily lives. We make that connection between their daily lives in their workspace, in their private family space, and in the public sphere. We do it from a socioeconomic rights perspective tied in with civil and political rights that are attached to citizenship. All of that comes from the Constitution. You take it from the top. So you have a right to bodily integrity. What does that mean in these circumstances? What is the relevant legislation, and is it being translated into reality? This strategy has informed our submissions at a domestic level and an international level. When we are making submissions to any treaty body, we go from the ground up right to the constitutional level. (Anonymous B)*

While this might be a strategy for empowering affected community members that is different from the one MOSAIC and Sonke Gender Justice use, it has still helped inform the LRC's policy submissions. The organization is not specifically having community members articulate their feelings about specific policies, but they are still using the things that they learn from them to inform their submissions. The anonymous participant with 11 years of experience in the GBV sector also emphasized the importance of educating communities as a pathway to strengthening

policy. In reference to how she has empowered victims of GBV and at-risk populations, she noted that:

*It's through engagements with communities, educating them on what the law says in terms of their protection and in terms of their rights when they go to seek help. Engaging with them so that they can say that these are the challenges we are experiencing in a particular police station or court and then we are able to take them up with that police station or court - for them to be able to say that in terms of their rights, they now know what's expected. They know what kind of service they can expect from service point A and this is not happening. Through these engagements, we hope for them to be able to identify those shortcomings in terms of implementation of policy. (Anonymous G)*

While this strategy is a bit different from the LRC's, it still focuses on educating affected populations on their GBV-related rights. When these people better understand these rights, they are more likely to demand stronger implementation of the policies that supposedly guarantee them.

Since Shukumisa is a coalition rather than a single organization, its management has not had much experience in empowering affected community members and has been more focused on desktop advocacy. She maintained that:

*I think that Shukumisa has been successful in what I would call desktop advocacy or higher-level advocacy. It's really working on submissions, sometimes I go through five to ten pages of submissions, and I really have difficulty understanding that because it's a legal language and then you submit that to your different portfolio committees and then you have to follow up and then you see what's come out of that and then it's not really made much of a difference. (Anonymous E)*

However, the employee from the coalition was critical of this strategy and suggested that the coalition is attempting to make their work with grassroots organizations a bit more prominent than in the past. She seemed aware that engaging in grassroots work has been an effective advocacy strategy. She mentioned that:

*At the moment we are looking a little more in terms of what we can do to make our work a little more relevant in terms of those organizations that are really out in the field providing services to rape survivors, especially in the more marginalized rural areas. Part of our thinking goes towards how can we capacitate those Shukumisa members and*

*make them a little more aware of what advocacy is and what they can do and how they can understand policy, policy development, monitoring, and the implementation of the relevant policies. (Anonymous E)*

There seems to be a general consensus that empowering affected populations to articulate policy shortcomings with CSOs is a very effective way to influence policy. It not only allows for policies to become more representative of the people whom they are designed to help, but also amplifies the voices of CSOs because it gets more people behind their advocacy.

While some organizations were more optimistic than others about their strategies for influencing GBV prevention and response policies, the general consensus from the interviews seemed to be that the most effective strategies for influencing these laws were the ones that focused on working together and playing to different actors' strengths, as well as working from the bottom up to identify the gaps in policy implementation as experienced by GBV victims and at-risk populations. After working with these groups, the organizations can then go to the government knowing that the policies for which they are advocating are actually representative of the needs of affected populations. However, as shown through various comments made in this section of this report, grassroots community empowerment is not the only effective policy-influencing strategy. As the academic with past experience working for CSOs in the GBV sector noted:

*It depends on the department that you are dealing with, the critical context, and what you are asking for. It isn't really a cut and paste strategy; it needs to be basically developed for what it is that you are trying to do. You have to use different strategies at different points in time. (Anonymous F)*

While, based on the responses in this section, it can be inferred that grassroots empowerment is a very effective strategy for GBV policy advocacy. However, it is not the only effective strategy, and its effectiveness is only increased when it is combined with advocacy techniques. The next

section will detail how the government has responded to the various strategies outlined in this section.

### ***Government Reception***

It is difficult to get the government to respond to GBV policy advocacy. Since the progressive laws for GBV prevention are in place and the government works at a level that is oftentimes very separate from the populations subject to high rates of GBV, it is easy for them to overlook the problems with the implementation of these policies. While they oftentimes listen to CSOs attempting to advocate for stronger GBV prevention and response policies, they are less likely to actually take the policy changes for which these organizations are advocating into consideration. It is also important not to think of the government as a single entity and to look at how various levels and departments of government have responded to civil society advocacy differently.

The participant from MOSAIC discussed the discrepancy between listening to advocacy strategies and implementing the legislation for which they call. Even if the government listens to CSO advocacy, they are often not actually doing the things for which these organizations are calling. As the interviewee noted:

*Generally speaking, in some instances they have been very open to listening to what policy changes we have suggested. The issue was not around whether they have been open or not, the issue has been around whether they were willing to implement them or to adapt current policies to make provision for the recommendations that we've made. Generally, they are open and receptive. It is about whether they buy into the recommendations that we make for policy reform. (Anonymous C)*

This comment highlights the need for following up with various government departments to ensure that the policies for which CSOs advocate are actually put into practice. While it is easy to believe that if the government took the time to listen to an organization's recommendations say, then they will definitely put their proposals into practice. However, oftentimes, this is not

the case, as highlighted by the LRC's participant's previous comment on the government's failure to take a position on GBV.

This failure to take a position on this issue is in part due to the fact that the government does not see GBV as a priority and often relies on civil society to deal with it. As the interviewee from the LRC pointed out:

*I don't think that they have rejected our strategies. In fact, I think that they... it's almost like they depend on the activities and strategies of the NGO sector in order to say that something is being done. What the state does is just not proportional to the need out there. For example, if one had to do an audit of why the conviction rate is so minute when it comes to GBV, a lot of it is due to the lack of forensic evidence. Laboratories are in a state of breakdown. There is dysfunction. There are no pathologists, but the state isn't doing anything. (Anonymous B)*

Since there are so many South African NGOs focused on preventing and responding to GBV, it is easy for the state to focus on other issues and leave this issue in the hands of civil society.

