Final report for the Evaluation of the Implementation of the Safer South Africa Programme on Violence against Women and Children

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Executive summary

Introduction

This report presents the findings for the implementation evaluation of the three-year UK Department for International Development (DFID)-funded joint programme, A Safer South Africa for Women and Children (referred to as ‘Safer South Africa’) to prevent violence against women and children (VAWC). The overall purpose of the evaluation was to learn lessons and make recommendations for future programming in the country and region. The specific objectives were therefore to contribute to the evidence on what does and does not work in addressing gender-based violence (GBV) prevention across the four outputs of the programme and the programme as an integrated whole; and to highlight results achieved and wider changes as well as lessons learnt for regional learning and potential replication in the region.

Background and context

South Africa is internationally known for developing progressive legislation that promotes human rights and mirrors international conventions. However, despite the Government of South Africa’s strong suite of legislation and policies to protect the rights of women and children and the existence of institutional structures to build a more coordinated national response to GBV, the prevalence of VAWC in South Africa remains very high and widespread.

The Safer South Africa Programme was designed to strengthen primary prevention mechanisms to reduce VAWC and to improve access to existing response services by communities. It has a multi-sectoral approach with support from lead government departments and key civil society organisations. The programme goal is to increase security and justice for women and children in South Africa through a strengthened national response to VAWC. This is achieved through four outputs, namely: strengthened national institutions to prevent VAWC; strengthened prevention and protection measures in and out of schools; mobilised social change for the prevention of VAWC; and strengthened surveillance, monitoring and evaluation (M&E) systems for evidence-based prevention of VAWC. The programme timeframes were from 1st of April 2012 to the 31st of March 2015 with a no-cost extension being granted until the end of September 2015. The total funding amount received from DFID for the three year programme was US$5,629,186.

Evaluation methodology and sample

The evaluation adopted a participatory, mixed-method quantitative and qualitative methodology combining document review, workshops, interviews and surveys. Following ethical clearance from the University of Cape Town, data was collected at national level and provincial and community level in the Free State and Eastern Cape, where programme activities are being undertaken. Within each province a set of semi-structured interviews, focus groups and surveys were conducted with a pre-defined set of government and non-government stakeholders. Semi-structured interviews, focus groups and surveys were conducted with target groups and beneficiaries of the programme in schools and communities targeted by the
programme interventions. At national level, semi-structured interviews were conducted with key informants from lead government departments, implementing donors and implementing partners (IPs).

At total of 106 semi-structured interviews and 28 focus groups were completed for the qualitative fieldwork. For the quantitative school survey, 1,469 interviews took place with learners at 19 schools in the Eastern Cape and 17 schools in the Free State. 164 target group members were interviewed in the target group survey from 10 target groups in the Eastern Cape and 11 target groups in the Free State.

**Findings for programme design**

The findings and analysis reveal that the programme was designed in a participatory way and adopted a multi-level approach, focusing on all levels of the ecological system (micro, meso and macro level). Although the programme was not designed using the ecological systems approach, it is a good model for analysing the multiple levels of intervention required to address GBV. This is because no single factor is likely to predispose women and children to GBV, as the levels interact with one another. The four outputs of the programme logframe mirror the pathways of change at the different levels of the ecological system. Output 1 activities focus on national level; Outputs 2 and 3 focus on individual and community level and Output 4 activities are cross-cutting across all levels.

The lack of capacity building interventions at provincial level and targeted interventions at the family level were identified as design gaps. The main modes of intervention for Outputs 2 and 3 are community mobilisation, awareness raising and training interventions implemented by a range of civil society partners each with their own intervention approach. A critique is that, even though the programme design included a component for strengthening access to response mechanisms, there were insufficient activities to ensure this took place. For example, even though some of the programme activities were aimed at improving referral mechanisms, particularly under Output 2, the qualitative findings in this evaluation reveal that they were not sufficient to meet the increased demand. The findings also reveal that access and quality of response services remained poor. Furthermore, although on paper the four programme outputs were meant to work together as an integrated whole, this was not fully operationalised when the programme was implemented. This was due to a range of factors including the fact that the four outputs were treated as separate results; the lack of a specific coordination mechanism in place to facilitate overall programme integration; the limited timeframe of the programme for achieving results; and the fact that certain interventions such as the various research studies and building the enabling environment at national level should have ideally been carried out during the first year. The result is that, when the programme was implemented, Output 4 did not provide the evidence base in time to inform implementation of the other outputs; and Output 1 made a limited contribution toward creating the enabling environment to support implementation of Output 2 and 3 activities.
Lessons learnt

✓ The programme design should include an initial preparatory phase to firstly, allow sufficient time for building government buy-in at all levels and multi-sectoral consensus including clarity on roles, responsibilities and commitments that are built into specific activities; and secondly, to generate evidence to inform programme interventions before implementation begins.

✓ The programme has facilitated and brought together key partners – government, civil society organisations and multilateral organisations – around VAWC issues and, although it was complex, it was a valuable experience in addressing some of the challenges in multi-sectoral coordination and cooperation at all levels.

✓ In order to set realistic targets a baseline study should be carried out. This will enable the measurement of change from when the programme started.

✓ Working with a range of IPs, each with its own prevention approach, can strengthen implementation and facilitate up-scaling and reach.

✓ An effective violence prevention programme should adopt a range of intervention approaches targeting all levels of the ecological system including macro, meso and micro levels.

✓ Interventions targeting the family are particularly important for inclusion in prevention interventions as it is the most influential socialising environment for children to learn values and norms and what is expected in society.¹

✓ Prevention programmes should include a component that focuses on strengthening the response to VAC (violence against children) and VAW (violence against women) in order to deal with the increase in reporting and increased demand for services.

✓ Strengthening systems at the provincial level (midstream) should be included as a component in the programme design as provinces are responsible for implementation of national strategies and programmes. It should include building the capacity of provincial government officials to plan, monitor and evaluate violence prevention programmes.

Findings for Output 1: Strengthened National State Institutions and Strategies to Prevent Violence against Women and Children

The activities under this output have contributed to the improvement of government’s institutional management and inter-governmental coordination, and the creation of an enabling environment for prevention of VAWC. In terms of efficiency, this output more than doubled in cost with significant changes to the scope of work, especially in relation to activities supporting the Department of Women, Children and People with Disabilities (DWCPD) following a high-level government request to DFID for additional start-up capacity support to the National Council of

Gender Based Violence (NCGBV). The planned start-up phase of Output 1 was unrealistic as the national activities took too long to implement and the work plans were signed off too late.

In terms of effectiveness, the NCGBV (and particularly its secretariat led by the CEO) managed to commence a number of activities before it was halted by political changes. To establish a new multi-sectoral Council in a new department in order to coordinate GBV in South Africa proved to be challenging as the department was still setting up its operational and management systems. Linkages between this new structure and existing structures in GBV (such as the Commission for Gender Equality) were to a large extent not conceptualised sufficiently. Also lack of clarity on the alignment and complimentary roles of the NCGBV (led by the DWCPD) and the Inter-Ministerial Committee (IMC) to Prevent and Respond to Violence against Women and Children (under the Presidency and led by the Department of Social Development [DSD]) was a challenge despite the Safer South Africa programme supporting both structures. With the halting of the NCGBV in May 2014 it however appears that no one else in government took the lead for the central coordination of the Safer South Africa programme and, for example, the initiated GBV strategy development came to a halt.

A Gender-Based Violence Prevention and Rapid Response Strategy was initiated and the selected service provider completed the literature review. However, further work on the strategy was halted due to the discontinuation of the NCGBV and restructuring of the DWCPD. The National Guideline for Social and Behaviour Change to Prevent Violence against Women and Children was developed by a consultant in the United Nations Children’s Fund (UNICEF) under the leadership of DSD and approved by the IMC in 2014. However, there is little consistency or strategic approach in campaigning on the prevention of GBV.

South Africa is leading in the field of Sexual Offences Courts (SOCs) and the Thuthuzela Care Centres (TCC), both in terms of legislation and infrastructure. There is strong buy-in by the Department of Justice and Constitutional Development (DOJCD) for these activities. The support for TCCs and the rollout of the SOCs could strictly speaking be considered as a response to GBV rather than a prevention mechanism. On the other hand it can be argued that one cannot stimulate people to report cases if there is an insufficient or low level of quality services available for them when they report. In the beginning of 2015 it was decided to inclusively focus on prevention activities, and the programme’s further support of the SOCs was discontinued.

Safer South Africa has supported the Framework for the Development of a National Policy on Gender Equity in Basic Education; the revision of the Social Cohesion Toolkit; the development of the National Strategic Plan for the Re-establishment of the Sexual Offences Court; and amendments to the Children’s Act and the Sexual Offences Act.

Lessons learned

✓ The initiative to address VAC and VAW needs a multi-sectoral action with consistent political commitment and leadership to ensure effectiveness and sustainability of successful interventions.
To ensure political buy-in and government-wide accountability for implementation, the VAC and VAW agenda needs to be hosted at the highest level of government under the Presidency and be aligned with the various technical clusters of the government.

It is important to have a central coordinating structure in place to address VAC and VAW with direct reporting to ministerial level.

In a country like South Africa, instances of VAW and VAC are not necessarily motivated by gender and should fall under an overarching strategy to address violence. This strategy needs to have clear targets to reduce VAC and VAW. In developing this overarching strategy, it is important to conduct a comprehensive review and analysis of the implementation of existing strategies (for example, the Social Crime Prevention Strategy).

The TCCs with their linkage to SOCs are useful structures to respond to VAC and VAW, and could be replicated in the region.

Findings for Output 2: Strengthened prevention and protection measures for children and youth in and out of schools

In terms of efficiency, Output 2 has the largest budget allocation, however, there were mixed responses from IPs with regards to adequacy of resources. An assessment of effectiveness reveals that the majority of planned activities under output indicators (2.1 to 2.4) have been implemented while some have been put on hold due to restructuring processes within the Department of Basic Education (DBE) and some have been significantly delayed but are planned for rollout during the last quarter of programme implementation.

Master Trainers, Children’s Committee and Girls’ Education Movement/Boys’ Education Movement (GEM/BEM) members, out-of-school youth (Mpintshis and GroundBreakers) and School Management Team/School Governing Body (SMT/SGB) members have all received training on a wide range of GBV-related themes suited to each group, including life skills, peer counselling and school safety. In general, training participants for Output 2 revealed that the training interventions were of good quality and successful at improving knowledge, shifting attitudes and equipping them with skills on what to do in cases of victimisation.

The National School Safety Framework (NSSF), which has recently been approved by the Minister of Basic Education, will contribute significantly to strengthened protection of learners as it provides a common approach to school safety and will guide prevention and response.

The focus of Output 2 activities was to strengthen prevention and protection measures for children in and out of schools. The qualitative focus groups and interviews with those learners who have been directly targeted by the training interventions (Children’s Committee members and GEM/BEM Club members), reveal that there are positive changes in knowledge, attitudes and practices around VAWC on an individual level as a result of the training. In the Free State these learners have become agents of change in their schools and communities and in both provinces they have offered support to learners in cases of victimisation. This provides evidence that, with the right training and support, Children’s Committees and GEM/BEM Clubs can provide a platform for young people to address violence in their schools and communities.
Similar findings were revealed for out-of-school youth specifically targeted by loveLife activities with Mpintshi’s and GroundBreakers playing an important role in ensuring that children and youth have access to GBV messages in their communities.

However, the findings from the school survey with the broader school learner population reveal that there was no significant difference between treatment and control schools when measuring levels of knowledge and attitudes towards gender equality and VAW. The survey also found that many learners still witness GBV at school and the majority feel unsafe in their schools. These findings highlight that safety continues to be a serious problem regardless of whether a school participated in the Output 2 activities or not, and that there is a need to tackle GBV in schools on an ongoing basis.

Although the training of Master Trainers in the Opening Our Eyes training programme was implemented on a much smaller scale than anticipated; emerging outcomes for those Master Trainers who were interviewed have shown that, besides improved knowledge, it has influenced attitude and behaviour around GBV. It therefore has the potential to contribute to strengthening prevention and protection measures in schools if cascaded down effectively.

Lessons learnt

- GEM/BEM Clubs and Children’s Committees provide an effective platform for children to become agents of change in their schools and communities to prevent and respond to VAW and VAC.
- To be effective and to maximise the impact of these structures, learners need adequate capacity building on what to do in cases of victimisation; strong support from the SMT; strong linkages with other child protection mechanisms for referral purposes; and buy-in and support from educators, parents and community members.
- Based on the above, a ‘whole school approach’ is critical where school management, teachers, students and parents work together to create and implement a ‘safe school’ policy and plan; and the NSSF will provide the tools to develop this common approach to school safety.
- Training of district-level Master Trainers is a cost-effective way for reaching large numbers of schools and educators but should be coupled with a strategy for selecting suitable Master Trainers; adequate budget for cascading training down to schools; and a strong, well-planned mentoring strategy. The online mentoring provided by Tshwaranang Legal Advice Centre (TLAC) to the Master Trainers is a good model to replicate.
- Accessing out-of-school youth with relevant and consistent GBV prevention messages requires the use of diverse platforms for communication such as community screenings, listener clubs and social media platforms.
Findings for Output 3: Social change mobilised in Eastern Cape and Free State Provinces to address violence against women and children.

The IPs and consultancies for this output have implemented a number of innovative, community-based initiatives aimed at social mobilisation and prevention of VAWC. Implementation has generally taken place within budget and planned timeframes, and a significant level of impact for target groups has been achieved, particularly in knowledge and attitudes. Given programme timeframes, outcomes at a beneficiary level are still in the preliminary phases. However, some emerging outcomes, based on evaluation respondent input, show that there is an increase in the reporting of VAWC-related crimes, as well as improved community cohesion and collaboration, particularly around VAWC prevention. While a considerable number of respondents felt that Output 3 activities are contributing towards social mobilisation and VAWC prevention, an equal number of respondents felt that changes in attitude and behaviour require a more substantial amount of time. Furthermore, a fundamental programmatic gap in terms of social change mobilisation includes the lack of advocacy initiatives in the initial phases of the programme. However, the 2014 Safer South Africa Programme Annual Review recommended that initiatives be included as a key sustainability measure. Consequently, advocacy interventions around VAWC and the inclusion of Local Action Plans (LAPs) have been rolled out now in 2015 through an integrated approach including all programme partners.

Of concern is the singular and isolated nature of many of Output 3’s community-based initiatives, together with the upcoming cessation of the programme and its funding. Local government’s involvement and ownership of community mobilisation processes is therefore required going forward. Buy-in by local government, however, varies across different areas with some areas being more committed to the programme and its outcomes than others.

Despite this, sound foundations are being laid to enable and facilitate social change in the Free State and Eastern Cape. The findings from this evaluation seem to indicate that a more solid level of progress has been achieved in the targeted areas of the Free State, which may be attributed to the higher levels of reported collaboration between IPs, thus enhancing intervention effectiveness and outcomes.

Lessons learnt

- Community dialogues are an innovative means for mobilising social change and facilitating social cohesion and collective decision making.
- However, dialogues alone are insufficient to enable sustainable social change and address VAWC. Systematic post-mobilisation interventions also need to be planned and implemented.
- Including traditional authorities is a sound programme strategy given their standing in local communities and position as community-based mediators and gatekeepers.
Their involvement also improves buy-in of key stakeholders which contributes to programme sustainability.

- Use of local Community-Based Organisations (CBOs) to assist with programme rollout is also a sound strategy, despite resource and capacity constraints. This measure enables a high level of intervention relevance and local buy-in, plus contributes towards capacity development for programme sustainability.
- The use of local CBOs also helps to improve programme coverage, particularly in rural, hard-to-reach communities.
- Post-training mentoring of local CBOs is important to ensure that learning is reinforced, that new capacities and skills are consolidated, and that supportive relationships can be set in place.
- The formulation of exit strategies and training of CBOs on governance and organisational development are important measures to ensure that CBOs can continue to implement community dialogues and facilitate the completion of LAPs following programme cessation.
- Volunteer retention measures are an important consideration in interventions to address high attrition rates. Such measures should include innovative strategies that look beyond the provision of stipends as a means of retaining community volunteers.
- The integration of LAPs into Integrated Development Plans (IDPs) is a sound idea but should be addressed via specific interventions during initial programme rollout to ensure municipal authority buy-in from the onset.
- Furthermore, collaboration with the South African Local Government Association (SALGA) and the Department of Planning, Monitoring and Evaluation (DPME) could be explored to facilitate the integration of GBV issues into IDPs.
- Community mobilisation is only one of many aspects of violence prevention and, where possible, should be coupled with access to referral systems and response services.
- Stronger linkages with existing women’s networks and organisations could strengthen this aspect as they have the expertise in dealing with VAW. For example the Shukumisa campaign (www.shukumisa.org.za), the National Shelter Movement (secretariat based at the Nisaa Institute for Women's Development) and the KwaZulu-Natal and Western Cape Networks.

2 The Shukumisa Campaign is made up of approximately 47 organisations who are, in turn, linked to many other smaller, community-based organisations.
It is important to ensure that key programme concepts and messages are mainstreamed and monitored across IPs to ensure consistency and avoid unnecessary confusion among target and beneficiary groups.

Findings for Output 4: Strengthened national surveillance, monitoring and evaluation systems for evidence-based prevention of Violence against Women and Children.

In terms of efficiency, Output 4 received the least budget. Furthermore, the surveillance study was delayed and only commenced in January 2015.

Due to the reconfiguration of the Department of Women (DOW), the launch and some of the subsequent activities for establishing the portal in indicator 4.3 have not been carried out. Funds were re-allocated to support the conceptualisation of the information management system (IMS) for VAWC.

In terms of effectiveness, Output 4 activities were meant to strengthen national surveillance, monitoring and evaluation systems for evidence-based prevention of VAWC, in order to make sure policies, strategies and plans of action would have an impact. Output 4 activities were limited by the sequence in which they were implemented and the fact that they were led by a ‘new’ DWCPD. Hence many of the activities in Output 4 did not take place except for the various studies.

While the VAC and the VAW studies were completed on time and provide good evidence on the root causes of VAC and VAW, they were never officially launched and appear to be under-utilised. However, both the Structural Determinants and Root Cause Analysis of Violence against Women and Children and the Diagnostic Review have political buy-in via the IMC and the DPME, as they commissioned these studies. The Diagnostic Review will furthermore have the added benefit that the department under review will develop an improvement plan based on the recommendations as required in the National Evaluation Policy. Hence the Safer South Africa programme will be able to have some influence on the government agenda on VAWC.

A key challenge in South Africa regarding VAWC is a lack of data; the absence of an adequate system for monitoring and public reporting on VAWC; and lack of coordination between the many government departments collecting data on VAWC. A Terms of Reference (TOR) was drafted for the conceptualisation of the surveillance system for VACW and the Medical Research Council (MRC) was appointed as the service provider. A scoping exercise was completed and the MRC is in the process of carrying out extensive consultations with all key stakeholders operating in the sector in order to assess if existing data, both administrative data as well as data from national and provincial studies and/or surveys, are sufficiently robust to assess the prevalence and trends of the different forms of violence committed against children and women in the

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3This emerged in the 2013 Annual Review recommendations and was subsequently addressed through a variety of workshops and discussions.
country. A report will then be drafted and the assignment should be finished at the end of August 2015. The surveillance system will contribute to improved evidence-based prevention of VAWC as it will be possible for government to monitor the prevalence, trends, and sources of violence and hence would be able to target prevention more precisely. However as the study still needs to be finalised, it is premature to assess whether it will be used.

The former DWCPD coordinated the various departments that collect and analyse data around children’s rights. This was done through the support from Statistics South Africa (StatsSA) and UNICEF. A database on selected child rights indicators (Ulwazi Ngabantwana) was created and data was validated and cleaned. The launch and subsequent activities related to the database were delayed pending the establishment of the new administrative arrangements (the handover from DWCPD to DSD).

Lessons learned

✓ Evidence-based research should be sequenced at an initial stage so it can inform the programme.
✓ To avoid overlap when a number of research studies are carried out simultaneously, the various researchers should attend regular coordination meetings.
✓ It is important to have a lead department who can advocate for the research to be used. It is important to promote a culture of evidence-based planning and use of scientific research in government programmes
✓ The process led by the DPME and outlined in the National Evaluation Policy in which a department under review develops an improvement plan based on the recommendations in the research, is useful and should be replicated.
✓ Findings emerging from various research studies should be disseminated timeously.

Findings for programme coordination, monitoring and evaluation

The programme proposed a few coordinating structures at national and provincial levels and the functionality of these structures has been varying. For example, at national level the Programme Steering Committee is well-attended but did not always have the right level of officials; the Free State Programme Implementation Unit (PIU) met on a monthly basis and is particularly well-functioning; and the four Technical Working Groups have not all met regularly with some having limited technical capacity. While it was found that these structures have contributed to enhanced dialogue between DOW and DSD, the overall programme implementation has been relatively disjointed. While vertical coordination (national to provincial) has remained weak, horizontal coordination at provincial level has been more effective. This was facilitated by the Free State PIU and the Eastern Cape Programme Coordination Forum (PCF) which provide a platform for collaboration between IPs and government departments. However, irregular attendance and poor buy-in from local government structures and other government departments such as the South African Police Service [SAPS] Department of Health [DOH] and DOJCD made it difficult to uphold a truly holistic and multi-sectoral approach to prevention activities on the ground.
An assessment of the M&E system reveals that, there is a well-designed M&E plan but it lacks a joint plan for collecting, analysing and reporting data. There are no standardised tools for data collection although reporting templates are standardised. Furthermore, there was no baseline data collected for most of the indicators in the logframe. Some of the institutional arrangements to support the M&E system are weak with the biggest challenge being the limited technical capacity of the government partners to provide effective monitoring and oversight of the programme. Despite this, monitoring data collected by the IPs on the progress according to milestones and targets has been used to inform decision making by the PIU and by IPs at provincial level structures.

Lessons learnt

✓ The pre-meetings to the provincial coordination structures which were organised and coordinated by the IPs (specifically the National Institute for Community Development and Management [NICDAM]) were useful to ensure that the civil society sector had a more coherent input in to the meetings. All IPs should attend the pre-meetings.
✓ The buy-in and support from Provincial Member of Executive Councils (MECs) and Heads of Departments (HODs) obtained at the outset ensures nationally formulated plans for tackling GBV are effectively implemented at provincial and local level.
✓ Signing work plans with government does not secure buy-in – government officials need clarity on what is expected of them in terms of roles, responsibilities and time commitments.
✓ Drafting a joint work plan in the Free State province was an enabling factor for more coordination around GBV.
✓ Provincial coordination structures that mirror national structures play a key role in facilitating inter-sectoral vertical and horizontal coordination of the programme, and provide a monitoring and oversight role.
✓ These coordination mechanisms should be closely aligned and be integrated into already existing government processes, including government clusters.
✓ There is also a need to promote specific involvement of national and provincial institutions with an oversight and accountability mandate, including the Chapter 9 Institutions (for example the Commission for Gender Equality), Provincial Legislatures etc.
✓ The PIU in Free State and PCF in Eastern Cape are good examples of coordination structures which could be replicated.
✓ The above coordination structures should have a TOR and include provincial, district and municipal government officials, non-government organisations (NGOs), CBOs and traditional leadership to maximise effectiveness.
✓ Integration of the programme into work plans, Annual Performance Plans (APPs) and Key Performance Indicators (KPIs) of government officials ensures the programme is not viewed as an ‘add-on’ activity.
✓ A strong M&E system including standardised tools for collecting data, standardised reporting formats and a proper baseline study are all critical for generating sufficient evidence for scaling-up and replication.
✓ The varied capacity of provincial level government officials to plan, monitor and evaluate violence prevention programmes is a constraint to scaling-up.
Findings on predetermined outcomes and impact of the Safer SA Programme

The delays in sourcing the service provider for the Diagnostic Review and the cessation of the NCGBV have impacted the pace of implementation and the buy-in to the Programme of Action (POA) by all tiers of government and civil society organisations. The results of the Diagnostic Review will only be available in September 2015. It will be difficult therefore for this to impact programming in the short period remaining. The POA has been endorsed by the cabinet but resource allocations for its full implementation have not yet been forthcoming.

The findings reveal that targeted men and boys have shown changes in knowledge and attitudes around GBV; however, this can only be sustained with consistent and continuous messaging and dialogue. A review of the Victims of Crime (VOC) survey and SAPS crime statistics reveal that the data is not disaggregated according to gender or age making it difficult to report on the related impact indicator for the Safer SA programme. Statistics on sexual assault reveal that there has been a 3.4% increase in cases in Eastern Cape and 8.3% decrease in Free State over the period of 2012/2013 to 2013/2014; however, it would be meaningless to draw any conclusions from these figures for a number of reasons, with the main argument being that it is too soon to measure programme impact.

Findings for efficiency analysis

The analysis revealed that there is a lack of sustained focus in spending on output areas. It appears to change each year (with the exception of the United Nations Population Fund [UNFPA] and Output 3), which raises concerns about sustainability and ongoing support. Furthermore, there has been insufficient expenditure on M&E activities from the start.

There has been some under-spending of allocated budget but overall this is in line with a project that had a delayed start of six months. There is a positive correlation between budget share utilisation and the extent to which targets and milestones are achieved; Outputs 1 and 4 tend to exhibit greater under-utilisation of budget.

It was possible to calculate an overall budget utilisation rate per IP. However, current financial reporting by IPs makes it impossible to compare performance on a unit cost basis across IPs, since expenditures reported on in the financial quarterly reports are not directly linked to the predetermined outputs as stipulated in the programme logframe. Moreover, there is substantial variation in the way project targets and outputs achieved are reported by partner organisations, again making systematic comparison difficult.

In general, research organisations appear to have fewer difficulties utilising their budgets, perhaps simply reflecting the nature of the research enterprise, which may be subject to fewer logistical and operational difficulties than faced by other IPs.

Some of the IPs, such as Save the Children South Africa (SCSA) and the Centre for Justice and Crime Prevention (CJCP), actively engaged with on-the-ground project implementation have
underspent in relation to ongoing mentoring and monitoring support activities, which raises concerns regarding future sustainability of project initiatives.

A few organisations, such as Childline, appear to be having difficulties spending their budgets, as evidenced by the apparent failure to hire key personnel (namely social workers) who are critical to the mandate of the organization.

There is no strong evidence that the social or economic wellbeing of programme participants has significantly improved relative to non-participants. Active participants in the programme benefit emotionally and socially, and thus, it is important to find ways to increase mass participation in order to share these benefits.

**Findings for sustainability**

Sustainability has been built into the programme interventions and IPs will continue with them beyond the cessation of funding in September 2015. However, most implementing organisations felt that the programme should have been continued for a longer period to demonstrate the impact, as people often need reminders to commit to change. They mentioned that the dosage was not enough; refresher trainings, more community dialogues and regular follow-ups are needed. The lack of a sustainability plan for the programme is a gap in the programme design.

**Recommendations**

Based on the evaluation findings and lessons learnt, the following recommendations have been made for improving future prevention programming, and for the scaling-up and replication of prevention programmes in South Africa and more broadly in the region. The key stakeholders to whom they are targeted are captured in brackets after each recommendation.

**Recommendations for programme design**

For future programmes of this nature an initial ‘preparatory phase’ or inception year should be built into the programme design prior to programme implementation to allow enough time to a) build government buy-in and support (Output 1) and b) generate enough evidence (Output 4) to inform planning. This will also ensure that IPs have sufficient time to plan and implement their programmes on the ground. (Donors/Implementing Donors)

A holistic approach to tackling the very complex problem of VAWC should be built into the programme design so that it includes a range of different interventions targeting the risk and protective factors at all levels of the ecological system, including the individual, family, school, community and broader society. (Implementing Donors/Implementing Partners)

Family interventions at the meso level should be included in the programme design because of the critical role family plays in socialising children. (Donors/Implementing Donors/Implementing Partners)
When scaling-up there needs to be a clear strategic plan, underpinned by solid evidence (such as cost-benefit analysis, outcomes evaluation etc.). A model for scaling-up is necessary that clearly outlines the process for scaling-up as well the roles and responsibilities and coordination mechanisms. This should include an exit strategy (with reasonable timeframes) for donors or multilateral organisations. The roles of intermediary organisations in scaling-up should be carefully considered as a positive factor, particularly in terms of ensuring quality as quantity increases. 4 (Donors/Implementing Donors)

Prior to implementation of future programmes of this nature, a baseline study should be undertaken to provide an indication of the situation before the intervention. Such a study would allow for measurement of progress made on the indicators against the status at the beginning of the project, and the desired state at the end of the project. (Donors/Implementing Donors)

**Recommendations for creating an enabling environment by strengthening national and state institutions and strategies to prevent violence against women and children (Output 1)**

To ensure political buy-in and government-wide accountability for implementation, the VAC and VAW agenda needs to be hosted at the highest level of government under the Presidency and be aligned with the various technical clusters of the government. Hence, being hosted by IMC if it becomes a permanent structure is an option. However, this structure should ideally be inclusive of all actors such as the Civil Society Organisations (CSOs), academia, the media etc. (Implementing Donors/Implementing Departments/Implementing Partners).

Addressing GBV, VAC and VAW might need an entirely new and integrated and multi-sectoral approach, the reason being that violence is a widespread problem in South Africa and the motives behind instances of VAW and particularly VAC are not always necessarily gendered in nature. These are all about addressing violence in general, and unless there is an overarching strategic approach to tackle violent crimes then efforts to address VAC and VAW might not go far. Such a strategy needs to have clear specific targets to reduce VAC and VAW. In developing this overarching strategy, it is important to conduct a comprehensive review and analysis of implementation of the existing strategies (for example the Social Crime Prevention Strategy). (Implementing Donors/Implementing Departments/Implementing Partners).

South Africa is a pioneer in terms of the legislation, infrastructure, operation of and linkages between the SOCs and the TCCs and this could be replicated in the region. (Implementing Donors)

**Recommendations for strengthening prevention and protection measures for children and youth in and out of schools (Output 2)**

GEM/BEM clubs and Children’s Committees provide a safe space for learners to seek support and report cases of abuse, and are a platform for children to become agents of change at school and in the community. For example, in one school in the Free State children mapped out hotspots for violence in their school and submitted it to the SGB which has taken action to improve school safety. Replication of a well-functioning school based response mechanism requires:

- Proper capacity building with learners so that they are adequately equipped to support and refer their peers in cases of victimisation including training on identification and referral of cases of victimisation.
- Support from the SMT and a focal support person at school to provide ongoing supervision and mentoring. This is important, particularly if children are providing peer support and referral for cases of violence and abuse.
- Linkages with other child protection mechanisms in the community so that referrals can be properly responded to and followed up. SCSA’s model of linking up Children’s Committees with Networks of Care (NOCs) and also linking schools with a local policeman and social worker for referral and follow-up of cases is a good approach to replicate.
- Linkages between clubs and other community-based awareness raising activities.
- Buy-in and support from educators, parents and community members. The Small Project Foundation’s model of conducting participatory learning and action (PLA) workshops with parents and surrounding communities coupled with training of teachers is a good example of holistic prevention approach for replication. (Implementing Donors/Implementing Partners/ Department of Basic Education)

Findings from the school survey reveal that, when compared to girls, boys have significantly more negative attitudes towards gender roles and differences; therefore boys need to be specifically targeted for inclusion in school-based interventions to change harmful attitudes and shift social norms in relation to GBV. (Implementing Donors/Implementing Partners)

Improving in and out-of-school youth’s access to relevant and consistent GBV prevention messages requires the use of a diverse range of platforms to disseminate information including community screenings, listener clubs and media platforms (national and community radio stations, Twitter and Mxit). The findings from the quantitative survey reveal that the media is the most important source of information on GBV prevention for young people followed by school and social media. This approach should be replicated when targeting this group. (Implementing Donors/Implementing Partners)

Training of Master Trainers and the use of a train-the-trainer approach is a cost-effective way for reaching large numbers of schools and educators, but the disadvantage is that it is dependent on the Master Trainers for rollout at district level. Therefore, when replicating this intervention it needs to be coupled with:
• A strong and well-planned mentoring component for Master Trainers.
• Adequate budget allocation for rolling out the training at district level and further cascading down to schools.
• A strategy for selecting suitable participants as Master Trainers which should consider firstly, the readiness and commitment of individuals to educate others around the sensitive issue of GBV; and secondly, the level of participants at district level based on sub-directorates. It is recommended that staff responsible for teacher development and school safety be chosen to attend. They already conduct regular meetings with educators at district level and could integrate their training into these already existing fora.
• At school level, children and parents should be included in the training on the NSSF as they play an important role in monitoring school safety and holding SMT/SGB members accountable. (Implementing Donors/Implementing Partners/Department of Basic Education)

Three different organisations are targeting district education officials as Master Trainers – CJCP, TLAC and Media in Education Trust (MiET) Africa but there has been limited or no interaction among them. For future rollout it is recommended that efforts be made to coordinate these training interventions to maximise impact and reduce the risk of duplication and ‘training burnout’ by education officials. (Implementing Donors/Implementing Partners)

Recommendations for mobilising social change to address violence against women and children (Output 3)

While community dialogues are an innovative means for mobilising social change and facilitating social cohesion and collective decision making, dialogues alone are insufficient to enable sustainable social change and addressing of VAWC. Systematic post-mobilisation interventions need to be planned and implemented to ensure that effects are sustained. (Implementing Donors/Implementing Partners)

Capacity building of CBOs requires a sound exit plan strategy to ensure that these organisations can continue to implement community dialogues and facilitate completion of LAPs. Capacity building strategies should include measures aimed at volunteer retention to address high attrition rates. (Implementing Donors/Implementing partners)

The integration of the LAP into IDPs needs to be addressed via specific and strategic interventions during the initial programme rollout phase to ensure that municipal authorities’ buy-in is assured. Furthermore, collaboration with the SALGA and DPME could be explored to facilitate the integration of GBV issues into IDPs. (Implementing Donors/Implementing partners)

More emphasis needs to be placed on improving access to response services, particularly in those areas where increased reporting is taking place. Provincial and district government
together with CBOs and IPs should collectively ensure that such structures, as well as good referral systems, are accessible. ( Provincial and district government/Implementing partners)

Based on MiET Africa’s review of training resources\(^5\), all concepts and messages must be mainstreamed across IPs to ensure consistency and to avoid unnecessary confusion among target and beneficiary groups. To facilitate this, a hyperlink to an online or social media reference could be set up to describe what is meant by GBV, plus generic pamphlets should be produced for dissemination to and by all IPs. This will ensure a clear and consistent understanding of the terms GBV and VAWC among audience members. A specific working group could be established to oversee the compilation and production of such resources. This group should include government and IP representatives. (Implementing Donors/Implementing partners)

More interventions that focus specifically on boys and men are required. However, a level of sensitivity is required when working with men, particularly around appropriate messaging. For example, emphasis should be placed on the fact that men are not always the perpetrators of GBV. (Implementing Donors/Implementing partners)

A community mapping of all relevant service providers should be conducted prior to intervention rollout to ensure that strategic and relevant stakeholders are identified and partnerships for support and referral set in place. This will also contribute towards programme sustainability. (Implementing Donors/Implementing partners)

Capacity building initiatives at local level should, as far as possible, include service providers such as SAPS, ward councillors, community development workers and social workers. Training should be reinforced through the inclusion of these stakeholders in all community mobilisation activities. However, it is noted that the level of their inclusion and participation is dependent on the degree of buy-in and support across all government levels. (Implementing Donors/Implementing partners)

Linkages with women’s economic empowerment initiatives should be included in programme interventions to address, as far as possible, what is one of the underlying causes and contributory factors to GBV. (Implementing Donors/Implementing partners)

Future intervention areas must include a focus on those considered highly marginalised, for example extremely poor families; women and children living in rural areas or on farms; those with limited levels of access to services (such as SAPS, healthcare). (Implementing Donors/Implementing partners)

Intergenerational dialogues are also a key programmatic area to consider going forward. This evaluation suggests that such dialogues contribute towards addressing long-standing beliefs and social norms relating to gender roles and the limitations imposed on youth participation in

\(^5\) MiET Africa. Date not indicated. A Safer South Africa for Women and Children. Review of current training resources.
community discussions. For this reason, they are proposed as an effective and complementary intervention in GBV prevention programmes. (Implementing Donors / Implementing partners)

Where possible, existing local-level structures should be tasked with the oversight and coordination of GBV prevention and community mobilisation activities to ensure well-coordinated and sustainable action. CBOs and district-level government authorities could be tasked with the setting up and/or strengthening of such structures. (Provincial and district government/Implementing partners)

**Recommendations for strengthening national surveillance, monitoring and evaluation systems for evidence-based prevention of VAWC (Output 4)**

For future programmes of this nature, the evidence-based research should be sequenced at an initial stage so it can inform the programme. The research studies should be well coordinated and the researchers should meet regularly to avoid duplication and overlap. (Implementing Donors/ Implementing Departments).

For evidence-based studies to have an impact and be used it is important that there is a champion in government who will take the lead. Otherwise, the reports produced by service providers might not be used. The process led by the DPME and outlined in the National Evaluation Policy whereby the departments under review develop an improvement plan based on the recommendations could be useful for all studies. In this way, there is buy-in to the recommendations of the studies. (Implementing Donors/Implementing Departments).

The launch and subsequent activities related to the database of the online Research and Evidence portal to complement the national surveillance system could be a critical step to continuously inform evidence-based policy and programme decision-making. It is recommended that if a Safer SA programme is replicated or scaled up this portal should be established and host all relevant studies. (Implementing Donors/Implementing Departments).

It is recommended that the Structural Determinants and Root Cause Analysis of Violence against Women and Children should be produced in a user friendly report. (Implementing Donors/Implementing Departments).

It is also recommended that the Government of South Africa clarifies as a matter of urgency which department will take the lead in accelerating the GBV agenda. (Implementing Departments).

Findings emerging from the Structural Determinants and Root Cause Analysis of Violence against Women and Children; the Diagnostic Review; the Study on Violence against Women; the Study on Violence against Children; and conceptualisation of the IMS for VAWC should be utilised to inform policy formulation and service delivery beyond the life of the programme. Hence the PIU should continue to have meetings with government authorities to ensure ownership of interventions. (Implementing Donors/Implementing Departments).
Recommendations for programme coordination, monitoring and evaluation

A participatory and consultative approach for programme design should be used including an initial joint planning session where multi-sectoral partners are given the opportunity to understand the overall vision and how they contribute to this. This will lead to more robust discussion, particularly around risks and assumptions and will allow for a more systemic and integrated approach to programme design. Participants in this process should include all government departments, research institutions, leading academics and NGOs. (Implementing Donors)

While national level buy-in at ministerial level is critical, working at national level is not enough. Nationally formulated plans are implemented at provincial and local level and when replicating programmes of this nature it is important to work midstream. When replicating similar programmes in the future, the following should be undertaken prior to implementation to ensure proper coordination, management and oversight of the programme at provincial level:

- Get buy-in and support from Provincial MECs and HODs. This can be done by presenting the programme to the Executive Council of the MEC and the Forum of Heads of Department to get their endorsement. They should also be involved in joint planning of the programme.
- Using a participatory approach, map coordination structures, services and intervention sites relevant to GBV prevention at provincial and district level to identify gaps and inform programme planning. This will allow for planning to be based on evidence and will identify opportunities for strengthening of already existing institutional mechanisms focused on coordinating programmes and services.
- Ensure that the programme is integrated into work plans, APPs and KPIs of government officials and that roles, responsibilities and expectations are clearly communicated at all levels of government. This will avoid the programme being viewed as an ‘add-on’.
- Build the capacity of provincial government officials to plan, monitor and evaluate violence prevention programmes. (Implementing Donors/Implementing Partners)

To generate evidence and effectively assess a programme’s progress towards achieving its objectives, a strong monitoring and evaluation system needs to be developed during the participatory planning phase which has a plan for data collection, analysis and reporting. Standardised tools should not only focus on collecting data at activity and output level, but also at results level so that partners can measure the changes that are taking place as a result of their interventions and build the evidence needed to inform replication and scaling-up. (Implementing Donors/Implementing Partners)
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### Acronyms

<table>
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<tr>
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<th>Full Form</th>
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<tbody>
<tr>
<td>APP</td>
<td>Annual Performance Plan</td>
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<tr>
<td>ASRHR</td>
<td>Adolescence Sexual and Reproduction Health and Rights</td>
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<td>BEM</td>
<td>Boys’ Education Movement</td>
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<td>BFD</td>
<td>Born Free Dialogues</td>
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<td>CAT</td>
<td>Community action team</td>
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<td>CBO</td>
<td>Community-based organisation</td>
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<td>CCE</td>
<td>Community Capacity Enhancement</td>
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<td>CDC</td>
<td>Centres for Disease Control and Prevention</td>
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<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CGE</td>
<td>Commission for Gender Equality</td>
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<td>COGTA</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>DBE</td>
<td>Department of Basic Education</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DG</td>
<td>Director-General</td>
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<td>DOJCD</td>
<td>Department of Justice and Constitutional Development</td>
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<td>DOW</td>
<td>Department of Women</td>
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<td>DPF</td>
<td>Development Partners’ Forum (for GBV)</td>
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<td>DPME</td>
<td>Department of Planning Monitoring and Evaluation</td>
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<td>DSD</td>
<td>Department of Social Development</td>
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<td>DWCPD</td>
<td>Department of Women, Children and People with Disabilities</td>
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<td>GEM</td>
<td>Girls’ Education Movement</td>
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<td>GBH</td>
<td>Grievous bodily harm</td>
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<td>IDP</td>
<td>Integrated development plans</td>
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<td>IEC</td>
<td>Information, education and communication</td>
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<td>IMC</td>
<td>Inter-Ministerial Committee to Prevent and Respond to Violence Against Women and Children</td>
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<td>IMS</td>
<td>Information Management System</td>
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<td>Justice, Crime Prevention and Safety Unit</td>
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<td>Local action plan</td>
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<td>Life Orientation</td>
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<td>LGBTI</td>
<td>Lesbian, gay, bisexual, transgender and intersex</td>
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<td>M&amp;E</td>
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<td>MATTSSO</td>
<td>Ministerial Advisory Task Team on Sexual Offences Courts</td>
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<td>Description</td>
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<td>MEC</td>
<td>Provincial Members of Executive Council</td>
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<td>Memorandum of Understanding</td>
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<td>Medical Research Council</td>
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<td>MTSF</td>
<td>Medium Term Strategic Framework</td>
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<td>NACCW</td>
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<td>NAP</td>
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<td>NCPSS</td>
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<td>National Prosecuting Authority</td>
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<td>National Population Unit</td>
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<td>National School Safety Framework</td>
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<td>OMC</td>
<td>One Man Can</td>
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<td>OOP</td>
<td>Office of the Premier</td>
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<td>Provincial Action Committee for Children affected by AIDS</td>
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<td>PLA</td>
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<td>POA</td>
<td>Plan of Action</td>
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<td>PSA</td>
<td>Public service announcement</td>
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<td>South African National AIDS Council</td>
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<td>South African Police Service</td>
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<td>Save the Children South Africa</td>
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<td>School Governing Body</td>
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<td>TOC</td>
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<td>Acronym</td>
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<td>TOT</td>
<td>Training of trainers</td>
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<td>University of Cape Town</td>
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<td>VAC</td>
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<td>VAWC</td>
<td>Violence against women and children</td>
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<td>VOCS</td>
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1 Introduction

This report presents the findings for the evaluation of the three-year, UK Department for International Development (DFID)-funded Safer South Africa for Women and Children programme (referred to as ‘Safer South Africa programme’) to prevent violence against women and children (VAWC). The key overall purpose of this evaluation is to learn lessons and make recommendations for future programmes in the country and region. The overall objectives of the study are two-fold, namely:

- To contribute to evidence of what does and does not work in addressing gender-based violence (GBV) through prevention, across the four outputs of the programme and the programme as an integrated whole. This involved determining whether the programme was implemented as planned according to the four outputs identified in its logframe and assessing the quality and effectiveness of implementation.
- To highlight results achieved and wider changes which are positive and negative; intended and unintended; direct and indirect; as well as lessons for regional learning and potential replication in the region. This involved assessing the changes and results the programme is contributing towards and to analyse the importance of factors (programme, contextual, others) which ought to be considered in replication or expansion within the region.

Based on the purpose and objectives of the study the evaluation focused on the impact, effectiveness and efficiency of the programme including lessons learnt and recommendations. Although sustainability was not specified in the original terms of reference, this criteria was also included in the evaluation.

The evaluation findings will provide critical information and lessons learnt, including capturing of innovation that will inform future government and development partner decisions for scaling-up different types of GBV prevention interventions in South Africa; and potential future DFID programming in the region and sharing of experience in South Africa.

2 Background and context

2.1 Situation of GBV in South Africa

Although incidents of VAWC tend to be hidden and rarely reported, there is evidence that the prevalence of such violence is very high in South Africa. According to the South African Stress and Health (SASH) survey conducted by Johns Hopkins University and the University of Cape Town, intimate partner violence was reported by approximately one in eight women (13.8%) and is thus the most common form of violence experienced by South African women as compared to only 1.3% of men.\(^6\) Furthermore, South Africa’s rate of intimate femicide (female

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homicide by an intimate partner) was approximately five times the global average in 2009. It is now the leading cause of female homicide, with 57% of female homicides being perpetrated by an intimate partner in 2009.

The figures for violence against children (VAC) are just as concerning. In 2010/11 there were 50,000 registered crimes against children under 18 years of age. More than half (52%) of these crimes were sexual in nature. According to the crime statistics of South African Police Service (SAPS), there were 1,914 reported cases of neglect and ill-treatment of children between April 2013 and March 2014. A national study on school violence was conducted in 2008 and reported that approximately 1.8 million children (15% of learners) had experienced violence while at school. This violence included corporal punishment, cruel and humiliating forms of psychological punishment by educators, GBV and bullying by peers.

The Safer South Africa programme is a prevention programme and describes as its aims the creation of “a protective environment that will strengthen national prevention mechanisms to reduce violence against women, girls and boys”. As a prevention programme, underpinning it is the rationale that efforts must be focused on the prevention of the occurrence of violent acts against women and children, rather than a focus limited to response services. The approach is to prevent violence through addressing its root and underlying causes. Even though both prevention and response are necessary, prevention is the primary focus and response services are a secondary focus.

The Safer South Africa programme adopts as its definition of violence against women (VAW) the definition in the 1993 UN Declaration on the Elimination of Violence against Women. Here, VAW is defined as acts that result in or are likely to result in “physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.

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7 World Health Organisation, 2013, Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner violence: Geneva
8 Abrahams et al, 2013, Intimate partner femicide in South Africa in 1999 and 2009, PLoS Medicine, 10:4,
10 UNICEF with the Department of Women, Children and People with Disabilities, Violence Against Children in South Africa, page 9
12 Programme of Action, page 11
14 J Van Niekerk (Childline South Africa) and M Makoae (HSRC), The Prevention of Violence Against Children: Creating a Common Understanding, Children’s Institute, page 35
15 Programme of Action, page 23
17 Ibid, page 8
For a definition of violence against children, the definition in the Secretary General’s Global Study on Violence is used. It defines violence against children as including “all forms of physical, mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.”

Below is an outline of legislation, policies and institutional structures concerning VAWC and GBV in South Africa.

2.2 Legislation, policy and institutional structures
South Africa has ratified international human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC). These conventions together with the Constitution protect the rights of women and children including the right to live free from violence.

In South Africa, these conventions, the Constitution of South Africa and legislation form a comprehensive framework to protect women and children against violence and to address VAWC. The literature tends to commend the adequacy of the legal framework and policies in place to protect the rights of women and children and address violence against these vulnerable groups.

2.3 Legislation
Outlined below is a synopsis of the legislation relevant to VAWC. The legislation addresses various types of VAWC, and in various settings.

- The Employment Equity Act of 1998 penalises the sexual harassment of women in the working environment. The Protection from Harassment Act of 2011 seeks to protect women (and men) from harassment in the non-working environment.
- The Children’s Act No 38 of 2005 is reported in literature as an excellent and extensive piece of legislation on protecting children’s rights and is the key legislation dealing with (VAC). It provides for a full continuum of services from prevention to protection of different forms of VAC. It also requires professionals working with children to report cases of child abuse to police and provides for a record of persons unsuitable to work with children.
- The Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007 (the Sexual Offences Act) and the Domestic Violence Act No. 116 of 1998 require that any person who has knowledge of child abuse report that abuse immediately to the

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18 Ibid, page 8
19 Programme of Action, page 8
20 Programme of Action; UNICEF with the Department of Women, Children and People with Disabilities, Violence Against Children in South Africa (IMC Programme of Action, page 48
21 Ibid, page 16
22 UNICEF with the Department of Women, Children and People with Disabilities, Violence Against Children in South Africa, page 47 and 48
Among its other purposes, the Sexual Offences Act creates special protection measures for children and mentally disabled persons. Furthermore, the Domestic Violence Act provides for the application for protection orders to prevent an abuser inflicting harm on any person - man, woman or child - who has been in a domestic relationship with that abuser.

- The Employment of Educators Act No. 76 of 1998 prohibits sexual acts between educators and learners. The South African Council of Educators Act No. 31 of 2000 states that where an educator has been dismissed due to sexual abuse of a learner, he or she is to be deregistered as an educator and can no longer be employed as such. All educators are legally obliged to report all abuse that they are aware of.

- The South African Schools Act No. 84 of 1996 prohibits the use of corporal punishment at educational institutions.

- There is also the Family Violence Act No 133 of 1993 and the Prevention and Combating of Trafficking of Persons Act No 7 of 2013. The Family Violence Act provides for the granting of interdicts with regard to family violence, for an obligation to report cases of suspected ill-treatment of children and that a husband can be convicted of the rape of his wife. The Prevention and Combating of Trafficking in Persons creates as an offence the trafficking of persons and provides for measures to protect and assist victims of trafficking.

### 2.4 Policy Framework

Outlined below are the main policies in place in South Africa that relate to VAWC.

- The National Strategy for the rolling out of prevention and early intervention services to ensure that children are free from abuse, neglect and exploitation was adopted last year. Currently, provincial strategies are now in the process of being rolled out.

- To reduce the victimisation of women and children, in 1999, the National Prosecuting Authority (NPA) set up the Sexual Offences and Community Affairs Unit (SOCA) to deal
specifically with sexual offences. (SOCA then developed the Thuthuzela Care Centres to offer services to sexual offences survivors in 2000.)

- The National Policy Framework on the Management of Sexual Offences, referred to as the National Policy Framework (September 2013), regulates the manner in which sexual offences must be dealt with. It is managed by The Department of Justice and Constitutional Development (DOJCD). It includes a five-year strategic plan for the implementation of the framework. In progress is a draft National Prevention Strategy on Domestic Violence which will be operationalised when final, and will be accompanied by a detailed costed plan.

- The former Department of Women, Children and People with Disabilities (DWCPD) developed a National Action Plan for Children to ensure, among others: a safe, supportive and protective environment for children in their homes, communities and schools and that children are protected from all forms of sexual abuse and exploitation. The most recent policies and guidelines put in place by the Department of Social Development (DSD) to deal with VAWC are:
  - Integrated Social and Crime Prevention Strategy (2011). This covers most of the primary prevention areas.
  - National Policy Guidelines for Victim Empowerment (2009). This aims at integrating and coordinating services.
  - Social Development Guidelines on Services for Victims of Domestic Violence (2010)
  - Guidelines for Services to Victims of Sexual Offences (2010).

- The Department of Basic Education (DBE) released a policy document in May 2008 entitled Guidelines for the Prevention and Management of Sexual Violence and Harassment in Public Schools. Training initiatives to support these Guidelines were implemented by the individual Provincial Education Departments. The DBE has also created a National School Safety Framework which contains training modules on, for

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33 UNFPA and Department of Women, Children and People with Disabilities, Study on Violence Against Women in South Africa, page 15
34 UNFPA and Department of Women, Children and People with Disabilities, Study on Violence Against Women in South Africa, page 71
35 Ibid, page 73. It is unclear how this National Prevention Strategy on Domestic Violence relates or links with the National Strategy on GBV that was planned to be developed and implemented by the Safer South Africa Programme.
36 The DWCPD has been replaced by the Department of Women (DOW)
37 UNICEF with the Department of Women, Children and People with Disabilities, Violence Against Children in South Africa, page 51
38 UNFPA and Department of Women, Children and People with Disabilities, Study on Violence Against Women in South Africa, page 67
example, bullying. It was endorsed by the Minister of Basic Education early this year (2015).

- Gender empowerment and learners’ rights have been introduced into the curriculum in schools.

- Furthermore, the Inter-Ministerial Committee (IMC) to Prevent and Respond to Violence against Women and Children has developed the National Programme of Action (POA) on VAWC. The plan outlines actions planned for 2013 to improve the implementation of laws and services addressing VAWC, and to provide adequate support services (from prevention to response efforts) in order to accelerate efforts to stop VAWC.

- Regarding more general and broader policies, outcome 3 of Government’s Medium Term Strategic Framework (MTSF) for 2014 to 2019 states that “All people in South Africa are and Feel Safe”. The MTSF is Government’s comprehensive plan defining its main priorities for implementing the National Development Plan over the next five years. It sets out strategic objectives and targets in this regard. Welcomed is the MTSF’s inclusion of the following set of outcomes (together with indicators and targets and the responsible Ministry):
  - Implement the IMC Programme of Action to combat VAWC (DSD)
  - Provide training in areas of crimes against women and children (SAPS)
  - Change in awareness, attitude and behaviour towards VAWC.

### 2.5 Institutional structures

In order to build a more coordinated and strategic national response to GBV, Cabinet launched the National Council on Gender Based Violence (NCGBV) and IMC. However, for reasons explored in this report, the NCGBV is no longer operational. Both of these structures will be discussed further in Section 5 of this report.

Concerning child protection, the DSD coordinates a National Child Protection Strategy and System (NCPSS) to ensure inter-sectoral collaboration and an equitable spread of child protection programmes. The National Child Care and Protection Forum was established to facilitate the coordination and cooperation of government departments and Civil Society Organisations (CSOs) in implementation of the Children’s Act. It also focuses on strategies for improving the response on VAC.

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39 HSRC, Framework for the Development of a National Policy on Gender Equity in Basic Education, page 46
40 Programme of Action, page 21
41 Ibid, page 2
43 The Presidency, Medium Term Strategic Framework, pages 8,10 and 20
44 Ibid, page 48
2.6 Summary of strengths, challenges and gaps

While there is general agreement in the literature that, overall, comprehensive legislation and policies, as well as structures, are in place to address VAWC, there have been some shortcomings reported on the legislation and policy. Shortcomings reported are:

- Policies do not have clear action plans\(^{45}\) and data analysis of the Safer South Africa evaluation also suggests that policies fail to include targets. Where targets are in fact included, there is the lack of clarity regarding who is responsible for those targets.\(^{46}\)
- Also reported is unclear institutional mandates, accountability lines\(^{47}\) and a lack of clarity regarding which of the institutional structures has overall accountability.\(^{48}\) This was also reported by the Study on Violence against Women in South Africa for the NCGBV which was in existence at the time. More specifically, roles and accountability of council members were found not to be clear.\(^{49}\)
- There is a lack of clear intention to link the various plans and policies across the various departments involved in the VAWC/GBV agenda.\(^{50}\) This results in a duplication of coordination structures and an overlapping of forums causing a lack of commitment from officials due to too many meetings.\(^{51}\)
- Lastly, even though schools are sites of opportunity to put in place preventative and protective interventions to address the issues of violence against girls at school, this does not appear prominently in the DBE Action Plan (2014)\(^{52}\) nor the National School Safety Framework.\(^{53}\) Aggressive policies and action plans to address VAWC and GBV through prevention programmes in schools is lacking.

Shortcomings of the policy and legislation aside, government recognises that “significant gaps continue to exist between international standards endorsed by government laws and policies, and what women and children experience on a day-to-day basis.”\(^{54}\) Although some of this can be attributed to the shortcomings of legislation and policy outlined above, research demonstrates that the crucial reason for the lack of material decrease in VAWC in South Africa is lack of effective and efficient implementation of these policies. Concerning implementation downfalls, the IMC National Programme of Action reports the need for strong political leadership in the area of VAWC. Furthermore, while it is evident from the legislative and policy framework outlined above that there are prevention programmes in place in South Africa, there

\(^{45}\) Ibid, page 83
\(^{46}\) UNFPA and Department of Women, Children and People with Disabilities, Study on Violence Against Women in South Africa, page 83
\(^{47}\) Ibid, page 83
\(^{48}\) Ibid, page 16 and 17
\(^{49}\) Ibid, page 16 and 17
\(^{50}\) National Programme of Action, page 1
\(^{51}\) UNFPA and Department of Women, Children and People with Disabilities, Study on Violence Against Women in South Africa, page 16 and 17
\(^{52}\) Ibid, page 16
\(^{53}\) HSRC, Framework for the Development of a National Policy on Gender Equity in Basic Education, page 46
\(^{54}\) National Programme of Action, page 8
has been a focus on “reactive/response services”, rather than prevention programmes. This unfortunately places pressure on resources. Other barriers include: a lack of financial, human and technical resources to ensure full implementation of laws and policies and to monitor their enforcement; and fragmented and uncoordinated efforts resulting in insufficient accountability of those responsible.55 In relation to pressure on resources, the Study on Violence against Women in South Africa found that certain departments with obligations related to VAWC and GBV did not comply fully with their obligations, partially due to under-budgeting.56

The overall aim of the National Programme of Action is to outline actions planned for 2013 to 2018 to improve the above mentioned gap in translating policy and legislative standards into day-to-day reality. To this end, the National Programme of Action takes cognisance of the problems reported above and addresses the following: To reduce the pressure on resources, it proposes a preventative (as opposed to responsive) and holistic approach requiring a continuum of services from prevention, to protection to response and long-term care and support.57 To address the fragmented responses and lack of coordination, the Programme of Action clearly defines roles of the various government departments and advocates for an integrated government approach, with the further involvement of CSOs, academic institutions, business, media and beneficiaries.58 It sets out a clear action plan, targets to be met and which department is responsible for those targets.

As regards budget and resources, the Programme of Action does mention departments’ needs to have sufficient budget to fulfil their obligations. Furthermore, as the MTSF has prioritised VAWC, it will inform the budget submissions that national departments make to the government’s budgeting process.59 Thus, it would be expected that the budgets allocated to VAWC and GBV would increase.

However, despite the addressing of the core problems by the Programme of Action, essential is strong leadership on VAWC and GBV.60 With the disbanding of the NCGBV, it is imperative that a structure be in place to ensure accountability; avoid duplication and allow for a scaling-up of good practices; improve collaboration between CSOs and government departments (in particular use the technical expertise of civil society) and thus develop programmes and policies that govern the services they implement.61 These together with clear accountability lines, adequate budgets and coordination of policies would contribute to improving implementation and thus the rates of VAWC in South Africa.

55 Programme of Action, page 23
56 UNFPA and Department of Women, Children and People with Disabilities, Study on Violence Against Women in South Africa, page 65
57 Programme of Action, page 23
58 Programme of Action, page 24
60 UNFPA and Department of Women, Children and People with Disabilities, Study on Violence Against Women in South Africa, page 16 and 17
61 Ibid, page 22
As long as the high levels of VAWC in South Africa persist, there will continue to be a large gap between the rights encompassed in comprehensive legislation and policies on VAWC, and rights on the ground. The violence continues to be “a major barrier to the full realisation of the human rights of women and children”.62

3 The Safer South Africa Programme to Prevent Violence against Women and Children

3.1 History and rationale of programme
The Safer South Africa for Women and Children to prevent Violence against Women and Children was initiated by the United Nations Children’s Fund (UNICEF) and the United Nations Population Fund (UNFPA) in partnership with Save the Children South Africa (SCSA). It was designed to strengthen primary prevention mechanisms to reduce VAWC and to improve communities’ access to existing response services. The programme adopted a multi-sectoral approach with support provided to lead prevention-focused departments of the Government of South Africa and to key CSOs with proven track record on GBV.63

The Safer South Africa Programme is funded by DFID Southern Africa (DFIDSA), while UNFPA and UNICEF, in partnership with SCSA, are coordinating programme implementation. It was designed to strengthen the prevention of GBV at all levels of government – national, provincial and local. The UN Agencies and SCSA partnered with international non-government organisations (NGOs) and community-based organisations (CBOs) to implement the programme interventions. More than 10 formal partnerships, as well as a number of informal partnerships were set up.64

3.2 Programme description
The Safer South Africa Joint Programme aims to increase security and justice for women and children in South Africa through a strengthened national response to violence perpetrated against these groups. The programme has four outputs that contribute towards the achievement of these outcomes:

1. Strengthened national institutions to prevent violence against women and children
   Nationally, through engagement of policymakers to close gaps in policy and legal frameworks; support to evidence-based advocacy and planning initiatives; support for national coordination and leadership against VAWC; and development of a national communication strategy.

2. Strengthened prevention and protection measures in and out of schools

62 Programme of Action, page 1
63 MiET Africa, April 2015. A Safer South Africa for Women and Children. Documenting Processes, Challenges, Lessons Learnt and Key Results. MiET AFRICA, page 1
64 Ibid
Nationwide in all nine provinces, through scaling-up of child-friendly schools; increased accountability of schools for violence prevention; and communication and social mobilisation involving teachers, learners, parents, and communities.

3. Mobilised social change for the prevention of violence against women and children

Locally, through community-based interventions that focus on awareness-raising and community empowerment in two provinces; namely, the Eastern Cape and Free State. These provinces were selected on the basis that they have some of the poorest indicators in relation to human development.


Nationally, through the analysis of data; the completion of studies on violence against women, children and people with disabilities (PWD) to increase understanding of the factors driving their vulnerability to violence, risk, and exploitation; and the establishment of an information management system to inform Government’s programming in this area.

The original timeframe for programme implementation was the 1st April 2012 to 31st March 2015. However, a number of delays in the initial phases of the programme have led to a six month no-cost extension until the end of September 2015.65 The delays in implementation were due to a range of factors which are explored further throughout the report.

The total funding amount received from DFID for the three year programme was US$5,629,186. A summary of funds received/disbursed is captured in the table below:66

<table>
<thead>
<tr>
<th>Funds received/Disbursed</th>
<th>$ Dollar</th>
<th>£ Sterling</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>3,783,436</td>
<td></td>
</tr>
<tr>
<td>UNFPA</td>
<td>1,845,750</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>5,629,186</td>
<td>3,717,659</td>
</tr>
</tbody>
</table>

Table 1 Programme funds received/disbursed

3.3 Lessons learnt from previous projects

The Joint Programme Document67 provides evidence that lessons learnt from previous partnerships with DFID were considered when designing the Safer South Africa programme.

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65 A Safer South Africa for Women and Children: Joint Programme Document, 3 August 2012
66 There is a possibility that a small amount of funding will be returned to DFID once the final expenditure figures are in and all adjustments etc. have been done by the HQ finance department.
The Children and Aids Regional Initiative (CARI), a five-year programme funded by DFID and implemented by UNICEF across nine countries in Eastern and Southern Africa provided valuable lessons and experiences relevant to the Safer South Africa programme. These included the continued prioritisation of upstream actions around closing gaps in policy and legal frameworks relevant to VAWC and ensuring that sound evidence is generated and used to underpin national programming.

The DFID-funded Religious Leaders Project implemented by UNFPA in six provinces in South Africa aimed to advocate for the prevention of HIV/AIDS, GBV and the promotion of sexual and reproductive health services through church activities. An evaluation of this project provided a range of lessons learnt relevant to the Safer South Africa programme. These include for example, addressing cultural practices from an advocacy, education and referral perspective; enhancing the role of faith leaders in community mobilisation and sensitisation; and recognising the need and interest among communities for the education and information around prevention and response mechanisms to reduce GBV.

Finally, the Children on the Move project run by SCSA with funding from DFID, generated evidence and recommendations around the need to work on a national, regional and area based level (multi-level programming) through a holistic programmatic approach for children on the move to avoid fragmented programming.

### 3.4 Links with existing programmes

The Joint Programme Document also details how the Safer South Africa programme will benefit from linkages with relevant current programmes and will build on existing policy work and programmes. The main programmes mentioned in the document include: Access to Justice for Women and Children Survivors of Violence implemented by UNICEF and UNFPA in partnership with the National Prosecuting Authority; Safe and Caring Child Friendly Schools (SCC Free State) Framework supported by UNICEF and UNFPA in partnership with the DBE and the Caring Schools Programme implemented by SCSA.

### 4 Methodology and sample

The evaluation adopted a participatory mixed-method quantitative and qualitative methodology, combining document review, workshops, focus groups, semi-structured interviews. The evaluation process is outlined step by step below.

---

4.1 Document review and key informant interviews

The purpose of the document review was to familiarise the evaluation team with the programme and help develop appropriate evaluation questions; and to triangulate the qualitative and quantitative findings during analysis.

Six key informant interviews were conducted with individuals from the main implementing organisations to inform the evaluation team of the rollout of the programme on the ground; to assess what monitoring data is being collected; and to gather key programme documents. The organisations interviewed were: Children’s Radio Foundation (CRF), National Institute for Community Development and Management (NICDAM), SCSA, loveLife, Sonke Gender Justice (Sonke) and UNICEF Education.

4.2 Initial inception meeting and evaluation planning and review workshop

An initial inception meeting was held with the Project Implementation Unit (PIU) on the 3rd of December 2014 to discuss the evaluation scope, methodology and timeframes.

This was followed by a two-day participatory workshop with implementing partners (IPs) on 19th and 20th of January 2015. The focus of the first day was on planning for the evaluation and the second day focused on conducting a high level programme review.

The findings from this review, together with the document review, were used to triangulate qualitative and quantitative data collected during the evaluation.

4.3 Development of evaluation matrix

The Safer South Africa Programme logframe was used to develop an evaluation matrix and map out the key evaluation questions. A participatory process was used during the planning workshop to generate these questions by asking the programme team to identify the types of questions they would like to ask from the evaluation. The evaluation questions contained in the Terms of Reference (TOR) and proposal were also integrated into the matrix which includes the source of data and methods for data analysis.

4.4 Instrument design

Qualitative instruments

In total, 13 semi-structured interview schedules and two focus group schedules were designed. They were reviewed by the team experts (gender, economics and statistician) and approved by the PIU before being submitted for ethical clearance. Local level schedules were translated into the local language. The interview schedules included the following:

- Focus group schedule for target groups: Mpintshis (loveLife), Youth Reporters (CRF),
Children’s Committees, Girls’ Education Movement or Boys Education Movement (GEM or BEM) Club members (SCSA, Small Projects Foundation [SPF])

- Focus group schedule for community members: Community Action Team (CAT) members and Local Champions
- Semi-structured interview schedule with community members: community development workers, social workers, ward councillors
- Semi-structured interview schedule with donor agency: DFID
- Semi-structured interview schedule with school staff: Educators, School Management Team or School Governing Body (SMT or SGB) member
- Semi-structured interview schedule with implementing donor agencies: UNICEF Education and Child Protection, UNFPA and SCSA
- Semi-structured interview schedule with implementing organisations: loveLife, CRF, SCSA, Childline, Sonke, NICDAM, KK Consulting, Tshwaranang Legal Advice Centre (TLAC), CJCP, SPF, Safety and Violence Initiative (SAVI), Children’s Institute, UNICEF Child Protection, UNFPA, Medical Research Council (MRC), Human Sciences Research Council (HSRC)
- Semi-structured interview schedule with national government officials: DOJCD
- Semi-structured interview schedule with national government officials: DOW, DSD, DBE, NPA-SOCA
- Semi-structured interview schedule with parent/caregiver (of children who participated in school committees or GEM/BEM Clubs)
- Semi-structured interview schedule with programme committees/units: Programme Steering Committee, PIU, Technical Working Group (TWG) and IMC
- Semi-structured interview schedule with provincial government officials: Eastern Cape Provincial Coordination Forum (PCF) and Free State PIU
- Semi-structured interview schedule with provincial programme staff (Sonke; NICDAM; loveLife; CRF; SCSA; Small Projects Foundation)
- Semi-structured interview schedule with Radio Stations
- Semi-structured interview schedule with target groups (CBO staff for Sonke and NICDAM; GroundBreakers for loveLive; Children’s Committee and GEM/BEM members for SCSA and SPF; Master Trainers for TLAC; Traditional Leaders)

Quantitative instruments

With both the school and Target Groups, questionnaires were devised to measure and test Knowledge, Attitudes and Practice (KAP) in relation to VAWC. Gender positive (or negative) attitude questions were also a feature of the questionnaires which were intended to facilitate comparison between groups. The Target Group questionnaire also included questions on programme effectiveness, efficiency and satisfaction for comparison between implementing partner organisations.
The questionnaire was based on a selection of instruments used in other studies of GBV in South Africa and elsewhere, and includes most of the questions from a Gender Links gender attitude instrument\(^{69}\) which took inspiration from the World Health Organisation’s (WHO) standardised gender attitude questionnaire, adding to the external validity of the survey.

All questionnaires were translated from English into Xhosa, Sotho and Afrikaans.

**4.5 Ethical clearance**

Ethical clearance for the evaluation was received from the Department of Economics at University of Cape Town. UNICEF’s monitoring and evaluation (M&E) Unit also provided the ethical guidelines for involving children in research which the evaluation must adhere to.

**4.6 Qualitative fieldwork and sample**

Qualitative fieldwork took place between 20\(^{th}\) of April and 15\(^{th}\) of May 2015. A total of 106 semi-structured interviews and 28 focus groups were conducted at national, provincial and community level.

National level was completed by two fieldworkers and at provincial/community level it was completed by four fieldworkers matched to the language spoken in the area. The community level questionnaires were available in English, Sesotho (Free State) and Xhosa (Eastern Cape).

*Annexure 1* contains the details of the districts that were visited for qualitative fieldwork in Free State and Eastern Cape per implementing organisation.

**4.7 Quantitative fieldwork and sample**

For the School Survey 1469 interviews took place with students at 19 schools in the Eastern Cape and 17 schools in the Free State. Fieldwork for the School Survey was carried out by four teams, each consisting of three field researchers (two teams per province). Each team was made up of one supervisor and two field researchers. Both school teams in each province were trained together before conducting a pilot day of fieldwork to get the teams familiar with the fieldwork procedure. Fieldwork took place between the 22nd of April and the 15th of May 2015.

164 Target Group members were interviewed in the Target Group survey from 10 Target Groups in the Eastern Cape and 11 Target Groups in the Free State. Fieldwork for the Target Groups was carried out by two teams of four field researchers (one team per province), consisting of one supervisor and three field researchers between the period of 22nd of April and the 15th of May 2015. Prior to fieldwork the research teams were trained and spent time rehearsing the questionnaire with their supervisor. The nature of the Target Group sampling meant that all Target Groups in a reasonable distance to the training sites were already included in the sample,

\(^{69}\)http://surveys.genderlinks.org.za/att2014/survey#instructions
so none were left spare for a pilot in either province. **Annexure 1** provides details of the quantitative sample and sites visited for the surveys.

### 4.8 Data analysis

#### 4.8.1 Qualitative data analysis approach and framework

NVivo 10 qualitative software was used to analyse the data from all interviews and focus groups and to house the literature identified. NVivo 10 is data analysis software which assists with the handling of very rich information, where deep levels of analysis on both small and large volumes of data are required. The software removes many of the manual tasks associated with analysis like classifying, sorting and arranging information, so the researcher has more time to explore trends, build and test theories, and ultimately arrive at answers to questions.

The following reflects the qualitative data analysis process:

**Figure 1 Data analysis process**

A thematic analysis was undertaken to identify patterns and themes emerging from the data according to the key evaluation criteria: effectiveness, efficiency, impact (outcomes) and lessons learnt. The programme results framework was used as the main framework for analysis as the data was analysed according to each of the indicators and the related questions which are specified in the evaluation matrix.

Furthermore, the qualitative and quantitative data was triangulated to allow for deeper and more meaningful interpretation of data and to cross-check validity of findings.
4.9 Quantitative Data Management, processing and analysis

The questionnaires were formatted for administration on handheld devices (Android tablets) running a specialised software called SurveyCTO (www.surveycto.com). SurveyCTO allows the offline capturing of survey data using digital questionnaires and the instant storage and validation of the collected data on off-site servers through cell phone networks.

The data was monitored on a daily basis for quality and consistency using location, timestamp data and preliminary results through a password-protected web-dashboard showing results and spatial maps in real-time. Additionally, ikapadata’s quality control had access to the latest dataset in Stata, performing further quality control tests on an ongoing basis.

Figure 2 Mobile Data Collection

4.10 Data Analysis

4.10.1 Schools
The data for the School Survey was analysed and results presented separately for each province. In the absence of a baseline the intention was to compare key indicators for knowledge, attitudes and practice between treatment and control schools.

Knowledge questions were mostly about definitions of violence against women (VAW) and where to get help in the case of VAWC. Attitude was measured through a long list of Likert-type
items (agree/disagree) on gender equality and gender roles. Given the age of respondents and the topic of the survey, only a few questions on practice were included, mostly whether the respondents would help and why they would not help if they witnessed some form of VAWC. Indices were usually constructed using the mean values of relevant Likert-type questions and used for mean comparisons. Cross-tabulations of key variables were also used for treatment/control comparisons.

Demographic questions were used for descriptive data analysis illustrating the composition of the sample in each province.

Where appropriate the data was weighted by gender, or the results presented separately for each gender, because of the significant difference in attitudes between male and female respondents.

4.10.2 Target Groups

The analysis of the data for the Target Group Survey focused on the differences in knowledge and attitudes as well as effectiveness between organisations. Practice was also measured in the form of a series of questions about the respondent’s behaviour in their own relationships and towards their children, but no meaningful comparison could be done due to the small sample size and the gender differences found in the results.

Due to the lack of a baseline study and the fundamental differences between the different target groups (for example traditional leaders compared youth reporters) any differences reported in the results must be treated carefully and need to be contextualized.

All data analysis was done in Stata, a statistical software package.

4.11 Report writing, quality assurance and feedback workshops

4.11.1 First draft evaluation report and quality assessments

The draft evaluation report was submitted to the members of the Programme Implementation Unit (PIU) who reviewed the report and provided feedback. It was also reviewed by a gender expert.

4.11.2 Second draft evaluation report

Comments from the PIU were integrated into the report and then the second draft evaluation report was submitted to the two structures for quality assessment, namely the DFID Evaluation Department for final Quality Assurance, and the UNICEF Global Evaluation Report Oversight System.

The second draft was also distributed to all the IPs for their comment and input prior to the evaluation feedback and recommendations workshops.
4.11.3 Feedback and recommendations workshops
A series of three participatory workshops were held with national and provincial stakeholders. The main purpose of these workshops was to ensure that key stakeholders were given the opportunity to unpack and comment on the results of the evaluation and to discuss and finalise the lessons learnt and recommendations for inclusion in the report.

The national workshop was attended by DFID, members of the PIU (UNICEF, UNFPA, SCSA), IPs and government departments.

The workshop in the Free State was hosted by the Free State PIU (Free State Office of the Premier) and was well attended by DFID, provincial IPs, UNICEF, UNFPA and provincial and district government officials.

In the Eastern Cape the workshop was hosted by the Eastern Cape Programme Coordination Forum and was well attended by provincial and district government officials, IPs, CBOs and traditional leaders.

4.11.4 Final report
A final report was produced integrating the comments received during the three workshops and recommendations made by the two quality assurance processes.

4.12 Production of user-friendly technical report
In order to facilitate communication and dissemination of the evaluation findings the evaluation team has prepared a user-friendly technical report.

4.13 Limitations
Limitations of the quantitative surveys is contained in Annexure 1 of this report.

4.14 Ethical considerations
The evaluation team recognised that special considerations had to be made for interviewing women and children who may be survivors of violence. It is important to remember that most survivors are silent about their violence experiences for well-founded reasons. Asking about these experiences presented serious risks and a need for additional protection. Therefore the team was cognisant that all information collection must not be harmful or result in harmful consequences. The following ‘do no harm’ principles thus guided the way in which this evaluation was undertaken:70

- All beneficiary participants gave informed consent before participating in the data gathering activity.
- All participants were fully informed of the evaluation process and were knowledgeable

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70 WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence
of their right to participate or withdraw from the evaluation at any point.

- The objectives of the evaluation were made clear and properly understood so as not to create unrealistic expectations among participants or in the community.
- The confidentiality of information collected has been maintained at all times.
- Facilitators and fieldworkers were equipped with the right skills and background (for example language and experience) to facilitate workshops with community members and minors. Furthermore, SCSA’s module on conducting research with children was incorporated into the training of fieldworkers prior to conducting fieldwork.
- The evaluation process was empowering for participants (for example, questions were asked in a way that was pitched at the right level, interviewers were appreciative of information provided by participants, participants benefitted from reflecting on the program and/or their lives).
- Referrals for backup counselling support were made available by the fieldworkers and offered to all beneficiaries who required further support after the interviews and focus groups. Procedures for making confidential referrals for follow up care and support of participants were made clear (with participant consent).

4.15 Report structure
The findings of the evaluation, together with lessons learnt are presented in the sections that follow:

- Section 5 presents findings for programme design.
- Sections 6 to 9 present the findings for each of the four programme outputs in relation to efficiency, effectiveness and outcomes. These findings are presented according to each output indicator followed by the presentation of emerging outcomes for the output.
- Section 10 presents findings around programme coordination and M&E.
- Section 11 presents the findings on the predetermined outcomes and impact.
- Section 12 presents findings for the efficiency analysis.
- Section 13 presents findings on sustainability.
- Section 14 and 15 presents conclusion and recommendations.

5 Presentation of findings for programme design

5.1 Key design features and programme theory of change
The Safer South Africa programme is designed to strengthen prevention mechanisms to reduce VAWC. To achieve this, the theory of change (TOC) identifies six main causal pathways of change:  

Individual empowerment: This pathway operates through individuals who might be vulnerable to violence, in particular children and women, being given the knowledge, skills and power to protect themselves from threats or acts of violence and also to understand and realise their rights. It also operates through those who might be violators, understanding and accepting that violence is not an appropriate response. This also includes individuals who might not be victims nor perpetrators; they play a crucial role in preventing violence, supporting victims, the reintegration of perpetrators etc. The pathway operates by giving them knowledge on their rights and how rights can be claimed by mobilizing them to become agents of change in their community etc.

Social determinants and norms: This pathway operates through individuals and communities abandoning views of the world (or their society) that encourage and accept violence and the derogatory treatment of women and children as “normal” and acceptable and challenging gender biases in attitudes, gender roles and power relations.

Social networks: This pathway operates through individuals coming together to support each other; having “safe places” or persons to refer to in cases of emergencies or threats of danger. Social networks are critical to claim rights, advocate and mobilise, not only responding to violence and victims but especially on prevention as that is the key objective of the programme.