However, even though many CSOs focused on ending GBV have surfaced since the beginning of democracy in South Africa, there is still an incredibly high rate of it in the country. This is largely due to the lack of effective GBV prevention and response policies in place. Without these policies, perpetrators of GBV are less likely to face serious legal repercussions for the harm that they do. Therefore, many CSOs focused on GBV have taken up policy advocacy as a primary focus of their work.

As the participant from Sonke Gender Justice pointed out in the "Strategies and Effectiveness" section, it is important to consider that how the government responds to various advocacy strategies depends on the department. The interviewee pointed out that:

*Again, it really depends on the department. There are departments that are more receptive to civil society. It also depends on the political will of various departments. The Department of Labor has been very receptive to the Labor Act. The Ministry of Women has not been receptive at all when it comes to GBV. It is focused specifically on the socioeconomic empowerment of women. They feel that GBV doesn't fall within their mandate, so it has been difficult to get them on board. It is difficult to lump the*

*government together as one entity; various departments have been more receptive than others. (Anonymous A)*

This point that “it is difficult to lump the government together as one entity” (Anonymous A) is very important to keep in mind. While the national government may not be as responsive to GBV policy advocacy as it should be, some provincial governments and government departments may be more responsive to CSOs’ recommendations for policy reform. Though, ideally, it would be the national government that would be most responsive to their advocacy, influencing these smaller governments and departments should not be overlooked and should be viewed as a necessary step towards the larger goal of getting the national government to strengthen GBV prevention and response policies. The Heinrich Böll Foundation’s experience with the DSD in the Western Cape provides a good example of why it is important to care about local and provincial governments’ responsiveness to advocacy. The participant from the foundation said that:

*The Western Cape was really receptive to our strategies. Since we’ve conducted our research, we’ve looked in four provinces and had two roundtables. Overall, the Department of Social Development is very receptive to the research. It really depends on who you are speaking to. Our work fits in with their mandate and their wanting to improve things. We are just trying to engage them. Overall, we’ve had pretty good responses. Particularly, more at a ground level. Those that are the go between between shelters and departments, such as victim empowerment program managers, we’ve definitely had a lot of support from them. Recently, we took on a costing workshop in Johannesburg to determine what the true cost to providing shelter and services to women is. The Western Cape and Gauteng Departments of Social Development took part, and, overall, it reflected that they have been receptive to what we are doing. (Anonymous D)*

In conclusion, it is important to note that the government is not one collective entity that always responds to civil society in the same way. There are different sectors and levels of government that respond to civil society differently depending on the relationships that they have with various organizations. At the same time, the government needs to ensure that they are doing more than just listening to CSOs and instead are actually taking these organizations’

recommendations seriously and using them to create stronger policies. However, this process does not often occur because the government often believes that civil society is responsible for dealing with GBV. The next section will highlight the times that these CSOs were actually successful in getting the government to adequately respond to their advocacy strategies.

### *Successes*

Through their various strategies, the examined CSOs have had different successes in influencing and strengthening GBV prevention and response policies. Some of the most successful strategies that these organizations have employed include training, conducting research, using grassroots techniques to engage communities, educating people about their rights, and working together with other organizations. Some of the outcomes of these successful strategies have included drafting an NSP on GBV, strengthening the DVA, developing a Victim Empowerment Support Services Bill, strengthening prison overcrowding regulations, and amending the SOA. However, while all of the participants were happy with the successes that came from their various strategies, they also articulated that it is impossible to isolate strategies and call one the best. It is important to use a combination of different strategies, depending on the situation and which policy they are trying to influence.

The participant from the LRC emphasized the success of their training sessions with the SAPS because they allowed them to make direct contact with affected individuals, rather than just the government. She said that:

*When you make direct contact, you leave a footprint so that the affected person has a referral source. They can call at any time, and you can tell them where to go. The training that we did in earlier years with police officers and justice personnel was very important. We almost changed their mindsets. Government departments cannot train their own personnel. They do not have the gender sensitivity or experience and knowledge in the sector that NGO personnel do. What we did was very effective and useful. It made a positive impact on what they do when women and children appear in front of them. (Anonymous B)*

This interviewee also highlighted her organization's successes in strengthening specific policies and programs. However, she made sure to note that those successes were not just led by her CSO alone, but came from working together with various organizations across the GBV sector by saying that:

*The DVA was a huge thing that was actually put in place by women's groups and women's organizations. Also, getting the family courts in place, which are dictated courts dealing with the issues related to women. GBV is not just physical violence, also emotional. TCCs, although they are inadequate, and we need ten times the number, were also a success. There are now some state-funded shelters. Those are big successes, but we need much more. (Anonymous B)*

Based on this participant's responses, it seems like, while her organization may have had some successes in strengthening GBV prevention and response policies, it has not had much as she would have liked. Perhaps, based on her insights on the successes that come from working to strengthen policies alongside other CSOs and conducting training sessions with affected individuals and personnel, more organizations should employ these strategies to attempt to strengthen GBV prevention and response policies.

The interviewee with 11 years of experience in the GBV sector also asserted that, in all of her work, was the most successful strategy in which she had engaged educating GBV victims on their rights. She noted that:

*I think that most of the time people continue to violate people's rights or not guarantee their rights when they think that those people don't know their rights. I think that fact that we are educating people about their rights and then making sure that those people who are in the power to implement know that somebody else is watching them has helped a lot. (Anonymous G)*

When at-risk populations know their rights surrounding GBV, they are more likely to make sure that the government guarantees them those rights. When more people are holding the government accountable for ensuring them their rights, they are more likely to effectively

implement GBV prevention and response policies. Therefore, when citizens learn about and demand their rights, they are in essence strengthening the implementation of the policies that ensure them.

As discussed in the “Strategies and Effectiveness” section of this report, the Heinrich Böll Foundation focuses on research as their primary policy advocacy strategy. The interviewee from this organization asserted that this strategy has also been their most effective one, claiming that:

*The research we are doing now has been has been our biggest success. The Department of Social Development is in the process of developing a Victim Empowerment Support Services Bill. We are trying to use our research to influence the development of that legislation. We had closed sessions with the department a couple of months ago. It's an ongoing process, and it's very current. Our first research study was in 2012/2013. The idea wasn't necessarily to influence anything new, it was just to identify shortcomings in current policy. We did research on courts, which didn't really influence any policy. It was just to identify challenges that people in communities are facing. We got a “yeah we know” from the government. We didn't really manage anything there. Maybe at first it doesn't seem like that your research is influencing anything at the time, but then years later you find that something has shifted or will shift. (Anonymous D)*

Interestingly, this participant highlighted the fact that certain policy-influencing strategies sometimes do not start out as such. When the Heinrich Böll Foundation started their research on shelters, they just wanted to raise awareness of the fact that certain GBV prevention and response policies have not been as effective as they should have been. However, now, years after they began their work, they have started to see policies changing thanks to it. This example goes to show that the work that this organization does has been effective at influencing policies even when they were not specifically attempting to do so.

The participant from MOSAIC underlined the fact that they cannot single out one of their strategies as the most effective one. She asserted that:

*There is no strategy or policy reform that we would look at single-handedly. We form a very a critical part of the GBV sector, and we have to take a multilevel approach to*

*advocacy. Also, our contributions towards rape protocols in the country have been successful. Now we are talking about looking at the Sexual Offences Act. Together with other organizations working on sexual violence, we have managed to have that particular piece of policy reformed to meet the requirements that we as civil society felt should exist. It has been a big issue and, in particular, if you look at the fact that women in South Africa can now file sexual violence charges against perpetrators, you can see the success. (Anonymous C)*

From this quote, it is clear that because MOSAIC takes a multilevel, multisector approach to policy advocacy, they are able to strengthen different pieces of legislation, such as the SOA. The employee from Sonke Gender Justice also commented on how important it is to use different strategies together rather than individual strategies alone for policy advocacy. She remarked that:

*You can't isolate any strategy. You need a multipronged approach to have any kind of success. You need a combination of advocacy and doing more of that higher level engagement with the government. At the same time, it's important to also involve communities and engage community members and citizens. The more of a community critical mass we have, the more change we can bring about. It's really a combination of those. (Anonymous A)*

When asked about when her organization's multipronged strategy had been most successful, the interviewee remarked on the time when:

*At the end of last year, we took the Department of Correctional Services to court for overcrowding in Pollsmoor Prison, which was 250-300% overcrowded. Based on us suing them, the judge ruled that they had to reduce overcrowding to under 150%, as well as come up with a policy for how they will deal with future overcrowding. Overcrowding has been reduced to 149%, and they are almost done with developing that policy to prevent future overcrowding. (Anonymous A)*

Thanks to their multipronged approach to advocacy, Sonke Gender Justice was able to secure these prison-overcrowding regulations. They involved ordinary citizens and people with connections to Pollsmoor Prison in this process to ensure that the policies for which they were advocating were the necessary ones. By involving these people, they were able to show that there was a group that wanted this change to occur and amplify their organization's voice.

Finally, reasserting their belief that coming together as a coalition under one voice makes influencing policy easier, the Shukumisa Coalition interviewee claimed that bringing different ideas and strategies together has increased the effectiveness of different pieces of legislation such as the SOA. She said:

*There's this collaborative effort to really work together. I mean, if you look at our website, there's also been a submission to the amendment of the Sexual Offences Act. There were two sections that were critical, and civil society got together to really approach the department and suggest changes to those sections. That went very very well. It was a long process, and there were workshops that were held with civil society to understand what needs to happen, why it needs to happen, what is the benefit for civil society in this regard. Then there were things that civil society organizations submitted, and the message in all of those submissions, oral and written, was the same because everybody knew, exactly, that this is how we work together. That went very very well, and one of the things that we are proud of is having sent the same message, from the different sides of civil society, that has really been effective. (Anonymous E)*

In conclusion, it is clear that policy advocacy success does not come from individual organizations employing individual strategies. Rather, it comes from organizations utilizing the strategies that play to their own strengths and collaborating with those with other strengths. For some organizations, like the Heinrich Böll Foundation, it might make sense to stick to one strategy, such as research, and supplement that strategy by working with other CSOs. For organizations such as Sonke Gender Justice, it might make sense to employ a continuum of strategies while still collaborating with different CSOs in the areas in which they are the weakest. No matter what, it is clear that these CSOs have found strategies that work well for them and had successes thanks to those strategies. However, despite their successes, these organizations have also dealt with their fair share of challenges.

### ***Failures and Challenges***

In order to have success, having some failures and running into some challenges is inevitable. It is important for organizations to test different policy advocacy strategies to ensure

that they find and use the ones that play to their specific strengths. Once these failures occur and these strategies are found, it will be easier for organizations to tackle the challenges to influencing policy that are also discussed in this section. While the examined CSOs' successes were discussed in the previous section, this section will focus on their failures and challenges, which include only using top-down approaches, the lack of political will around GBV, being perceived as a foreign agent, and working through opposing opinions within coalitions.

Interestingly, while the employee from the Shukumisa Coalition said that working together as a coalition with one voice had been a very effective and successful strategy, she also noted that it can be challenging to attempt to synthesize so many different opinions. She claimed that:

*It's very very difficult to work as a coalition because you've got different opinions. You've got different experiences. You've just got different people, different characters. So developing a strategy can sometimes be quite challenging. Where do you find consensus? It's important for the coalition to come up and say "this is our standpoint." That's been difficult, but that's the typical challenges that you have with any network. (Anonymous E)*

The participant from MOSAIC also noted that one of her organization's biggest challenges was trying to influence policy via various coalitions. She also highlighted the fact that the state is not very open to engaging in the issues for which MOSAIC advocates. She maintained that:

*There's been various challenges. With working in coalitions, it's difficult to determine who takes responsibility to lead any policy changes. It's about who takes responsibility to lead those processes and then about accountability. Who do we hold responsible for policy monitoring and having input on any policies? It's tricky to figure that out. I think there's been a wide range of factors that contributed to all of that. And of course, not forgetting the openness of the state to engage with civil society around issues that we feel are critical. (Anonymous C)*

These statements show that, while coalition-building can effectively unify and amplify the voices in the GBV sector, coalitions can also be difficult to manage and bring together. However, the

interviewee from MOSAIC’s final sentence highlights the major challenge for CSOs attempting to strengthen GBV prevention and response policies: getting the state to listen to civil society.