Safe communities: This pathway operates through local government, traditional leaders, organisations and communities finding ways to decrease the potential for violence in communities and working together in making communities safe.

Service provision: This pathway operates through essential services, which assist in the prevention of or response to violence in communities, being made available. This further includes individuals and/or communities understanding and being able to identify the services available to them in their communities 72.

Legislative credibility: This pathway operates through the establishment of and advocacy for legislation which deters violence and ensures the conviction of perpetrators. It also operates through individuals, including perpetrators, understanding their rights and responsibilities under the law and having knowledge of the consequences to contravention to the law.

The thinking behind the TOC is that, if these pathways of change are fulfilled, prevention mechanisms to reduce violence against children (VAC) and violence against women (VAW) will be strengthened (outcome) and this will contribute to improved security and justice for women, boys and girls in South Africa (impact). However, a question has been raised here as to whether

72 During the annual reviews it was highlighted that coordination between partners and government departments need to be strengthened to ensure effective service delivery to victims and perpetrators. Partners responded to this recommendation by trying to support this, especially in the final year of the programme.
the assumptions were robust enough and realistic about how these pathways of change would be fulfilled (and the risks of them not being fulfilled) and how the six pathways intersect to be effective.

An assessment of the programme’s activities planned to address individual empowerment and social determinants and norms were sufficient to fulfil this pathway of change. However, those activities planned for strengthening social networks, safe communities and service provision were insufficient to fulfil these pathways of change. For example, the activities planned under Output 2 and Output 3 aimed at strengthening service provision and building safer communities were limited and there was also insufficient focus on the level of the family which is explored in the section below. Furthermore, the budget was not invested proportionately to the assumptions in the TOC across the pathways of change. For example, too much budget was allocated towards national level activities and not enough towards local and provincial level activities.

With regards to the legislative credibility pathway, although there were activities planned to strengthen the legislative environment around GBV, there are no activities in the programme targeting potential perpetrators or general advocacy initiatives as stated in this pathway of change.

The underlying assumption in the TOC is that the four programme outputs will lead to strengthened prevention mechanisms to reduce VAC and VAW. However, the assumption that this will lead to the overall programme impact of “improved security and justice for women, boys and girls in South Africa” seems to be overly ambitious as the response ‘arm’ of the programme was limited. Furthermore, the programme was only implemented in two provinces (Eastern Cape and Free State) and thus could not achieve the overall impact of improving security and justice for women, boys and girls throughout South Africa. A more detailed analysis of the programme logframe is provided in section 10.3.1 of the report.

5.2 Strengths and weakness of programme design

The programme was designed in a participatory way which is a strength. All eight departments were consulted by UNICEF, UNFPA and SCSA to develop the work plans and allocate budgets. However, it was noted that signing work plans with government does not necessarily secure buy-in particularly if officials lack clarity about what is expected of them in terms of time and work commitment.

A key strength of the programme design is that it is a joint programme between UNFPA, which specialises the women and youth sectors, and UNICEF, together with SCSA, which specialises in the children’s sector. Furthermore, all three agencies have experience in working in other countries and have the technical expertise required to implement a multi-sectoral programme of this nature.
Another strength of the programme design is that it has a multi-level approach. Although the programme was not designed using the ecological systems approach, it is a good model for analysing the multiple levels of intervention required to address GBV. This is because no single factor is likely to predispose women and children to GBV as the levels interact with one another. The programme’s six causal pathways of change mentioned above and the levels of the ecological system which they target are mapped out in the diagram below.

**Figure 3 Pathways of change at the levels of the system**

The four outputs of the programme logframe mirror the pathways of change at the different levels of the ecological system. Output 1 activities focus on national level; Outputs 2 and 3 focus on individual and community level; and Output 4 activities are cross-cutting across all levels.

The programme also addresses gaps in data collection and the evidence base, which is a design strength aimed at maximising impact and sustainability. However, a weakness in programme design is that no baseline study was done at the outset which would have provided an indication of the situation prior to the intervention; allowed for setting realistic targets; and allowed for the measurement of change from when the programme started.
A frequently mentioned critique of the programme design is that the focus of interventions have been primarily on national policy level (upstream) and local community level (downstream) with limited intervention to strengthen systems at provincial level (midstream).

Although the TOC narrative emphasises the need to address the root causes of GBV in different spheres – individual, family, community and national – the pathways of change do not include families at the meso level and this has been identified as a gap in the programme design. This is reflected in the following quote:

“The assumption is that violence is prevented by mobilising communities but violence prevention is much more complicated such as focusing on families, home visiting, conflict resolution etcetera. Work with families would have been important.” (Implementing donor)

The main modes of intervention adopted for the programme for Output 2 and Output 3 are community mobilisation and awareness-raising strategies at community and school level; and training interventions were adopted at all levels. However, it could be argued that VAWC is multi-dimensional in nature and requires a range of approaches and activities at each level which should be integrated and collectively impact on the complex factors which contribute to GBV.73

Although the ‘service provision’ pathway of change includes essential prevention and response services at community level, in reality the main focus of the programme activities is on primary prevention initiatives – preventing violence before it happens. This highlights a failure of the programme to properly consider how intertwined prevention and response are with an assumption being that, if awareness is raised and there is an increase in reporting, support services will be available. However, even though some of the programme activities were aimed at improving referral mechanisms, access and quality of response services remains poor:

“It doesn’t help to sensitise the community and tell them what to do and they go to the clinic and the staff does not have the capacity to help them. Also the nearest police station – to ensure they have dedicated people to deal with survivors of GBV. This is the whole chain – we were just making people aware but there needs to be response too.” (Implementing partner)

A gap identified here is that, although the programme takes a multi-sectoral approach, not enough emphasis was placed on consultation with the existing networks of organisations which have expertise in dealing with violence against women, for example the Shukumisa campaign (www.shukumisa.org.za).74 These organisations play a central role in the development of policy

74 The Shukumisa Campaign is made up of approximately 47 organisations who are, in turn, linked to many other smaller, community-based organisations.
and programmes addressing VAW and could have provided the expertise required to deal with actual instances of VAW.

A further weakness in design is that the timeframe of three years was not sufficient in which to achieve the programme milestones and targets. The amount of time which was needed to build government buy-in and support was underestimated with the first year being spent building the capacity and setting up the NCGBV. However, when the department was reconfigured, the programme became delayed and was running out of time with pressure to implement activities.

“There was not enough time for implementation and to monitor progress – organising at community level is not easy. The IPs [implementing partners] needed more time to engage communities and the political gatekeepers”, (Provincial government official)

This resulted in limited time for implementation on the ground despite the six month no-cost extension agreed by DFID. Almost all respondents describe the programme as being ‘overly ambitious’ in terms of what it wanted to achieve in such a short space of time, particularly since the focus was on changing norms and attitudes around GBV which in itself is a long term result requiring a generous amount of time to achieve.

Although on paper the four programme outputs were meant to work together as an integrated whole, this was not fully operationalised when the programme was implemented. Two main reasons were cited for this. Firstly, the focus for Output 1 was to build an enabling environment at national policy level; however, the restructuring of the Department for Women, Children and People with Disabilities (DWCPD) meant that there was no department to take the lead and guide the financing, legal mandates and institutional arrangements required for coordinating violence prevention at national, provincial and local level. This is a development that was unforeseen when the Safer South Africa programme was conceptualised and started, and proved to have significant implications for implementation.

Secondly, the various studies that were meant to inform programme implementation were also delayed. Therefore, the plan for Output 4 to generate knowledge and evidence to support implementation of Output 2 and 3 and influence policy at Output 1 was not operationalised. This is a weakness of the programme with many respondents indicating that the programme was not evidence-based. It was further noted that the outputs were treated as separate results and the linkages and synergies between them were not factored into the design and therefore integration was limited during implementation.

The social-ecological system

The public health approach to violence prevention locates the individual child within the broader social-ecological system, and recognises that violence is not the result of a single factor, but rather the outcome of a complex interplay of individual, relationship, community, and societal factors. Prevention efforts then focus on evidence-based interventions that decrease risk factors and strengthen protective factors at each level of the system.

South African Child Gauge 2014, Children’s Institute, University of Cape Town
Despite the overall challenges with coherence across the four programme outputs, linkages between Outputs 2 and 3 have been slightly better. In general Sonke, loveLife, NICDAM, CRF and SCSA tried to make linkages between school-based and community-based interventions; for example, exploring ways for how CATs could support school activities and how school safety plans could be included in local action plans; or training of Children’s Committee members by CRF. Integration in Free State was generally stronger than Eastern Cape because IPs were working in many of the same communities and because the provincial coordination structure (discussed further in Section 10) was more effective. However, the linkages were mostly ad hoc and partners generally found it difficult to coordinate their work on the ground, particularly because they were targeting very different groups and there was no joint planning from the outset. TLAC, MiET Africa, CJCP, SPF and Childline all reported that they did not link up with other partners.

In the last phase of the programme NICDAM has been brought on board to take the lead in coordinating activities. Joint monthly work plans and bi-monthly meetings with partners are being held to ensure stronger linkages between school- and community-based interventions.

5.3 Concluding summary

The Safer South Africa programme is designed to strengthen prevention mechanisms to reduce VAWC. To achieve this, the TOC identifies six main causal pathways of change: individual empowerment, social determinants and norms, social networks, safe communities, service provision and legislative credibility. An assessment of programme activities reveals that they were sufficient to fulfil the pathways of change for individual empowerment and social determinants and norms. However, there were insufficient activities to fully achieve change around social networks, safe communities, service provision and legislative credibility.

A strength of the programme design is that it has a multi-level and multi-sectoral approach and it is a joint programme between UNFPA, UNICEF and SCSA, each with its unique area of expertise and experience.

While activities have focused on national and local level the limited focus on provincial level (midstream) is a design flaw. Other weaknesses include: the over-emphasis on awareness and community mobilisation strategies; the limited emphasis on improving access to response services and the lack of resources allocated to this area; and the insufficient time allocated to achieve results. While an assumption was made that the four programme outputs would work together as an integrated whole, this was not operationalised due to a number of factors including the fact that the four outputs were treated as separate results; the lack of a specific coordination mechanism in place to facilitate overall programme integration (discussed further in Section 10 of this report); the limited timeframe of the programme for achieving results; and the fact that certain interventions such as the various research studies should have ideally been

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carried out during the first year. The result is that Output 4 did not provide the evidence base in time to inform implementation of the other outputs; and Output 1 made a limited contribution towards creating the enabling environment to support implementation of Output 2 and 3 activities.

5.4 Lessons learnt

- The programme design needs to include an initial preparatory phase to allow sufficient time for building government buy-in and to generate evidence to inform programme interventions.
- In order to set realistic targets a baseline study should be carried out. This will enable the measurement of change from when the programme started.
- Working with a range of IPs, each with its own prevention approach can strengthen implementation and facilitate up-scaling and reach.
- An effective violence prevention programme should adopt a range of intervention approaches targeting all levels of the ecological system including macro, meso and micro levels.
- Interventions targeting the family are particularly important for inclusion in prevention interventions as family is the most influential socialising environment for children to learn values and norms and what is expected in society.76
- Prevention programmes should include a component that focuses on strengthening the response to VAC and VAW in order to deal with the increase in reporting and increased demand for services.
- Strengthening systems at the provincial level (midstream) should be included as a component in the programme design as provinces are responsible for implementation of national strategies and programmes. It should include building the capacity of provincial government officials to plan, monitor and evaluate violence prevention programmes.

6 Presentation of findings for Output 1

Output 1: Strengthened National State Institutions and Strategies to Prevent Violence against Women and Children

6.1 Efficiency

6.1.1 Sufficiency of resource allocation

It was mentioned that Output 1 received sufficient budget. This output has more than doubled in cost (from, approximately, R4,800,000 to R10,280,000) with significant changes to the scope of work, especially in relation to activities supporting the DWCPD following a high-level government request to DFID for additional start-up capacity support to the NCGBV. Some DFID funds have been shifted from Outputs 2 and 3 and from the technical assistance line of the programme (14% reduction) to meet these costs, with some additional funds sourced by UN

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76 Matthews S, Jamieson L, Lake L and Smith C (2014) "South African Child Gauge", Children’s Institute, University of Cape Town
partners to cover community-based activities under the wider programme, as per the original design.

Funding related to indicator 1.1 (NCGBV functioning and essential human resources capacity for the effective operation of the NCGBV in place), indicator 1.3 (Evidence-based national framework for advocacy and social mobilisation for social behaviour change for VAWC prevention under implementation) and indicator 1.5 (Violence against women and children including gender-based violence prevention-related legislative and policy frameworks developed or reviewed and amended) seemed to have been sufficient for the initial phase. Due to the discontinuance of the NCGBV a range of these activities were not implemented as anticipated or were taken over by IMC (see below) which affected the cost effectiveness.

Funding for the strategy development envisaged in indicator 1.2 (Comprehensive national GBV prevention strategy developed and under implementation) was insufficient at only R600,000 but the HSRC managed to request more to cover an additional province. It was felt that the secretariat in the NCGBV was too under-staffed to support this exercise.

Activities related to Indicator 1.4 (Sexual offence cases reported at Thuthuzela Care Centres [TCCs] and processed through the Sexual Offences Courts [SOCs]) appeared to have been cost effective. Safer South Africa supported the DOJCD in developing the implementation plan for the rollout of the SOCs and the final construction of a TCC in the Eastern Cape. Approximately R1,240,000 was spent and it appears that these activities have good impact. The result of the formulation of the National Strategic Plan is that to date, a total of 33 SOCs have been established and are operational.

6.1.2 Timeous implementation or delays
The Safer South Africa work plan was signed off late which caused a delay in activities implemented for this output. The planned start-up phase of Output 1 was unrealistic as these national activities took too long to implement.

6.2 Effectiveness

6.2.1 Output indicator 1.1: NCGBV functioning and essential human resources capacity for the effective operation of the NCGBV in place
Milestones
- Four NCGBV meetings per year. Organisational Capacity Needs Assessment for the Council completed, and strengthened capacity and coordination under implementation (2014).
- NCGBV fully functioning. Strengthened human resources capacity of the NCGBV and identified capacity gaps addressed (2015).

Table 2 Output indicator 1.1 planned versus actual activities
**Planned activities**

<table>
<thead>
<tr>
<th>Strengthen human resource and organisational capacity for effective coordination and leadership roles of the NCGBV through:</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Appointment of a CEO and an Administrator, and provision of coordination costs for 12 months (01 July 2013 – 30 June 2014)</td>
<td>A CEO was appointed in November 2013. A job description was drafted for the CEO and a guideline/ Terms of Reference (TOR) was produced for the NCGBV and its secretariat which was hosted at the DWCPD. Council members also established task teams in line with the pillar approach of the 365 Days National Action Plan (NAP) to End GBV. Three meetings were held in 2013-2014. Due to the discontinuation of the DWCPD in May 2014, the NCGBV was temporarily suspended and activities for its strengthening were put on hold. The CEO of the NCGBV resigned.</td>
</tr>
<tr>
<td>a) Support the delivery of the NCGBV through organisational capacity development under the guidance of the CEO.</td>
<td>Revisions to the 24-month work plan with DWCPD took place and it was signed in July 2013. A service provider was selected for the organisational capacity needs assessment, but this activity was put on hold by the new minister of the Department of Women (DOW).</td>
</tr>
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</table>

**Narrative report**

The NCGBV was launched on the 10th December 2012 by South Africa’s (now former) Deputy President, Kgalema Motlanthe at the closing event for the 16 Days of Activism for No Violence against Women and Children Campaign. The minister of the (then) DWCPD indicated in the launch, that the NCGBV was established in response to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) General Recommendation No. 19, which calls upon member states to put strategies in place to address GBV. The NCGBV was modelled on that of the South African National AIDS Council (SANAC), which consists of various government departments and civil society organisations. The NCGBV consisted of national and provincial government departments, CSOs, NGOs, faith-based organisations, traditional leadership structures, government agencies and trade unions.

The intention with the NCGBV was to be a national multi-sectoral strategic mechanism that seeks to strengthen and coordinate national efforts by multiple stakeholder institutions,
including monitoring the implementation of all national programmes to deal effectively with GBV.

“The council was supposed to give swift responses to some of the needs which government wants to address.” (Government official)

The first meeting of the NCGBV took place in February 2013. Council members were tasked with developing a TOR for the work of the Council and establishing task teams in line with the pillar approach of the 365 Days National Action Plan to End GBV, namely prevention; response; support; children and other vulnerable groups; and coordination. With the assistance of the UNFPA and UNICEF a job description was drafted and a CEO was appointed in November 2013. A secretariat was set up in the DWCPD to support the NCGBV. Significant revisions to the 24-month work plan with the DWCPD took place between November 2012 and June 2013, with delayed signing in July 2013.

A service provider was selected for the organisational capacity needs assessment, but this activity was put on hold when there was a change in leadership at the DOW.

Besides establishing itself, the Council also carried out programme activities:

Firstly, in preparation for the production of a new 365 Days NAP, the Council undertook to review the old one and appointed a service provider. This National Action Plan of the 365 Days of Action to End Violence against Women which had expired was coordinated through the Inter-Departmental Management Team (IDMT) led by the NPA’s Sexual Offence and Community Affairs (SOCA) Unit.

Secondly, the Council conceptualised the idea of the Vikela Mzanzi Campaign with the intention to roll it out to communities across the country. This campaign aimed to bring together “an association of civil society organisations, government donors, business, faith-based organisations and youth representatives united to build and steer a national movement for the protection and safety of children, women, lesbians, gays, bi-sexual, transgender, intersex (LGBTI) and people with disabilities”. This campaign was also going to be used to promote and publicise the NCGBV to the South African public. Despite, the establishment of a steering committee for the campaign and having the Minister of DWCPD as the chief patron, the campaign was never launched by the NCGBV.

“The Council identified a mass mobilisation campaign, named the Vikela Mzanzi Campaign. The aim was two-fold: To profile the council to the public and to provide a speedy response and reaction to rape cases, for example. We wanted a proactive approach. We wanted to

learn from the HIV/AIDS sector around social mobilisation campaigns. The campaign was never launched due to the political changes.” (Implementing donor)

Thirdly, the council also commenced the process of developing the National GBV Prevention Strategy, by contracting the HSRC to draft it. The HSRC managed to complete the first phase (literature review) before the process was halted following changes at the DOW (see section on the strategy below).

From February 2013 to May 2014, the NCGBV held three meetings. Due to the restructuring of the DWCPD in May 2014, the NCGBV was temporarily suspended and activities for its strengthening were put on hold. The CEO of the NCGBV subsequently resigned in the end of May 2014.

Strengths and weaknesses of NCGBV

The appointment and choice of CEO was considered a strength of the NCGBV and she managed to start and implement a range of activities and provide strategic direction.

“The CEO was appointed at deputy director level for a year. She really pushed and hit the ground running. She was full of energy and good at networking and soliciting funding.” (Government official)

Furthermore the minister of the DWCPD was committed to and supportive of the NCGBV and the Council did originally have the commitment of the various ministers.

Some of the challenges mentioned regarding the NCGBV revolve around funding for the NCGBV, choice of host department, attendance of council meetings and relationship between the IMC and the NCGBV.

It appears that there was some misunderstanding regarding a letter that was sent from the British Minister of Development to the South African Minister of DWCPD as to the amount allocated to DWCPD for this programme. There was an expectation that there would be 4 million pounds available for DWCPD for the programme and there was disappointment when it became clear there was only a much smaller amount allocated to the department for leading the NCGBV. Furthermore, while Treasury was supplying funding to SANAC via the DSD, nothing was allocated from government to NCGBV via the DWCPD. It was felt that the high expectations of the deliverables by the Council did not match the funding.

Lack of buy-in to the NCGBV council by the other departments was demonstrated through the representation in Council meetings. Although it was stipulated that Council members should be at director level or above, there was often representation of more junior people. Furthermore, there was inconsistency in attendance.

With the conceptualisation of the NCGBV it was raised that there was no clarity on how it was fitting with the national gender machinery and particularly with the Commission for Gender Equality (CGE).
It was raised that to host this new structure in a new ministry was challenging as the department was still setting up its operational and management systems. The NCGBV needed strong political support. When the DWCPD was restructured the NCGBV had no anchor as the new Minister of the DOW did not buy in to the concept. Although the NCGBV was modelled around SANAC it lacked the similar activism by NGOs as SANAC.

Finally, another challenge to the functionality of the council was the high turnover of senior management in the DWCPD and DOW.

**Relationship between the IMC and NCGBV**

Following some gruesome GBV cases with substantial media coverage like the Anene Booysen case⁷⁹, the IMC was constituted by the Cabinet in 2012 and announced by President Jacob Zuma. The IMC is led by the DSD and is constituted by the DBE, the DOJCD, Department of Health (DOH), SAPS, Department of Home Affairs (DOHA), the National Prosecuting Authority (NPA), Statistics South Africa (StatsSA), the former DWCPD and the Department of Planning, Monitoring and Evaluation (DPME).

The main purposes of the IMC are to strengthen multi-sectoral coordination mechanisms for the planning, implementation and monitoring of the VAWC prevention and response programme; generate new knowledge to support the development of evidence-based strategies to end VAWC; and carry out institutional analysis to identify bottlenecks. It was however not clear whether the mandate was of an interim nature, namely to look in to the root causes of violence against children (VAC) and violence against women (VAW) in the country, or whether it was of a more permanent structure.

“While we were busy developing a five-year strategy to fight GBV, the IMC was launched. The IMC’s role was to look at root causes of GBV and they extended it to include the development of an action plan. We felt it was competition. We felt that once the IMC had done the root causes study they should hand over to the Council.” (Government official)

The Safer South Africa programme provides technical assistance to the IMC and particularly its technical task team which was to investigate and address root causes of VAC and VAW. Since its existence the IMC has produced a Programme of Action (POA) 2013 to 2018 to Prevent and Respond to VAWC, which was endorsed by Cabinet in September 2013 (see outcome section 11.2.1 below), and coordinated a number of critical actions to accelerate the VAWC agenda, including: a draft monitoring and evaluation (M&E) framework to monitor progress in the implementation of the POA; a Communication Guideline to facilitate the planning and implementation of government programmes to prevent VAC and VAW; a Diagnostic Review (see section 11.2.2 below); and a study to investigate the structural determinants and root causes of

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⁷⁹ Anene Booysen was found at a housing construction site in Bredasdorp on February 2013 where she had been gang raped and disembowelled. She died subsequently in hospital of her injuries. This case made international news and put pressure on the South African government to address GBV prevention.
VAC and VAW (see section 9.3.1 below). All these interventions are supported by the Safer South Africa Programme.

The Safer South Africa Programme supported both the IMC and the NCGBV structures. This reflects the contradiction in South Africa in tackling VAC and VAW and the lack of conceptual clarity between GBV and VAC and VAW in the creation of dual structures and duplication. Particularly within the DWCPD it was felt that the IMC should have been hosted by DWCPD and not by DSD.

The establishment of the IMC created tensions between the IMC and the NCGBV. Although some of the task team members of the IMC were also part of the Council, there was insufficient cooperation between the two structures. The roles between the two structures were never clarified and the leadership was stronger by the IMC.

“The IMC was better equipped to lead than NCGBV due to DSD providing better leadership. The problem is that the CSOs [civil society organisations] were not involved in the IMC.” (Implementing donor).

Furthermore, there is a direct reporting line from the technical task team of the IMC to ministerial level and hence this structure has more clout. An advantage is that UNICEF provides an integral support role of the technical task team of the IMC.

“I felt there was more support for the IMC than the council.” (Government official).

6.2.2 Output indicator 1.2: Comprehensive National GBV Prevention Strategy developed and under implementation

Milestones

- Review and consolidation of analysis of 365 Days NAP completed (2013);
- National GBV Prevention Strategy and National Strategic Plan (NSP) for the Council completed through a wide consultation process (2014);
- Prevention Strategy and NSP developed and under implementation (2015).

Table 3 Output indicator 1.2 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen and popularise the government-wide National Strategic Plan to end VAWC through: a) Reviewing the Pillars of the 365 Days NAP and costing of the POA, and including</td>
<td>The IDMT’s 365 Days NAP was reviewed. A national GBV summit was held in November 2012, under the leadership of the DWCPD and with support from UNFPA and UNICEF.</td>
</tr>
</tbody>
</table>
### Narrative report

These activities were led by the former Minister of DWCPD through the NCGBV. One of the rationales for having a strategy is that it ensures buy-in and coordination from the government.

A national GBV summit was held in November 2012, under the leadership of the DWCPD and with support from UNFPA and UNICEF. The theme of the conference was ‘Elimination of Violence against Women and Children’. Even though the summit did not finalise the review of

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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<tbody>
<tr>
<td>a)</td>
<td>Develop the GBV Prevention and a Rapid Response Strategy with an Action Plan on prevention of VAWC.</td>
</tr>
<tr>
<td>b)</td>
<td>HSRC was appointed as a service provider to develop the strategy. They completed the literature review (phase 1) before further work on the strategy was halted due to the discontinuation of the NCGBV and restructuring of the DWCPD.</td>
</tr>
<tr>
<td>c)</td>
<td>Support extensive consultations on the National Strategic Plan as well as popularisation of the National Strategic Plan to end VAWC (2014-2018). Due to the political changes mentioned above, phase 2 of the strategy development was halted.</td>
</tr>
<tr>
<td>d)</td>
<td>Support the development of an Integrated Framework for Safer Communities for Women and Children (Localising GBV prevention programmes). Due to the political changes mentioned above, phase 3 of the strategy development was halted.</td>
</tr>
</tbody>
</table>
the 365 Days NAP there were recommendations made from various commissions (including the CGE) that focused on the pillars in the IDMT’s NAP80.

In preparation for the production of a new 365 Days NAP, the NCGBV undertook to review the old NAP coordinated by IDMT and therefore appointed a service provider. The review report on NAP81 found that GBV was insufficiently funded by the government and there were some challenges regarding the central coordination. It recommended a paradigm shift in the strategy from dealing with symptoms of GBV to tackling the root causes. Likewise, it acknowledged that while awareness creation through campaigns is effective, more sustained and mainstreamed programmes are needed82. A national consultation was organised by the Justice, Crime Prevention and Safety (JCPS) Cluster in order to validate the findings and recommendations and the NCGBV endorsed the review report. The recommendations were meant to inform the NSP for the NCGBV and the National GBV Prevention Strategy.

A TOR was developed by the NCGBV with the support from the UN agencies and endorsed by the CEO of the Council. HSRC was contracted as the service provider to develop the strategy, which consisted of three phases. The first phase was a literature review. The VAC and the VAW studies had just been completed and were feeding in to the literature review. The second phase consisted of focus group discussions to get input on the strategy from all levels, while the third phase was to come up with a strategic plan for DWCPD which was meant to have gone to parliament. The HSRC completed the literature review and was stopped in completing phases two and three due to the political changes.

**Strengths and weaknesses in developing the National GBV Prevention Strategy**

The conceptualisation of the strategy was undertaken by a steering committee in the NCGBV. It was mentioned that the planning of the development of the strategy was thorough and successfully led by the CEO of the NCGBV. However, there was a mismatch regarding what was envisaged and how the project played out; for example, it was raised by the service provider that if it was going to be on the prevention of GBV only then it should have been conceptualised differently. The strategy was conceptualised as a general GBV strategy and not a prevention of GBV strategy. The consultation envisaged in phase two was meant to be a focus group consultation with CSOs in the sector in five provinces to ensure that the strategy was going to meet the needs of the sector. Again the service provider felt that consultation should have commenced with interviews with relevant government officials, which was not part of the TOR, and that consultation should be expanded to six provinces. Finally, it was raised that the

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81 The review report draws on findings from similar studies conducted by Commission for Gender Equality, Gender Links and council for Scientific Research.
secretariat was too under-staffed to support this exercise and that funding was insufficient. The HSRC did request further funding to consult in six provinces. With the discontinuation of the NCGBV the strategy development process was halted with the completion of the literature review, and halfway through the planning for the consultation in the provinces. It appears that the CSOs with the support of the Joint Gender Fund have taken the initiative to explore whether the strategy development process could be re-started. However, such a strategy development process should be initiated and supported by the DOW.

6.2.3 **Output indicator 1.3: Evidence-based national framework for advocacy and social mobilisation for social behaviour change for VAWC prevention under implementation.**

**Milestones**

- National framework for advocacy and social mobilisation for social behaviour change for VAWC prevention developed through a consultative process with multiple stakeholders (2013);
- National framework for advocacy and social mobilisation for social behaviour change for VAWC prevention piloted (2014);
- National framework for advocacy and social mobilisation for social behaviour change for VAWC prevention under implementation (2015).

**Table 4 Output indicator 1.3 planned versus actual activities**

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the development of a national Communication and Media strategy on Prevention of GBV as well as an Implementation Plan; through:</td>
<td></td>
</tr>
<tr>
<td>a) Enhancing messages for national campaigns and outreach programmes through provision of culturally sensitive and user-friendly Information Education and Communication (IEC) materials</td>
<td>The Safer South Africa programme supported a commemoration event and an advocacy documentary. The C4D Guidelines – National Guideline for Social and Behaviour Change to Prevent Violence Against Women and Children were developed by a consultant in UNICEF under the leadership of DSD and approved by the IMC in 2014.</td>
</tr>
<tr>
<td>b) Supporting</td>
<td>With the discontinuation of the NCGBV and the restructuring of</td>
</tr>
<tr>
<td>Table 1: Activities Undertaken by the NCGBV and IMC</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td><strong>Status</strong></td>
</tr>
<tr>
<td>DWCPD’s strategic leadership role in other national and private sector media campaigns, for linkages promotion and increased media access for the NCAGBV.</td>
<td>DWCPD this activity has not been implemented.</td>
</tr>
<tr>
<td>Support the DWCPD in high-level advocacy initiatives on GBV prevention nationally through robust road-shows and an annual national GBV conference for South/South learning and accountability on internationally and regionally agreed outcomes.</td>
<td>With the discontinuation of the NCGBV and the reconfiguration of DWCPD this activity has not been implemented.</td>
</tr>
<tr>
<td>Support DSD to conduct a gap analysis of the communication approaches and identify suitable messages for behaviour change</td>
<td>In January 2015, the PIU convened an advocacy workshop with government authorities and all IPs with the view of identifying key common messages on violence prevention for dissemination during the remaining programme period. No gap analysis was conducted.</td>
</tr>
</tbody>
</table>

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These activities to develop the evidence-based national framework for advocacy and social mobilisation for social behaviour change for VAWC prevention were meant to have been implemented by the NCGBV. However, when the IMC started they also included similar activities, and due to the discontinuation of the NCGBV these activities were taken over by the IMC.

Initial campaign activities supported by Safer South Africa programme included a commemoration event and an advocacy documentary.

The Safer South Africa programme supported a national commemoration event on the International Day of the Girl Child on October 2012 with a press conference by the Deputy Minister of Economic Development. This was followed by a panel discussion involving youth, the Deputy Minister and UNFPA. The aim of the day was to engage young people on the theme of early marriage. In total 150 young people participated in the event.
UNFPA supported an advocacy documentary to profile the status of girls in rural Eastern Cape. Three themes were covered; namely harmful cultural practices, teenage pregnancy and lack of access to educational and health services. The aim was to use the documentary as a communication and advocacy tool to highlight the plight of girls in the country.

Draft ideas for the evidence-based national framework for advocacy and social mobilisation for social behaviour change for VAWC prevention were developed by the NCGBV. However the CEO struggled to get input from departmental communication specialists and therefore these activities were never implemented before the council came to a halt.

The C4D Guidelines – National Guideline for Social and Behaviour Change to Prevent Violence against Women and Children – were developed by a consultant in UNICEF under the leadership of DSD and approved by the IMC in 2014. The framework facilitates and guides the planning, implementation, monitoring and evaluation of communication interventions carried out in order to effectively trigger the necessary social and behaviour change communications to prevent VAWC in South Africa. It contains guided steps to be followed which include analysing and understanding the situation; focusing and designing the communication strategy; developing communication interventions and their pre-testing; implementing and monitoring the rollout; and evaluating and re-planning interventions\(^{83}\). However, no pilots could be undertaken as it was not a programmatic activity endorsed by the DOW and included in the work plan.

In addition, in January 2015 the PIU convened an advocacy workshop with government authorities and all IPs with the aim of identifying key common messages on violence prevention for dissemination during the remaining programme period. It is expected that this exercise will significantly contribute to bringing about coherence to the advocacy strategy implemented by the Safer South Africa programme. Furthermore, it will amplify the effectiveness of awareness raising interventions in order to promote a culture of respect and protection of women and children’s rights among the general public\(^{84}\). No gap analysis of communication approaches was however conducted.

**Strengths and weaknesses around developing evidence-based framework**

Although it is a strength that the IMC has approved the C4D Guidelines – National Guideline for Social and Behaviour Change to Prevent Violence against Women and Children, it was raised that these activities do not seem to be top priority for government. Furthermore, there is little consistency or strategic approach in campaigning on the prevention of GBV and campaigns are


\(^{84}\) A Safer South Africa for Women and Children, “Third Donor Report 31 May 2015, DFID-UK Aid, PBA SC/2012/0512”.


limited to certain dates like Child Protection Week with much visibility, and then there is nothing for the rest of the year.

It is uncertain to what extent this guideline is being implemented.

6.2.4 Output indicator 1.4: Sexual offence cases reported at TCCs and processed through the sexual offences courts (by percentage)

Milestones

- uMthatha TCC is completed and operational (2013).
- An implementation plan for the rollout of the SOCs is developed, reviewed and approved by the DOJCD (2014).
- An M&E plan for the rollout and operation of the SOCs and the Judicial processes in these courts is developed (2014).
- SOCs have a comprehensive implementation and M&E plan and at least 70% of cases reported at TCC are processed by the SOC (2015).

Table 5 Output indicator 1.4 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the development of a National Strategic Plan to ensure that the re-establishment and management of the SOCs is carried out in accordance to standards for victim-centred services.</td>
<td>With the support of UNICEF, the DOJCDDOJCD developed the National Strategic Plan for the Re-establishment of the Sexual Offences Courts, which contains clear provisions for child-friendly standards in criminal proceedings.</td>
</tr>
<tr>
<td>As part of the NSP, support the development of an M&amp;E plan for the SOCs.</td>
<td>An implementation plan for the SOCs was developed by the Institute for Child Witness Research and Training, and the rollout began. However the monitoring plan has been put on hold at the request of the DOJCD as they wanted to first put in place the necessary coordination processes to facilitate the identification of courts to be nominated SOCs</td>
</tr>
<tr>
<td>Support the completion of uMthatha TCC.</td>
<td>The building of the TCC was completed in May 2013 and it is fully operational, with adequate staff members. Despite the TCC being fully functional, the infrastructure still requires some limited improvement. During the remaining timeframe of the programme, the team will continue to work with the National Prosecuting Authority to ensure that this challenge will be</td>
</tr>
</tbody>
</table>
Narrative report

In the 2012/2013 budget speech, the Minister of Justice and Constitutional Development announced his intention to establish a multi-disciplinary task team to investigate the feasibility of re-introducing the SOCs and advise him on the appropriate action to take. The process of the establishment of the task team was initiated in June 2012, and it resulted in the formation of the Ministerial Advisory Task Team on Sexual Offences Courts (MATTSO). The main recommendation of the MATTSO was to reintroduce the SOCs.

Originally, the support for the re-establishment of SOCs was not part of the Safer South Africa programme but was added in 2014. The Safer South Africa programme has supported the re-establishment of the SOCs in a number of ways. Firstly, it supported the finalisation of the construction of the uMthatha – Sinawe TCC for GBV survivors in the Eastern Cape in May 2013. (A receipt of the completion certificate is awaited from the Department of Public Works). The TCC is a unique one-stop, integrated response to the burgeoning incidence of violent sexual acts against women and children in South Africa. It provides a higher conviction rate of perpetrators and a shorter turnaround time in courts through its prosecutor-led investigation and ultimately prevents secondary victimisation for the survivor through its basket of specialised services. The TCCs are located in crime hot spot areas and close to the re-established SOCs. There are a total of 51 TCCs in place with four additional ones pending. As a consequence of the contribution of the Safer South Africa programme, the TCC in uMthatha is fully operational with the required staff composition and operating costs are funded from government’s budget. By end of 2014, services were provided to in excess of 1,800 women and children annually.

Secondly, the need for improved access to justice, improved court performance and the desire to address the needs of vulnerable groups resulted in the DOJCD identifying the need for the re-establishment of specialist and dedicated sexual offences courts.

“By having a dedicated system with specialised people who know how to do cases properly, it will increase access to justice and survivors will be treated in a more human way, which should lead to better evidence and better conviction.” (Implementing partner).

During the time of the decrease in the number of SOCs, a study showed that nationally the conviction rate of TCC sexual offence cases had declined 85.

85 DOJCD (August 2012) “Investigation into the Re-Establishment Of Sexual Offences Courts” with Reference to a snapshot review of conviction rates at Baragwanath Thuthuzela Care Centre in the Gauteng Province conducted in 2009 by the SOCA Unit
The SOCs also contribute to the reduction of secondary victimisation since witnesses are provided with separate waiting rooms, intermediaries and CCTV facilities as well as certain victim support services. In addition, multi-disciplinary training has enhanced the skills of court personnel as well as other role-players. In this way these courts have contributed significantly to the efficient prosecution and adjudication of sexual offences. UNICEF supported the DOJCD with the formulation of the National Strategic Plan for the re-establishment of the SOCs which contains clear provisions for child-friendly standards in criminal proceedings. To date, a total of 33 SOCs are operational and an additional 22 will be established by 2017.

Thirdly, UNICEF also supported the DOJCD and the Justice College in conducting an assessment of training courses and modules that are currently conducted for intermediaries and made recommendations for improvement. An outline for the training course for intermediaries at introductory and advanced level has been developed by the Institute for Child Witness Research and Training. However, this is not funded by DFID.

**Strengths and weaknesses in developing implementation plan**

South Africa is leading in the field of SOCs and TCCs, both in terms of legislation and infrastructure. The support for TCCs and the rollout of the SOCs could strictly speaking be considered as a response to GBV rather than a prevention mechanism. On the other hand it can be argued that one cannot stimulate people to report cases if there is insufficient or low level of quality services for them when they report. In the beginning of 2015, it was decided to exclusively focus on prevention activities, and Safer South Africa discontinued further support for SOCs.

A strength of the support of the SOCs and the TCCs is that there is government buy-in and ownership and government is already implementing these activities; it is a top priority for the DOJCD. Also, the service provider (the Institute for Child Witness Research and Training) already had an institutional history with the DOJCD as they had developed the SOC model. It was however raised that one of the challenges was that it took a long time for the DOJCD to review the draft implementation plan produced by the Institute for Child Witness Research and Training. Furthermore, it appears that these predominately response activities are not coordinated with the community-based prevention activities, losing the opportunity to build the prevention-response continuum. It should be noted that there was no funding allocated to carry out awareness raising activities on the existence of the Sexual Offences Courts.

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86 DOJCD (August 2012) “Investigation into the Re-Establishment Of Sexual Offences Courts”.

87 This is a competent person appointed by the court in cases where a witness is below the age of 18 and would be exposed to undue mental stress or suffering if he or she testifies in court. In this way the witness give evidence through the Intermediary.
With a minimal financial investment (less than R1,200,000), the Safer South Africa programme contributed to the re-establishment of the SOCs through the development of the implementation plan and the facilitation of the establishment of 33 courts. This is a government plan and government has the financial and human resources to continue the rollout.

Another achievement is that the uMthatha – Sinawe TCC has recently won an award for the manner in which they deal with cases and the speed at which the prosecution is done.