Almost all of the participants drew attention to the fact that the most challenging aspect of trying to strengthen GBV prevention and response policies was getting the government to listen and respond to their advocacy. The research participant from the Shukumisa Coalition asserted that:

*The biggest challenge is that the government isn’t coming to the party. We have some very close connections with a Deputy Minister. There’s a particular interest with that Minister, so that is positive. But then within the government, that Minister doesn’t speak to the other person who also needs to come to the party. Then, within the different government departments, they do not work well with each other, so there’s challenges there. For civil society, it’s a huge problem when one person says this and the next person says that. It’s like you take two steps forward and one and a half steps back. So everything is taking a long time and you come to a solution and then that gets all scabbled up again. (Anonymous E)*

The employee from Sonke Gender Justice made a similar comment, claiming that:

*There is a lack of political will, especially around GBV. As much as various officials and government ministers publicly speak out against, GBV they’re not actively trying to change anything in regards to it. We’ve tried to engage with the Ministry of Women, but they say that they aren’t interested. It’s very difficult to influence policy if there is no political will. (Anonymous A)*

It is even harder to influence policy when there is no political will to put policies in place and also no budget for doing so. According to the academic with experience working for various CSOs in the GBV sector:

*Some sections of government don’t listen to anything at all being said by civil society. They won’t pay attention to what you said. Another challenge for these policies right now is that there is no budget. So a lot of what you’re trying to recommend you have to think about what is the likelihood of it ever being implemented. Is there any chance that it is likely to be implemented? Who is likely to be doing the implementing? You can develop something that will likely never see the light of day because the government doesn’t have the capacity to implement it. I think right now, it’s a very difficult time to really try and do anything substantial, meaningful, and transformative in government around gender-based violence. Capacity is at the weakest it’s ever been. Budgets have been cut. You have far too many incompetent people occupying important positions. I think the good*

*people in government are doing their best but are being squeezed by the levels of corruption and incompetence. It's just a really difficult context in which to accomplish anything. (Anonymous F)*

The participant from the LRC remarked on one of the ways in which the government publicly speaks out against GBV. She said mentioned that:

*There's this thing that the government runs in December called the 16 Days of Activism Against Gender-Based Violence. Those things are the greatest money wasters. The relevant government departments make very glossy posters, have posh workshops, and use up huge chunks of the budget. I don't believe that that is an effective strategy. It's a joke and an insult to the women. (Anonymous B)*

Based on these comments, as well as the literature reviewed earlier in this report and the previous statements about the government from the “Government Reception” section, it seems as though it has been extremely difficult to get the government to be particularly responsive to GBV policy advocacy. If they do acknowledge GBV as a prominent issue, it is through campaigns such as the 16 Days of Activism, which, according to those working in the sector, have not done much in the way of preventing or responding to GBV. Since the government's GBV work is limited to these kinds of campaigns, these CSOs have to employ all of the discussed strategies to attempt to reduce the incidence of GBV in South Africa.

Since the government has proven themselves so unresponsive to GBV policy advocacy, some CSOs, such as Sonke Gender Justice, have found it challenging to use top-down approaches and more effective to use bottom-up approaches. As the participant from Sonke noted:

*Initially, when the Stop Gender Violence Campaign started calling for the National Strategic Plan, a lot of work was focused on higher level engagement. We were only focused on the government and convincing them to adopt the plan. However, it is not easy to convince the government of anything. We learned lessons. Now, we are focused more on a grassroots approach and calling for a plan from the bottom up. It has proven unsuccessful to only try top-down as opposed to bottom-up or a combination of the two. (Anonymous A)*

The government does not typically respond to civil society advocacy. Therefore, it is important to use bottom-up advocacy approaches to ensure that when the government does actually implement the policies for which civil society calls, these policies are actually the ones that affected community members need. Also, when there are more voices, especially voices of affected communities, advocating for policy changes, the government will feel more pressure and be more likely to amend existing policies or implement new ones.

The interviewee from the Heinrich Böll Foundation presented a different challenge that the foundation encountered in attempting to influence policy. This challenge was specific to their organization, because it deals with them being a foreign agency with a chapter in South Africa, rather than a South African CSO. The participant asserted that:

*This hasn't been the case with every single official, but there have been instances where we are seen as a foreign agent. We are associated with Germany and the political framework there. We had one instance where we were referred to as being a foreign agent, and they were skeptical about what we could do. It is a challenge. We are not just outsiders coming in. It's just a perception and a way to dismiss us. (Anonymous D)*

It seems that, since the foundation is associated with a Western country, it has had to prove itself and its intentions more than the other examined CSOs. Though this CSO has a chapter in South Africa with a South African staff, it is still difficult for them to prove that they are qualified and knowledgeable enough to know what policies will be effective and beneficial for South Africans. Nevertheless, they have still had plenty of successes in influencing policies, especially in the Western Cape, through their research.

Most of these organizations have taken the failures and challenges that they have experienced as lessons. They have used them as insights into how to strengthen their advocacy techniques, rather than letting them discourage them. One lesson that CSOs can use to shape their advocacy techniques is that it is important to think about how their positioning in society

affects their ability to influence policy, especially when they are trying to represent ordinary citizens.

### *Societal Positionings*

The participants were asked how they felt that their different positions in society affected their abilities to influence GBV prevention and response policies. Specifically, they were asked about their identities as parts of civil society and organizations centered around women's issues. Their answers to these questions were more varied. Some focused more on the positive sides of these identities, while others discussed more of the negatives. However, it is clear that there are benefits and drawbacks to both characteristics.

When asked about how being part of civil society affects her organization's ability to influence policy, the research participant from Sonke Gender Justice noted that it can sometimes be a positive thing and sometimes be a negative thing. She said:

*It's a two-pronged sword. It's a lot easier to affect policy as part of an organization versus being a normal citizen. You have means and knowledge of how to influence policy, and that is very useful. South Africa does have a very strong civil society presence, given our history. We have one of the strongest and best cultures of civil society across the world. The laws enabling civil society are very strong as well. Our Constitution gives us the power to make comments on public laws, acts, and the policy process. It is a very enabling environment for influencing policy. It comes down to policymakers at the end of the day... what their intentions are and what they want at a policy level. If the policymaker doesn't want to implement what we've submitted, they have that power to include it or not include it. It really depends on their own agendas, and it often isn't up to us. (Anonymous A)*

Her answer again points to political will as an enabling factor for influencing GBV prevention and response policies. When there is no political will to listen to civil society, then it is hard to get policies to change. As the interviewee with 11 years of experience in the GBV sector maintained:

*There is a tendency by those in the government to undermine members of civil society, so you have to make real noise, or you have to pull crowds to be able to be heard. Most of*

*the people who are implementing policies in government tend to have that impression that they know better in terms of policy and implementation than civil society does. When they look at us as members of civil society organizations they tend to undermine us as people who know less. (Anonymous G)*

This response shows that one reason why the government has not been so receptive to many advocacy strategies is because they do not take civil society seriously. Despite all that civil society does, at the end of the day, the government ultimately has the power to choose not to listen to them, which is why finding effective strategies to influence them is so important.

However, there is definitely a benefit to influencing policies as a part of civil society. As the interviewee from the LRC pointed out:

*You have to be part of an institution that has sufficient resources, competencies, influence, and capacity to actually action strategic ideas on socioeconomic, social, and political rights. I would never have been able to do this in private practice. I would never be able to do this in the government because of the bureaucracy and the hierarchy. If my manager didn't like my idea, I would never be able to take it anywhere. I have the privilege of working in an organization whose legal mandate is to do exactly what we are talking about. It's only civil society that can do this, because you can stand before a judge and you can argue your matter and make your submissions. At the same time, I can convene a rural workshop in the heart of Empangeni and stand there with the women on the ground and talk with them. It's an amazing perspective to be able to reach both. (Anonymous B)*

This participant makes the great point that civil society sits in a unique space between the government and ordinary citizens. If these organizations are managed effectively, then they can be a great way to link these two groups that are often quite segregated. Since civil society has more sway with the government than most ordinary citizens, they can use it to affect policies in a way that might not be as possible if they were merely individuals trying to influence them alone or in small groups. However, as previously discussed, these organizations cannot effectively influence policies without the input of affected communities.

The employee from MOSAIC took this point even further to say that the strength of civil society comes not just from working from with ordinary citizens, but also coming together with each other in coalitions. She asserted that:

*It's important to be able to witness organizations becoming parts of coalitions and supporting policies and changes to policies, to be able to band together and then to influence policy as a collective rather than saying that MOSAIC is single-handedly going to address these policies. The fact that we are able to consult with each other, the fact that we are able to gain input from organizations that perform other similarly-minded work like we do. I think that's been a huge advantage to our ability to influence policy. The fact is there are good networking relationships between us, to be able to network and to draw on the strengths of organizations who have expertise in certain fields. I think that has been very constructive for influencing policy. (Anonymous C)*

As previously discussed, different CSOs have different strengths and strategies that work best for them. However, one of the good parts about being part of civil society is that it gives organizations a network of others with strengths that are different from their own. For example, if Sonke Gender Justice and the Heinrich Böll Foundation were both in a coalition that was attempting to strengthen GBV prevention and response policies, then Heinrich Böll could focus on research and Sonke could focus on grassroots work. That way, each organization could play to their own strengths, which would likely increase the effectiveness of their coalition's policy-influencing strategies.

Something else that impacts how effective CSO policy-influencing strategies are is the fact that the examined CSOs are focused on GBV, an issue that primarily affects women.

However, the coordinator from the Shukumisa Coalition actually did not see this as something that makes a difference in her coalition's ability to influence policy. She wondered:

*Does it make difference that it's women in a coalition? I think the important part is that it's a coalition that is working together. There's also men in our collation. It's about working together. (Anonymous E)*

Interestingly, while this woman highlighted the prominence of working together over gender, most of the other participants thought that being centered on a women's issue has affected their ability to influence policy. For example, the interviewee from Sonke Gender Justice noted that:

*We have to change patriarchal norms not only in communities but at the policymaker level. Even in the government, it's very deeply entrenched, which just makes influencing GBV policy a lot more difficult. (Anonymous A)*

Most of the other participants agreed with the perspective that gender does affect their ability to influence policy. For example, the employee from the Heinrich Böll Foundation again highlighted the lack of political will around women's issues, which, according to other participants as well as existing literature, is also a reason why existing GBV prevention and response policies have been poorly implemented. This interviewee said:

*The difficulty links again to the lack of political will. As soon as the majority of something's effects are placed on women becomes an issue, the political will to do something about it does decrease. That patriarchal attitude that women are second class citizens is very prominent. Given that GBV largely affects women, it's not seen to be a priority, and the government is not showing us that it's a priority. It's very difficult to influence policy if there isn't a political will. That will only exist when women can become first class citizens and have the same rights in terms of practice and on paper. (Anonymous D)*

However, the employees from MOSAIC and the LRC thought that working on a women's issue actually positively impacted their ability to influence policy. The participant from the LRC noted that:

*It enables me to identify trends that are affecting women, research trends, and pinpoint the cause of the suffering amongst the 20 different women in my office with ultimately the same legal complexity. You have to ask – why is it that these women are suffering with this problem? My job is to find the cause of that hardship, which generally a law that is obstructing their rights or a law that is missing. I then have to strike down that law or bring in a new law to existing legal framework that will enable them to enjoy the right. It's tremendously exciting. You gain an extremely in-depth understanding of the problems that exist. (Anonymous B)*

This interviewee brought up the point that, not just because her organization works on a women's issue, but because they work specifically with the women who are facing this issue, they are better able to influence policy. This assertion again points to the fact that it is easier to influence policy when the women who have experienced or at a high risk of experiencing GBV are involved in the process. The contributor from MOSAIC made a similar point, saying that:

*I think it puts us in a good position in the sense that these are the bread and butter issues that we deal with on a daily basis. It's not just a project that stands in a silo. It's things that we work with every day. What the barriers are to accessing services? And so on. We listen to what the issues are around women's stories on a daily basis. It puts us in a very good position to influence policy because this isn't just MOSAIC saying this is an issue, it's coming from the mouths of the women that we serve. (Anonymous C)*

Again, when an organization is not only focused on influencing policy relating to women's issues, but on including the women facing these issues in the policymaking process, it increases their ability to actually make substantial changes to policies.

While being part of civil society can allow organizations and citizens to band together and form a stronger voice, it can also be frustrating to keep trying to influence policy when the government does not listen to what they have to say. While working as women's groups can mean that there might be a lack of political will surrounding the issues on which these organizations are focused, it can also connect women and allow CSO employees to more accurately represent the GBV victim's voices. There are benefits and drawbacks to both identities, and it is up to these organizations to use the benefits to their advantages.