Finally, although it was not possible to access any statistics at the time of writing, it was claimed by the involved respondents that all TCC cases reported are going to the SOCs (at the location where the SOCs are established).

6.2.5 Output indicator 1.5: VAWC (including GBV)-prevention related legislative and policy frameworks developed or reviewed and amended (by number and type)

**Milestones**

- National Gender Equality and Equity in Basic Education drafted (2013).

**Table 6 Output indicator 1.5 planned versus actual activities**

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>As there was nothing in the 24-month work plan related</td>
<td>The Framework for the Development of a National Policy on Gender Equity in Basic education was developed in March 2014 by HSRC, UNICEF and DBE.</td>
</tr>
<tr>
<td>to this indicator, only milestones are addressed.</td>
<td>As part of the Social Cohesion Policy implementation, the Social Cohesion Toolkit was revised in 2014.</td>
</tr>
<tr>
<td></td>
<td>The National Strategic Plan for the re-establishment of the SOCs was endorsed by the DOJCD</td>
</tr>
<tr>
<td></td>
<td>UNICEF supported the third amendment of the Children’s Act No. 38 of 2005, which was completed and submitted to Parliament in 2014.</td>
</tr>
<tr>
<td></td>
<td>UNICEF also supported the DOJCD in modifying the Sexual</td>
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</tbody>
</table>
Narrative report

The Framework for the Development of a National Policy on Gender Equity in Basic Education was developed in March 2014 by HSRC, UNICEF and DBE. As part of the Social Cohesion policy implementation, the Social Cohesion Toolkit was revised in 2014. For more details see below in the presentation of findings for indicator 2.1

UNICEF supported the DOJCD with the formulation of the National Strategic Plan for the re-establishment of the SOCs, which contains clear provisions for child-friendly standards in criminal proceedings. For more details see above in the previous section.

UNICEF, in collaboration with the Centre for Child Law at the University of Pretoria as well as the DSD, provided inputs to the second and third amendments of the Children’s Act No. 38 of 2005 to further protect children’s rights through new provisions, such as; (i) to extend children’s courts jurisdictions to hear applications for guardianship; (ii) align the Act with the Sexual Offences Act; (iii) prohibit corporal punishment in the home; and (iv) ensure equity in the application of the Act in relation to foreign children regardless of their legal status. These amendments were completed and submitted to Parliament in 2014.

UNICEF also supported the DOJCD in modifying the Sexual Offences Act to be inclusive of the re-established SOCs. In 2016, regulations will be amended to include specific standards for the establishment and functioning of the Courts.

Strengths and challenges in the development or review of legislation or policy frameworks

One of the strengths is that the Sexual Offences Act has been internationally recognised as a best practice model especially with the support for child victims of violence. It was raised by respondents that the legislation is not clear when it comes to educators and sexual offences and whether an educator can have a relationship with a learner (from another school). Likewise it is not clear whether a principal is obliged to report a rape. The Framework for the Development of a National Policy on Gender Equity in Basic Education has been developed and submitted but not yet approved by the minister. Hence consultation has not taken place yet nor has the implementation. However it is comprehensive and the provincial departments of education have started to refer to it.

While South Africa has well-developed GBV legislation and policy frameworks, the challenges seem to be in implementation and monitoring.

6.3 Outcomes for Output 1

The Safer South Africa programme contributed to the improvement of government’s institutional management and inter-governmental coordination in a number of ways: Firstly, it
brought VAC and VAW back on government’s agenda and it emphasised the importance of multi-sectoral coordination of this agenda. It made an effort to make sure that VAC and VAW are priorities of the Government by strengthening the enabling environment to elevate the VAC and VAW agenda. Secondly, it was a strategic move by Safer South Africa’s implementing donors to support both the NCGBV as well as the IMC, although this move was accused of creating diversion\textsuperscript{88}. The support for the IMC became crucial as it appeared that there was more ownership of this structure and its process. It was established by Cabinet and not by donors, but UNICEF was given the opportunity to support it and influence its agenda. Hence Safer South Africa was located in an existing institutional scenario and supported from the ministerial level and down. Through the capacity strengthening of the IMC the programme contributed to strengthen the coordination mechanism at a high level. Thirdly, the establishment and support of the provincial coordinating structures by the Safer South Africa programme ensured strengthened provincial coordination and management of VAC, VAW and GBV in general\textsuperscript{89}. Fourthly, participating in the Safer South Africa programme resulted in gender mainstreaming within the DBE, with the merging of the separate directorate for gender equity into the social cohesion directorate.

Besides supporting the NCGBV and IMC, the GBV Development Partners’ Forum (DPF) was another initiative which was carried out by the Safer South Africa programme to support government’s institutional management and inter-governmental coordination. This was a broader donor platform for GBV which was modelled around learnings from the HIV/AIDS sector. It was initiated by UNICEF and UNFPA and handed over to UN Women. This forum allowed the donors to interact with the minister and the NCGBV about the strengths and challenges of GBV in the country. A TOR for the DPF was drafted and approved by the minister for DWCPD, which stipulated that the DPF would meet on a bi-monthly basis under the leadership of the minister for DWCPD. There has been an initiative to revive the forum; a first meeting took place earlier this year, led by UN Women.

Government’s plans to strengthen coordination in and around VAC and VAW

The evaluation findings reveal that government’s plan to strengthen coordination around VAC and VAW prevention is under development. The Minister for the DOW is still reviewing and considering whether the NCGBV should be re-established and if it should be located within the DOW. Also she is reviewing the sustainability of the council and capacity and mandate of each ministry. An enabling factor is that DOW is now located in the Presidency and the President has asked the Minister to reactivate the 365 Days NAP. Unfortunately, there is no timeline for the Minister’s review, which leaves the GBV agenda in limbo. The DOW only has an oversight role

\textsuperscript{88} This is despite the IMC having not yet resulted in sufficient and a clear collaborative approach and still lacks funds and political support. Also the Integrated Programme of Action was developed without consultation of the CSOs, is not budgeted and mainly sums up different activities without a clear holistic approach – see chapter 11.1.1.

\textsuperscript{89} The functionality of these structures is discussed below in chapter 10
with no implementation budget for GBV. Furthermore, the Department’s focus area for the women’s agenda appears to be in the economic empowerment of women and not in GBV.

6.4 Concluding summary

The NCGBV (and particularly its secretariat led by the CEO) managed to commence a number of activities before it was halted by political changes. Establishing a new multi-sectoral NCGBV in a new department in order to coordinate GBV in South Africa proved to be challenging, as the department was still setting up its operational and management systems. Linkages between this new structure and existing structures in GBV (such as the Commission for Gender Equality) were to a large extent not conceptualised sufficiently. Also lack of clarity on the alignment and complimentary roles of the NCGBV (led by the DWCPD) and IMC (under the Presidency and led by the DSD) was a challenge despite the Safer South Africa programme supporting both structures. With the halting of the NCGBV in May 2014, it however appears that no one else in Government took the lead for the central coordination of the Safer South Africa programme and, for example, the initiated GBV strategy development came to a halt.

A GBV Prevention and a Rapid Response Strategy was initiated and the selected service provider completed the literature review. However, further work on the strategy was halted due to the discontinuation of the NCGBV and restructuring of the DWCPD. The C4D Guidelines – National Guideline for Social and Behaviour Change to prevent Violence against Women and Children were developed by a consultant in UNICEF under the leadership of DSD and approved by the IMC in 2014. However, there is little consistency or strategic approach in campaigning on prevention of GBV.

South Africa is leading in the field of SOCs and TCCs, both in terms of legislation and infrastructure. There is strong buy-in by the DOJCD for these activities. The support for TCC and the rollout of the SOCs could strictly speaking be considered as a response to GBV rather than a prevention mechanism. On the other hand it can be argued that one cannot stimulate people to report cases if there is an insufficient or low level of quality services available for them when they report. In the beginning of 2015 it was decided to exclusively focus on prevention activities, and Safer South Africa’s further support of the SOCs was discontinued.

The Safer South Africa programme has supported the Framework for the Development of a National Policy on Gender Equity in Basic Education, the revision of the Social Cohesion Toolkit, the development of the National Strategic Plan for the Re-establishment of the Sexual Offences Court, the amendments to the Children’s Act and the Sexual Offences Act.

All these activities have contributed to the improvement of government’s institutional management and inter-governmental coordination and the creation of an enabling environment for VAWC.

6.5 Lessons learned

✓ The initiative to address VAC and VAW needs multi-sectoral action with consistent political commitment and leadership to ensure effectiveness and sustainability of
To ensure political buy-in and government-wide accountability for implementation, the VAC and VAW agenda needs to be hosted at the highest level of government under the Presidency and be aligned with the various technical clusters of the government.

- It is important to have a central coordinating structure in place to address VAC and VAW with direct reporting to ministerial level.

- In a country like South Africa, instances of VAW and VAC are not necessarily motivated by gender and should fall under an overarching strategy to address violence. This strategy needs to have clear targets to reduce VAC and VAW. In developing this overarching strategy, it is important to conduct a comprehensive review and analysis of implementation of the existing strategies (for example the Social Crime Prevention Strategy).

- The TCCs with their linkage to SOCs are useful structures to respond to VAC and VAW and could be replicated in the region.

7 Presentation of findings for Output 2

Output 2: Strengthened prevention and protection measures for children and youth in and out of schools

7.1 Implementing partners

The main IPs for this output include: TLAC, Centre for Justice and Crime Prevention (CJCP), MiET Africa, Childline, SCSA, SPF and loveLife. A brief summary of each organisation’s intervention is contained in Annexure 2 Background on implementing partners of this report.

7.2 Characteristics of programme beneficiaries

The quantitative survey at schools has provided some characteristics of the sample which gives a snapshot of the background of programme beneficiaries for Output 2.

Table 7 School Survey Sample Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Eastern Cape</th>
<th>Free State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean)</td>
<td>16.3</td>
<td>17.3</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>55%</td>
<td>54%</td>
</tr>
<tr>
<td>Male</td>
<td>45%</td>
<td>46%</td>
</tr>
<tr>
<td>Education of parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matric or higher (mother)</td>
<td>37%</td>
<td>48%</td>
</tr>
<tr>
<td>Matric or higher (father)</td>
<td>47%</td>
<td>60%</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with both parents</td>
<td>27%</td>
<td>23%</td>
</tr>
<tr>
<td>Living with single mother</td>
<td>52%</td>
<td>43%</td>
</tr>
<tr>
<td>Living with single father</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Living without parents</td>
<td>19%</td>
<td>31%</td>
</tr>
<tr>
<td>Breadwinner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7.3 Efficiency

7.3.1 Sufficiency of resource allocation
Output 2 had the largest share of budget allocation, however, there were mixed responses from IPs with regards to sufficiency of resources.

SCSA had insufficient human resources because of an increase in the number of targeted schools, resulting in a ratio of 40 schools to one programme person; Childline also had insufficient human resources to cover the scope of their research activities; and TLAC had limited budget allocation to cover their mentoring activities with Master Trainers. SPF had a very small grant allocation and struggled to cover the logistics for workshops including catering and transport. The majority of Safer South Africa programme activities were carried out in rural districts and this put a strain on resources because of the additional time and budget required to reach remote areas.

Despite these constraints all IPs report that activities have been implemented within the allocated budgets.

7.3.2 Timeous implementation or delays
A number of the planned activities for Output 2 have been delayed. For output indicator 2.1 the CJCP training of Master Trainers was delayed because of the time it has taken for the Department of Basic Education (DBE) to approve the National School Safety Framework (NSSF). There have also been delays in planned activities for output indicator 2.4. Although school interventions in the Free State were implemented on time, those in the Eastern Cape were delayed leaving SPF with a very limited timeframe within which to implement activities. With these delays, activities only started in January 2015 and the project is due to end in June 2015, which has left very little time to effect change.
7.4 Effectiveness

7.4.1 Output indicator 2.1: Master Trainers trained on the National School Safety Framework, Opening Our Eyes educators training in all education districts and on the Social Cohesion Toolkit (by number)

Milestones

- Educators’ GBV training manual for Opening Our Eyes developed (2013)
- Dissemination of the National Schools Violence Survey (NSVS) (2013)
- Revision of Hlayiseka toolkit to develop a National School Safety Framework (NSSF) (2013)
- NSSF finalised and disseminated (2014)
- GBV prevention module of Social Cohesion Toolkit developed and piloted, and training of Master Trainers under implementation (2014)

Table 8 Output indicator 2.1 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TLAC</strong>[^90]</td>
<td>386 Master Trainers were trained across eight provinces[^92] from May to November 2014 and mentoring ran concurrently from September to March 2015.</td>
</tr>
<tr>
<td>Training of Master Trainers in Opening our Eyes.</td>
<td></td>
</tr>
<tr>
<td>Build Capacity of educators to enable them to identify and respond to Violence against Children (VAC) including GBV (Opening our Eyes)?[^91]</td>
<td></td>
</tr>
<tr>
<td><strong>CJCP</strong>[^93]</td>
<td>21 anti-bullying workshops completed in August 2013. 714 district officials, principals and educators trained across nine provinces.</td>
</tr>
<tr>
<td>Master Trainers trained on anti-bullying and equipped to identify, address and manage threats and harms.</td>
<td></td>
</tr>
<tr>
<td><strong>NSSF</strong> Training/NSVS dissemination workshops (provincial stakeholder consultation/training workshops)</td>
<td>The NSSF training and NSVS dissemination workshops were used as provincial stakeholder consultation workshops around the NSSF.</td>
</tr>
</tbody>
</table>

[^90]: Proposal to UNICEF on Gender Based Violence Training for DBE, 26 September 2013, TLAC; Training workshop reports (July-October 2014) for Eastern Cape, Mpumalanga, Gauteng, KwaZulu Natal, Northern Cape
[^91]: 24 month Work plan for Joint Programme on a Safer South Africa, 1 January 2013-31 December 2014
[^92]: Western Cape DBE chose not to participate in the training.
[^93]: CJCP Quarterly Reports: June-October 2013; November-December 2013; July-October 2014

<table>
<thead>
<tr>
<th>Development of NSSF</th>
<th>Nine one-day provincial multi-stakeholder workshops and one national workshop were held between June and October 2014.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the review of the Hlayiseka toolkit based on the findings of CJCP and support the implementation of the revised frameworks.</td>
<td>A revision of the Hlayiseka toolkit was undertaken so that it could be developed into a NSSF. The NSSF incorporated the comments and suggestions from the consultative processes. A national workshop was held with DBE’s Deputy Director General and Senior Section Management to finalise the document in October 2014. A training manual for the NSSF and reporting protocol were developed to standardise reporting procedures of the NSSF. The NSSF was approved by the Minister in April 2015 but has not been disseminated yet. Training of Master Trainers will take place in June 2015 across 86 education districts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MiET Africa</th>
<th>GBV module for the Social Cohesion Toolkit was completed and tested in Mpumalanga; it was revised and the final draft submitted in June 2014.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen the gender based violence component of the Social Cohesion Toolkit and support its implementation.</td>
<td></td>
</tr>
</tbody>
</table>

**Narrative report**

The activities planned under this output indicator have either been achieved or will be achieved by the time the programme is completed in September 2015 despite significant delays for some.

Training of Master Trainers on anti-bullying by CJCP was achieved. Key challenges include the incorrect profile of some participants with poor representation of educators and principals; and poor attendance of participants on the third day of the workshop for sharing findings of the NSVS. Thus the original activity of disseminating the NSVS was put on hold pending the approval of the NSSF.

Training of Master Trainers in the NSSF by CJCP has been delayed but will take place in June 2015 together with the rollout of the findings of the NSVS. Implementation of the training was dependent on the finalisation of the NSSF which took much longer than expected due to the DBE’s lengthy approval processes. Although it has taken time, the positive consequence is that there is good buy-in and support for the framework which was approved by the Minister in May 2015.

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94 ibid
95 Report of 2013/14 UNICEF funded projects, DBE
Once the GBV component was integrated into the Social Cohesion Toolkit, training of Master Trainers took place in Mpumalanga during the piloting phase. A key challenge is that the Toolkit contained in the work plan of the DBE Directorate Social Cohesion and Equity was put on hold. This decision was influenced by the restructuring process that was taking place within DBE. For 2014/15 it was proposed that the module be linked with the current initiative on Keeping Girls in Schools that is being implemented by MiET Africa96.

Master Trainers have been trained in the Opening Our Eyes educators training by TLAC. The target of 2,500 Master Trainers as initially conceptualised was unrealistic and was changed to 425, but not all attended as TLAC had to rely on provincial coordinators to recruit trainees and there was a poor turnout in some provinces. Participant enthusiasm, commitment and active engagement were highlighted as key strengths across all workshops. The main challenges highlighted include: limited time to complete the programme (2.5 days); and lack of gender balance of participants – 69% of participants were female although this may be a reflection of the education sector which has more female employees.97

Interviews with Master Trainers across all eight provinces reveal that the training was of good quality. It was well organised with good visual aids and materials; the content was relevant with a good mix of theory and practice; and the participatory methods assisted with learning. Interviewees were very positive about the facilitators, describing them as being well-qualified, good at listening and respectful of different opinions. They particularly valued the input on facilitation and the opportunity to debate and discuss GBV issues:

“But the training really helped to clarify a lot of issues for me….what really helped is that we had lots of discussions and could stay on after the workshops and ask questions informally and talk about what we were seeing in the communities. Like around the different types of abuse that we can be exposed to – this issue we had a very long, intense debate on.” (Master Trainer)

Mentoring was offered to those districts identified by the DBE to identify gaps and further training needs98. Half of the Master Trainers interviewed had received refresher training and two had received mentoring. However, regardless of whether they received support or not, all of those interviewed feel equipped to rollout the training. However, questions were raised around whether two and a half days of training is sufficient to shift deeply entrenched values and beliefs:

“Some people, officials, left the workshop still thinking that being a lesbian is not a real thing, children are just being silly or they are going through confusion; that South Africa is

96 Report of 2013/14 UNICEF funded projects, DBE
97 Based on review of training attendance registers
98 One-on one, peer and online mentoring was offered.
going to be a confused country now if they accept that people can have a different sexual orientation.” (DBE, Free State)

“The biggest challenge was attitudes to GBV where their traditional attitudes or beliefs were barriers to attending or receiving information on the issue – GBV is deeply embedded in cultural values and that is why they see it as an attack on their culture or religion.” (TLAC)

The religious and cultural beliefs on GBV were a barrier to learning and may impact on the rollout of the training by some Master Trainers.

Besides this, Master Trainers cite additional barriers to rolling out the training including lack of ownership by the provincial DBE; limited human resources to rollout to all schools in the district; lack of resources for venue and catering; and difficulty in accessing school staff after hours or on weekends particularly in the Eastern Cape where educators are on strike.

The selection of participants for the training could be another barrier to rollout because Master Trainers need to be at the right level in the system to cascade it down to schools, and in some provinces educators were sent to attend the training.

Despite these barriers those Master Trainers interviewed report being motivated to rollout the training and some have already initiated this. At the time of the evaluation, Eastern Cape and Limpopo had submitted rollout plans and KwaZulu Natal had already rolled out the training in districts. Master Trainers from Mpumalanga, Eastern Cape, Northern Cape and North West have all rolled out the training informally by integrating the information into already existing meetings and fora. In Gauteng, plans for rollout are being discussed and the Master Trainers are preparing materials so that the information can be integrated into the Life Orientation (LO) curriculum.

7.4.2 Output indicator 2.2: Schools in the lowest two quintiles in 30 education districts with monitored protective school plans in place (by percentage)

Milestones

- Schools in 30 education districts develop school safety plans. 300 SMT and SGB members trained in two districts of the Free State (2013);
- DBE District managers and District GEM/BEM structures develop and implement three-year district-level school safety action plans with a special focus on GBV in schools (2014);

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99 Output 1.1 from STC’s results matrix corresponds to this indicator: The capacity of G/BEM district structures and DBE district focal points to prevent and respond to violence in the school and community strengthened. The output indicator 1.1 is: Increased capacity of G/BEM district structures and DBE district focal points to prevent and respond to violence.
• District GEM/BEM structures monitor implementation of three-year district-level school safety action using Mxit self-monitoring tool (2014).

SCSA sub-contracted MiET Africa to implement activities under this indicator.

Table 9 Output indicator 2.2 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Save the Children</strong></td>
<td></td>
</tr>
<tr>
<td>Training of schools of new and existing SGB and SMT members in schools</td>
<td>300 SGB and SMT members from 62 schools in two districts of Free State trained on tools to develop school safety policies and to monitor and review their implementation.</td>
</tr>
<tr>
<td><strong>MIET Africa</strong></td>
<td></td>
</tr>
<tr>
<td>Activity 1. Prepare a training plan (schedule) and programme for the two-day provincial workshops.</td>
<td>Training plan and programme completed</td>
</tr>
<tr>
<td>Activity 2. Prepare pre/post-knowledge tests to document participants’ learning as a result of the workshop</td>
<td>Draft pre/post-knowledge tests completed and reviewed by TWG</td>
</tr>
<tr>
<td>Activity 3. Design a detailed mentorship programme</td>
<td>Draft knowledge test completed for review by TWG</td>
</tr>
<tr>
<td>Activity 4. Organise and facilitate consultative and planning meetings with District Focal Persons</td>
<td>Consultative meetings completed in eight provinces (not Western Cape)</td>
</tr>
<tr>
<td>Activity 5. Organise and facilitate two-day provincial workshops with five representatives of GEM/BEM clubs of 86 Education Districts and 1 DBE district focal points and mentors to develop district action and communication plans on prevention of violence with special focus on GBV</td>
<td>This activity was not implemented</td>
</tr>
<tr>
<td>Activity 6. Provide ongoing mentoring and support to 30 G/BEM district structures on the implementation of the action and communication plans and use of the self-monitoring tool for learners</td>
<td>This activity was not implemented</td>
</tr>
<tr>
<td>Activity 7. Design the Monitoring and Evaluation (M&amp;E) framework and self-monitoring tool for learners</td>
<td>This activity was not implemented</td>
</tr>
</tbody>
</table>

100 SCSA Quarterly reports: November 2013-August 2014; April 2014-October 2014

101 This activity was carried out through the previous PCA with UNICEF and Save the Children UK and took place from 1 February 2013 to 30 September 2013.

102 MiET Africa Quarterly reports: March-August 2014; September-November 2014; September-March 2015
Narrative report

The preparatory activities for this output indicator were achieved and a key strength is that the consultative meetings created a good opportunity to establish relationships; advocate for GBV; and ensure a common understanding of programme implementation. However, a key challenge faced was the response time from provinces and TWG to draft materials.

The implementation of workshops was put on hold with the main barrier being that the workshop materials were not finalised on time which was attributed to the limited human resources capacity of SCSA to manage these activities.

The target group for training activities has since been revised with Master Trainers now being targeted as opposed to representatives from G/BEM Clubs (learners). This work complements the work done by CJCP on the NSSF which includes a needs analysis tool to help school management identify safe and unsafe areas of the school environment and how to respond to these needs through the development of school safety plans.

The Learner Activity Guide is described as being child-friendly and can be used as a ‘standalone’ document which learners can use to monitor school safety. On 13th March 2015 a revised work plan, training schedule and budget were submitted to SCSA.

It is worth noting that SCSA has trained SMTs and SGBs in two districts in the Free State on school safety plans, however, this was reportedly part of another programme. A train-the-trainer approach was used and there are doubts around whether this has trickled down to learners. Interviews and focus groups with SMT members, parents and Children’s Committee members at four of the schools visited across two districts in Free State revealed the following with regards to school safety plans and policies:

- None of the learners or SMT members are aware of whether a district school safety plan is in place.
- All learners and SMT members said there is a safety plan or policy in place at their school – a key strength was the consultative process followed to develop the plan; however, none of the Children’s Committee members were involved in this process.
- None of the SMT members have received training on school safety.
- Limited monitoring of the plan and support by district officials was cited as the biggest challenge with implementation.

These findings reveal that the activities under this output indicator are still relevant and there is a need to strengthen implementation of school safety plans through the training of SMT members; for inclusion of children in the process; and for monitoring of the plans by the district.

103 6 officials from 84 districts (504 district officials).
104 One SMT member attended a meeting held by STC in 2015
This work should be done in close consultation with the Provincial School Safety Forum which has the mandate to implement and monitor school safety.

7.4.3 **Output indicator 2.3:** Children in child/youth participatory structures (GEMBEM, Children’s Committees and loveLife clubs) aware of and able to access relevant and consistent GBV prevention information, information on services and awareness on VAWC and GBV in 30 education districts (by number)

**Milestones**

- Training of GEM/BEM district structures on peer psychosocial support commenced (2014).
- Mapping of GBV prevention and response services available in communities, and advocacy plans under implementation (2014).
- Three-year district level school safety communication plans developed, implemented and monitored (2015).
- Community-based Networks of Care (NOC) developed, comprised of government and non-government service providers (2015).
- Youth-led social media groups and listeners’ clubs focusing on GBV prevention developed (2015).

**Table 10 Output indicator 2.3 planned versus actual activities**

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Save the Children</strong>&lt;sup&gt;105&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Establishment and/or strengthening of 16 NOCs at cluster level and ongoing support to improve referral of cases and school-based reporting mechanisms</td>
<td>Mapping of Children’s Committees in two districts (Thabo Mofutsanyana and Fezile Dabi) in Free State, functionality assessed and database compiled (2013).&lt;sup&gt;106&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>In August 2014 all 120 schools are formally linked to 18 NOCs but three clusters were not functional and need special support from SCSA. This is in two districts in Free State.</td>
</tr>
<tr>
<td>Mapping of GBV prevention and response services available in communities, and advocacy plans under</td>
<td>Google map produced of IPs; where they are operating; names of schools and where services are available.</td>
</tr>
</tbody>
</table>

<sup>105</sup> SCSA Quarterly reports: November 2013-August 2014; April 2014-October 2014

<sup>106</sup> This activity was carried out through the previous PCA with UNICEF and Save the Children UK and took place from 1 February 2013 to 30 September 2013.
### Table 1: Implementation (2014)

<table>
<thead>
<tr>
<th>Small Projects Foundation</th>
<th>Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate community dialogues on issues of GBV facing schools and surrounding communities</td>
<td>18 community dialogues held with members of 33 communities.</td>
</tr>
<tr>
<td>Conduct participatory learning and action (PLA) workshops to increase community awareness on GBV issues</td>
<td>11 PLA workshops held with members of 27 communities reaching 954 parents.</td>
</tr>
<tr>
<td>Develop action plans to address GBV in communities</td>
<td>20 action plans developed.</td>
</tr>
<tr>
<td>Training of teachers in Protecting Futures and Sexual Reproductive Health</td>
<td>100 DBE officials from 64 schools trained at two training events in February 2015.</td>
</tr>
<tr>
<td>Training of facilitators in Protecting Futures and Sexual Reproductive Health</td>
<td>76 facilitators trained in Bright Futures Methodology and GBV at two five-day training events.</td>
</tr>
<tr>
<td>Building capacity of learners in sexual reproductive health including HIV/AIDS</td>
<td>Programme rolled out in 44 schools with grade 7 to 9 learners. An additional 20 schools identified for rollout in April 2015. Total of 2,440 learners reached.</td>
</tr>
</tbody>
</table>

### Table 2: 2013 planned activities

<table>
<thead>
<tr>
<th>2013 planned activities</th>
<th>Actual (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produce citizen journalism content to highlight GBV prevention programming in the Eastern Cape and Free State; disseminate findings through social media platforms, including YouTube.</td>
<td>Over 20 videos produced by GroundBreakers and Mpintshis – screened during community dialogues (12 in Free State; 12 in Eastern Cape) and one posted on YouTube. Two minute vox pops recorded – eight in total on the consequences of GBV. 16 GBV features produced.</td>
</tr>
<tr>
<td>Facilitate integration of GBV prevention programming into the Youth Friendly</td>
<td>This activity was put on hold pending finalisation of the Social Cohesion Toolkit.</td>
</tr>
</tbody>
</table>

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108 Themes include: GBV discussions, mapping of services and GBV hotspots; storytelling; identify resources; webbing; matrix; planning session.
109 Workshops clustered according to ward and location of each of the 50 schools.
110 Protecting futures has 6 units: puberty, intimate relationships, teenage pregnancy, parent-daughter communication, HIV/AIDS, thinking about the future
111 loveLife Quarterly Reports: July-September 2013; October-December 2013
112 The vox pop is a tool used in many forms of media to provide a snapshot of public opinion.

<table>
<thead>
<tr>
<th>Services (Free State) through training Master Trainers on the Social Cohesion Toolkit in four districts across the two provinces</th>
<th>2014 planned activities(^{113})</th>
<th>Actual (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and disseminate GBV prevention education programmes and messages targeted at young people (10 to 24 years) through community and national radio stations, and other social media platforms</td>
<td>Facebook, Twitter and Mxit messages around sex and negotiation; and referring young people to the Mxit counselling app as a resource. GBV prevention messages through two provincial radio stations and 10 community radio stations. Public service announcements made on two provincial radio stations.</td>
<td>GroundBreakers trained on role of listener clubs, its composition and activities to be implemented. Eight listener clubs formed in Free State and Eastern Cape and held at loveLife Y Centres on a weekly basis.</td>
</tr>
<tr>
<td>Increase access of youth participatory structures to GBV prevention information, services and awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy material on referral of VAC cases and awareness on Psychosocial Support Services (PSS) developed and disseminated.</td>
<td>In Free State and Eastern Cape, conducted focus groups with children in and out of school (10); parents and educators (10); and provincial inter-sectoral groups (2) to inform the development of short messages for advocacy materials. Materials developed translated into Xhosa, Zulu, Sotho and distributed to children in Eastern Cape and Free State (40,000 items).</td>
<td></td>
</tr>
<tr>
<td>Strengthen telephonic psychosocial support to children affected by violence(^{114})</td>
<td>Several discussions held with Childline about use of systems for the monitoring and reporting of VAC and providing initial lay counselling to children. The School Safety Directorate and CJCP met with Childline to ensure alignment with NSSF. However, the project was put on hold.(^{115})</td>
<td></td>
</tr>
</tbody>
</table>

Planned activities: Setting up the data collection and software at Childline; training on data collection system; maintaining, mentoring and monitoring the use of the data collection system; data  

\(^{113}\) loveLife Quarterly Reports: January-March 2014; April-June 2014; July-September 2014; October-December 2014  
\(^{114}\) 24-month work plan: Joint Programme on Safer South Africa for Women and Children, 1 January 2013-December 2014  
\(^{115}\) Report of 2013/14 UNICEF funded projects, DBE
Narrative report

Save the Children

There are currently 14 functional and four non-functional NOCs. Their core role is to plan violence prevention activities in schools; raise awareness on VAC and GBV; and act as a referral mechanism for cases of child abuse. A key enabler is that SCSA has worked in close partnership with DSD to ensure no duplication of already existing local coordination structures; and a strength is that NOCs are multi-sectoral and include stakeholders from government departments and CBOs, ward councillors and traditional leadership. A TOR has been developed for NOCs which will provide clarity around composition, roles, responsibilities, frequency of meetings etc. A barrier for ongoing implementation is that the functionality of NOCs is dependent on SCSA’s input which has implications for their sustainability.

The Google map produced by SCSA in 2014 is used at provincial meetings (PIU meetings) as a planning tool and has enabled coordination between partners. However, it was mentioned that the mapping should have been done before programme implementation and there is a general feeling that “things are being done in reverse”.

Small Projects Foundation

A key enabler is that a holistic approach is being used by SPF as they target children, parents and the broader community. The funding from Safer South Africa was used to establish GEM/BEM clubs and integrate GBV into the already existing Bright Futures programme which has allowed SPF to ‘hit the ground running’ as they have already laid the foundation with learners.

Reaching the target of 140 learners per school due to low school enrolment has been a challenge; however, SPF is working with the DBE to identify additional target schools.

Interviews with the six of the SPF facilitators revealed that, besides previous training on Bright Futures modules, all of them have received five days of training in April 2015 and GBV was included as a topic for the training. Most of them confirmed that the training has equipped them to roll out the training in schools and gave themselves an average rating of 3.9 out of 5 (1 being poorly equipped and 5 being well equipped).

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116 Progress Review report, Childline South Africa, UNICEF Safer South Africa Programme (10 April 2015)
Since the training, the facilitators have either initiated or continued their training in their allocated school at which they spend between two to three days per week facilitating one-hour sessions with grade seven to nine learners. All of them have set up between one and five GEM/BEM clubs although club attendance is not regular at all schools. While support from the principal and Life Orientation educator was cited as a critical enabler for rollout, the biggest barrier has been the cultural norm of keeping quiet around GBV-related issues as the following quote reveals:

“Children were lacking confidence and did not want to participate in these clubs. There was a lot of stigma we had to deal with and they were scared of talking to one another.” (SPF facilitator)

Another overarching challenge is the limited duration of the intervention coupled with the limited time allocated by schools for contact time with learners. SPF’s well-established relationship with the DBE is an enabler that assisted with securing buy-in and support from schools and gaining entry.

While it is reported that GEM/BEM clubs have been established in all 44 schools only 24 have submitted their GEM/BEM registration forms and outstanding forms were to be collected in March 2015.

Interviews with learners confirm that facilitators visit their schools regularly but that there has been limited input around GEM/BEM clubs. The focus of the intervention has been on a broad range of social issues such as pregnancy, drugs, HIV/AIDS with some input on GBV. Even though they only began activities in January some GEM/BEM clubs have begun implementing GBV awareness raising at their schools. However, members indicated that they have not received enough training and mentoring on GBV and do not feel adequately equipped to support learners in cases of victimisation:

“Victimisation still happens at the school. We have not been trained properly how to deal with it but we work as a group and confront the person who is being abused to find out if she needs help. If yes, we call the perpetrator if it is a learner.” (Learner, GEM/BEM club, Eastern Cape)

“They said we must report to the teachers and parents. Reporting to the teacher does not help. Reporting to the police also does not help. Reporting can sometimes make life more difficult. The boy will come back being more vicious. The best is to pretend everything is going well.” (Learner, GEM/BEM, Eastern Cape)

As reflected in the statement above, even when cases are reported, the support from the system is limited and leads to secondary victimisation. SPF has recognised this as a gap and that it needs to work with stakeholders such SAPS, DSD and organisations dealing with GBV in the community to strengthen referral mechanisms for learners so that they have access to information on services. It also highlights the need for the programme to work with both
prevention and response structures to ensure that the support is in place when there is an increase in reporting.

**loveLife**

GBV prevention messages have been developed with out-of-school youth through the Media Wise Citizen Journalism programme. A challenge here has been the lack of adequate monitoring tools for Mxit and Twitter, which has made it difficult to accurately measure the reach of these platforms. These activities are complemented by those undertaken under output indicator 3.4 discussed further in Section 8 of this report.

A frequently mentioned challenge of producing videos and vox pops was finding volunteers willing to speak openly about GBV due to the sensitive nature of the topic, the stigma and fear of secondary victimisation:

“Recording of the stories, because of the sensitive nature of the issue people are not willing to talk about these issues because they are often laced with cultural and traditional practices that are acceptable – you feel you are treading in a space you should not be treading in.” (loveLife staff member)

As noted, the strongly held cultural norms around GBV are a barrier to effective implementation. Also, using young people to implement the programme raises cultural issues of age and sensitivities around talking to an elder about the problem of GBV. To address this issue, intergenerational dialogues were facilitated by loveLife and this is discussed further in Section 8 under output indicator 3.4.

Referrals for counselling were made via existing networks and the loveLife Y Centres, and this was a strength of the programme although it was noted that the Free State has a better network of services than the Eastern Cape. The Mxit counselling app is a useful resource and innovative approach for improving young people’s access to counselling and support services.

Listener clubs in the Eastern Cape confirmed that their role is to have discussions about GBV and tell people to report cases of abuse, however they have not met on a regular basis. Thus far they have shared what they have learnt with friends and siblings.

**Quantitative findings**

117 Output indicator 3.4: Children and adults reached by weekly radio broadcasts and other multimedia platforms with VAWC prevention messages, including voices of youth (by number) and GBV champions.

118 Output Indicator 3.2: Community Dialogues and Action Plans for GBV prevention developed and Traditional Leaders trained and reporting attitudinal change (by number)

119 Four members were trained five months ago and six were introduced to the group the previous week.
The level of access to relevant GBV prevention information was measured by asking the participants in the school survey whether they have received information on GBV by a number of means (here grouped in broad categories) in the last 12 months.

**Figure 4  Source of information about GBV in last 12 months (Eastern Cape)**

**Source of info in last 12 months? (Eastern Cape)**

- **Media**: Treatment - 59%, Control - 46%
- **School**: Treatment - 41%, Control - 19%
- **Campaign**: Treatment - 15%, Control - 13%
- **Social Media**: Treatment - 11%, Control - 13%

n=714, weighted

**Figure 5  Source of information about GBV in last 12 months (Free State)**

**Source of info in last 12 months? (Free State)**

- **Media**: Treatment - 70%, Control - 62%
- **School**: Treatment - 46%, Control - 42%
- **Social Media**: Treatment - 25%, Control - 24%
- **Campaign**: Treatment - 16%, Control - 12%

n=750, weighted
The underlying hypothesis is that learners at treatment schools would be more likely to have received GBV information at their schools (in classes, outside classes or through teachers) than learners at control schools. While this is true in both provinces, the slight increases are not statistically significant. However, the learners who are active members of a GEMBEM club in the Eastern Cape are indeed more likely to have received information at their schools (54% compared to 42%, p=0.055).

7.4.4 Output indicator 2.4: Children/youth who possess life skills and know what to do in cases of victimisation in and out of school (by number)

Milestones

- Training of Children’s Committees in the Free State on peer identification, referral for services and raising awareness on GBV and VAC in their communities commenced (2013).
- GBV prevention messages and life skills education targeted at out-of-school youth developed through the Body Wise programme (2014).
- 2,400 children in 120 Children’s Committees trained and 10,000 out-of-school youth reached through the GroundBreakers and Mpintshis to identify cases of GBV and to refer cases to appropriate services (2015).

Table 11 Output indicator 2.4 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
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<tbody>
<tr>
<td>loveLife</td>
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<tr>
<td>2013 planned activities</td>
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<tr>
<td>Facilitate safe spaces for counselling and discussions</td>
<td>10 call centre GroundBreakers trained in GBV and how to provide GBV related psycho-social services. It was</td>
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<tr>
<td>with parents and adolescents on GBV and promote open</td>
<td>planned that a new cohort will be trained in 2014.</td>
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<tr>
<td>discussions on sex, sexuality, relationships, sexual</td>
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<tr>
<td>assault and abuse through the National Call Centre.</td>
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<tr>
<td>2014 planned activities</td>
<td></td>
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<tr>
<td>Conduct training of GroundBreakers and Mpintshi teams</td>
<td>Eight GroundBreakers and 40 Mpintshis trained in Eastern Cape and Free State.</td>
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<tr>
<td>on GBV prevention and youth media work in the Eastern</td>
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<td>Cape and Free State.</td>
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<tr>
<td>Facilitate youth outreach campaigns on GBV prevention</td>
<td>Joint screening events facilitated. Campaigns: Free State: 5; Eastern Cape: 3.</td>
</tr>
<tr>
<td>and gender equality through</td>
<td>Small group talks: Eastern Cape: 3</td>
</tr>
</tbody>
</table>

120 loveLife Quarterly Reports: July-September 2013; October-December 2013
121 loveLife Quarterly Reports: January-March 2014; April-June 2014; July-September 2014; October-December 2014
GroundBreakers and Mpintshi teams

Community screenings: Free State: 4; Eastern Cape: 9
Total of 5,856 beneficiaries reached: 789 (April-June 2014); 1,829 (July-Sep 2014); 1,013 (July-Sep 2014); 599 (Oct-Dec 2014); 1,626 (Oct-Dec 2014)

GBV prevention messages and life skills education targeted at out-of-school youth developed through the Body Wise programme (milestone for 2014)

Body Wise is a loveLife life skills programme; GBV has been integrated into the materials which are used for educating in and out-of-school youth. GroundBreakers work in schools with teams of 20 learners with four sessions on GBV.