### ***Changes in Policies***

While these organizations have employed various strategies to influence and had various successes and challenges in influencing GBV prevention and response policies, it is also important to look at what actual policy changes have come as a result of those strategies,

successes, and challenges. While most interviewees noted that there is still a lot of room for improvement, they also asserted that there have been some changes to GBV prevention and response policies. Most of these changes have been positive and can be attributed to engaging with community members and other CSOs in order to amplify the voices that are engaging in advocacy.

When asked about the changes and improvements in GBV prevention and response policies since her organization started engaging with them, the employee from MOSAIC drew attention to the increase in awareness of GBV as a prominent issue. She noted that:

*I think that it definitely has become more effective. There's a lot of room for improvement, but I think that organizations and communities are more aware of the incidence of gender-based violence and what it means to be a victim of gender-based violence. I think there is a greater awareness of gender-based violence, and I think there is a greater awareness of where and how to access services if you are a victim or if you need to report that. I've seen in the last couple of years that we've found more sophisticated ways in which gender-based violence can either be reported or services accessed. I'm particularly looking at the fact that not just organizations, but that government departments also have electronic ways of contacting others. So whether it's your social media platforms that have come out now, there are apps that have come out now, we now have a gender-based violence command center, and we have many hotlines. We started way back in 1993, so definitely strategies have improved since then. Whether everyone has access to those strategies, well, that is debatable. There's one more realization that the way in which to reach as many people as we can under the strict line of leaving no one behind, there's been a greater effort from both civil society and the State Department to be able to reach the most vulnerable people, people who have been caught in the peripheries of society. There's been great steps towards that, but it's still definitely not where it should be. (Anonymous C)*

This participant highlighted the fact that many of the successes in strengthening GBV prevention and response policies have come from an increase in awareness of GBV from the community level to the governmental level. This could in part be attributed to the fact that MOSAIC has focused on empowering affected individuals to articulate policy shortcomings, which shows everyone that GBV is a real issue, and the gaps in the policies in place to prevent and respond to it affect real people. However, she also noted that this increased awareness has come from

changes in the kinds of communication channels available, which makes it easier to inform and show people about the gaps in policies.

The participant from the LRC also commented on the importance of the increased awareness of GBV that has surfaced from her organization's work. In referenced to how much more effective GBV prevention and response policies have become since her organization started engaging with them, she claimed that:

*The one indicator for sure is that greater numbers of women and children are now aware of their rights. They have improved awareness of the services that are available. They may not get it, but they know what to do and where to go. There is an improved awareness in justice personnel and police personnel. There's always the threat of review proceedings that we have in our armoire. If a police officer has not responded as the relevant legislation requires them to, if the LRC is in that vicinity, we can review that decision not to respond. The review procedure is a big step. (Anonymous B)*

Since the LRC works directly with victims of GBV, they have the potential to make them more aware of the rights that the law guarantees them. Their litigation process in turn makes those laws more effective because it encourages victims to demand those rights, and, thus, makes it more likely that the laws from which those rights come will be effectively implemented.

The participant from Sonke Gender Justice highlighted the fact that some of the specific policies for which her organization has advocated have actually been put in place. She looks at these victories as small steps towards preventing violence in general, and, specifically, GBV. She commented that:

*There definitely has been a difference. Some of the successes with corporal punishment, paternal leave, and overcrowding in prisons, they are all small steps that contribute towards violence prevention. Studies have show that corporal punishment as a child is linked to future violent behavior, especially amongst men. The new policy that outlaws it will definitely have a positive effect for many later on in life. The small steps and our presence in a number of settings have shown that they definitely are more effective. (Anonymous A)*

It is important to not overlook these small steps. While the policies involving corporal punishment, paternal leave, and prison overcrowding are not specifically in place to combat GBV, they will definitely have a positive effect on gender norms and violence prevention. Even if the government is unreceptive to GBV-centered advocacy, there are still other ways to decrease violence and alter harmful gender norms, which can lead to the prevention of GBV, and Sonke Gender Justice has done a great job at working on these supplementary issues.

The anonymous interviewee with 11 years of experience in GBV advocacy also commented on some of the small steps that should not be overlooked. She maintained that:

*When I started, services like shelters were not so common. We are seeing an increase in shelters, even though it's mainly in the urban areas. We are now seeing a more structured kind of response, especially in cases of rape. There are now places called Thuthuzela Care Centres where if you enter here, you know that everything will be done at the same centre rather than in the past where you'd have to go to a police station that was far away from home. That police station would depend on the willingness of the person serving you to assist you and understand the matter before you are then taken to the medical doctor to get your DNA and your examination done. There has been development in the sense that now Thuthuzela Care Centres have been established and they've got all these stakeholders in one center that are able to assist people.  
(Anonymous G)*

Creating TCCs and improving shelters were two small steps in strengthening GBV policy that also should not be overlooked. While they are not the big pieces of legislation that substantially increased the incidence of GBV for which the examined CSOs have been working, they have definitely made big differences to many lives.

Finally, the Shukumisa Coalition employee stated that the foundation of the coalition has made GBV prevention and response policies more effective. She said that:

*The first time the coalition worked on advocacy, that goes way back, that's how the coalition was started at the end of the 90s. That's the most powerful achievement, the foundation of Shukumisa, which is rooted in the whole law reform about the Sexual Offences Act, and I think it's consistently worked around those issues. I think that's also how people know Shukumisa, because it's always been there, and it's always provided*

*work that is relevant to its members. Our membership is growing, so I think that's also a sign that our work is still relevant. (Anonymous E)*

The coalition was started as a way to reform the SOA, and it did so successfully. That achievement alone has made GBV prevention and response much more effective. However, according to this participant, Shukumisa's work is still relevant and still growing. With, now more than ever, more voices behind the coalition, their work is still influencing policies and making positive changes to GBV prevention and response.

While anti-GBV policies in South Africa are nowhere near as strong as they should be, thanks to the work of these NGOs, GBV prevention and response has definitely improved since the country's turn to democracy in 1994. Now, these organizations are starting to look at how they can continue to strengthen existing policies and create and implement stronger ones. Many of them are focused on trying to get the government to adopt a shadow NSP on GBV, which will be discussed in the final section of this primary research.

### ***A Way Forward: A Shadow National Strategic Plan***

Today, civil society is working on getting the government to implement a shadow NSP on GBV. This NSP aims to “overcome some of the challenges that face the execution of current legislation and policies dealing with GBV, by garnering political will and sufficient resources” (Bollback et al, 2017: 9). Over 50 organizations have come together to call for this plan, and MOSAIC, the LRC, and Sonke Gender Justice are some of the key actors in that process.

When asked about what she believed the outcome of a shadow NSP would be, the employee from Sonke Gender Justice said that ideally, the government would adopt the plan, but she envisioned that would take a bit of time and a lot of advocacy. She also asserted her hope that the NSP would lead the government to strengthening existing GBV prevention and response legislation. She noted that:

*Ideally, the government adopts and implements a National Strategic Plan on GBV. I don't believe it will be in next year or two, but it's definitely possible in the next five years. Through the NSP, we also call for strengthening current plans and policies that are in place. The more we advocate and campaign, the more can make small incremental differences towards ending and preventing GBV. Through that campaign we have learned that it is important to be part of coalitions and have a stronger voice. Our campaign is made up of over 50 organizations nationally. We all have different connections, networks, etc. to tap into. (Anonymous A)*

However, in regards to the NSP, the employee again maintained her assertion that bottom-up strategies will work best to get the government to adopt it. She said that:

*If we start at the bottom and work our way up, our policy influence will be a lot stronger. We have to create a strong foundation work before we can start working on the top. We will have to work at the top and the bottom. This will go a long way to also influence the national government. We have to somehow influence local and provincial governments, find evidence for how successful that has been and how effective the changes have been. This new long-term strategy is the way to go. (Anonymous A)*

In essence, this interviewee was hopeful about the shadow plan, especially considering how many different organizations and coalitions are rallying behind it. However, she also acknowledged the fact that the government has thus far proven themselves fairly unresponsive to GBV-centered advocacy. Therefore, getting them to listen to civil society and adopt this plan will be difficult. However, if the organizations continue to work hard and push for the plan, there is a good chance that it might get adopted, especially considering that the government put an NSP for HIV/AIDS in place years ago.

The employee from the LRC also highlighted the NSP as an important part of taking GBV policy advocacy forward. She made the point that:

*We are trying to win support in civil society for a shadow strategic plan. I do believe that I won't rest until there is a dialogue about this plan. I think that we do have that influence to maintain that conversation until it becomes a reality. For me, we will go on for the next 20 years making incremental progress. This kind of change that we are trying to bring about is not something that can happen in five or ten years. We are now 27 years in, and I do believe that we have made progress. Give us another 20 years, and if our state has not collapsed, I do believe that we will be able to measure and explain the success. South Africa can only be evaluated and judged on any success if you are really*

*mindful of the fact that you had service delivery and infrastructure that was aimed at servicing six million whites that is now aimed at servicing 56 million people. You cannot achieve that in 27 years. Civil, political, social, and economic rights– no country has achieved that for 56 million people in 27 years. (Anonymous B)*

This final point that South Africa has only been a democracy for 27 years and used to be designed to only serve a small portion of the population is key. While advocating for the shadow plan is necessary, it is also important to take the history of the country into account in doing so. One of the reasons that it has been difficult to get the government to implement the shadow plan and other GBV prevention and response policies is because the government is still not fully equipped with the resources to implement these policies for such a large population. It is important to keep this fact in mind while still continuing to advocate for this plan and stronger policies.

MOSAIC has been another key player in drafting a shadow NSP. The interviewee from this organization noted that this plan is now their major focus and that:

*We launched our framework about two or three weeks ago and we are now very feverishly busy with connecting with political parties, connecting with our trade unions. This is where we find ourselves trying to hold government accountable and the various departments that has been mandated to secure your and my safety in the country. I think it goes way beyond just us here in the Western Cape, but also saying that we are also going to watch international platforms put pressure on government to start looking at this national response, and similar to what we had with HIV, which by the way was not started by government but by civil society, and we then put input into a current plan on HIV that was adopted by the government. We got an NSP on HIV. It can work, it should work, it must work, and we need to make sure that people are held accountable for their mandates and the process and policies are put in place if they do not. The NSP on GBV, it started off five years ago, the only thing is that the government dropped the ball and civil society picked it up and now is running it. (Anonymous C)*

This participant makes the great point that civil society, not the government, was actually the group that really secured the implementation of an NSP on HIV. This fact is very important for the organizations attempting to implement the shadow plan to remember. While getting the HIV plan in place was a long, tiring process, it was actually implemented and reasonably successful.

Much of the success of this plan was thanks to civil society, and, therefore, it is critical for civil society to stay engaged with the NSP on GBV in order to strengthen GBV prevention and response in South Africa.

The NSP on GBV is a great idea behind which many CSOs have rallied. Though getting it adopted may be a long process, ultimately, it will likely be worth it because it will hopefully bring about a reduction in the incidence of GBV. MOSAIC, the LRC, and Sonke Gender Justice all seem to believe that if it is implemented, then it will likely be effective. If the government adopts it, hopefully, there will be an increase in the effectiveness of GBV prevention and response policies.

## Conclusions

This research project set out to explore what strategies CSOs employ to influence GBV prevention and response policies in South Africa. It aimed to determine how effective those strategies have been and what successes have come from them. It also wanted to find out what challenges CSOs have encountered whilst using these strategies and why GBV continues to be such a pervasive problem in South Africa despite all of the advocacy surrounding it and seemingly progressive policies in place to combat it. Through conducting interviews with stakeholders in the GBV sector of civil society, this research sought to hypothesize about best practice for influencing GBV prevention and response policies and determine recommendations for how to increase the effectiveness of the policy-influencing process.

GBV is still very prevalent in South Africa. The progressive policies to combat this issue are in place, but they are not effectively implemented. This ineffective implementation is in part due to the lack of a multisectoral response to GBV, knowledge on the roots of the problem, political will surrounding the issue, and funds to implement these policies. It is difficult to get the government to respond to GBV policy advocacy. They often listen to CSOs, but they do not do anything more than that because they expect that these organizations will deal with this problem. Therefore, it is very important to find effective strategies for GBV policy advocacy. Some of these successful strategies have been forming coalitions, bottom-up community engagement and empowerment to inform parliamentary submissions, litigation-centered law reform, and research. Some of the challenges in getting these strategies to be effective have been a lack of political will surrounding GBV and other women's issues, focusing too heavily on top-down approaches, and working through differing opinions in coalitions.