Save the Children

Train Children’s Committees on peer support for victims of violence; referral and raising awareness on GBV and VAC in their communities.

- Two-day curriculum developed by SCSA. Training manual pre-tested in March 2014 and modified.
- MiET Africa was subcontracted by SCSA and facilitated eight training sessions during April and May 2014 to pilot the materials. Reached 165 boys and 243 girls who are members of Children’s Committees. Each committee member developed action plans.
- Piloting of an e-mentoring platform on Facebook in June 2014.
- 26 youth facilitators/mentors inducted on training material at one-day workshop in April 2014 and 600 learners reached through training workshops – indirect reach was 2,700 from 120 schools reached.
- 120 Children’s Committees established and are meeting weekly and implementing violence prevention activities including drama and discussions.
- A checklist has been developed and circulated to measure impact of attitudinal change towards VAC.

Narrative report

loveLife

The training of call centre GroundBreakers has strengthened their ability to provide GBV-related psycho-social services to children and youth. A review of statistics show a steady increase in reporting of GBV related cases which could be due to GroundBreakers’ improved ability to identify and respond to such cases.

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123 Interview with STC staff member
124 July 39%; August 32%; October 47%; November 51%; December 45% (Lovelife quarterly reports 2014/15)
GroundBreakers and Mpintshis were trained on GBV content; citizen journalism; mapping of prevention and response services; and what to do if someone requires support. Sonke provided refresher training when gaps in knowledge were identified. Most of the GroundBreakers interviewed confirmed that they have been trained in GBV and know what to do in a case of victimisation:

“The main thing is to be sensitive about what you say as the person is usually traumatised; establish facts about what is happening or happened, do not talk to other people about her or his problem and then advise about the actions like talk to him or her before reporting unless this has been done.” (GroundBreaker Eastern Cape)

“The training was also to create an awareness of your community, what is available and where. I am aware that rape survivors should be referred to SAPS, drug addicts should be referred to Dinkweng-Drug Rehabilitation Centre, problems with birth and ID documentation should be referred to SOS.” (GroundBreaker, Free State)

Participants in three out of four focus groups with Mpintshis confirmed that they have received training specifically on GBV and those in Free State indicated that they know what to do in cases of victimisation. However, participants in one of the focus groups in Eastern Cape indicated that they had not yet received GBV-specific training and they, together with those in the other focus group who had received GBV training feel insufficiently equipped to respond to cases of victimisation as they are unfamiliar with GBV services in the community and because they do not get enough mentoring.

They have worked together with GroundBreakers in facilitating youth outreach activities and confirm that they have rolled out campaigns, community screenings, dialogues, sporting and other events in schools and communities. In some communities they have worked closely with SAPS, churches, community police forums and SGBs in order to share knowledge with young people on what to do in cases of victimisation.

It was noted that the mainstreaming of GBV into loveLife’s already existing materials will ensure that information will continue to be shared beyond the programme implementation.

Save the Children South Africa

While it is easier to work with young people at schools, because you have a “captive audience”, it is often difficult to gain access to learners because DBE’s primary focus is on the curriculum. Although SCSA has a long standing relationship with DBE at district level and within the Office of the Premier, concerns were raised that this relationship is not mirrored at provincial level which could impact on programme sustainability once SCSA moves out of the districts.

Children’s Committees are typically made up of 20 to 30 members per school, however membership retention is a challenge because they are voluntary structures and children are free to leave.
The evaluation team visited four targeted schools in different municipalities across the two districts. At one of the schools, the Children’s Committee has not been established yet although members attended multi-stakeholder meeting initiated by SCSA in March 2015; they are still awaiting support from SCSA with setting up their committee.

At the remaining three schools Children’s Committees are well-established and members have attended training on GBV by SCSA on how to identify violence; how to prevent violence; how to deal with violence and supporting victims of violence. They confirm that it has equipped them with knowledge and skills on what to do in cases of victimisation:

“Yes, the SCSA workshop did equip me with knowledge of what to do in case of victimisation. They told us to tell someone that is close to you. If it is violence and abuse that is serious we need to report it to the police or social workers.” (Children’s Committee member, Fezile Dabi)

“The workshop highlighted what a Children’s Committee can do when other children are being victimised—for example, the Children’s Committee can find out what victimisation the learner is facing and agree with the learner to pass on the information to the Learning Facilitator to handle or give counselling.” (Children’s Committee member, Thabo Mofutsanyana)

Empowering children to initiate activities to address violence was identified as a key strength of the model:

“We work with children who have good understanding of context and lead the process...they really have good ideas on how to address it, and this is truly child-led. We were empowering them.” (Implementing partner, staff member)

It was mentioned by children that they valued the opportunity to share their own ideas and take action:

“I learnt how to tackle specific situation about violence and as a Children’s Committee what initiative to deal with different types of violence. This is why Children’s Committee wanted to initiate the Save our School campaign to deal with violence and safety at our school, as well as the Save our Girls campaign to deal with safety and violence against girls.” (Children’s Committee member, Thabo Mofutsanyana)

“What I liked about the workshop is that they wanted our ideas on how to stop the violence this showed that they were concerned about the violence in schools and community, that this is issue is important and that something needs to be done. We were also asked to draw up plans that we as a Children’s Committee can take back to school and implement after the workshop.” (Children’s Committee member, Fezile Dabi)

Committee members have undertaken a range of activities in their school to create awareness and SCSA reported that 49% of the Children’s Committees have developed action plans. However, it has been difficult to monitor these plans due to limited human resources; there are
three SCSA employees, each monitoring 40 schools. Providing mentoring and support by a dedicated focal point person is an enabler for a well-functioning Children’s Committee and these individuals are supported at bi-monthly meetings held by SCSA. Each school is also linked up with a local policeman and social worker. Conversely, when there is no strong and supportive focal person at the school, this is a barrier to sustainability of the Children’s Committees.

**GBV prevention and awareness activities undertaken by Children’s Committees**

The committee at a school in Frankfurt has held planning meetings; visited other schools to share information; organised a march against violence; facilitated a school debate on the topic “girls are better than boys”; planned three talks with learners at the school on cyber bullying; and developed posters about violence in the community and school. They have also invited social workers, SAPS and nurses to the school to discuss what their role is in the community.

At a school in Phuthaditjaba the committee has been in operation since 2013 and supports learners whose rights have been violated. Activities they have undertaken include: raising awareness on abuse with posters, plays and songs; marching to the police station during Bring Back our Girls Campaign; inviting councillors to meetings to assist pupils affected by violence every month; and facilitating men’s and boys’ gatherings in the community. They also established a group to patrol around the school and they hold community meetings every Thursday to discuss how to prevent violence.

In Warden, one of the Children’s Committees has started a homework group for children on Thursdays; met with tavern owners in partnership with police to ban children under 18 from entering taverns; held community meetings to raise awareness on drugs and alcohol; and organised a march on crime and violence for September 2014. They also held a meeting on xenophobia in April 2015.

*Source: focus group discussion with Children’s Committee members*

Parents and SGB members confirmed the activities are being undertaken by the Children’s Committees and appreciate the support they receive in their efforts to prevent and respond to violence in school:

“Yes, I believe the training workshops did help them [committee members] with how to deal with victimisation; for example, learners mapped out hotspots for violence at the school...and this information was invaluable to the teachers because they did not know some of the things going on at the school.” (SGB member, Thabo Mofutsanaynana)

The activities mentioned above are evidence that, with the right training and support, Children’s Committees can provide a platform for young people to address violence in their schools and communities. However, it was mentioned frequently that, the cultural norm of seeing children as ‘minors’ remains a barrier to them becoming agents of change and therefore interventions
should include families and communities as target groups to strengthen the impact and support from all levels of the system.

**Quantitative findings**

Since output indicator 2.4 was aimed empowering children with knowledge on what to do in case of victimisation in and out of school, the quantitative survey looked at whether learners have knowledge on where to access services. This was first measured by asking the participants in the school survey whether they would know where they could find help if they or someone close to them became a victim of violence.

**Figure 6 Access to Services**

The majority of the respondents say they know where to get help in the case that they or someone they know became a victim of violence, however learners in both treatment and control schools in the Free State are generally more positive (92%) than learners in the Eastern Cape (76%) with little difference between learners at treatment and control school in both provinces. However, learners in the Eastern Cape who attend GEM/BEM activities regularly are significantly more likely (86%; p=0.030) to know where to get help than their peers who do not attend GEM/BEM activities (75%).

As a follow-up question respondents were asked to indicate where they would look for help.

**Figure 7 Where to find help (Eastern Cape)**
In both provinces the majority of respondents would go to the police in the case of an emergency, even though a larger proportion of respondents in the Free State compared to respondents in the Eastern Cape would do so. The only other noteworthy difference in the ranking of importance between the two provinces is hospitals; in the Eastern Cape about a third of the respondents would notify a hospital, compared to only about one in ten respondents in
the Free State. The differences between treatment and control schools are generally insignificant, and it is of particular interest that NGOs are generally mentioned only by a small proportion of respondents.

7.4.5 Coordination of implementing partners related to Output 2 activities
IPs attended quarterly meetings of the provincial coordination structures which enabled coordination of activities on the ground. The functionality of these structures is discussed further in Chapter 10. IPs provided examples of how they coordinated their activities, including:

- loveLife appointed a mentor for Children’s Committee members in QwaQwa in Free State
- loveLife coordinated with Sonke (Output 3) in the Eastern Cape who provided GBV training for the GroundBreakers
- In Eastern Cape TLAC trained SPF staff and mentored them; they also collaborated briefly with MiET Africa to review and update the Opening our Eyes training manual.
- MiET Africa worked in partnership with UNICEF, SCSA and DBE. This technical working group was chaired by DBE.
- CJCP attended one stakeholder meeting where it was suggested that SCSA School Committee members should be included on school safety committees and included in the Master Training. However, this did not materialise because projects were implemented at different times. Similarly, Childline has had very little interaction with the other IPs and met them for the first time in January at a stakeholder meeting.

These activities reveal that although coordination between IPs around Output 2 activities have occurred, it has mostly been on an ad hoc basis.

7.5 Outcomes for Output 2

7.5.1 Save the children South Africa
The qualitative interviews and focus groups with School Committee members reveal that there has been an increase in knowledge and awareness of GBV as a result of the intervention. Children in all of the focus groups stated that they now know about the different types of violence and were able to provide fairly accurate definitions of GBV, linking it to the skewed power relations between men and women and gender stereotypes:

“It is violence perpetrated against women because of traditions that dictate what a woman’s place and role is and what they should do and not do and if they don’t conform they are beaten up.” (Learner, Thabo Mofutsanyana, Free State)

“It is violence that is practiced on someone based on gender, for example because they are gay or lesbian.” (Learner, Thabo Mofutsanyana, Free State)

In the quantitative school survey, attitudes towards gender equality and violence against women (VAW) were measured with a series of five-degree Likert-type questions capturing the
respondent’s level of agreement with statements in relation to gender. With the help of these Likert-type items, three different composite measures in the form of indices were constructed, each capturing a different aspect of GBV:

**Gender Equality**

- On the average, boys are smarter than girls.
- Girls should be more concerned with becoming good wives and mothers rather than desiring a professional or business career.
- Girls should have the same freedom as boys.
- If both husband and wife have jobs, the husband should do a share of the housework such as washing dishes and doing the laundry.

**Girls vs Boys**

- It is okay for a boy/girl to always have a different girlfriend/boyfriend and have sex with many different girls/boys
- Most of the time it is okay for a boy/girl to make fun of his/her girlfriend/boyfriend in front of others.
- Most of the time it is okay for a boy/girl to hit his/her girlfriend/boyfriend if she/he has been unfaithful.
- Most of the time it is okay for a boy/girl to hit his/her girlfriend/boyfriend if she/he is constantly nagging/arguing.
- It is okay for a boy/girl to set limits to where his/her girlfriend/boyfriend goes.
- It is okay for a boy/girl to set limits on how his/her girlfriend/boyfriend dresses.
- It is okay for a boy/girl to shout at his/her girlfriend/boyfriend if he/she is not treating him/her with respect.

**VAW**

- Most of the time it is okay for a boy to make fun of his girlfriend in front of others.
- Most of the time it is okay for a boy to hit his girlfriend if she has been unfaithful.
- Most of the time it is okay for a boy to hit his girlfriend if she is constantly nagging/arguing.
- It is okay for a boy to set limits to where his girlfriend goes.

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125 Negative statements (in terms of attitude) were reversed in the construction of the indices and their order match the original ranking (-2 “Strongly disagree” to 2 “Strongly Agree”). In order to make them more comprehensible the indices were normalized to range from 0 to 10, with a score below 5 reflecting a negative attitude (e.g. “women are inferior to men” or “it is okay to hurt women”) and a score above 5 reflecting a positive attitude.

126 These items were asked in pairs (male vs female subject/object). The index captures the difference between the female and male versions for each item, giving it a theoretical range from -4 (Strongly agree that it is okay for girls and strongly disagree that it is okay for boys) to 4 (Strongly agree that it is okay for girls and strongly disagree that it is okay for boys), which was normalized to 0 to 10. 5 means that the same answer was given to both versions of a question (e.g. Agree that it is okay for girls and agree that it is okay for boys).
- It is okay for a boy to push a girl into having sex if he has spent a lot of money on her.
- It is okay for a boy to push a girl into having sex with her if they are dating.
- It is okay for a boy to shout at his girlfriend if she is not treating him with respect.
- Most of the time it is okay for a boy to shout at his girlfriend if she is constantly nagging/arguing.
- Most of the time it is okay for a boy/girl to shout at his/her girlfriend/boyfriend if she/he is constantly nagging/arguing.

Figure 9 Attitude Indices (Free State)

The results in the chart above show that the overall attitude towards gender equality and VAW is positive, meaning that most respondents, regardless of gender, agree that women and men are equal and it is not okay for boys to be violent against their partners. However, the level of agreement with these sentiments differ significantly between male and female respondents in the Free State, pointing to an ongoing concern about young men’s attitudes towards gender roles and differences.

In contrast, differences between treatment and control schools exist, but they are mostly insignificant and ambiguous. The only slightly significant result concerns male respondents’ attitude towards VAW with the counter-intuitive finding that boys at treatment schools are more likely to condone VAW compared to their peers at control schools (p=0.069).

The qualitative interviews and focus groups with School Committee members tell a different story with many respondents reporting a change in attitudes as a result of the training:

“I can say the training equipped me and changed my attitude because before when I heard that someone was raped I used to think ‘what were they doing out at night?’ but now I understand that rape is wrong.” (Learner, Thabo Mofutsanyana, Free State)
“As a guy these activities have helped open my eyes, they have helped me to respect girls.”
(Learner, Fezile Dabi, Free State)

This is evidence that the programme has had a positive influence on those learners who are being directly targeted by training activities. Parents confirm that their children are more vocal about issues of GBV since being part of Children’s Committees. They are involved in the community activities to address the problem, and offer advice and support to peers and siblings who are exposed to violence:

“My child talks about prevention or taking action against violence against women and children and equality between men and women. She asks that there must be equal treatment between her and brother in terms of gender...she voices her views at home about violence and abuse that affects children and women in the community.” (Parent, Thabo Mofutsanyana)

“My child has learnt to care about what is happening in the community and empathise with people who experience abuse.” (Parent, Fezile Dabi)

“After attending training my daughter is also conscious about issues of safety; she discourages her girlfriends from being in the streets at night because there’s a risk that they may get attacked.” (Parent, Fezile Dabi)

However, concern was raised that there is increased risk of exposure to secondary victimisation as a result of increased reporting and more protection needs to be offered in these cases:

“When women and children exercise their rights sometimes it leads to more victimisation – for example when children report abuse they may be beaten up more at home for reporting the abuse.” (Learner, Thabo Mofutsanyana, Free State)

The respondents were asked if they have witnessed anyone (including teachers) doing any of the following at their school since the beginning of the school year:

- Calling someone else gay or lesbian in a way he or she did not like.
- Making unwelcome sexual comments, jokes or gestures to someone else.
- Touching someone else in an unwelcome sexual way.
- Flashing or exposing him- or herself to someone else.
- Physically intimidating someone else in a sexual way.
- Showing sexy or sexual pictures to someone else who did not want to see them.
- None of the above.

Figure 10 Witness (Free State)
A total of 69% of the respondents in the Free State have witnessed some form of GBV at their school since the beginning of the school year. The most common forms of GBV experienced by the respondents are verbal in nature, like calling someone gay or lesbian who did not like it (35%) or making unwelcome sexual comments, jokes or gestures to someone else (25%). However, about one out of five respondents (21%) has witnessed someone being touched in an unwelcome sexual way.

The differences between treatment and control schools are minor and statistically insignificant, with the exception of verbal assault, which in fact is reported significantly more frequently (p=0.004) at treatment schools than control schools. While it is impossible to explain this finding entirely using the survey data alone, it can be speculated that the interventions at the treatment schools could have increased the learners’ awareness and sensibility towards verbal forms of GBV.

A follow-up question asked learners who have witnessed GBV at their school whether they tried to help the student who these things were happening to.

Figure 11 Did you help? (Free State)
Two out of three respondents who witnessed an incidence of GBV said that they tried to help the person it was happening to. This proportion is slightly larger for learners at treatment school but the difference is statistically insignificant.

Those respondents who negated the previous question were asked what made it difficult to help the student.

**Figure 12 Why didn’t you help? (Free State)**
Not knowing what to do in such a situation was the most frequent answer to this question by learners both at treatment and sample schools, with the proportion being even larger for treatment schools, but statistically insignificantly.

Children in the focus groups and interviews report that they have learnt what to do in case of victimisation with many indicating that they have the skills for identifying and referring cases of violence. Interviews with educators and members of the SGBs/SMTs across all schools confirm that Children’s Committee members are reporting cases of violence and abuse.

“After the Children’s Committee mapped out hot-spots of violence and wrong-doing at the school, the problems of and sources violence were identified and dealt with and now we monitor to ensure that these problems are not happening. Children report any victimisation in the school.” (SMT/SGB member, Thabo Mofutsanyana)

However, a challenge faced by learners is that there is often a lack of support offered by the school in cases that have been referred. This may be linked to the fact that often the perpetrators are the educators as one learner explains:

“Our mission as the Children’s Committee is to find our school violent free, safe and conducive for learning. We find that most cases that are reported to us are against teachers and that is why we find little support from them.” (Learner, Thabo Mofutsanyana)

Some educators report that the programme has had a positive influence on the behaviour of learners and has contributed to a reduction of violence in general:

“There used to be a lot of fighting between the learners at the school but violence and fighting among the learners has reduced drastically because of Save the Children Children’s Committee who raise awareness about violence and encourage positive behaviour among the learners.” (Fezile Dabi, Free State)

“There’s drastic change in the way boys treat girls at the school in terms of fighting and bullying since the information sessions conducted by the school. We used to get complaints from the girls concerning bullying by the boys now boys are showing respect toward the girls and there are no reports of violence concerning boys at the school.” (Educator, Fezile Dabi, Free State)

While these findings provide some evidence of behaviour change and improved safety for learners at school, the quantitative findings below tell a different story.

An additional question aiming to elicit the prevalence of GBV at schools asked the respondents whether anyone they know through school (including teachers) has done any of the following through SMS, WhatsApp, Email, Mxit, Facebook or any other messaging service since the beginning of the school year.

- Sending or posting unwelcome sexual comments, jokes or pictures.
• Spreading sexual rumours about someone else.
• Calling someone gay or lesbian in a way she or he didn't like.
• None of the above.
• Refuse

Figure 13 Online Harassment in last 12 months (Free State)

Online harassment in last 12 months? (Free State)

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>39</td>
<td>37</td>
</tr>
<tr>
<td>Messages/Pics</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>Sexuality</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Rumours</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>Refuse</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

n=750, weighted

Just over three out of five respondents (62%) have committed some sort of sexual harassment or bullying on social media with one out of four of them having received messages and/or pictures of a sexual nature. The differences between treatment and control schools are insignificant.

Aside from these specific questions on the learners’ experiences of GBV at their schools they were also asked if they generally feel safe at their school.

Figure 14 Safety (Free State)
About half (52%) of the respondents in the Free State always feel safe at their school. This is in contrast to one third (33%) of respondents who never or only sometimes feel safe at their school, highlighting the fact that school safety remains a serious problem, regardless of whether a school participated in the Safer South Africa programme or not.

7.5.2 Small Projects Foundation
Focus groups with learners showed that learners have very limited knowledge about GBV. None of the learners were able to provide an accurate definition of GBV and when asked to define VAWC most equated it with bullying. Only a few learners were able to provide examples of violence that is gendered in nature:

“It is violence between husband and wife when a man demands food and yet he did not give the woman money for the groceries.” (Focus group, learner, Eastern Cape)

“Forcing a woman or girl to have sex is sexual abuse.” (Focus group, learner, Eastern Cape)

Figure 15 Attitudes (Eastern Cape)
As in the Free State, the overall attitude towards gender equality and VAW among learners in the Eastern Cape is positive, meaning that most respondents, regardless of gender, agree that women and men are equal and it is not okay for boys to show violence against their partners. Importantly, however, the level of agreement with these sentiments is significantly lower in the Eastern Cape than in the Free State. For example: the average score for female respondents in terms of equality is 6.1 at treatment schools and 6.3 at control schools in the Free State. In the Eastern Cape the same score reads 5.9 and 5.7, respectively.

In contrast, differences between treatment and control schools exist, but as in the Free State they are insignificant and ambiguous. Far more telling is the comparison of GEM/BEM club members at treatment schools with the rest of the learners in the Eastern Cape.

Figure 16 Attitudes (Eastern Cape; GEM/BEM club members vs non-members)
Generally GEM/BEM club members have more positive gender attitudes than their peers, regardless of gender. In the case of the VAW (male p=0.055 and female p=0.045) and Girl vs Boy (male only p=0.045) indices these differences are statistically significant. These results are worth a closer look:

Lacking genuine baseline data (i.e. attitudes of GEM/BEM club members before they participated in the activities), the possibility that the differences between club members and the other learners already existed before the intervention cannot be ruled out (such as if, for example, only particularly “open-minded” learners attend the GEM/BEM meetings). But assuming that the observed differences can indeed be ascribed to the GEM/BEM activities, the effectiveness of the programme in terms of attitude change must be evaluated in two ways. On an individual level the programme is showing a positive impact on the attitudes of learners who participate in its activities on a regular basis. However, the individual impact does not translate into change on a school level.

In terms of changes in behaviour, children in focus groups reported that they are now making more responsible choices when faced with difficult or risky situations and this was attributed to the Bright Futures programme. They also noted an improvement in relationships with their parents who are included as a target group of the SPF programme in schools. Parents confirmed that their children’s behaviour has become more positive and they have become more ‘respectful’ towards adults as a result of the programme.

Aside from a handful of additional questions on the awareness and popularity of GEM/BEM Clubs, respondents in the Eastern Cape were administered the same questionnaires as the respondents in the Free State. This includes the question whether they have witnessed forms of GBV since the beginning of the school year.

**Figure 17 Witness (Eastern Cape)**
In contrast to the Free State where 69% of learners have witnessed some form of GBV since the beginning of the school year, the situation is worse in the Eastern Cape where 73% of learners replied that they had witnessed GBV. Also the nature of assaults differ between the two provinces; while in the Free State they are predominantly verbal, the most common form of assault in the Eastern Cape is by touching someone in an unwelcome sexual way, with one third (33%) of respondents reporting such an incident.

Strangely, “touching” is reported significantly (p=0.044) more often in treatment schools than control schools. Whether this solitary significant difference between the schools with and without an active GEM/BEM club is in any way linked to the GEM/BEM clubs or speaks to a higher level of awareness of GBV at treatment schools remains open to speculation.

A follow-up question asked learners who have witnessed GBV at their school whether they tried to help the student who was being victimised.

**Figure 18 Did you help? (Eastern Cape)**
Less than half of the respondents (44%, compared to 65% in the Free State) who witnessed GBV at their school tried to help the person being assaulted, with a negligible difference between treatment and control schools.

Those respondents who negated the previous question were asked what made it difficult to help the student.

**Figure 19 Why Didn’t you help? (Eastern Cape)**
As in the Free State, not knowing what to do in such a situation was the most frequent answer to this question by learners both at treatment and sample schools. Counter-intuitively, learners at treatment schools used this explanation even more often than learners at control schools, but it also seems plausible that the high proportion of control school learners who refused or did not know what to answer could at least be partly added to the “not sure what to do” category. It is further worth mentioning that the results for actual members of GEM/BEM clubs largely reflect the overall results.

The qualitative data revealed positive changes in help-seeking behaviour by children who have been victimised:

“For the past three years I could not share my problems with anyone. I was abused at home by my own mother who is an alcoholic….she used to call me slut and said I love men and sleep with them and would use money to buy alcohol and accuse me of stealing her money….I reported this to the GEM/BEM members who helped me to report it to the principal and I have now moved to a relative.” (Focus group learner, Eastern Cape)

“I was bullied by a group of girls at school and did not know how to handle them….after I spoke to the group (GEM/BEM members) who confronted them.” (Focus group learner, Eastern Cape)

As these quotes suggest, learners turn to GEM/BEM clubs for support when they are victimised proving that the clubs play an important role in strengthening the protective environment for children at school.

The presence of SPF facilitators in schools for two to three times per week also strengthens the much needed support base for children who are victims of violence:

“There has been a change especially for the girls. They are coming forward to talk to me and ask questions which is an indication that they need someone to talk to as they are scare to talk to their teachers and parents about certain things.” (SPF facilitator)

“Children were scared to speak out about issues that are affecting them but now they speak out when they are being victimised by teachers.” (SPF facilitator)

An additional question aiming to elicit the prevalence of GBV at schools asked the respondents whether anyone they know through school (including teachers) who has been sexually harassing others on social media since the beginning of the school year.

Figure 20 Online Harassment in last 12 months (Eastern Cape)

127 Learners at treatment schools who have attended more than one GEM/BEM activity.
About three out of five respondents (58%) have committed some sort of sexual harassment or bullying on social media. One out of four has received messages and/or pictures of a sexual nature. A significantly (p=0.039) larger proportion of learners at treatment schools compared to control schools reported to have seen sexual rumours being spread on social media.

Aside from these specific questions on the learners’ experiences of GBV at their schools they were also asked if they generally feel safe at their school.

Figure 21 Safety (Eastern Cape)
A much smaller proportion (30%) of respondents in the Eastern Cape than in the Free State (52%) always feels safe at their school, which is an alarmingly small proportion of learners. This result is further exacerbated at treatment schools, where about two out of five (39%) of learners feel safe only sometimes or never.

7.5.3 TLAC and CJCP

While the interviewed Master Trainers all reported significant shifts in knowledge, attitude and practice as a result of their participation in the Opening Our Eyes training, this may not be true for all of them due to deeply entrenched values and beliefs around gender.

Those interviewed report that they now have in-depth knowledge and understanding of the different forms of violence and abuse and contributing factors; the difference between gender and sex; gender roles; consequences of violence; responsibilities of teachers to protect learners; and procedures to follow when reporting cases of violence and the legal processes involved. They have also gained knowledge about facilitation skills.

The training has assisted them to become more critically aware and sensitive about issues related to gender based violence and shifts in attitudes towards more tolerance and respect were mentioned frequently:

“Definitely these discussions I think made a change in us in a positive way….Gay people have rights; they are part of our society, part of our communities. I really feel that I can look at this with a positive eye now whereas we used to look down on these people as though they were evil or doing something wrong. It is still a very controversial issue, but we learnt a lot out of that discussion and it has really made me see these people differently.” (Master Trainer, Eastern Cape)
Numerous examples were provided of how the training has influenced their Education Officials’ practice. The overarching finding is that they have shared their knowledge extensively and have become more proactive in confronting GBV-related incidents whereas in the past they would have preferred to ‘keep quiet’ or ignore them. Examples include becoming more supportive of LGBTI children in the school and being more vigilant and responsive to cases of bullying or abuse among learners or even among educators. It was mentioned a few times that since the training they have been more proactive in addressing cases of educator-learner abuse. Changes on a personal level were also reported as evidenced in the following two stories:

“My involvement in the training has also changed me as a member of my family – like the issue of domestic violence, there are things that you do that you are not aware of that may actually be a form of violence – so, this workshop really changed my mind. As a man, you think that you are not abusing your family but maybe there are things that you are doing or not doing that means that you are.” (Master Trainer, KZN)

“I think the training has really helped me a lot, especially in my personal life… I was abused but could not identify it as abuse. But as I was listening to the facilitators and contributing to the workshops, I could identify that I too had been abused but I had not taken any action – I was not aware that I was even in this situation; did not even know that it was abuse! In our culture, women are taken advantage of in so many ways. I had to stay in an emotionally abusive relationship in my marriage – I even became ill and was eventually diagnosed with depression – but despite all this I thought that my treatment was normal. The old ladies say to us in Sotho, you have to cope with all the challenges of marriage until you die, cope with these challenges and put up with it basically. That is what we as women are told to do. And I did this for a very long time…but now, thanks to the training, now I am divorced and I am really happy.” (Master Trainer, Mpumalanga)

As these quotes reveal, training can be a powerful tool for empowering people to take action in their lives and breaking the cycle of violence and abuse in the home.

Although it is too soon to measure changes for learners, respondents pointed out that the training is a good starting point and recognise the potential for change if cascaded down to school level.

Although the training on the NSSF has not been undertaken by CJCP yet, the response from stakeholders at the provincial consultation workshops has been overwhelmingly positive. The only barrier anticipated is that principals and educators view it as an additional burden to already high workloads and that they may apprehensive in collecting accurate data on school safety for fear that it will be a bad reflection of their school management. The plan to train, mentor and monitor the application of the tool is a good approach which will assist in surfacing challenges with application of the Toolkit, and CJCP has already received alternative funding to implement the framework with 40 schools over five years to monitor effectiveness and outcomes.
7.6 Enablers and barriers to change

At national level, the length of time it took to finalise the NSSF was a barrier to change because a lot of activities hinged on this and were delayed for almost two years.

At school level, the mentoring and support by a strong focal person at the school is a predictor for success for Children’s Committees. However, the culture of violence within the school remains a barrier to change, particularly if this is being perpetuated by the school staff as a number of learners reported:

“Corporal punishment is a culture and sometimes bad language used by the teachers against learners – that is a challenge.” (Learner focus group, Thabo Mofutsanyana)

Poor access to support services also remains a barrier as many learners report cases of abuse but there is no follow-up and support.

The main barrier to change is the strongly held traditional norms that legitimise and perpetuate VAWC and make it difficult for them to report cases of abuse. It is also difficult to support children when there are no interventions to address violence at the level of the family.

“Parents become defensive at times when we talk about GBV or VAWC prevention because they may be doing it [perpetrating the violence] and say that we’re disrespecting them when we talk about this.” (Learner focus group, Thabo Mofutsanyana, Free State)

An enabler for success is the constant, ongoing messages and dialogues about the issue across various platforms at different levels, namely school and the community. This includes radio, community dialogues, children’s clubs, sports events etc.; many of which were undertaken as part of Output 3 of the programme and are explored further in the next section of this report.

7.7 Concluding summary

In terms of efficiency, Output 2 has the largest budget allocation, however, the majority of IPs (SCSA, Childline, TLAC, SPF) report having insufficient financial and human resources to effectively implement their activities.

An assessment of effectiveness reveals that the majority of planned activities under output indicators 2.1 to 2.4 have been implemented while some have been put on hold due to restructuring processes within DBE; and some have been significantly delayed but are planned for rollout during the last quarter of the programme implementation.

Master Trainers, Children’s Committee and GEM/BEM members, out-of-school youth (Mpintshis and GroundBreakers) and SMT/SGB members have all received training on a wide range of GBV-related themes suited to each group including life skills, peer counselling and school safety. In general the feedback from target group and beneficiary training participants for Output 2 reveal that the training interventions have been of good quality and successful at improving knowledge, shifting attitudes and equipping them with skills on what to do in cases of victimisation.
What is the contribution of Output 2 to strengthened prevention and protection measures for children and youth in and out of schools?

The NSSF which has recently been approved by the Minister of Basic Education will contribute significantly to strengthened protection of learners as it provides a common approach to school safety and will guide prevention and response. The standardised tools will also assist with collecting data on the prevalence of violence in schools which can be fed up to the national DBE to influence planning for improved safety and protection of learners.

The findings from the school survey reveal no significant difference between treatment and control schools when measuring levels of beneficiary knowledge and attitudes towards gender equality and VAW. Many learners still witness GBV and the majority feel unsafe in their schools highlighting that school safety remains a serious problem regardless of whether a school participated in the programme or not. However, it was found in the survey with GEM/BEM Club members in the Eastern Cape and the qualitative data with School Committee members that, for those learners who have been directly targeted by the training interventions, there are positive changes in knowledge, attitude and practices around VAWC on an individual level. In the Free State these learners have become agents of change in their schools and communities and in both provinces they have offered support to learners in cases of victimisation. Similar findings were revealed for out-of-school youth targeted by loveLife activities with Mpintshis and GroundBreakers playing an important role in ensuring that children and youth have access to GBV messages in their communities (explored further under Output 3).

Although the training of Master Trainers through Opening Our Eyes was implemented on a much smaller scale than anticipated, emerging outcomes have shown that, besides improved knowledge, it has influenced attitude and behaviour around GBV for those participants who were interviewed. It therefore has the potential to contribute to strengthening prevention and protection measures in schools if cascaded down effectively.

### 7.8 Lessons learnt

| ✓ GEM/BEM Clubs and Children’s Committees provide an effective platform for children to become agents of change in their schools and communities to prevent and respond to VAW and VAC. |
| ✓ To be effective and to maximise the impact of these structures, learners need adequate capacity building on what to do in cases of victimisation; strong support from the SMT; strong linkages with other child protection mechanisms for referral purposes; and buy-in and support from educators, parents and community members. |
| ✓ Based on the above, a ‘whole school approach’ is critical where school management, teachers, students and parents work together to create and implement a ‘safe school’ policy and plan; and the NSSF will provide the tools to develop this common approach to school safety. |
| ✓ Training of district level Master Trainers is a cost-effective way for reaching large numbers of schools and educators but should be coupled with a strategy for selecting suitable Master Trainers; adequate budget for cascading training down to schools; and a strong, well-planned mentoring strategy. The online mentoring provided by TLAC to the... |
8 Presentation of findings for Output 3

Output 3: Social change mobilised in Eastern Cape and Free State Provinces to address violence against women and children.

8.1 Implementing partners
The key IPs for Output 3 include: Sonke, NICDAM, loveLife, and CRF\textsuperscript{128}. A brief overview of each of these implementing organisations is contained in \textit{Annexure 2: Background on implementing partners}.

8.2 Characteristics of programme beneficiaries
The characteristics of the target group sample gives a snapshot of the characteristics of those targeted by Output 3 activities, per organisation.

Table 12 Target group survey sample characteristics

<table>
<thead>
<tr>
<th>Age (mean) Gender</th>
<th>CRF</th>
<th>LoveLife</th>
<th>Sonke</th>
<th>KK Consulting</th>
<th>NICDAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>18.2</td>
<td>25.7</td>
<td>34.7</td>
<td>51.0</td>
<td>35.8</td>
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<tr>
<td>Male</td>
<td>34%</td>
<td>62%</td>
<td>68%</td>
<td>89%</td>
<td>16%</td>
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<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formal employment</td>
<td>0%</td>
<td>26%</td>
<td>19%</td>
<td>56%</td>
<td>26%</td>
</tr>
<tr>
<td>Student</td>
<td>72%</td>
<td>7%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>28%</td>
<td>44%</td>
<td>53%</td>
<td>6%</td>
<td>40%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>23%</td>
<td>26%</td>
<td>38%</td>
<td>34%</td>
</tr>
<tr>
<td>Matric or higher</td>
<td>4%</td>
<td>76%</td>
<td>74%</td>
<td>44%</td>
<td>39%</td>
</tr>
<tr>
<td>Living Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tap water inside house</td>
<td>44%</td>
<td>38%</td>
<td>28%</td>
<td>22%</td>
<td>35%</td>
</tr>
<tr>
<td>Household Size</td>
<td>5.6</td>
<td>5.2</td>
<td>5.9</td>
<td>6.2</td>
<td>7.3</td>
</tr>
</tbody>
</table>

8.3 Efficiency

8.3.1 Sufficiency of resource allocation
All of the IPs involved in the Safer South Africa Programme underwent an extensive selection process, which included assessments of available capacity and skill. Where gaps in specialised knowledge or skill were noted, IPs adopted a variety of methods to overcome such knowledge.

\textsuperscript{128} KK Consulting CC, who were hired as a consultant agency to implement training for Traditional Leaders, also contributed towards Output 3.
gaps. These methods included inter-IP collaboration as well as the use of referrals; for example, for psychosocial support services, which IPs did not have the capacity to deliver. Nevertheless, it was noted that opportunities to share expertise and intervention models in the initial phases of programme rollout would have been extremely valuable in terms of facilitating knowledge exchange and enhancing overall programme efficiency. Limitations in terms of capacity and skill on the part of CBOs charged with programme rollout at local level, were also noted during qualitative data collection.

Challenges affecting efficiency and ability to work within budgetary parameters include expenses incurred for travel; both within larger districts as well as to monthly provincial meetings; and the burden placed on staff capacity in terms of increased levels of administration, monitoring and reporting required as a funding recipient. Some of the implementing organisations noted that their involvement in the programme has required specifically dedicated staff members, which they did not necessarily have at their disposal.

Another limitation experienced in terms of budget was the amount of resources available for allocation to local CBOs. For example, follow-up activities with local government to LAPs into IDPs could not be supported financially. As a result, a low number of achievements in this programme area were reported. However, the appointment of local CBOs to deliver the programme, under IP guidance, worked well in terms of building CBO and provincial capacity, and was a key consideration in the programme’s sustainability strategy.

8.3.2 Timeous implementation or delays
The first DFID Annual Review\textsuperscript{129} notes that the rollout of Output 3 activities was delayed by six months in the Free State and by nine months in the Eastern Cape\textsuperscript{130}. Other factors influencing timeous implementation of Output 3-related activities include the following:

- Programme implementation in the Eastern Cape was delayed when consultations with the House of Traditional Leaders in the province took longer than anticipated\textsuperscript{131}.
- Some of the IPs noted activity rollout delays as a result of their own lengthy contract negotiations with community-based partner organisations\textsuperscript{132}.
- Baseline data collection and the formulation of appropriate training materials during initial phases of the Joint Programme also caused project delays.

\textsuperscript{130} Contributing to the delays in the Eastern Cape was a restructuring process, where the SPU was moved from the Office of the Premier to the Department of Social Development (DSD). Programme inception took place immediately after this restructuring process. As a result, delays were experienced including the development of a two-year Joint Programme work plan. This in turn delayed the completion of Programme Co-Operation Agreements (PCAs) with IPs, which had to be compiled to ensure alignment with DSD priorities.
\textsuperscript{132} NICDAM Quarterly Report for January-March 2015.
8.4 Effectiveness

8.4.1 Output Indicator 3.1: Men and boys who participate in community dialogues based on the ‘One Man Can’ (OMC) Toolkit and report attitudinal and behavioural change (by number).