There is a need for the government to assert political will around GBV. If the government does not care about this issue, then the policies surrounding it will not likely improve anytime soon. It is also important for the government to engage with civil society regarding this issue. If the government sees civil society as a resource and a partner, then the two groups can work together to provide resources and services to victims of GBV and lessen its likelihood for at-risk populations. It is also important to be mindful of the identities and profiles of various organizations working in this sector. All of the examined organizations are part of civil society and are working on an issue that predominately affects women. These identities certainly affect their abilities to influence policy, in part because the government does not take civil society or women's issues very seriously. However, these identities also allow these organizations to come together based on under commonalities and better represent the groups for which they are advocating.

Thanks to the examined CSOs, there have been small changes in community awareness of GBV and the rights of GBV victims, as well as the strengthening of some smaller policies relating to prison overcrowding and the creation of TCCs. However, these organizations are now looking at the bigger picture and using the knowledge that they have acquired to strengthen GBV prevention and response policies by getting the government to implement an NSP on GBV. However, in advocating for the implementation of this plan, it is important that these organizations do not lump the government together as one entity. Different departments will respond to different strategies in different ways, and it is important for CSOs to realize this fact and try to work with the departments that they know will be more receptive to them. If they can get these departments on board with this plan, then they might be able to convince the stakeholders within the government that are often more difficult for them to reach to adopt it.

Emerging best practice that can be distilled from engagement with the interviewed CSOs reveals the following effective strategies for influencing state policy that might be of use to practitioners. It is firstly important for CSOs to ensure that they are employing multipronged strategies and approaches to guarantee effective engagement with the state and communities. When multiple strategies are utilized, it is more likely that some part of the government will respond to at least one of them. Civil society also has to work together in partnerships and coalitions in order to maximize resources and service provision. When CSOs come together in this regard, different organizations can play to their individual strengths and collectively amplify the voice of the sector. They also have to work with affected individuals and communities to ensure that policies represent and will actually address the needs of the people for whom they are in place. When CSOs start their advocacy work with bottom-up strategies focused on individuals, they can get people to better understand their rights, grasp the shortfalls in the implementation of the policies in place to prevent and respond to GBV, learn about how these policies have actually failed people, and have community members advocate for policy change alongside them. However, they also have to engage with government officials working in various departments to actually get policies to change, but they can use the information that they learn from interacting with affected populations to inform these state interventions. Finally, they have to conduct research to provide the government with concrete quantitative and qualitative evidence to show them where policies are failing communities in areas such as service delivery to victims, knowledge of rights, and prevention of violence. Through the multipronged, multisectoral use of these strategies, it is more likely that the government will become receptive to GBV policy advocacy and the incidence of GBV in South Africa will decrease.

### **Recommendations for Further Study**

This study only focuses on four organizations, one coalition, and two individual actors, and the GBV sector is much larger than this small sample. Talking to more actors would likely shine a light on additional ways to influence policy which would further nuance the analysis of the effectiveness of various strategies. This research also only deals with people working in civil society. Interviewing survivors of GBV who have interacted with these organizations on the policy-influencing end as well as government officials on the policymaking end would provide a more holistic and unbiased view of how effective the strategies employed by these organizations have actually been. Finally, because of time and transportation constraints, I was only able to interview participants, rather than observe their organizations. To further study this topic, one might choose to observe these organizations and see how they employ their policy-influencing strategies in their day-to-day work. Ultimately, this paper only touches on a small sample of civil society and those involved in the GBV policymaking and policy-influencing processes. If this research were to be continued, it could use these recommendations present a more holistic analysis with multiple points of view of how civil society influences GBV prevention and response policy in South Africa.

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## Appendices

### *A. Sample Interview Questions for all Participants*

- 1) Generally, what do you think of the current state of GBV prevention and response policy in South Africa?
- 2) What strategies have you and your organization employed to influence GBV prevention and response policies in South Africa?
- 3) How effective do you feel that those strategies have been?
- 4) How receptive do you feel that the government has been to those strategies?
- 5) What have been your biggest successes in attempting to influence policy?
- 6) What do you believe has been your most successful strategy and why?
- 7) What do you think has been your least successful strategy and why?
- 8) What kinds of challenges have you encountered in attempting to influence policy?
- 9) How do you attempt to empower affected community members to identify and articulate policy shortcomings along with your organizations?
- 10) Has this been effective, and what impact has this had on your policy advocacy?
- 11) How does being a part of an organization centered around women's issues affect your
- 12) How does being part of a civil society organization affect your ability to influence policy?
- 13) How much more effective do you believe GBV prevention and response policies have become since your organization started engaging with these?
- 14) Drawing on your insights into your GBV policy advocacy thus far, what do you believe the outcome of the shadow National Strategic Plan campaign will be?

- 15) What is your organization planning to do differently to secure the policy influence you are seeking?
- 16) What implications do you feel this will have for your long-term planning to influence GBV policy?

***B. Sample Consent Statement***

All information that you present to me through this interview will be recorded. If you do not want this interview recorded, please let me know.

Your name in this study will be kept anonymous. If you do not want to remain anonymous, please let me know.

Your participation is voluntary, and you can withdraw your consent at any time before, during, or after the interview.

All of the information will be stored in a safe place to which only I have access and treated confidentially.

By agreeing to these statements, you give me full responsibility to uphold them.

Do I have your informed consent to conduct this interview?

Do I have your informed consent to record this interview?

*C. Glossary of Key Acronyms*

*CFU*, Child and Family Unit

*CGE*, Commission for Gender Equality

*CSOs*, Civil Society Organizatinos

*DOH*, Department of Labor

*DOL*, Department of Health

*DSD*, Department of Social Development

*DVA*, Domestic Violence Act

*FGM*, Female Genital Mutilation

*GBV*, Gender-Based Violence

*GDP*, Gross Domestic Product

*IPV*, Intimate Partner Violence

*LRC*, Legal Resources Centre

*NCGBV*, National Council on Gender-Based Violence

*NGOs*, Non-Governmental Organizations

*NSP*, National Strategic Plan

*SAPS*, South African Police Service

*SOA*, Sexual Offences Act

*SOCs*, Sexual Offences Courts

*STIs*, Sexually Transmitted Infections

*TCC*, Thuthuzela Care Centres

*UN*, United Nations

*VAW*, Violence Against Women