Milestones:\n
- 1,500 men and boys participating in community dialogues based on the One Man Can Toolkit in the Eastern Cape and the Free State (2013)
- 3,000 men and boys participating in community dialogues based on the One Man Can Toolkit in the Eastern Cape and Free State (2014)
- 3,000 men and boys are equipped for social change against GBV (2015)

Table 13 Output indicator 3.1 planned versus actual activities

| Planned activities | Actual activities (and addressing milestones)\n|--------------------|-----------------------------------------------|
| Sonke Gender Justice\nResearch on GBV prevention activities as part of evidence-based planning and project preparation phase | Research was conducted on GBV prevalence and prevention in the Free State. Lifeline, Welkom Thuthuzela Care Centre and Lesedi Lechabile Primary Health Care participated in study. |
| Support and enhance youth leaders through the MenEngage Africa Training Institute (MATI) and UCT short course on ‘Role of men and boys in preventing GBV’ | One 10-day MATI youth leadership training workshop conducted (Participants included two men and two women) |
| Mobilise men and boys, and promote social behaviour change, communication and | CAT training manual developed, incorporating OMC tools. Manual used to train CATs which were established following community dialogues (reported on under Output Indicator 8.3.2) |

\133 All milestones noted were derived from the following sources: DFID Annual Review: Project Strengthening South Africa’s response to gender-based violence through prevention (August 2012 – September 2013) and Annual Review Summary Sheet: Project Strengthening South Africa’s response to gender-based violence through prevention (29 September – 03 October 2014).

\134 Specific numbers in terms of reporting on actual activities were difficult to ascertain. Documents included in the review did not report consistently across indicators and reporting periods while numbers for certain outputs did not correlate in the reports prepared by different organisations.

\135 Sources for all Sonke activity reporting: Sonke Gender Justice Quarterly Reports for April-June 2013, July-September 2013, January-March 2014, April-June 2014, July-September 2014, October-December 2014, 01 April-31 April 2015, plus respondent input via interviews and focus group discussions.
Narrative report

A key strength noted by the majority of the respondents included in qualitative data collection was the use of local CBOs to facilitate programme rollout at ground level. The following quote refers:

“(Local) CBOs are already accepted and language-wise they are a part of the community and they have a reputation in the community. They also understood dynamics and know how to mobilise and get people to attend and how to approach them. They have an existing network with departments and role players to enable them to mobilise.”

(National IP)

The inclusion of traditional leaders, both male and female, in community dialogues is another key strength as their presence endorsed the programme, while indicating that the community-based discussions are applicable to both men and women. As gatekeepers and respected members of their communities, the traditional leaders’ involvement in the programme served as a catalyst for community participation, particularly among men.

However, numerous challenges were experienced in mobilisation efforts aimed specifically at men and boys. Firstly, IPs reported difficulties with engaging and mobilising men and boys to participate in GBV-related activities because of the perception that gender was a women’s issue...
and did not apply to men and boys\textsuperscript{136}. Coupled with this are male community members’
reported perceptions of gender stereotyping in GBV discussions; that is, that men would be
portrayed as the perpetrators of GBV, while women would generally be portrayed as the
victims\textsuperscript{137}. Consequently, the turnout of men and boys at community dialogues was limited,
despite high numbers of men indicating their attendance at such dialogues during recruitment
drives. It soon became apparent that men-and-boys-only dialogues would not be feasible as
women often had to be recruited from the surrounding community to make up dialogue
numbers in the absence of male participants. Such measures were particularly prevalent during
the initial phases of programme rollout when between 300 and 400 people were targeted for
dialogue participation per event.

To overcome these challenges, the initial community dialogue model was reviewed and revised.
Revisions included the integration of Sonke’s OMC messages into the training manual for
community conversations developed by the UNFPA. This methodology allows for dialogues to
take place with a minimum of 20 participants, thus reducing the number of days required to
mobilise large numbers of dialogue participants as well as the expenses incurred when catering
and hiring large venues for high participant numbers.

Furthermore, it was decided that recruited CAT members, ambassadors and champions should
rather host dialogues with men and boys in the comfort of ‘masculine social spaces’. Therefore,
men were approached in taverns or shebeens\textsuperscript{138}, at sports clubs and via taxi ranks and taxi
associations by Sonke and NICDAM-affiliated programme partners. GBV awareness-raising
activities were also incorporated into local soccer matches and other sport tournaments. The
Sonke Quarterly Report for April to June 2014 notes that these methods achieved a high level of
success, particularly the shebeen dialogues and sports-associated activities, with an estimated
reach of 600 men and boys in that quarter alone.

8.4.2 Output Indicator 3.2: Community Dialogues and Action Plans for GBV prevention
developed and Traditional Leaders trained and reporting attitudinal change (by number)

Milestones\textsuperscript{139}

\textsuperscript{136} This was also noted in a number of the documents reviewed for this section; for example, see NICDAM’s Quarterly Report for July 2014.
\textsuperscript{137} It should be noted that all of the IPs involved in Output 3 undertook concerted efforts to dispel these assumptions.
\textsuperscript{138} Tavern owners were reported as being generally supportive of dialogues taking place during lunch hours, when
men would meet to eat and socialise without high levels of alcohol intake.
\textsuperscript{139} All milestones noted were derived from the following sources: DFID Annual Review: Project Strengthening South
Africa’s response to gender-based violence through prevention (August 2012 – September 2013) and Annual Review
Summary Sheet: Project Strengthening South Africa’s response to gender-based violence through prevention (29
September – 03 October 2014).
• i) 100 community dialogues carried out; ii) 100 traditional leaders trained in the Eastern Cape and Free State; iii) 2,500 youth reached through Born Free dialogues (2013)
• i) 200 community dialogues carried out and 200 community action plans developed; ii) 200 traditional leaders trained in NPA GBV prevention package in the Eastern Cape and Free State; iii) 5,000 youth and adults reached through Born Free (community) dialogues (2014)
• i) At least 200 community dialogues carried out and 200 community action plans developed for sustainable solutions in the Eastern Cape and Free State; ii) at least 200 traditional authorities engaged and trained using the NPA’s GBV prevention package, reporting significant improvement in GBV knowledge and attitudes; iii) at least 7,500 youth reached with GBV prevention messages through Born Free dialogues (2015)

Table 14 Output indicator 3.2 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNFPA</td>
<td></td>
</tr>
<tr>
<td>Programme preparatory phase</td>
<td>Training manual on community dialogues developed[^140]. Manual aimed at skills development in field preparation, managing group dynamics, social capital analysis, exploring concerns, and change of perceptions through community conversations. Master Trainers and 30 community facilitators trained in the Eastern Cape, followed by pilot of community dialogues by trained facilitators in four selected villages (109 community members attended). Training manual on community dialogues finalised based on pilot study findings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sonke Gender Justice[^141]</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme preparatory phase</td>
<td>Community mapping exercise conducted to determine which municipalities to focus on in each district to ensure maximum focus and higher impact levels (Two municipalities selected from five districts; 10 target municipalities in total)</td>
</tr>
<tr>
<td></td>
<td>Training models for traditional leaders developed including OMC methodology, which was integrated into NPA’s National Training Package for Traditional Leaders.</td>
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<tr>
<td></td>
<td>Preparatory community engagements and consultations held with traditional leaders in Thabo Mofutsanyane District (Phuthaditjhaba) in the Free State province as well as the House of Traditional Leaders in Eastern Cape. Possible training dates and community dialogue activities agreed upon.</td>
</tr>
</tbody>
</table>

[^141]: Sources for all Sonke activity reporting: Sonke Gender Justice Quarterly Reports for April-June 2013, July-September 2013, January-March 2014, April-June 2014, July-September 2014, October-December 2014, 01 April-31 April 2015, plus respondent input via interviews and focus group discussions.
<table>
<thead>
<tr>
<th>Conduct community conversations/dialogues in six districts in the Free State (Lejweleputswa, Thabo Mofutsanyane and Fezile Dabi districts) and Eastern Cape (Alfred Nzo, Amathole and OR Tambo districts)(^{142})</th>
<th>171 community dialogues conducted in targeted districts(^ {143}). Target groups for community dialogues included men and boys, women and girls, traditional leaders (male and female), CBOs, plus local and provincial government officials. Topics covered during community dialogues include GBV – what it is plus primary contributing factors, domestic violence, men-on-men violence, crime, gang-related violence, substance abuse, medical male circumcision, and accessing support services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate the formation of CATs</td>
<td>Two initial community dialogues conducted – one in Free State and one in Eastern Cape (Free State: 150 participants reached in Kutlwanong in Lejweleputswa district; Eastern Cape: over 150 participants reached in Chafutweni in Amathole district; 32 community members signed up as CATs). Recruitment of CAT members continued throughout the programme cycle, with each CAT comprised of five to 10 members. Final number of CATs established cannot be determined due to constant fluctuations in member numbers and reported lack of sustainability of teams. However, the DFID Annual Review (2012-2013) notes that 13 CATs had been established and trained during first year of programme rollout; while Sonke Quarterly Reports indicate that a further 24 CATs were established by the organisation (11 in the Free State and 13 in the Eastern Cape).</td>
</tr>
<tr>
<td>Develop LAPs on GBV prevention and facilitate integration of LAPs for sustaining GBV prevention</td>
<td>Development and refinement of LAPs incorporated into OMC training offered to CAT members. Also directly linked to community dialogues to facilitate LAP development plus community ownership and support of final LAP(^ {144}). 109 LAPs developed by CATs, CBOs and community members. No disaggregation by province; however, Sonke Quarterly Report for April to June 2014 notes 21 LAPs formulated in Free State and seven in Eastern Cape; while Quarterly Report for October to December 2014 notes that nine LAPs were formulated in the Free State and two in the Eastern Cape. Sonke hosted a delegation of UNFPA and government representatives on the 4(^{th}) of December 2014 in Centane, Amathole District in Eastern Cape, as part of the Provincial Policy Summit. CATs and CBOs presented their LAPs to the delegation and were acknowledged by delegates for their...</td>
</tr>
</tbody>
</table>


\(^{143}\) As per PIU comment on draft report.

\(^{144}\) This measure – while a positive one – also had a negative impact in that in the event of a drop in the number of community dialogues taking place, a similar drop occurred in the development of LAPs.
Government representatives pledged follow-up in terms of making recommendations for continued government support and strengthening of Sonke interventions in the province.

Conduct training of 29 traditional leaders on Gender, Culture and Human Rights in OR Tambo district in Eastern Cape (Emboland traditional councils in Qumbu and Dalindyebo traditional councils in uMthatha).

30 members of traditional councils identified and notified of OMC training; training materials prepared and training logistics organised. Invitations to attend training extended to other IPs in the Safer South Africa programme, for example: loveLife, NICDAM, CRF, and SPF. Traditional leader training in Eastern Cape scheduled for first week of May 2015 in uMthatha.

NICDAM

| Conduct 82 community-based dialogues on GBV prevention | 82 community dialogues conducted via local partner CBOs and 4,825 community members reached. Disaggregated as follows:
| | Eastern Cape: 2,315
| | Men – 856
| | Women – 1,459
| | Adults – 1,411
| | Youth – 579
| | Free State: 2,510
| | Men – 1,008
| | Women – 1,502
| | Adults – 1,336
| | Youth – 1,174 |

Develop 82 LAPs during community dialogues, plus conduct follow-up visits regarding progress and implementation of LAPs, and integration of LAPs into municipal IDPs.

82 LAPs developed (July 2014) and 36 follow-up visits conducted regarding progress in implementation. Eight discussions hosted with local authorities, DSD and SAPs regarding integration process. End-of-project consolidation of LAPs.

Identify 12 ambassadors and champions of GBV prevention and gender equality during community dialogues, and conduct 12 follow-up visits with 96 ambassadors conducted to provide support and guidance regarding GBV prevention.

145 Sources for reporting on NICDAM activities include Quarterly Reports for May to July 2014, 04-31 July 2014, 01 July to 30 September 2014, 01-31 August 2014, October-December 2014, and January-March 2015; plus interviews and focus group discussions.

146 UNFPA 2014/2015 Annual Work Plan with NICDAM.

147 Ibid
visits/activities to support, mentor and monitor the progress of local community champions and ambassadors\textsuperscript{148} & Electronic communication established through bulk SMS and WhatsApp messaging to motivate and support champions/ambassadors.

Facilitate project sustainability via two sustainability planning meetings, led by NICDAM, to assist role players (CBOs, ambassadors, champions and local government), plan for project sustainability and evaluate the project\textsuperscript{149} & Conducted evaluation at end of 2014 plus rapid assessment of IDPs and plans of sector departments in two target districts (one in Eastern Cape and one in Free State). Reports compiled including findings and recommendations for follow up interventions.

\textbf{loveLife}\textsuperscript{150} & GBV posters and booklets / referral resources designed as promotional material to be distributed at screenings and when BFDs are conducted. BFDs conducted with 50 to 100 participants attending each dialogue. Target groups include both youth and parents to enable intergenerational discussion, and topics discussed include: who is responsible for GBV?; make a change in your community – stop GBV; effects of GBV; and alcohol abuse and GBV.

2013:
Free State: 1,816 young people engaged in BFDs focussing on GBV as the core topic, comprised of 1,225 men and 591 women.
(No input on number of BFDs conducted in the Eastern Cape)

2014:
33 community screenings conducted in Free State (Botshabelo, Kutlwanong, and QwaQwa). Numbers reached 2,393, comprised of 971 men and 1,422 women (July-September 2014; October-December 2014)
39 community screenings conducted in Eastern Cape (Bizana, Mlungisi, Mlungisi, uMthatha, Sakhulutsha, and KwaNobuhle). Numbers reached 2,954, comprised of 1,275 men and 1,679 women (July-September 2014; October-December 2014)

\textsuperscript{148} Ibid
\textsuperscript{149} Ibid
\textsuperscript{150} Sources for reporting on loveLife activities include UNFPA two-year work plan with loveLife (1 January 2013 – 31 December 2014), plus Quarterly Reports for July to September 2013, October to December 2013, January to March 2014, April to June 2014, July to September 2014, October to December 2014, January-March 2015, April 2015; plus interviews and focus group discussions.
\textsuperscript{151} BFDs are generally one hour long and include a screening followed by discussions of the screened content and, finally, the formulation of an LAP. For this reason, these activities are reported on collectively.
\textsuperscript{152} Precise and final numbers on the number of screenings conducted and the reach for all BFDs could not be ascertained.
The Quarterly Report for April-June 2014 notes that 789 participants attended BFDs, which included two video screenings and one vox pop on working with someone experiencing GBV, and GBV and crime reporting (no disaggregation); while the Quarterly Report for July-September 2014 notes that 961 youth were reached via 18 BFDs in the Eastern Cape and Free State, of which 463 were male and 498 were female. In last quarter of 2014, a further 1,400 youth were reached through 15 dialogues (four in Free State and 11 in Eastern Cape) of which 496 were male and 904 were female.

In April 2015, one BFD was conducted in QwaQwa (Free State) and one BFD conducted in Biyaza community in OR Tambo district (Eastern Cape). Intergenerational communication, xenophobia and ukuthwala (forced marriage) were included in discussions.

### KK Consulting

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
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</table>
| To provide GBV / domestic violence training to 200 traditional leaders in the Eastern Cape and Free State using the NPA Integrated Training on Domestic Violence manual | Five three-day workshops conducted in July and August 2014 (four in Eastern Cape and one in Free State); 171 traditional leaders trained of which 113 are male and 58 are female; disaggregated per area as follows:  
Eastern Cape:  
88 in OR Tambo district  
Male: 55 and Female: 33  
35 in Amathole district  
Male: 22 and Female: 13  
Free State:  
48 in Thabo Mofutsanyane district  
Male: 36 and Female: 12  |
| Facilitate the drafting of community safety plans                        | Training workshops noted above included input on preparation and components of a community safety plan.  
Five community safety plans developed from individual safety plans crafted during training. |

### Narrative report

As outlined in the table above, a number of different activities were conducted by UNFPA, Sonke, NICDAM, loveLife, and KK Consulting to ensure that community dialogues took place and that traditional leaders were trained on GBV and VAWC. These included: a) establishing working

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Sources for reporting on KK Consulting activities include KK Consulting. 09 May 2014. UNFPA Proposal: BGV training for traditional leaders in the EC and Free State; KK Consulting. Final Narrative Report: Training Workshops for Traditional Leaders on their Role in the Prevention of Gender-based violence and Promotion of Gender Equality in the Eastern Cape and Free State Provinces (15 September 2015); plus interviews and focus group discussions.
agreements with local organisations followed by capacity building of selected staff; b) the recruitment and training of CATs using the OMC training methodology\(^{154}\), and c) the recruitment and training of champions or ambassadors as per the NICDAM model. Workshops were also conducted by KK Consulting for 171 traditional leaders, with a further training intervention for 30 traditional leaders noted as being planned by Sonke for May 2015.

The nature of KK Consulting’s workshop-style intervention with traditional leaders is reflected in the survey results. All or almost all of the survey participants agree that the programme makes a real difference and is useful, while 67% agree that they received ongoing support from the organisation. However, during qualitative data collection, a high number of traditional leaders noted that the training had been limited to a once-off intervention. KK Consulting staff confirmed that this had been a key constraint and that prior to conducting any further training, the organisation had requested a budget for mentoring services and follow-up with those traditional authorities who had already been capacitated.

It was noted that follow up activities, for example, further development of community safety plans and a refresher workshop, are included in the 2015 Joint Programme work plan. Through a competitive process UNFPA has contracted KK Consulting to implement these follow-up activities in the Eastern Cape and Free State for the same group of participants as initially targeted\(^{155}\).

Additional survey data regarding the capacity building conducted by KK Consulting is captured in the figure below.

**Figure 22 Feedback from KK Consulting target group**

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\(^{154}\) Sonke Quarterly Reports for January to March 2014 and October to December 2014 note that a total of 42 CATs received OMC campaign training.

\(^{155}\) These activities will be fully implemented by the end of July 2015.
A total of 253 dialogues were facilitated by Sonke and NICDAM and their affiliated CBOs, CATs, champions and ambassadors as part of the Joint Programme. 196 LAPs have been finalised thus far; that is, 109 via Sonke initiatives, 82 via NICDAM and partner organisation interventions, plus five safety plans which were finalised by traditional leaders following the training workshops undertaken by KK Consulting.

The number of adults and youth reached with GBV messaging across all interventions appears to be in the region of 10,500. Unfortunately, there is insufficient data to offer an estimate of the number of youth reached through the BFDs specifically.

A key facilitator in terms of using community-based initiatives for social change is the use of service providers and partner organisations that have an extensive amount of experience in community mobilisation methods. However, a number of challenges were experienced which impacted negatively on the quality of scheduled events. These include:

- Poor organisation; for example, insufficient lead time to ensure that events or campaigns were well-publicised and hence well-attended.
- Limited access to transport facilities for community mobilisers as well as participants.
- A lack of access to necessary resources such as a budget for sufficient catering and for workshop materials such as flipchart paper, khokis and loud hailers.

Interestingly, while initiatives such as the BFDs and community dialogues were acknowledged as a key means of facilitating constructive intergenerational dialogue, a high number of respondents noted that CAT members, GroundBreakers, champions and ambassadors were often young people in their late teens and twenties; hence older community members were sometimes reluctant to take their input seriously.
A strength in terms of sustainability-related activities is that Sonke has facilitated the development of sustainability plans for CATs and local partner CBOs through the hosting of four ‘round off’ meetings, which were hosted in the Eastern Cape (Alfred Nzo and Amathole Districts). NICDAM has also supported the development of sustainability plans, plus is in the process of providing ongoing mentoring of the implementation of these plans. This mentoring will be provided until the end of the Joint Programme.

**Effectiveness of community dialogues as a way to change people in the community**

A high number of interview and focus group respondents consider the community dialogue and/or conversation a highly effective means of mobilising for social change. Contributing to this is the fact that community dialogues, apart from being considered an innovative, informative and educational approach, are also very much community-based and community-driven initiatives, thus encouraging high levels of local support and ownership. Another key strength of the community dialogue methodology for enabling social change is the sense of community cohesion and cooperation created via collective discussions and decision-making. Other respondents noted the effectiveness of community dialogues as a means of creating platforms for sharing mutual challenges. However, of even greater importance was the strategic use of such platforms to facilitate collective consultation and formulation of community-based solutions.

The highly participatory nature of the community dialogue, in that it can be attended by people of all ages and socio-economic levels, as well as by multiple stakeholders including local leaders, councillors and government officials, ensures that all are offered the opportunity to give voice to their concerns and are informed of key issues and current information. Respondents also noted that the community dialogue is a less formal forum for discussion, which encourages participants to speak about issues affecting them, including those considered of a highly sensitive nature.

The following challenges associated with the community dialogue methodology were raised by research respondents:

- As noted in Section 3.1 above, community dialogues tend to be dominated by women who are often available for such activities during the week, while men are employed or engaged in income-generation activities. Consequently, low male attendance at community dialogues was reported.
- Misperceptions of GBV, possible stigmatisation, peer pressure, and the sense that men are always labelled as the perpetrators and aggressors in discussions of GBV, were also

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156 Twelve CAT groups were included in these meetings and four sustainability plans were developed, two in each district.
noted as primary deterrents for male participation and contribution at dialogue sessions.
- Reluctance by dialogue participants to discuss personal issues in a public forum for fear of secondary victimisation, family shame and stigmatisation.

Door-to-door campaigns were conducted to overcome the above mentioned challenge.

8.4.3 Output Indicator 3.3: Community Based Organisations (CBOs) trained on GBV prevention using "One Man Can" methodology (by number)

Milestones\textsuperscript{157}:
- Four CBOs trained on the OMC Training of Trainers (TOT) material (2013)
- 20 CBOs trained on the OMC TOT material in the Free State and Eastern Cape (2014)
- 20 CBOs trained on GBV prevention using the OMC methodology (2015)

Table 15 Output indicator 3.3 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sonke Gender Justice</strong></td>
<td>21 CBOs received training on GBV prevention using the OMC toolkit and CAT methodologies. Training also aimed to equip partner organisations with the necessary skills/processes for better intervention planning as well as follow-up. Total number of staff members trained was 249; 52 in 2013 and 197 in 2014. Men and boys trained in 2014: 127 Women trained in 2014: 71 (No disaggregated data provided for 2013)</td>
</tr>
<tr>
<td>Train partner organisations/CBOs in Eastern Cape and Free State to scale up mobilisation of men and boys as partners in GBV prevention through the One Man Can Toolkit</td>
<td></td>
</tr>
<tr>
<td><strong>NICDAM</strong></td>
<td>Meetings attended</td>
</tr>
<tr>
<td>Facilitate project start-up phase (including district start-up site visits, two DSD provincial project introduction meetings, and contracting meetings with CBOs to enable the signing of 12 contracts)\textsuperscript{159}</td>
<td></td>
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</tbody>
</table>

\textsuperscript{157} All milestones noted were derived from the following sources: DFID Annual Review: Project Strengthening South Africa’s response to gender-based violence through prevention (August 2012 – September 2013) and Annual Review Summary Sheet: Project Strengthening South Africa’s response to gender-based violence through prevention (29 September – 03 October 2014).

\textsuperscript{158} Sources for all Sonke activity reporting: Sonke Gender Justice Quarterly Reports for April-June 2013, July-September 2013, January-March 2014, April-June 2014, July-September 2014, October-December 2014, 01 April-31 April 2015, plus respondent input via interviews and focus group discussions.

\textsuperscript{159} Source: UNFPA 2014/2015 Annual Work Plan with NICDAM.
Capacity building phase including five day master training of NICDAM project coordinators and facilitators (10), plus two six-day trainings of appointed CBOs on GBV, Community Capacity Enhancement (CCE) methodology and project administration

<table>
<thead>
<tr>
<th>Master training conducted in Eastern Cape 9\textsuperscript{th} to 14\textsuperscript{th} of June 2014</th>
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<tbody>
<tr>
<td>Participants: 17 (including four social workers)</td>
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<tr>
<td>Master training conducted in Free State 23\textsuperscript{rd} to 28\textsuperscript{th} of June 2014 (number of participants not indicated)</td>
</tr>
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<table>
<thead>
<tr>
<th>Two training workshops conducted with CBOs on GBV, CCE methodology and project administration</th>
</tr>
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<tbody>
<tr>
<td>Participants included:</td>
</tr>
<tr>
<td>Female: 27</td>
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<tr>
<td>Male: 6</td>
</tr>
<tr>
<td>(12 youth and 21 adults)</td>
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Free State: Five CBOs identified and trained from 11\textsuperscript{th} to 15\textsuperscript{th} of June 2014; mentoring took place 23\textsuperscript{rd} to 27\textsuperscript{th} of June 2014

Eastern Cape: Five CBOs identified and trained

Four SLAs signed with CBOs who were prepared for 2015 through learning event hosted in March by NICDAM.

Aim: To provide support to local champions within CBOs to conduct advocacy and social mobilisation activities; to conduct learning events focused on advocacy, scaling-up of community-based GBV prevention activities, plus offer guideline for development of activity plans.

Narrative report

Training on GBV and community mobilisation methods was provided to CBOs primarily by Sonke and NICDAM. Training content included input on gender equality and gender roles; GBV, for example, what GBV means and the forms thereof; and how to rollout GBV- and crime-prevention activities. Other training content noted by target groups included input on human trafficking as well as community dialogue techniques.

Quantitative survey findings note that almost all of the Sonke participants feel positive about the impact of the programme. About nine out of ten are satisfied with the support and guidance they received and agreed that their training was adequate. This was confirmed during qualitative data collection where a high number of respondents, particularly those located in the Free State, noted that they had experienced a significant improvement in their understanding and knowledge of GBV, VAWC and the importance of a gender equitable society. Sonke’s use of participatory and practical workshop methods was particularly appreciated. However, when asked regarding programme organisation during the survey, a slightly lower proportion of respondents answered in the positive (80% in Eastern Cape, 86% in Free State). The figure below summarises this and other survey findings relating to Sonke’s target group.

\[160\] Source: UNFPA 2014/2015 Annual Work Plan with NICDAM; Minutes of Internal Project Planning Meetings.
All or almost all NICDAM participants that participated in the survey think that the programme is having a positive impact. The programme is generally considered well-organised (89%) and the mentoring and training considered adequate by most respondents. Some respondents in the Eastern Cape (largely concentrated at NICDAM Bizana) disagree with this general assessment. Due to the small sample size of the Eastern Cape and the fact that the Free State has nearly twice as many respondents in the sample overall, results for the Eastern Cape appear different from the general results. For example, in the Eastern Cape, one out of three (36%) respondents denied having received ongoing support and training, while just over one out of four maintains that the training was inadequate. Furthermore, 57% of the respondents in the Eastern Cape survey indicated that they were satisfied with the support and guidance received from the organisation. Survey results for both provinces are outlined in the figure below.
The majority of qualitative respondents felt that NICDAM’s training had been relevant, informative, well-organised, and professionally delivered. The organisation’s mentorship was also confirmed as being conducted telephonically as well as through on-site visits and support; for example, respondents noted that NICDAM staff had co-facilitated community dialogues with them. The following quote outlines the mentoring process provided by NICDAM:

“Yes, the mentoring was provided...helped us to develop a programme for the day, how to introduce the programme in the community, and also explaining the objectives of the programme. (The mentor) even came with us on that one event we had...was with us the whole day and was very helpful. Even before that day of dialogue...was always phoning and checking whether everything is in place.”

**Strengths and challenges**

All six respondents who answered the question ‘Do you feel sufficiently equipped to rollout community dialogues in your community?’ confirmed that they felt sufficiently knowledgeable and confident to organise and facilitate community dialogues. In addition to this, all of the target group respondents noted that they also felt confident to share their knowledge with CBO colleagues who had been unable to attend the training or to sustain capacity building within their organisation. However, an important oversight in terms of training content and input was noted:

“The messaging around GBV was not the same. If you say the same thing, it is more impactful...the messaging was difficult for us...” (Implementing partner)
In addition certain messaging was considered ‘incorrect’ or culturally inappropriate within certain contexts. As noted by a respondent from one of the IPs:

“We had lots of information, but it was not digestible for the CBOs to deliver the messages culturally correctly within the communities.” (Implementing partner)

This observation was echoed by a member of one of the CBOs located in the Free State who felt that the training, while of good quality, was often too theoretical in terms of the contexts in which it would be used or applied.

Other challenges noted include the lack of CBO capacity and skill as well as CBO commitment to the programme. To address this, IPs collaborated with DSD, who offered advice and input regarding which CBOs would be the most suitable for programme participation and who, the department felt, would offer the greatest value to the programme.

**Follow-up in communities after dialogues**

As per the community dialogue model, two key follow-up activities need to take place following a successful dialogue; namely, the formation of a CAT followed by the formulation of a LAP. Despite additional interventions by IPs to ensure CBO sustainability of community dialogues and follow-up activities\(^\text{161}\), it appears as though capacity and resource constraints are hampering CBO efforts in this regard. This is further explained in the quote below:

“Did the dialogues for six months and expected that they are also following up on the LAPs – they had to do two dialogues per month which was an unrealistic expectation...to also expect them to do LAPs...no resources and their capacity within the organisation...They tried to do workshops and info sessions but you can’t invite community members and not give them anything.” (Implementing partner organisation)

Very few of the CBO respondents noted any form of follow-up activity by their respective organisations.

As previously noted, CBOs were incentivised financially for conducting community dialogues. No funding or support was available for the facilitation of LAPs nor was provision made for further dialogue facilitation and LAP support. Consequently, CBO capacity to implement and follow up on these particular activities is being negatively affected. The following quote elaborates:

\(^\text{161}\) CBOs, CATs and GroundBreakers received training on guidelines and process of IDPs to capacitate these stakeholders to continue this process within their communities. The training was facilitated by Sonke together with DSD/NPU. NICDAM also offered support to participating CBOs in terms of organisational development to ensure that activities could be sustained in communities following Joint Programme culmination.
“There was an expectation of the CBOs to go ahead and present activity plans developed during the dialogues. The CBOs were meant to go ahead without any support to implement the activities and because it costs money and there are resource implications and they need support and assistance...it was not there so very little materialised.”

(Implementing partner organisation)

The integration of LAPs into local government IDPs has been limited to date. This might be attributed to the fact that IDPs are only revised once per year and hence the inclusion of LAP issues will require some time. A respondent also argued that even if integration did take place, resource constraints and a lack of capacity within local government might still hamper community safety and GBV action plan implementation efforts going forward. Nevertheless, Sonke has reported that this particular challenge is to be actively addressed in 2015 and, as such, has gained a seat on the IDP forum to enable more strategic lobbying for LAP plan integration, while a number of CBOs are attempting to address these constraints at local level through engagement with ward councillors and community development workers. Additional support measures are being provided by NICDAM; for example, the organisation conducted a rapid assessment of IDPs in two of the targeted districts in the Free State to determine the integration of GBV and related social issues in IDPs.

In the interim, and in the absence of formal agreements and financial support of local CBOs, the responsibility of sustaining community dialogues and the compilation of LAPs has been allocated to members of the CATs. However, it was noted during interviews and focus group discussions that many CAT members are learners and therefore have to reduce levels of community activity around exam and holiday periods. CAT membership is also voluntary - therefore a high attrition rate among the teams appears to be an ongoing challenge, particularly when older members reportedly become aware that their service is not income-generating and are forced to leave the CAT in search of paid employment.

**Ensuring outreach of community dialogues**

Despite the constraints noted in the section above, it appears as though some CBOs have attempted to ensure that community education and awareness-raising can be conveyed to those living in hard to reach areas. These include community radio station broadcasts and door-to-door campaigns as well as the use of schools and churches as a means of disseminating dialogue event and GBV information.

**8.4.4 Output indicator 3.4:** Children and adults reached by weekly radio broadcasts and other multimedia platforms with VAWC prevention messages, including voices of youth (by number) and GBV champions.
Milestones:

- Six participating radio stations; 100 youth presenters trained on the use of media to advocate against VAWC; 55,000 child and youth listeners reached with GBV-related radio programmes; 88 youth citizen journalists trained using TOT, accredited citizen journalism and GBV material (2013)
- 12 participating radio stations; 200 youth presenters trained on the use of media to advocate against VAWC; 300,000 child and youth listeners reached with GBV-related radio programmes; MediaWise content on GBV produced through youth citizen journalism (2014)
- 14 participating radio stations nationally; 200 youth presenters trained; a total number of 850,000 adult, child and youth listeners reached with GBV prevention messages including voices of youth; 88 youth citizen journalists trained using TOT, accredited citizen journalism and GBV material, and MediaWise content developed (2015)

Table 16 output indicator 3.4 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sonke Gender Justice</strong></td>
<td>One marching banner with Safer South Africa message produced</td>
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<tr>
<td>Conduct advocacy sessions</td>
<td>2015 activities include the following:</td>
</tr>
<tr>
<td></td>
<td>- One advocacy session in Eastern Cape</td>
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<tr>
<td></td>
<td>- One advocacy session in Free State</td>
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<tr>
<td></td>
<td>- Production of a Joint Advocacy Documentary – this will include loveLife and NICDAM activities</td>
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<tr>
<td></td>
<td>- National policy dialogue planned for first week of August 2015</td>
</tr>
<tr>
<td>Produce advocacy and promotional materials, including publications and media articles, on role of men and boys in GBV prevention</td>
<td>Short film produced on the Safer South Africa Programme, focusing on the CAT model and locally-based advocacy – this film was showcased at the 2nd MenEngage Global Symposium, held in New Delhi, India. Partnership developed with Siyanqoba Beat It (Kokstad, Eastern Cape), which has access to radio and print media – therefore provided opportunities to introduce CATs to media platforms. Siyanqoba to integrate OMC into their social mobilisation work.</td>
</tr>
</tbody>
</table>

162 All milestones noted were derived from the following sources: DFID Annual Review: Project Strengthening South Africa’s response to gender-based violence through prevention (August 2012 – September 2013) and Annual Review Summary Sheet: Project Strengthening South Africa’s response to gender-based violence through prevention (29 September – 03 October 2014).

163 Sources for all Sonke activity reporting: Sonke Gender Justice Quarterly Reports for April-June 2013, July-September 2013, January-March 2014, April-June 2014, July-September 2014, October-December 2014, 01 April-31 April 2015, plus respondent input via interviews and focus group discussions.
2015 activities include the production of three human interest stories/case studies

### Children’s Radio Foundation (CRF)\(^{164}\)

<table>
<thead>
<tr>
<th>No specific planned activities documented</th>
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- Radio production guides developed by the Young Reporters Network (YRN) Programme.
- Four CRF sites selected for the Joint Programme with 15 youth at each site.

**One Free State site:**
Radio QwaQwa in Free State (15 youth reporters: nine female and six male)
- Training of two local youth facilitators took place 14\(^{th}\) to 17\(^{th}\) of July 2014, together with training of new young reporters.
- Production of radio shows by youth reporters commenced August 2014. Youth programme broadcast twice per week (Saturday and Sunday) covering topics such as HIV/AIDS, GBV, VAWC, substance abuse, bullying, crime, gangsterism, teenage pregnancy, forced marriage, and any other topics relevant to local community.
- Outreach activities conducted by youth reporters.
- On-site refresher training offered in January 2015 on Module 4 (covering HIV, GBV and protection) and toolkits around HIV/AIDS testing produced for training.

**Three Eastern Cape sites:**
Forté FM (Fort Hare), Unitra FM (uMthatha) and Vukani FM (Alice)
- Training of youth reporters offered in March 2014.
- Production of radio shows by youth reporters commenced April 2014. Youth programme broadcast once per week (Saturday) covering topics such as HIV/AIDS, GBV, VAWC, substance abuse, bullying, crime, gangsterism, teenage pregnancy, forced marriage, and any other topics relevant to local community.
- Community outreach activities also conducted by youth reporters.
- On-site three-day refresher training conducted for youth and youth facilitators/mentors at each site on Module 4 (covering HIV, GBV and protection) and toolkits around HIV/AIDS testing produced for training.

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\(^{164}\) Sources for all CRF activity reporting: Young Reporters Network Quarterly Reports for June-August 2014, September-December 2014, January-March 2015; Eastern Cape Progress Report (8 June 2015), interview with YRN South Africa Project Manager and CRF Executive Director; respondent input via interviews and focus group discussions.
Vukani (January 2015), Unitra (November 2014), and Forte (December 2014).
- Training of trainers (TOT) conducted in East London on 30th to 31st of May 2015. Included all NACCW facilitators (three) and radio station mentors (16 participants in total)

Training of five regional trainers (RTs) conducted in September 2014 to bolster RTs support to youth, facilitators, station management and CBOs; and to aid development of quality radio programming.

Training guidelines and sample shows on GBV were produced in partnership with the Children’s Institute in November 2014 and shared with all CRF sites for 16 Days of Activism campaign.

Quarterly listening/focus groups held with stakeholder groups in targeted communities in May, July and August 2014.

On-site, two-day refresher training on Modules 1 and 2 scheduled for 21st of March and 3rd of May 2015. Additional content to be covered is Ubuntu.

<table>
<thead>
<tr>
<th>loveLife(^{165})</th>
<th>MediaWise training content developed, including input on GBV, technical skills, interviewing and reporting skills. 200 manuals printed, plus pamphlets. Citizen journalism training provided at three Free State and five Eastern Cape loveLife Y-centre sites to youth journalists/GroundBreakers, including input on integration and dissemination of GBV messaging through media and social media platforms (during period June to September 2013). Eight GroundBreakers (four male and four female) trained. GroundBreakers trained: 40 Mpintshi and 40 out-of-school youth (34 male and 45 female, 1 not noted) in Free State and Eastern Cape on GBV prevention and citizen journalism, including use of radio and social media as a tool for social change (Quarterly Report for January to March 2014)(^{166}).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide training of youth media journalists (GroundBreakers) on citizen journalism / content production for scaling-up GBV prevention messages in Eastern Cape and Free State.</td>
<td></td>
</tr>
</tbody>
</table>

\(^{165}\) Sources for reporting on loveLife activities: Quarterly Reports for April-June 2013, July-Sept 2013, October-December 2013, January-March 2014, April-June 2014, July-September 2014, October-December 2014, January-March 2015, and April 2015. Please note that loveLife initiatives relating to awareness raising targeting out-of-school youth is also discussed in Section 7 Presentation of findings for Output 2 (above).

\(^{166}\) It was noted during interviews with loveLife staff that 66 participants had been trained in the Free State in total, including 6 GroundBreakers (3 male and 3 female) and 60 Mpintshi.
Develop and disseminate GBV prevention education programmes and messages targeted at young people (aged 10 to 24 years) using multimedia platforms, including national and community radio stations, SABC African language stations and other social media platforms

| Content produced: | More than 20 videos produced by GroundBreakers and Mpintshis incorporating MediaWise content; plus 44 three- and five-minute features produced (October to November 2013, April to September 2014, October to December 2014). Nine vox pops produced: Content included 'Being a man and a woman in South Africa: Power and Inequalities', based on content grid approved by UNFPA; consequences of GBV; and A future with no GBV begins with us (circles of positive influence). |
| Social media platforms: | Eight MediaWise GroundBreakers were set up on Facebook and Twitter, then initiated an online GBV prevention campaign. Approximately 311 Facebook and Twitter posts by loveLife in 2013 and 2014 (reached by approximately 275,000 young people (Quarterly Reports for October to December 2013, April to June 2014 and October to December 2014); plus 30 Mxit and UNCUT GBV articles and/or debates/polls posted by loveLife reaching an estimated 1.5 million (Quarterly Reports for September to December 2013 and October to December 2014) Mxit included four Foxy Chix episodes on sex and negotiation and five messages referring young people to the Mxit counselling app as a resource. A GroundBreaker WhatsApp group was also established for support and continuous engagement with GroundBreakers on GBV matters. |
| Radio: | Memorandums of Understanding (MOUs) signed with 10 community radio stations\(^{167}\) with estimated young listenership (10 to 24 years) total of 947,000 (Quarterly Reports for July to September 2013 and October to December 2013) or total reach of 6,580,000 (as of quarterly reporting period October to December 2014). As per agreement, broadcasts were planned to take place on the following issues: - Defining manhood and womanhood in South Africa - Raising the boy child and the girl child in a new age - The transition into womanhood - Who is a potential perpetrator of violence and who is likely to tolerate - When the perpetrator and victim are both minors Quarterly Report for October to December 2013 notes broadcasting of eight shows over eight weeks on 13 community radio stations. All radio slots were publicised across social media platforms and, in the Eastern Cape, |

\(^{167}\) Including Unitra FM, Unique FM, Inkonjane FM, Icora FM, Masupatsela FM, Naledi FM Lukhanji FM, Khanya FM, Mafisa FM.
content production was complemented through face-to-face interaction with communities; for example, Mlungisi Y-centre participated in a door-to-door campaign in the Stutterheim area to increase awareness regarding GBV-related activities.

**Radio programme with SABC African languages / national radio stations:**

Lesedi FM (Free State) with total listenership of 43,476,000 (Quarterly Report for October to December 2014) and programme reach of 997,000/767,300; plus Umhlobo Wenene FM (Eastern Cape) with a total listenership of 51,540,000 (Quarterly Report for October-December 2014) and programme reach of 980,000/834,300168.

Quarterly Report for October to December 2013 reports that a 10-minute weekly slot was secured on the above radio stations, where different themes on GBV are unpacked. Quarterly Report for July to September 2014 reports that this timeslot was later extended to 15 to 30 minutes, with expert guests hosting sessions where topical issues relating to GBV are discussed plus a listener slot. The same format is used for community radio stations, with GroundBreakers facilitating the interviews.

Leveraging of existing partnership with SABC1 Youth TV to intensify GBV campaign on SABC (estimated number of viewers: 9.8 million).

Additional successful meetings were held with UCR FM and True FM and agreement was reached for Media Y’s GroundBreakers and Mpintshi to participate in discussions on specific radio slots on issues relating to youth including GBV (as noted in Quarterly Report for July to Sept 2014).

**Facilitate capacity building of local radio stations and other community media journalists to improve their knowledge, skills and competencies on GBV and gender-sensitive reporting**

Training material has been developed and saved on USB flash-drives. This will be handed out to the participants.

Five-day training scheduled for end of May and beginning of June 2015. Participants for training have been identified.

**Distribution of loveLife Uncut magazine, videos and other relevant technical resources on GBV prevention through programme partnerships**

Distribution of Uncut magazine in process to all regions (April 2015).


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168 Listener clubs were set up for these two radio stations’ GBV radio slots.
Narrative report

The two primary IPs for this specific output area are CRF and loveLife.

The Young Reporters Network (YRN) Programme, implemented by CRF, currently operates across 17 sites nationally. Four of these sites were selected for participation in the Safer South Africa Joint Programme, given their location in the targeted provinces of Free State and Eastern Cape. YRN programme activities include the recruitment and training of youth as young reporters. Following the training, the young reporters prepare and present weekly youth-orientated shows, which are broadcast from local radio stations, while receiving on-going mentoring and support from station-based mentors or youth facilitators. Shows are coupled with quarterly listener feedback and discussion groups as well as community outreach activities. The objectives of the programme are captured in the quote below:

“We were trained to become youth reporters to give a voice to young people to express their views about issues that affect them through the radio. Our role is to highlight issues of GBV and violence against women and children and other social issues that affect the youth...” (Young Reporter, Free State)

To date, the YRN Programme has offered training and capacity building opportunities to 217 youth nationally. Based on the figures reported in the table above, approximately 83 participants have been targeted for training at the Free State and Eastern Cape sites specifically.

Feedback by the CRF participants is overwhelmingly positive, with all of the participants showing satisfaction with the support and training received. They also all agree that the programme is useful while almost all of them find the programme to be well-organised and believe that it is making a real difference in targeted communities.

Figure 25 Feedback from CRF target group

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Training content includes technical skills; communication, interview and reporting skills; GBV; importance of education; hygiene; human rights; and how to handle sensitive issues.
In terms of loveLife activities, the following was noted in the course of the document review:

An accredited MediaWise training course on citizen journalism was rolled out for loveLife GroundBreakers. Vuselela Media Training, an external service provider, facilitated part of the course with a specific focus on technical media skills. Mentoring was then provided to GroundBreakers by loveLife, Vuselela and other GroundBreakers\textsuperscript{170}.

Most of the loveLife respondents who participated in the quantitative survey confirmed that they had received mentoring and support from the programme following the initial training, while a similar proportion felt that the mentoring and training received from the programme was adequate. Overall, survey participants reported being satisfied with the support and guidance provided by the programme. Nonetheless, it is necessary to point out that one out of five loveLife participants are not satisfied with the support provided by the programme, and one out of four participants feels that the programme is not sufficiently well-organised. Qualitative data mirrors these findings where a number of GroundBreakers and Mpints noted that they were often unsure what to advise in difficult cases so would simply refer such cases to the loveLife call back number. Despite these challenges, most respondents believe in the value of the programme and nine out of ten participants agree that it makes a real difference in the community. The following figure captures this input.

\textbf{Figure 26 Feedback from loveLife target group}

\textsuperscript{170}This has taken place via learning exchange visits.
Following the above mentioned capacity building, GroundBreakers produced a number of mini documentaries, vox pops and other social media outputs (as noted in the table above) through their capture of community stories of GBV. These productions are linked to community screenings, conducted in conjunction with BFDs, as well as to the loveLife toll-free number which may be used as an information resource by youth who have been victims of abuse. In addition to this, loveLife was responsible for the development of GBV-related public service announcements (PSA) for radio broadcast and for setting up listeners’ clubs in both rural and urban areas. These club sessions were often conducted at loveLife Y-centres.

Finally, loveLife undertook to formulate agreements with community radio stations (27 of which participated in the Joint Programme) as well as two national radio stations, Lesedi FM and Umhlobo Wenene, to ensure optimal reach as well as GBV information dissemination in local languages.

**Strengths and challenges**

Nine community respondents were asked if they listened to the radio and, if so, if they had heard any radio broadcasts dealing specifically with GBV. Six of these respondents answered in the negative indicating that they seldom, if ever, listened to the radio. While this may appear to be a challenge in terms of the use of radio for awareness-raising, what was of note is that all three respondents who indicated that they did listen to the radio, including local community broadcasts, noted a specific programme or programmes that they had heard (or even listened to on a regular basis) that dealt with gender-related issues. This offers a tentative indication that discussions around GBV and other gender-related issues, are receiving a fair amount of air time.

Other strengths noted in terms of reach of GBV-related messaging are the high listenership figures reported for radio stations targeted by both IPs. For example, the YRN programme sites...
of CRF currently\textsuperscript{171} have a national listenership total of 1.6 million, while loveLife radio stations report a total listenership of 101,596,000\textsuperscript{172}. The sharing of loveLife MediaWise and Twitter content on YouTube also enhances the level of access to GBV messaging.

IP collaboration, particularly in QwaQwa in the Free State, was also reported as being a key strength in terms of multimedia training and outreach. For example, CRF enjoyed a good level of collaboration with SCSA who agreed to source youth reporters from the organisation’s existing youth councils for enrolment in the YRN Programme, while loveLife appointed a mentor for the YRN Programme. CRF respondents also noted collaboration between the programme and local-level service providers as a key facilitating factor; for example, young nurses would be recruited for live interviews with youth reporters as experts on HIV/AIDS.

The following challenges were noted during interviews and focus group discussions regarding radio broadcast and multimedia VAWC prevention messaging for children and adults:

- Budget constraints were noted by both of the primary IPs involved in activities relating to output indicator 3.4. These constraints mean that key programme staff; for example, the CRF facilitators in the Eastern Cape, cannot be compensated for their time and input. Therefore, such staff often have to undertake additional, programme-related tasks on a voluntary basis over and above any existing posts or employment. Given the number of additional obligations and commitments for facilitators and mentors, programme participants are sometimes not provided with the necessary levels of support.

- Designated slots for national station broadcasts were also regarded by loveLife respondents as not being optimal; that is, the allocated 16:00 to 18:00 timeslot is generally reserved for entertainment and more ‘light-hearted’ discussion. This impacted negatively on the number of call-ins from listeners at that time.

- GroundBreakers’ attendance at the credit-bearing training, while necessary, was reported as hampering community mobilisation efforts\textsuperscript{173} as does the reportedly high level of attrition of GroundBreaker recruits\textsuperscript{174}.

8.4.5 \textit{Coordination of implementing partners related to Output 3 activities}

A number of measures were undertaken to enable IP collaboration. These include the following:

- In the Eastern Cape, the Provincial Coordination Forum (PCF), led by DSD, held monthly meetings in 2014 and bi-monthly meetings in 2015 where all IPs are able to report on

\footnotesize{
\textsuperscript{171} As of March 2015.
\textsuperscript{172} Individual station figures are reported in Table 15 above. These figures were obtained from IP Quarterly Reports.
\textsuperscript{173} loveLife Quarterly Report April to June 2014
\textsuperscript{174} CRF also noted that the YRN Programme was hampered by youth reporter attrition. This was particularly apparent during school examination periods.
}
progress made as well as any challenges faced in programme rollout. These meetings provide opportunities for IP to discuss collaboration and sustainability measures.

- A similar structure was established in the Free State, led by the Office of the Premier, who chairs the bi-monthly meetings.

- In 2015, these coordination structures were strengthened by the hosting of bi-monthly IP coordination meetings, which are held prior to the meetings in the Eastern Cape and Free State. NICDAM coordinated these meetings as well as the development of joint activity calendars and WhatsApp groups through which IPs could maintain contact and exchange information with each other.175

- A learning exchange was organised in 2014 where Eastern Cape government officials and IPs, as well as UNICEF, Save the Children and UNFPA representatives, participated in a three day field visit to the Free State.

More specifically, the implementing organisations tasked with the rollout of Output 3 activities worked collaboratively in a number of different areas. Apart from the examples noted in the discussions above, NICDAM attended Sonke’s OMC training, while loveLife provided input on the use of edutainment and drama during NICDAM’s CBO learning event hosted in Pretoria from 23rd to the 27th of March 2015. It was also noted that all IPs attended a messaging workshop hosted by UNICEF, while CAT members were reported as sitting in on loveLife listener clubs to assist with content. Twenty one loveLife staff, GroundBreakers and Mpintshis also attended a course, facilitated by Sonke, to deepen their understanding of gender-related issues. CBOs, CATs and GroundBreakers, together with representatives of NICDAM, Sonke and loveLife, participated in the advocacy sessions organised by Sonke in the Eastern Cape and Free State.

Collaboration with other stakeholders was also noted by the majority of IPs and CBOs involved in Output 3 activities. For example, traditional leaders, social and community development workers, SAPS, the Community Policing Forum and ward councillors were often reported as being invited to attend and participate in community dialogues and other, similar mobilisation activities. CRF formulated a partnership with the National Association of Child Care Workers (NACCCW) through the Isibindi programme (March 2014), which helped CRF to “…establish and develop our three newest Eastern Cape sites…”176 (YRN Programme Quarterly Report: January to March 2015).

The DFID Annual Review of the Joint Programme177 confirms this element of collaboration, with a specific emphasis on joint programme rollout in the Free State:

“The field visit to the Free State province noted good examples of local collaboration and complementary synergies being achieved by the civil society service providers delivering Outputs 2 and 3…”

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175 This included relevant Output 2 IPs as well.
176 Isibindi provided 15 youth from their programme as well as one youth facilitator per CRF site.
177 For August 2012 – September 2013: p13.
However, collaboration does not necessarily imply sound and effective coordination of activities. Coordination was recognised as a programme design gap. This is discussed further in Section 10 of this report.

8.5 Outcomes for Output 3

A number of key outcomes were reported by programme implementers, target groups and beneficiaries of the various mobilisation interventions. These are further discussed in the sections below.

8.5.1 NICDAM

Outcomes for target group (CBOs, champions and ambassadors)

The majority of the respondents involved in both qualitative and quantitative data collection in the Eastern Cape and Free State agreed that they had acquired new skills and obtained a heightened sense of achievement through their involvement in NICDAM’s training and broader programme initiatives. Outcomes reported by NICDAM target group respondents can be summarised according to the following three key areas.

- Knowledge
  - This included improved knowledge of GBV and VAWC; how to identify signs of GBV; human rights; knowledge of local available services, plus reporting processes or procedures to follow in the event of abuse. A higher level of awareness of the risks associated with alcohol abuse was also mentioned.
  - All of the CBO respondents who participated in qualitative data collection noted that they had obtained sound or improved knowledge of community dialogue methods, and how to use community dialogues to mobilise communities and effect change.

- Communication skills
  - A high number of respondents noted that they had learnt how to communicate effectively with a range of different people and in front of large groups, or had gained the confidence to open up and speak about abuse.

- Community spirit
  - Respondents, particularly those located in the Free State, noted that they were more respectful and tolerant of other community members, plus that they were more observant of the actions of others and more aware of those who were in need of assistance.

In terms of changed perspectives on men and women, nine out of ten respondents (87%) responded positively to the questions included in the quantitative survey. This is depicted in the figure provided below.

Figure 27 Outcomes for NICDAM target group
This finding is mirrored in qualitative data collection with slightly fewer respondents noting changes in their relationships with partners and/or perceptions of those of the opposite gender than in the primary outcome areas noted above.

**Outcomes for beneficiaries**

A number of outcomes for beneficiaries were noted by respondents during qualitative data collection, despite the general observation by a substantial number of interviewees and focus group participants that it was probably too early to speak of any substantial level of impact at beneficiary level.

Nevertheless, some of the outcomes included an increased awareness among community members of their own, and others’ rights, as well as improved knowledge of processes to follow when reporting crimes and instances of abuse. Consequently, it was felt that there was a lower incidence of vigilantism in some of the communities (Fezile Dabi).

Respondents also felt that there was a lower incidence of public drinking and improved policing of areas of prostitution, such as truck stops. In Dihlabeng, respondents noted that, following the community dialogues, there had been a higher number of community volunteers for neighbourhood night patrols, which had contributed towards a reduction in crime as well as community cohesion. Another respondent, in the same area, felt that with the increased knowledge of child rights and child abuse, families were adopting more positive discipline techniques with their children.

Although a high number of respondents noted that there had been an increase in the level of reporting of GBV, two negative outcomes were noted in conjunction with this. Firstly, it was reported that charges were sometimes laid by women to extort money from alleged assailters. Secondly, a considerable number of respondents noted that a high number of charges were
being laid by community members only to be withdrawn at a later stage. While no specific reasons were offered in explanation of this, it might be argued that fear of secondary victimisation is a probable cause. Similarly, it was reported that a number of women had confronted their partners following community mobilisation initiatives, only to be faced with further violence and aggression. This highlights the need for accessible response services so that timeous counselling and support of victims of violence can be provided.

8.5.2 SONKE
Outcomes for target group (CBOs, CATs)

Similar outcomes to those listed above for NICDAM were noted by Sonke target group respondents, who reported that they had gained a good understanding of GBV, VAWC and human rights; mediation skills; and improved communication skills, including the ability to be assertive, communicate effectively with youth and children, and to speak with confidence when addressing a wide variety of members of the general public.

Perceptions of self-development reported by quantitative survey participants were also overwhelmingly strong among Sonke target group members; that is, virtually all of the respondents in both provinces agreed with the relevant questionnaire statements. This and other survey results for Sonke’s target group are outlined in the figure below.

Figure 28 Outcomes for Sonke target group

Self-development (Sonke)

- Sense of achievement: 100%
- Changed perspective on men: 100%
- Changed perspective on women: 98%
- Learn new skills: 98%

n=47

178 Furthermore, many victims of abuse accept reconciliatory gestures from the abuser in the hope that it will not happen again.
A fair number of target group respondents also noted that their improved knowledge of gender equality and human rights has led to acceptance of gays and lesbians as well as acceptance of children’s rights to a ‘voice’ in social affairs. The following quote refers:

“I learnt that children also have a voice and it is important to listen to them because if we don’t listen to them they feel less valued and not important...that is another form of abuse because if children cannot talk to us they talk to their peers and get wrong advice...” (CBO respondent)

Positive outcomes for CAT members were also noted in the Sonke Quarterly Report for July to September 2014 (no page numbers specified), specifically in terms of how they “...carry themselves, how they respond to conflict, and their general interaction with one another...” A high number of respondents confirmed this, noting that the CAT members were serving as positive role models in their communities, particularly for men and boys, as well as a ‘community resource’.

Certainly, CAT members appear to be highly pro-active. For example, two of the CAT groups are registering as NPOs while the CAT in Thabong organised a fun walk in September 2014, including senior citizens. Similarly, the Kutlwanong CAT organised a road show on 1st of December 2014 as part of National HIV/AIDS Day which included a talent show.

Outcomes for beneficiaries

A number of positive beneficiary outcomes were noted by CAT members located in the Free State, particularly with regard to gang violence. The following quote refers:

“In Kutlwanong, there are no longer no-go areas. Peace has been forged with the different gangs.” (CAT member)

Contributing to diminished levels of gang violence and gang-related crime are the sports tournaments, initially conceived as a strategic means of reaching men and boys with GBV prevention messaging. A number of respondents noted that not only had the sports tournaments enabled a higher level of access to young men and boys, they had also given the youth something to do thus reducing their involvement in crime and gang-related violence.

Higher levels of awareness of GBV and VAWC among beneficiaries were also reported. Where a level of mistrust of SAPS was noted, beneficiaries observed that, thanks to the programme, community members were more aware of other service providers that may be approached for assistance, such as Lesedi Lechabile.

179 It was noted that a high number of community members were approaching CATs in the streets for advice and assistance. It is possible that this high level of reliance of CAT members – noted specifically in the Free State – may be linked with reports of a lack of trust of SAPS as noted by respondents in the same areas.
180 Ukwanda Community Development and Talents (EC) and Uncedo Community Safety and Development (Free State).
A negative outcome, however, is the report of community frustration and backlash experienced in some areas where community members reportedly felt let down by the programme and local IPs. This was perceived as being the result of the community dialogues where community members were encouraged to come forward to report and speak out against violence, and their personal experiences thereof, but without the necessary follow-up and psycho-social support structures in place.

8.5.3 Children’s Radio Foundation

Outcomes for target group (youth reporters and youth facilitators/mentors)

All of the CRF quantitative survey respondents agreed that they had the opportunity to learn new skills. Similar findings emerged from qualitative data collection. However, respondents based in the Free State appeared to have a better level of knowledge of VAWC and GBV, as well as the effects of GBV, how to assist a victim of GBV and which people to consult for any necessary GBV-related information.

In terms of changing perspectives on gender roles, the levels of agreement are also very high with quantitative respondents in the Eastern Cape showing slightly less agreement on changed perspectives on women (75%) than those reported by respondents in the Free State. The results of the survey are summarised in the diagram below.

**Figure 29 Outcomes for CRF target group**

A negative outcome for target group members is that some of the youth reporters, particularly male youths, noted that they faced criticism and even ridicule from their peers for talking about VAWC. The following quote refers:
“Other boys laugh at us if we talk on behalf of girls, like telling them that women also have feelings and that they deserve to be happy.” (Youth Reporter, Eastern Cape)

This confirms that it is still not widely accepted that men can speak about VAWC or about issues that are regarded as being ‘feminine’. Nevertheless, all of the target group respondents noted positive changes that had taken place for them as a result of their involvement in the YRN Programme. These changes include higher levels of assertiveness, resilience and confidence; improved communication and presentation skills; as well as better communication and engagement with peers and adults including family members. Higher levels of community-orientated activism were reported in both provinces, while those in the Free State noted that they had adopted leadership roles in their schools and communities. A positive outcome reported by the programme target group, which was not discerned in any of the other programmes, is the sense of community and support felt when with other youth reporters or group members. This, one of the respondents asserted, gave him the courage to speak about his feelings, plus other sensitive and personal issues.

Outcomes for beneficiaries

Respondents generally felt that any substantial form of impact on a broader, community level had not yet been achieved due to the recent rollout of programme activities in both the Free State and Eastern Cape.

8.5.4 loveLife

Outcomes for target group (GroundBreakers, Mpintshi)

Quantitative survey respondents generally feel that they had the opportunity to learn new skills and that their involvement in the loveLife programme gives them a sense of achievement (about nine out of ten respondents agreed to both of these statements). Input obtained through qualitative data collection indicates that the key outcome areas for loveLife target groups are:

- Increased levels of knowledge of GBV, HIV/AIDS and the benefits of safe sexual practice.
- Increased levels of confidence in general, and specifically in terms of public speaking and conducting presentations at schools.
- Improved communication skills – particularly with children and youth, plus the ability to interact with a wide variety of people and to be assertive but non-confrontational was also reported.
- Leadership skills, including the ability to mentor others and be a positive role model for youth.
- Increased levels of self-discipline and responsible behaviour (including lower levels of substance abuse and fewer sex partners), coupled with higher levels of tolerance and respect for others and their opinions.

While most trainees agree that their perspectives on gender and gender roles have changed through participation in the programme, one out of five respondents also did not agree with the
statement. This may be because their pre-existing opinions were already aligned with the curriculum of the programme and not because they disagree with the positions of the organisation. A high number of qualitative research respondents also noted that they were more accepting of gays and lesbians. Interestingly, a number of respondents noted there has been considerable improvement in their relationships with other family members leading to a more harmonious domestic situation.

The results of the quantitative survey among loveLife target groups are reflected in the graph below.

**Figure 30 Outcomes for loveLife target group**

An unintended, negative outcome of the programme is participants’ increased fear for their personal safety. As noted by a GroundBreaker in the Eastern Cape:

“I do not feel safe at all. I wish that I can get training so that I will know how to deal with these issues. It is easier to talk to girls. The problem is that girls go and report to the police. The boyfriends beg them to drop the charges. The girl then tells the boyfriend that I told her to go to the police...I feel like I am creating enemies for myself.”

This highlights the need for additional support and mentoring for GroundBreakers who are dealing with difficult cases.

**Outcomes for beneficiaries**

The loveLife Quarterly Report for July to September 2013 notes that, as a result of the video content produced and screened, a level of consciousness-raising was already being discerned within targeted communities, “…where [the] community feels that they can talk about GBV without any discrimination, and can also discuss issues relating to gender roles and gender
stereotypes within communities” (no page number noted). This assertion is supported by feedback obtained from qualitative research respondents who noted that GBV survivors were coming forward and telling their stories, while also feeling confident to take “…matters forward…” Similarly, a respondent in the Eastern Cape noted that there was an increasing level of awareness of the practice of forced marriage or *ukuthwala* “being wrong and a violation of a woman’s right to choose her marriage partner”.

In the schools, feedback indicates that class attendance (particularly among boys) is improving, and there are a growing number of pupils who are aware of birth control options, the need to practice safe sex, and the risks of substance abuse as a contributor to unsafe and risky behaviour.

Other reported outcomes for programme beneficiaries include a greater sense of community cohesiveness as a result of the loveLife interventions. In Maluti in the Free State, it was reported that a Men’s Forum had been established by community members to facilitate ongoing community mobilisation. A similar Women’s Forum was in the process of being set up at the time of data collection.

### 8.5.5 KK Consulting

**Outcomes for target group (traditional leaders)**

Traditional leaders play a vital role in addressing GBV within their communities. As such, a number of respondents noted that it had been a sound programme decision to include traditional leaders as a target group for GBV training and awareness-raising. The quote below outlines the role of the traditional councils in addressing GBV-related issues:

> “Victims of GBV report to their local traditional councils to get help reporting to the police and get referrals to social workers for shelters and to clinics for medical attention. Traditional councils also act as courts…hear domestic violence cases and have been trained by the Justice Department to deal with certain cases or elements of domestic and GBV.” (Traditional leaders, Free State)

In addition to the above, traditional leaders are also an important target group member in that they encourage socio-economic development in their areas. These initiatives include the promotion of cooperatives for women, an important consideration given that GBV is often underpinned by a woman’s economic dependency on her husband or partner.

Apart from the training received from KK Consulting, it was noted that traditional leaders had also received training from the UNFPA, SAPS, the DOJCD, and the CGE. Training content included

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181 Interestingly, there was very little variation in the responses obtained from respondents located in each province. A respondent located in one area of the EC (Alfred Nzo district), however, felt that there had been no outcomes for beneficiaries as “…no community activities…” had been undertaken at the time of qualitative data collection.
GBV and crime prevention; how to deal with different types of violence in their communities; how and where to refer victims of GBV for assistance; and gender and human rights.

It is not surprising therefore that almost all of the traditional leaders who participated in the quantitative survey agreed with the self-development statements as visually depicted in the diagram below.

**Figure 31 Outcomes for KK Consulting target group**

Qualitative data collection among members of this group revealed that a high number of traditional leaders (particularly those located in the Free State) believed that they had a sound level of knowledge regarding GBV. Similarly, a number of respondents noted that they had also gained considerably from the training in terms of knowledge of what to do to assist victims of GBV and which services the victims should be referred to, relevant to the needs of the individual. One of the respondents also indicated that the training had led to a new “…level of professionalism…” on the part of traditional councils, specifically in terms of their referrals to other service providers, such as SAPS and DSD.

Of interest is that some of the traditional leaders reported an increased level of empathy towards people experiencing GBV coupled with increased levels of tolerance and engagement when dealing with such cases. This has reportedly led to a higher level of activism among some of the traditional leaders as outlined in the quote below:

“The training made me realise that I need to impact the information gained on GBV prevention to communities at large as much as I can. I took it upon myself to research what government department programmes are directed to GBV prevention and services that are relevant to victims and linked to community needs. I invited other government departments and services and other stakeholders to our activities so that this message...


and information on GBV and VAWC can reach as many communities as possible.”
(Traditional leader, Free State)

When asked about activities conducted post-training the following feedback was obtained from the traditional leaders included in qualitative data collection:

- Eastern Cape
  - Only one of the five traditional leaders interviewed for this evaluation noted that a follow-up community dialogue had been called to discuss issues relating to VAWC and, specifically, GBV. Approximately 50 people attended this meeting, where the inkos\textsuperscript{182} stressed the importance of reporting incidents of GBV.
  - However, the wife of one of the inkos, who had also attended a training workshop, reported that she was conducting dialogues with people attending the tribal court to discuss issues with her husband. At the time of data collection, she had spoken to two groups varying in size (from six to 25 members), both being predominantly male.

- Free State
  - It was noted that traditional councils are responsible for inviting stakeholders who specialise in GBV and VAWC prevention to hold information sessions at a central location in their communities. However, the extent to which this is taking place was not reported.

Constraints affecting traditional leaders’ ability to conduct follow-up initiatives include a lack of time and capacity, as well as limited access to resources, as the quote below describes:

“Financial constraints make it difficult to reach all the communities of the traditional area. Lack of funding means difficulties with transport and production of materials to train people...also things like catering...This limits the reach and spread of the messages and information on GBV prevention.” (Traditional leaders, Free State)

However, one of the Eastern Cape inkos reported an innovative practice to try and overcome such challenges, where she would travel to communities as opposed to trying to gather them in one central location. The following quote refers:

“I have trained five of my izinduna\textsuperscript{183}. Each induna is responsible for about 50 homesteads. I managed to visit these izinduna in their areas...I ask them to call a meeting for everybody in that community...I tell them about the training and emphasise that they should speak up and report to induna or to me or to the police for more severe cases ...” (Traditional leader, Eastern Cape)

\textsuperscript{182} Chief
\textsuperscript{183} Headmen
Outcomes for beneficiaries

The number of people approaching traditional leaders to report incidents of violence and abuse has reportedly risen in both provinces. Coupled with this is an apparent increase in community levels of trust and confidence in the traditional council structure.

8.6 Quantitative target group survey

The section below presents the findings on changes in knowledge, attitude and practice noted among Output 3 target groups; including CBOs, champions and ambassadors, CATs, youth reporters and youth facilitators/mentors, traditional leaders, GroundBreakers and Mpintshi.

8.6.1 Knowledge

Participants were asked what constituted violence against women. They were specifically asked whether it included physical violence (for example, attacks and beatings); sexual violence (for example, molestation, rape, sexual harassment); emotional abuse (for example, swearing, yelling, threats, and accusations); and/or economic control (for example, preventing women from making their own money). All of these, in fact, are included in the definition of VAW. Similarly, participants were asked about VAC. The same options were given but economic control was excluded.

An index was constructed for the definition of VAW and VAC. The highest possible score is 4 for VAW and 3 for VAC, reflecting the components of each definition. The highest scores represent a full knowledge of VAW and VAC, while 0 is the lowest score for each. These scores were averaged to construct an index for each organisation.

A further question tested the respondents’ knowledge of laws pertaining to VAWC, asking whether it is illegal for a man to:

- Force a woman to have sex with him
- Beat his children for making a mess in the living room
- Slap his wife because she embarrassed him in front of friends and family
- Tell his wife that he will beat her if the house is not clean and the food is not cooked when he returns home that evening

An index counting the positive answers to these questions was constructed, with a theoretical range from 0 to 4.

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184 It was felt that this could be ascribed to information disseminated via IPs and CBOs that the traditional council functions according to the South African Constitution and is therefore working within the parameters of the law, despite being a ‘traditional’ structure.
The table above tells us that, on average, the target group respondents mentioned three out of the four categories when defining VAW. There are some differences between organisations which are significant at the p=.010 level (p=0.0946), but a pairwise comparison of means with equal variances does not yield any significant results. On average, the respondents mentioned two out of three categories when defining VAC.

The minor differences between the organisations are not statistically significant, but it is worth noting that loveLife participants have the lowest mean score for both definitions. Reasons for this are not sufficiently clear. However, the findings regarding defining and understanding VAW correlate with the input reported under Section 8.3.4; that is, that one out of five loveLife trainees did not agree with the statement that their participation in the programme had changed their perspectives on gender and gender roles.

On average, the respondents correctly identified three to four out of the four scenarios as illegal. The average is again slightly lower for loveLife respondents.

### 8.6.2 Attitudes

To better assess the participants’ attitudes towards women, an index was developed that accounts for each of the participants’ responses on statements related to gender roles to which the participant was asked to agree on a five-point scale from “strongly disagree” (-2) to “strongly agree” (2) with 0 being “neither agree nor disagree.” The values of opinions that gave an inferior status to women or restricted women’s rights were inverted. For example, for the statement “If a woman works she should give her money to her husband”, strong agreement was counted as -2 in the construction of the index. The values were then averaged to create an index on attitudes towards women and women’s roles. The highest possible score of 10
represents full gender equality and no restrictions on women’s rights. A score of 0 represents a view where women are in a completely subordinate position to men.

The statements used for assessing attitudes towards women are listed below.

- A woman should obey her husband.
- If a woman works she should give her money to her husband.
- A man should have the final say in all family matters.
- A woman needs her husband’s permission to do paid work.
- There is nothing a woman can do if her husband wants to have girlfriends.
- If a wife does something wrong her husband has the right to punish her.
- Sisters should obey their brothers.
- If a man has paid Lobola (bride price) for his wife, he owns her.
- If a man has paid Lobola (bride price) for his wife, she must have sex whenever he wants it.
- If a man beats a woman, it shows that he loves her.
- If a woman wears a short skirt, she is asking to be raped.
- Men should share the work around the house with women, such as doing dishes, cleaning and cooking.
- A woman can refuse to have sex with her husband.
- People should be treated the same whether they are male or female.
- A woman has the right to insist on a man using a condom.
- A woman should be able to choose to terminate a pregnancy in the first three months of her pregnancy.

A similar index was developed to assess views on children; that is, using opinions on eight statements, which all focused on children. The statements used for assessing views on children are listed below.

- A man has the right to discipline his children however he chooses.
- Children only learn a lesson if they get a hiding after they have done something bad.
- A man’s children are his property - he can do whatever he likes with them.
- If a daughter got pregnant while still in high school a beating is an appropriate punishment from her parents.
- Children who disagree with their parents should stay silent.
- If a child disobeys his or her parents he or she should expect to be hurt as part of the punishment.
- If a boy gets a girl pregnant while still in a school a beating is an appropriate punishment from his parents.
- Children deserve respect from adults.
The table shows that attitudes are generally positive towards women and children. For example, those in favour of children’s rights varied from 74% to 86% across all organisations, while positive attitudes towards women were reported by 61% to 73% of respondents. Differences were discerned between the organisations with regard to gender equality (ANOVA p=0.000), with traditional leaders having a less progressive stance on the topic than the members of the other IPs. However, it is important to consider the constituency of each organisation. For example, traditional leaders presumably will have more traditional views on women and child-raising than other respondents.

8.6.3 Practice
The four questions listed below were used to interrogate participants’ actual behaviour in relation to their partners and children. The possible responses were “never”; “almost never”; “sometimes”; “most of the time” and “always”.

- I make decisions about how to raise my children with my partner
- I make decisions on how to use household finances with my partner
- Children in my home receive a hiding from their parents when they do something wrong
- I help the children with their school work

Because of the small sample and the nature of the questions which further reduced the possible number of respondents to individuals with a (live-in) partner and/or children, a breakdown of results by organisation will not be presented here. Instead, the results will offer an indication of the general sentiments shared by respondents.
Two out of three men and three out of four women maintain that they always make household finance decisions together with their partner, pointing to shared responsibility (and a shared interpretation of this responsibility) in important economic decisions that affect the entire household.

The shared understanding of one’s role in the household becomes more problematic when it comes to decisions affecting the raising of children in a household. While the question does not clarify who is actually making the decisions, there is a clear discrepancy in terms of whether the
decisions are made mutually or only by one of the two parties. The men seem convinced that these decisions are joint decisions (presumably they feel part of the decision), while a large proportion of the female respondents think that these decisions are made without consultation (presumably by themselves). This might be attributed to the high prevalence of single parent families in South Africa.

**Figure 35 Corporal punishment**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td>25</td>
<td>9</td>
<td>38</td>
<td>24</td>
</tr>
<tr>
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<td>41-60</td>
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<td></td>
<td>Never</td>
<td>Almost</td>
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<td>Always</td>
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</table>

n=96, weighted

A surprisingly large proportion of women (66%) as well as men (48%) admit to giving their children a hiding at least sometimes, indicating that the positive attitudes expressed in the ‘attitudes’ questions do not necessarily result in similar positive actions.

**Figure 36 Homework**
On a positive note, an overwhelming majority of women (96%) and a smaller, but still significant, proportion of men (89%) maintain that they help their children with homework.

8.7 Enablers and barriers

The following section outlines the primary enablers and barriers relevant to the achievement of programme outcomes.

The high level of inter-sectoral and CBO collaboration at local level is a key enabler of outcomes, particularly for beneficiaries, as it is perceived as enabling community cohesion, collaboration and mobilisation. However, how far such collaboration has facilitated follow-up and support service provision is debatable. The strengthening of the relationship between the Department of the Premier in the Free State and loveLife, specifically in terms of GBV interventions, was also seen as a key enabler of programme effectiveness and achievement of outcomes. This relationship led to an increase in the number of invitations issued to loveLife by the Department to participate in provincial events; such as Women’s Month events hosted in August each year. This raised the profile of the organisation and reinforced its local level initiatives. Similarly, good collaboration at local level between IPs and CBOs and between CBOs and local government – particularly in the Free State – was also seen as an important enabling factor. Buy-in by local government, however, reportedly varies across different areas, with some areas being more committed to the programme and its outcomes than others. Other challenges related to government oversight going forward are the lack of a specific budget allocation, as well as a reported lack of capacity to drive a GBV prevention programme.

Increased levels of GBV awareness, and knowledge of appropriate procedures to follow in such cases, were also viewed by respondents as a contributor to the achievement of positive outcomes for beneficiaries. It was felt that the increased levels of knowledge and awareness enable open discussion and follow-up of GBV-related incidents. These positive outcomes were
ascribed to the extensive experience of IPs such as Sonke and NICDAM in community mobilisation.

Similar observations were made regarding CRF; that is, a key enabler in terms of the outcomes for their target group and beneficiaries is the good quality training offered to the youth reporters and facilitators. Furthermore, the training is coupled with ongoing support and mentoring. Respondents in QwaQwa also noted the high level of community support, plus community interest in and participation during youth show broadcasts, as being an enabling factor.

A barrier to change for both target groups and beneficiaries includes cultural practices and social norms and beliefs that are still deeply entrenched in some communities. Many people are fearful of challenging these practices, particularly in smaller and more remote communities, for fear of being ostracised. This includes keeping incidences of violent and abusive behaviour within the family unit where they can be dealt with by close family members and, where necessary, traditional leaders. The following quote refers:

“Where there is violence in the family, example husband and wife, these issues are dealt with by the close family members. Any nature of disagreements including physical, emotional and sexual abuse…that is dealt with by the family members…many cases go unreported because of shame and not wanting family to know about your problems. If a person happens to report to the traditional leader, they often tell her to go back to the family.” (Traditional leader, Eastern Cape)

Social practices also make open discussion and information dissemination about GBV and sexual health issues difficult. The following quote elaborates:

“There are still cultural practices especially with regard to age and gender that prevail and make it difficult; for example it is still not acceptable for a woman to be talking about male circumcision. Another example…talking about domestic violence to adults while a youth…the youth will be interested in medical male circumcision, yet the parent will be wanting the child to go to the traditional initiation school.” (CBO respondent)

A measure of resistance to divulging sensitive information was also noted among loveLife and CRF beneficiaries, who, it was reported, were reluctant to share stories of abuse and other related issues due to their fear of ‘opening up’ via a mass medium.\(^{185}\)

Despite these constraints, respondents noted that the increase in community cohesion, facilitated by community dialogues, has enabled an increased level of reporting, mainly because women now feel supported by community members and are therefore less fearful of judgement and stigmatisation. Reporting to traditional authorities has also been enabled by an increased level of trust in traditional councils and leaders.

\(^{185}\) Similar constraints were noted by loveLife respondents.
The culture of not reporting abuse was noted as a barrier to programme effectiveness. This reluctance to report perpetrators is attributed to a number of reasons including fear of secondary victimisation, the belief that such issues should be kept within the family, and a lack of faith in SAPS. This lack of faith was compounded by a lack of adequate capacity building of SAPS members to coincide with community mobilisation interventions. It was felt that a number of police were not aware of GBV or of the necessary procedures to follow. While attempts were made by IPs to involve SAPS in community dialogues, they did not always attend; hence the disjuncture in community and SAPS knowledge of GBV and reporting processes.

The once-off nature of many of the interventions, together with limited follow-up, was also noted as a barrier to the achievement of positive outcomes. This is explained further in the quote below:

“Firstly, people do not trust us as social workers. They say they come to us with their problems and we go out and tell other people. They do not understand that we were trained about confidentiality. Secondly, what might have been difficult, specifically for this programme you are asking about, is that nothing much happened as there was one activity...and people are sceptical of things like this. If they cannot trust us (social workers) who are always here, how much more of people who only came once.” (Social worker, Eastern Cape)

Another barrier is the reported lack of access to timeous follow-up services for victims of VAWC. A number of respondents involved in this study noted that some of the interventions had been similar to the opening of a “Pandora’s box”. Without the necessary support structures in place; many of those who had been encouraged to step forward and share their experiences suffered secondary trauma.

A lack of access to resources was also regarded as a key barrier to the achievement of outcomes. It was noted that additional resources would enable the CRF youth reporters to expand upon their reach in local communities\(^{186}\), plus would enable a higher level of retention of volunteer staff such as CAT members and Mpintshis\(^{187}\).

The issue of respect and intergenerational levels of authority was also noted as a particularly challenging issue. Mpintshis reported cases where parents had confronted them when they tried to follow up with youth who had reported violence or abuse. Where such parental interference took place, the Mpintshis felt that they could only withdraw.

\(^{186}\) For example, one respondent noted that – with transport – it would be possible for the youth reporters to visit schools located in the vicinity of the radio station to conduct discussions with pupils and staff.

\(^{187}\) This is particularly apparent among those Mpintshis who were previously GroundBreakers and hence were previously paid.
Finally, the politicisation of the community dialogues and follow-up activities in certain areas was also noted as a potential barrier to the achievement of outcomes for all. For example, in Letjweleputswa, it was noted that the recruitment and selection of community patrollers, as well as other community-based activities, had been ‘hijacked’ by local politicians with the result that only people from particular political groupings were being recruited.

8.8 Concluding summary

To conclude the reporting on Output 3, IPs such as NICDAM, Sonke, CRF and loveLife, plus consultancies such as KK Consulting, have implemented a number of innovative community-based initiatives aimed at social mobilisation and prevention of VAWC. Implementation has generally taken place within budget and according to programme timeframes, and a significant level of impact for target groups has been achieved, particularly in knowledge and attitudes. Given programme timeframes, outcomes at a beneficiary level are still in the preliminary or emergent phases and will require a level of strategy in determining the way forward for sustainable community mobilisation and eventual social change. However, input obtained from evaluation respondents indicates that there is an increase in the reporting of VAWC-related crimes, as well as improved community cohesion and collaboration, particularly around VAWC prevention.

Of concern is the singular and isolated nature of many of Output 3’s community-based initiatives, together with the upcoming cessation of the Joint Programme and its funding. One solution to this is to ensure that local government is involved and takes ownership of community mobilisation processes going forward. Buy-in by local government, however, reportedly varies across different areas, with some areas being more committed to the programme and its outcomes than others. Other challenges related to government oversight going forward include the lack of a specific budget allocation as well as a reported lack of capacity to drive a VAWC-prevention programme.

What is the contribution of Output 3 activities towards mobilisation of social change in Eastern Cape and Free State to address violence against women and children?

A considerable number of respondents felt that Output 3 activities are contributing towards social mobilisation and VAWC prevention. However, an equal number of respondents were of the opinion that changes in attitude and behaviour require a more substantial amount of time than the Joint Programme has allowed before it can be claimed that social mobilisation is, indeed, taking place. The general perception therefore appears to be that sound foundations are being laid to enable and facilitate social change in the Free State and Eastern Cape. This evaluation seems to indicate that a more solid level of progress has been achieved in the targeted areas of the Free State, which may be attributed to the higher levels of reported collaboration between IPs thus enhancing intervention effectiveness and outcomes.
Other stumbling blocks in terms of answering this question include the difficult and resource-intensive nature of the measurement of social mobilisation outcomes, coupled with the lack of an adequate baseline study against which progress may be assessed.

Furthermore, a fundamental programmatic gap in terms of social change mobilisation includes the lack of advocacy initiatives in the initial phases of the programme. However, the 2014 Safer South Africa Programme Annual Review recommended that such initiatives be included as a key sustainability measure. Consequently, advocacy interventions around VAWC and the inclusion of LAPs into IDPs have been rolled out in 2015, through an integrated approach including all programme partners.

### 8.9 Lessons learnt

- Community dialogues are an innovative means for mobilising social change and facilitating social cohesion and collective decision making.
- However, dialogues alone are insufficient to enable sustainable social change and addressing of VAWC - systematic post-mobilisation interventions also need to be planned and implemented.
- Including traditional authorities is a sound programme strategy given their standing in local communities and position as community-based mediators and gatekeepers. Their involvement also improves buy-in of key stakeholders which contributes to programme sustainability.
- Use of local CBOs to assist with programme rollout is also a sound strategy, despite resource and capacity constraints. This measure enables a high level of intervention relevance and local buy-in, plus contributes towards capacity development for programme sustainability.
- The use of local CBOs also helps to improve programme coverage, particularly in rural, ‘hard to reach’ communities.
- Post-training mentoring of local CBOs is important to ensure that learning is reinforced, that new capacities and skills are consolidated, and that supportive relationships can be set in place.
- The formulation of exit plan strategies and training of CBOs on governance and organisational development are important measures to ensure that CBOs can continue to implement community dialogues and facilitate completion of LAPs following programme cessation.
- Volunteer retention measures are an important consideration in interventions to address high attrition rates. Such measures should include innovative strategies that look beyond the provision of stipends as a means of retaining community volunteers.
- The integration of LAPs into IDPs is a sound idea but should be addressed via specific interventions during initial programme rollout to ensure municipal authority buy-in from the onset.
- Furthermore, collaboration with the South African Local Government Association (SALGA) and the DPME could be explored to facilitate the integration of GBV issues into IDPs.
- Community mobilisation is only one of many aspects of violence prevention and – where possible – should be coupled with access to referral systems and response services.
Stronger linkages with existing women’s networks and organisations could strengthen this aspect as they have the expertise in dealing with VAW. For example the Shukumisa campaign (www.shukumisa.org.za)\textsuperscript{188}, the National Shelter Movement (secretariat based at the Nisaa Institute for Women’s Development) and the KwaZulu-Natal and Western Cape Networks.

It is important to ensure that key programme concepts and messages are mainstreamed and monitored across IPs to ensure consistency and avoid unnecessary confusion among target and beneficiary groups\textsuperscript{189}.

9 Presentation of findings for Output 4

Output 4: Strengthened national surveillance, monitoring and evaluation systems for evidence-based prevention of Violence against Women and Children.

9.1 Implementing partners

The main IPs are: KPMG, MRC, Children’s Institute, Centre for Child Witness, and SAVI

9.2 Efficiency

9.2.1 Sufficiency of resource allocation

Output 4 received the least budget and it was noted that to improve the broader M&E of different government counterparts, this would have required much more resources.

The surveillance study was delayed and only commenced in January 2015.

Due to the reconfiguration of the DOW, the launch and some of the subsequent activities for establishing the portal in indicator 4.3 have not been carried out. Funds were reallocated to support the conceptualisation of the IMS for VAWC.

9.3 Effectiveness

9.3.1 Output indicator 4.1 South African research and evidence studies on GBV prevention conducted and disseminated with recommendations informing the diagnostic review, prevention strategy development and programming (by number)

Milestones

- VAC study produced, including child-friendly version (2013);
- Structural Determinants Analysis on VAWC completed (2014);
- Three studies completed and widely disseminated and used to inform the diagnostic review of VAWC. (2015).

\textsuperscript{188} The Shukumisa Campaign is made up of approximately 47 organisations who are, in turn, linked to many other smaller, community-based organisations.

\textsuperscript{189} This emerged in the 2013 Annual Review recommendations and was subsequently addressed through a variety of workshops / discussions.

Table 18 Output indicator 4.1 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
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<tbody>
<tr>
<td>VAC Study and launch a government publication on the VAC Study</td>
<td>The VAC study was finalised and pre-launched by the Acting Director-General of the DWCPD in December 2012.</td>
</tr>
<tr>
<td>Design, Layout and Printing of the Child Friendly Version of the VAC Study</td>
<td>The VAC study was converted into a child-friendly version with input from children’s groups.</td>
</tr>
<tr>
<td>Conduct a Study on Violence against Women (forms, prevalence and social norms that sustain VAW) and produce a Government Signature Publication and Action Framework on VAW</td>
<td>The VAW study was completed in 2014 by Health and Development Africa (HDA) and the MRC. A Government Signature Publication and Action Framework on VAW were furthermore produced.</td>
</tr>
<tr>
<td>Support study on structural determinants and root causes analysis of VAWC for IMC.</td>
<td>Safer South Africa supported a Structural Determinants and Root Cause Analysis of Violence Against Women and Children, which was undertaken by SAVI and Children’s Institute at University of Cape Town on behalf of the IMC. The study is about to be finalised within the next quarter.</td>
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Narrative report

The VAC study was finalised and pre-launched by the Acting Director-General of the DWCPD in December 2012. This study was carried out by the CJCP. The study was further converted into a child-friendly version and tested with children’s groups, with further inputs obtained from the children. The child-friendly version of the study will be used and disseminated by DBE and SCSA.

The VAW study was completed in 2014 by the HDA and the MRC. A Government Signature Publication and Action Framework on VAW were furthermore produced. A Technical Reference Group (TRG) comprised of technical experts was established (including experts from the MRC, University of Cape Town (UCT), the University of Witwatersrand, the South African Parliament’s Research Unit and CDC. The intention was to launch and disseminate it during the 16 Days of Activism but this did not happen due to the change in government.

The Safer South Africa programme is also supporting a Structural Determinants and Root Cause Analysis of Violence against Women and Children, undertaken by SAVI and Children’s Institute at University of Cape Town. The purpose of the study is to provide the IMC with a critical analysis of the determinant factors of VAWC in South Africa, as well as an in-depth examination of the relationship between these relevant determinants; and to recommend
practical violence reduction and prevention interventions\textsuperscript{190}. The study is based on secondary data and looks at the different risk variables which determine whether or not a particular individual or community is more likely to be involved in or suffer from GBV.

The study is about to be finalised and is currently being peer-reviewed. It has been reviewed and endorsed by IMC. The last steps will include the completion of illustrative case studies to complement and confirm the findings of the structural equation modelling; the drafting of recommendations for evidence-based violence prevention programmes; the drafting of policy briefs for utilisation by Cabinet and Parliament; and the organisation of two events to disseminate the findings of the study among key government, civil society, academic and donor organisations.

The three studies are to be complemented by the diagnostic review of government programmes and legislation geared towards the eradication of VAC and VAW in South Africa and will be used as reference documents to accelerate the VAWC agenda. This Diagnostic Review (which is described under Outcome 2 below in Chapter 10) is carried out by KPMG.

The rationale for the studies was summed up by one of the implementing donors:

\textit{“The government knows that to prevent violence we need to invest more in preventing violence but what was missing was robust evidence that violence is triggered by certain factors and for this reason there is an imperative to focus more on prevention.”}(Implementing donor)

\textbf{Strengths and challenges in implementing research and evidence studies on GBV prevention}

All studies were streamlining previous studies on GBV as part of their research. The VAC and the VAW studies were carried out concurrently while the Diagnostic Review commenced after the Structural Determinants and Root Cause Analysis, and hence the researchers made the conscious decision to use the same definitions. Also some of the researchers were experts on both studies. It appears that the DPME has tried to bring the various researchers together.

\textit{“What we were trying to do is to create linkages with the work they were doing.”}(Government official)

One government official sums up how the studies have complemented each other, but how coordination is still needed:

\textit{“To a large extent, yes we have streamlined the studies. VAC and VAW were literature reviews. The diagnostic review looks at institutional issues, and SAVI and CI [Children’s Institute] are looking at root causes/determinants. We are getting closer compared to when we started, where we did not have this. But we do need a coordinating structure to show how

\textsuperscript{190} A Safer South Africa for Women and Children, “Third Donor Report 31 May 2015, DFID-UK Aid, PBA SC/2012/0512”.

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it fit together and how we implement in the future. I think the IMC should have a secretariat to pull these things together.” (Government official)

Although the VAC and the VAW studies provide good evidence, they were never launched due to the change of administration. The VAC study has been disseminated via the website but has not been published in a hard copy. The main reason for the non-launching has been that the DOW has put most of the Safer South Africa programme activities on hold.

The studies were not properly coordinated between them and at no time were the researchers all collected in the same room. Furthermore, it was difficult particularly for the diagnostic review to acquire information from the departments. While the IMC task team seemed to have extensive buy-in initially when IMC was launched, it appears to have weakened. The position of the head of the IMC task team is at Director level and no longer at Director-General (DG) level.

“Since the beginning the IMC technical task team has weakened. Under the DG’s leadership it was a stronger technical task team. The person who took over has tried to hold it together but the discussions were not strategic. It has weakened further.” (Government official)

The Structural Determinants and Root Cause Analysis of Violence against Women and Children study is conducted on behalf of IMC and is therefore unique in linking to needs of and informing the decision makers in Cabinet, thereby reaching the highest level of government. Through the consultative process there has been a strong ownership of the process and the product. The recommendations will be on what needs to be done to prevent violent crimes against women and children. It however suffered from limited comparable data sets to which it could refer, in the end drawing on just two key studies. It would have improved the quality had there been national data sets. Also it was raised by respondents that the inconsistent representation on the technical task team for this study has been frustrating:

“One group of people were coming to one meeting and giving guidance. It has been a start stop process in the beginning as the scope of the study was okayed and in the next meeting you go there and there is a different group of people who change what their colleagues have already okayed. Hence the TOR keeps changing and it takes longer to do the work.” (Implementing organisation)

Likewise the contractual process with UNICEF took a long time, due to changes in staff in UNICEF. It was however raised that UNICEF had facilitated the relationship between the university and the government departments (IMC task team) well and in a very diplomatic manner.

Government’s plans to utilise these studies to inform prevention strategy development and programming

It was mentioned by a few respondents that the VAC and VAW studies have not been used. This could be linked with the fact that they have not been launched officially, but even in subsequent studies on, for example, VAC issues there has been no reference to the VAC study. An
Explanation is that the timing of the studies was not right and that instead of having a number of small studies there should be one big study on violence in South Africa.

It was raised by many respondents that they were sure that government would use the last two studies, namely the Structural Determinants and Root Cause Analysis and the Diagnostic Review. However, in order to facilitate this multiple meetings would have to take place between the IMC TWG and the researchers to draft the recommendations. This will also inform any development of a national strategy. A concern which was raised by one of the research institutes is that government is not integrating the studies in to their plans. For example the POA was developed prior to the Structural Determinants and Root Causes Analysis and the Diagnostic Review, and with limited reference to the VAC and VAW studies. Finally, it was raised by one respondent that the Structural Determinants and Root Causes Analysis was not user-friendly and hence there will be a risk that it will not be used.

9.3.2 Output indicator 4.2: Appropriate National GBV surveillance system identified, designed and costed.

**Milestones**

- Mapping of existing GBV data sources, indicators and data gaps commenced (2013).
- Scoping exercise completed for national GBV surveillance system (2014).
- Data sources identified and linked to a functional surveillance system (2015).

**Table 19 Output indicator 4.2 planned versus actual activities**

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the phased-in development of a GBV M&amp;E System:</td>
<td>TORs for the conceptualisation of the surveillance system for VAWC were developed by the M&amp;E Steering Committee and published in September 2014 after clearance from the DOW.</td>
</tr>
<tr>
<td>- Assess and map existing GBV data sources, research, indicators and evaluation</td>
<td>Scoping exercise completed for national GBV surveillance system.</td>
</tr>
<tr>
<td>reports including mapping of GBV hotspots;</td>
<td></td>
</tr>
<tr>
<td>- Investigate and document best practices on GBV surveillance systems and central</td>
<td>The MRC was selected as service provider to set up a surveillance system, including a National Household Survey, and the system will draw on the existing data sets of different agencies.</td>
</tr>
<tr>
<td>repository for information storage and management;</td>
<td></td>
</tr>
<tr>
<td>- Undertake feasibility of an appropriate GBV surveillance system for south Africa</td>
<td></td>
</tr>
</tbody>
</table>

**Narrative report**
The rationale for the establishment of National Surveillance System was due to the recognition of the need to have reliable and timely data available on VAWC. Different departments were collecting different data on VAWC and it was not coherent. Some departments disaggregate data and others do not. As a consequence there were no accurate numbers on incidences of VAWC. Hence the Safer South Africa programme has been working with the government and partners to conceptualise an IMS to systematically collect, collate, analyse and disseminate data on VAWC in order to inform policy formulation and programme/service delivery. In short this assignment aims to map what is available in government, conceptualise what a potential surveillance system could look like and then look at the potential for developing this system.

After initial delays, the process for establishing the National Surveillance System in DOW was commenced with the development of a TOR by the M&E Steering Committee in September 2014. An initial scoping exercise revealed that that administrative data on violence in South Africa is not sufficiently reliable due to under-reporting or poor reporting and that other sources of information would be required for a National Surveillance System. The MRC with support of CDC was selected as the service provider to conceptualise the surveillance system, including a National Household Survey which will draw on the existing data sets of different agencies. This assignment includes three key components:

1. Identification, mapping and documentation of all relevant administrative data routinely collected by organs of government regarding VAWC.
2. Conceptualisation of all aspects of the VAWC IMS and drafting of recommendations for its implementation and management, in consultation with key government stakeholders.
3. Presentation and discussion of the draft proposal for the VAWC IMS to inform the final recommendations.

It should be noted that the assignment is to conceptualise an IMS, and not to develop a surveillance system. At the time of the fieldwork for this evaluation, the MRC was in the process of carrying out regular and extensive consultations with all key stakeholders operating in the sector in order to assess if existing data, both administrative data as well as data from national and provincial studies and surveys, are sufficiently robust to assess the prevalence and trends of the different forms of violence committed against children and women in the country. The next step will involve the preparation of a draft report based on the initial findings collected through the desk review and consultations with stakeholders and a final workshop to refine findings and recommendations to strengthen the IMS. This assignment which commenced in January 2015 will however only be completed in August 2015.

**Strengths and challenges for the conceptualisation, design and costing of a GBV surveillance system**

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The M&E Unit in the former DWCPD was meant to lead this process but this was not possible due to the changes in government, which delayed the process. UNICEF has however played an increasing stronger role in finalising the TOR. One of the major challenges with this output indicator has been that the various stakeholders had different ideas of what the assignment was about and what a surveillance system is. A number of respondents were of the opinion that the MRC was contracted to establish a surveillance system, while they have been selected to conceptualise the IMS and come up with recommendations. It is then left for government to establish and implement the IMS.

Although it is too early to assess whether government plans to use the surveillance system, one respondent raised a concern:

“I am worried because if you look at the surveillance and how the police is gathering data, since we first did a piece of work on female homicide we have been speaking about how police captures data and how they could change it and in 10 years they have not changed it; will a report from the MRC change it? You need a champion who is serious about how you collect data and how accessible and available it is. You can still collect it but whether it gets analysed and used is another story.” (Implementing organisation).

Again it appears that one of the weaknesses is the lack of a lead department to coordinate this multi-sectoral surveillance initiative.

9.3.3 Output indicator 4.3: Functional national GBV information management system and online information portal developed.

Milestones

- Functional IMS and online information portal available and operational (2015).

Table 20 Output indicator 4.3 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a national facility that will assist Government to monitor the implementation of child rights in the country, including Ulwazi Children (DevInfo), DataFirst at UCT and other online platforms. (activity is linked to 4.7 and 4.9)</td>
<td>The former DWCPD coordinated the various departments that collect and analyse data around children’s rights. This was done through the support from StatsSA and UNICEF. A database on selected child rights indicators (Ulwazi Ngabantwana) was created and data was validated. The launch and subsequent activities related to the database stalled pending the establishment of new administrative arrangements</td>
</tr>
</tbody>
</table>
Contribute towards the Online Knowledge Hub of PAN: Children. PAN: Children aims to support the policy community by driving an evidence-based national agenda for children, and by providing an easily accessible platform that collates data, research and international best practices relating to children issues, such as VAC.

This activity was not implemented.

### Narrative report

The purpose of these activities to develop the national VAWC IMS and online portal was to have one joint portal where all data and studies on GBV would be available. The former DWCPD coordinated the various departments that collect and analyse data around children’s rights. This was done through the support from StatsSA and UNICEF. A database on selected child rights indicators (Ulwazi Ngabantwana) was created and data was validated. The launch and subsequent activities related to the database stalled pending the establishment of new administrative arrangements (handing it over from DWCPD to DSD). It is uncertain whether the DOW will carry out this intervention. Funds for this activity were reallocated to support the conceptualisation of the IMS for VAWC.

### Strengths and challenges for developing the national GBV information management system and online information portal

Due to the reconfiguration of DOW, these activities did not take place. This is unfortunate as it would have contributed to a national GBV IMS and online information portal to improve evidence-based prevention of VAWC.

### 9.4 Concluding summary

In terms of efficiency, Output 4 received the least budget. Furthermore, the surveillance study was delayed and only commenced in January 2015. Due to the reconfiguration of the DOW, the launch and some of the subsequent activities for establishing the portal in indicator 4.3 have not been carried out. Funds were re-allocated to support the conceptualisation of the IMS for VAWC.

In terms of effectiveness, Output 4 activities were meant to strengthen national surveillance and M&E systems for evidence-based prevention of VAWC in order to make sure policies, strategies and plans of action would have an impact. Output 4 activities are limited by the sequence in which they were implemented and the fact that they were led by a ‘new’ DWCPD. Hence many of the activities in Output 4 did not take place except for the various studies.

While the VAC and the VAW studies were completed on time and provide good evidence on the root causes of VAC and VAW, they were never officially launched and appear to be under-utilised. However, both the Structural Determinants and Root Cause Analysis and the Diagnostic
Review have political buy-in via the IMC and the DPME, as they commissioned the studies. The Diagnostic Review will furthermore have the added benefit that the department under review will develop an improvement plan based on the recommendations as required in the National Evaluation Policy. Hence the Safer South Africa programme will be able to have some influence on the government agenda on VAWC.

A key challenge in South Africa regarding VAWC is a lack of data; the absence of an adequate system for monitoring and public reporting on VAWC; and lack of coordination between the many government departments collecting data on VAWC. A TOR was drafted for the conceptualisation of the surveillance system for VAWC and the MRC was appointed as the service provider. A scoping exercise was completed and the MRC is in the process of carrying out extensive consultations with all key stakeholders operating in the sector in order to assess if existing data, both administrative data as well as data from national and provincial studies and surveys, are sufficiently robust to assess the prevalence and trends of the different forms of violence committed against children and women in the country. A report will then be drafted and the assignment should be finished by the end of August 2015. The surveillance system will contribute to improved evidence-based prevention of VAWC as it will be possible for government to monitor prevalence and trends, and sources of violence, and hence would be able to target prevention more precisely. However as the study still needs to be finalised, it is premature to assess whether it will be used.

The former DWCPD coordinated the various departments that collect and analyse data around children’s rights. This was done through the support from StatsSA and UNICEF. A database on selected child rights indicators (Ulwazi Ngabantwana) was created and data was validated. The launch and subsequent activities related to the database were delayed pending the establishment of the new administrative arrangements (handing over from DWCPD to DSD).

9.5 Lessons learned

- Evidence-based research should be sequenced at an initial stage so it can inform the programme.
- To avoid overlap when a number of studies are carried out simultaneously, the various researchers should attend regular coordination meetings.
- It is important to have a lead department who can advocate for the research to be used. It is important to develop a culture of evidence-based planning and use of scientific research in government programmes.
- The process led by the DPME and outlined in the National Evaluation Policy in which a department under review develops an improvement plan based on the recommendations in the research, is useful and should be replicated.
- Findings emerging from various studies should be disseminated timeously.
10 Presentation of findings for programme coordination and M&E

This section looks at output indicator 4.4: Operational programme coordination structures and M&E systems established at National and focal Provincial level linked to existing government structures. In essence it is focused on providing the ‘nuts and bolts’ tools to facilitate the operationalization of the programme as an integrated whole. The milestones for this output are as follows:

- TORs for: A Programme Steering Committee (PSG), Output TWGs and interdepartmental M&E TWG developed.
- Consultations with provincial GBV coordination fora commenced.
- At least four coordination meetings within each national structure.
- At least four coordination meetings in both the Free State and Eastern Cape.
- Three coordination structures operating at national level and two provincial coordination structures operating in the Free State and Eastern Cape.

Table 21 Output indicator 4.4 planned versus actual activities

<table>
<thead>
<tr>
<th>Planned activities/milestones</th>
<th>Actual activities (and addressing milestones)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TORs for: A PSG, Output TWGs and interdepartmental M&amp;E TWG developed.</td>
<td>TORs for the PSC and TWGs were developed and approved.</td>
</tr>
<tr>
<td>Consultations with provincial GBV coordination fora commenced.</td>
<td>The National PIU organised provincial and district level consultations which culminated in the establishment of the Free State PIU in July 2013.</td>
</tr>
<tr>
<td></td>
<td>The Eastern Cape Programme Coordination Forum was also established at the end of 2013/14.</td>
</tr>
<tr>
<td>At least four coordination meetings within each national structure.</td>
<td>The PSC meetings took place initially but this was halted due to the discontinuation of the DWCPD. Since then meetings have been ad hoc.</td>
</tr>
<tr>
<td>At least four coordination meetings in both the Free State and Eastern Cape.</td>
<td>Coordination meetings have been held on a bi-monthly basis in the Free State and in the Eastern Cape although they were initially held on a monthly basis in Eastern Cape.</td>
</tr>
<tr>
<td>Three coordination structures operating at national level and two provincial coordination structures operating in the Free State and Eastern</td>
<td>The PIU meets on a monthly basis.</td>
</tr>
<tr>
<td></td>
<td>Coordination meetings at national level have been ad hoc due to discontinuation of the DWCPD and</td>
</tr>
</tbody>
</table>
10.1 Programme coordination structures

The diagram below details the national and provincial structures to facilitate vertical and horizontal coordination between partners and with government departments.

Figure 37 Safer South Africa Programme coordination structures

10.2 Strengths, challenges and gaps in coordination

In terms of functionality of the national structures the following was noted:

- The PSC is required to meet bi-annually and is well-attended although it is not always the right level of officials (Director or Director-General level) are not always present.
There have also been changes in senior management and only one meeting was held in 2014, as well as one additional meeting for the DFID review in 2015 due to change of staff in DOW (the Director-General and Deputy Director-General resigned).

- The PIU is a particularly well-functioning and well-coordinated structure which has been credited with ‘keeping the programme moving’.
- Most of the TWGs have not met regularly and lead departments lacked technical capacity, especially for Output 4, with UNICEF having to take the lead for the most part.

These structures have contributed to enhanced dialogue among government departments, particularly between DOW and DSD. However, many respondents reported that the programme has been disjointed and that the four programme outputs operated in silos. One national government department reported that they developed a plan of action which fed into the overarching programme but they were not aware of other parts of the programme and stated that they “did not feel part of an overall programme”.

Coordination takes time and effort and if activities are viewed as ‘add-ons’ by government officials because they are not included in annual work plans, this makes it difficult to secure their buy-in and commitment. Other barriers to coordination include the differing mandates of government departments; the limited opportunity for joint planning; the differing timeframes for implementation across organisations; and the fact that IPs were brought on board at different times across the life cycle of the project. Another contributing factor to poor coordination has been the change in staff at UNICEF.

Vertical coordination of the programme has been a challenge. It was mentioned frequently that programme developments and objectives set at national level were not filtering down to provinces. Although the chairpersons for the provincial structures sat on the PSC, it only met twice per year which was insufficient for proper vertical coordination. There was an assumption that there would be a link from national to provincial, but, as one government official explained:

“There is a negotiation process that we undergo with provinces – it is like a federal system – they must buy-in and they don’t replicate our systems.” (National government official)

Without proper buy-in from provinces, implementation will fail and securing buy-in is particularly difficult with an issue such as GBV where, as stated by an implementing donor, “everybody and nobody is responsible”. Therefore more efforts should have been made to ensure that vertical coordination was properly thought through and planned from the outset. In 2015 linkages are being made with the National Victim Empowerment Programme (VEP) lead by DSD which coordinates GBV programmes through inter-sectoral national, provincial and local structures, and this has been highlighted as a good sustainability approach.

Coordination at provincial level has been more successful. The two coordination structures have enabled horizontal collaboration among IPs and government officials. They provided a platform for partners to share information and progress according to work plans and map out
their intervention sites to avoid duplication. The commitment of the individuals who chaired these structures has been highlighted as a particular strength.

Location of the PIU in the Office of the Premier (OOP) in Free State is an enabler because it has the right level of influence and capacity to provide oversight. Another enabler is the inclusion of the VEP coordinators on both structures which has led to increased discussion and inclusion of GBV prevention on the agenda and has assisted with accessing VEP centres in the municipalities.

Securing regular attendance and support from other departments such as DOH and DOJCD has been a challenge. The main reason is that national departments did not identify or instruct their provincial officials to attend meetings and it is not included in work plans or Key Performance Indicators (KPIs). It is therefore up to the individual to choose whether they wished to attend.

The biggest challenge facing the Free State PIU is that, despite numerous efforts since 2012, it did not secure a meeting with the Forum of Heads of Departments to establish buy-in. Without their support it was impossible to gain endorsement by the Members of the Executive Council of the province (MECs). Support from these two structures should have been established at the outset to identify the correct officials for the PIU and to ensure sustainability of the programme when funding phases out.

A roundtable with heads of departments has been planned to discuss how the programme can be taken forward. One suggestion is to have it shifted from the OOP and placed within the VEP forum or School Safety Forum; however, concerns were raised that DSD or DBE may not have the right mandate to monitor, oversee and coordinate the programme.

Inclusion of district officials and NGOs on the provincial structures has assisted with improving integration of services on the ground. There were mixed responses about local level coordination with government officials. Some report that it has been good because local organisations have taken the initiative to work with community leadership and other structures such as community policing forums (SAPS), social workers (DSD) and traditional leaders. In some instances this has improved access to services:

“The social workers and police on the ground have gained a lot of knowledge and skills on how to work with communities…we brought these people closer to the communities and introduced them and they now have direct lines and can call them and know them by face.” (Implementing organisation)

Others report that there has been very little support from government officials on the ground and the poor interaction with local government structures under the Department of Cooperative Governance and Traditional Affairs (COGTA), in particular the IDP forum, has been a gap.
Challenges with coordination have been addressed in the early stages of programme rollout in 2015, when sustainability planning of programme activities was introduced into the Joint Programme\textsuperscript{192}. This sustainability planning included integration meetings, which were held in each province, as well as an extra Eastern Cape Provincial Coordination Meeting, which was hosted on the 3\textsuperscript{rd} of March 2015. Following these meetings, combined work plans were drafted by all IPs and the following areas of collaboration identified:

- training
- evidence collection
- social mapping
- advocacy

\subsection*{10.3 Monitoring and evaluation system}

Output indicator 4.4 states that an M&E system should be established at national and provincial level. The 24-month work plan shows two activities were planned in relation to monitoring and evaluation of the programme:

- Establish and provide on-going support to the M&E TWG under the PSC for effective programme monitoring; and to the DWCPD M&E Cluster.
- Support capacity development and skills-building sessions of the DWCPD and the NCGBV to strengthen its GBV programme’s M&E, systems, generation of strategic information, evaluations, etc.\textsuperscript{193}

Given the restructuring of the DWCPD and halt in activities by the NCGBV, neither of these activities has been properly undertaken.

In order to function effectively an M&E system should consist of three main elements; that is, an M&E plan; supporting M&E documents; and the institutional arrangements necessary to support M&E system implementation. These three elements are represented in the figure below and will be used as a framework for assessing the M&E system for the Safer South Africa programme.

\textsuperscript{192} A planning meeting was held in Free State on 9\textsuperscript{th} February 2015\textsuperscript{192} and in EC on 18\textsuperscript{th} February 2015\textsuperscript{192} to discuss coordination and collaboration between IPs. (NICDAM Quarterly Report: January-March 2015.)

\textsuperscript{193} 24 month work plan: Joint Programme on Safer South Africa for Women and Children, 1 January 2013-December 2014
10.3.1 M&E Plan

The programme has a results framework with clear objectives, indicators, milestones, targets, means of verification and assumptions. The annual work plan specifies activities, timeframes and budget; however, there is no joint plan for data collection, analysis and reporting. A review of documents reveals that IPs have developed their own frameworks which are not always aligned to the overarching framework making it difficult to track results of the programme correctly. A promising practice is that some have aligned their targets with government department targets related to VAWC.

An assessment of the framework reveals two weaknesses. Firstly, the four programme outputs are formulated as broad outcome areas; and secondly the outcome indicators are designed as outputs. For example, the integrated POA should have been included as an output indicator under Output 1 which talks to strengthened national institutions and strategies to prevent VAWC; and the diagnostic review should have been included as an output indicator under Output 4 which talks to evidence based studies to inform programming. Furthermore, there is no outcome indicator for output area 2 (strengthened prevention and protection measures for children and youth in and out of schools).

Another weakness is that, although the programme framework contains assumptions, these were not reviewed regularly so that alternative strategies could be explored when they were not successful.
Some IPs stated that there was lack of clarity on the outcome indicators. They were only reporting on deliverables and there was no agreement on key success factors (outcome indicators) for which they should be collecting data on. This is a gap in the programme framework. It was also mentioned that there was no baseline data collection on the level of GBV in their targeted communities, so it will be difficult to measure if there have been any changes at this level. Sonke is reporting on predetermined outcome indicator 3: *Targeted men and boys who reject violence against women and children by percentage* and has collected baseline data with pre-tests, and have used the Most Significant Change methodology to measure outcomes.

All of the smaller implementing partners report that they were unfamiliar with the broader programme framework and so were unsure of how their activities have contributed to the overall programme results.

10.3.2 Supporting M&E documents
A strength is the standardised quarterly reporting template for IPs; however, a weakness is that each organisation has developed its own tools so data collection, analysis and interpretation has not been standardised.

10.3.3 Institutional arrangements
It was mentioned frequently that the programme has elements of an M&E system, but it is not functioning as a coordinated system because it lacks the institutional arrangements to support it. The main weaknesses are the limited capacity and resources to support a proper M&E system. As mentioned in the previous section, the Output 4 M&E TWG was particularly weak in terms of technical capacity. A further challenge is that M&E units are often separate units within government departments, and it has been difficult to bring them on board. However, because planning was done in a participatory way, a few respondents appreciated the capacity building approach used here.

“A lot of times, programmatically and policy wise we were forced to think about M&E and this made a significant change to our models. We were not M&E specialists so we learnt a lot from the workshops, it helped us a lot...now when I do my work I factor it in.” (National government official)

The provincial coordination structures have provided a platform from which government officials have monitored the progress of the programme at meetings and through unannounced site visits. The OOP makes use of a monitoring tool they have used previously from the Provincial Gender Audit (2011). It was noted that some officials on these structures lack technical capacity and this is a gap in the programme.

IPs submitted quarterly reports to UNFPA or UNICEF, and UNICEF reports to DFID annually. For UNFPA partners in particular there has been ongoing M&E, adjusting of work plans and interventions accordingly. Evidence has been generated, however much of the evidence through case studies and documentation of interventions is planned to take place in the final six
months of the programme. It was noted by some of the IPs that the reporting process has been cumbersome, and another questioned whether implementing donors have actually read the reports.

10.4 Use of monitoring data for programme improvement
The PIU meetings review the data collected and trends on a monthly basis which is used to inform planning going forward. For example, the data was used to understand why only certain targets are being met and to make decisions about how to facilitate scale up.

DFID conducted annual reviews of the programme and recommendations were made for improvement. Quarterly meetings are held with DFID to discuss progress.

IPs monitored progress and discussed challenges at provincial coordination meetings. However, there was limited opportunity for joint and regular review of the programme’s progress at national level. A lot of effort has been made recently to ensure that gaps identified in the 2014 annual review are being addressed. UNICEF and UNFPA should be commended for leading this process.

10.5 Concluding summary
Despite structures put in place to facilitate coordination, programme implementation has been relatively disjointed. Vertical coordination (national to provincial) has remained weak, due in part to the programme design which lacked interventions to strengthen provincial level staff. Despite this, horizontal coordination at provincial level has been more effective because of the provincial coordination structures which provide a platform for collaboration between IPs and government departments. However, irregular attendance and poor buy-in from other government departments (SAPS, DOH and DOJCD) and local government structures makes it difficult to uphold a truly holistic and multi-sectoral approach to prevention activities on the ground.

An assessment of the M&E system reveals that there is a well-designed M&E plan, but it lacks a joint plan for collecting, analysing and reporting data. There are no standardised tools for data collection although reporting templates are standardised. Some of the institutional arrangements to support the M&E system are weak with the biggest challenge being the limited technical capacity of the government partners to provide effective monitoring and oversight of the programme. Despite this, monitoring data collected by the IPs on the progress according to milestones and targets has been used to inform decision making by the PIU and by IPs at provincial level structures.

10.6 Lessons learnt
- The pre-meetings to the provincial coordination structures which were organised and coordinated by the IPs (NICDAM) were useful to ensure that the civil society sector had a more coherent input in to the meetings. All IPs should attend the pre-meetings.
- The buy-in and support from Provincial MECs and Heads of Department (HODs) obtained at the outset ensures nationally formulated plans for tackling GBV are
effectively implemented at provincial and local level.

- Signing work plans with government does not secure buy-in – government officials need clarity on what is expected of them in terms of roles, responsibilities and time commitments.
- Drafting a joint work plan in the Free State province was an enabling factor for more coordination around GBV.
- Provincial coordination structures that mirror national structures play a key role in facilitating inter-sectoral vertical and horizontal coordination of the programme; and provide a monitoring and oversight role.
- These coordination mechanisms should be closely aligned and be integrated into already existing government processes, including government clusters.
- There is also a need to promote specific involvement of national and provincial institutions with an oversight and accountability mandate including the Chapter 9 Institutions (for example, the Commission for Gender Equality), Provincial Legislatures etc.
- The PIU in Free State and PCF in Eastern Cape are good examples of coordination structures which could be replicated.
- The above coordination structures should have a TOR and include provincial, district and municipal government officials, NGOs, CBOs and traditional leadership to maximise effectiveness.
- Integration of the programme into work plans, Annual Performance Plans (APPs) and KPIs of government officials ensures the programme is not viewed as an ‘add-on’ activity.
- A strong M&E system including standardised tools for collecting data, standardised reporting formats and a proper baseline study are all critical for generating sufficient evidence for scaling-up and replication.
- The varied capacity of provincial level government officials to plan, monitoring and evaluate violence prevention programmes is a constraint to scaling-up.

## 11 Presentation of findings on the outcomes and impact of the Safer South Africa Programme

In the following chapter the predetermined impact and outcomes as reflected in the logframe will be described.

### 11.1 Outcome: Strengthened National Response to Prevent Violence against Women and Children in South Africa.

#### 11.1.1 Outcome Indicator 1: Integrated Programme of Action (POA) addressing Violence against Women and Children (VAWC) and the National Strategic plan to end VAWC and Action Plan endorsed, adopted and under implementation

**Milestones**
• Updated Audit of 365 Day NAP and Compendium of Prevention Case studies; and adoption by Cabinet of the final POA for immediate rollout with prevention a key pillar (2014).
• South African Integrated Programme of Action addressing VAWC with action framework under implementation by at least three government departments. National strategic plan to end VAWC and action plan with agreed national GBV prevention indicators under implementation (2015).

Narrative report

The review of the 365 Days NAP was completed. The interdepartmental technical task team was formed and an Integrated National POA was developed in 2013 by the IMC technical task team. The POA was approved by Cabinet but never officially launched, and the National Strategic Plan to end VAWC could not be finalised due to the reconfiguration of the former DWCPD. Hence the milestones were only partly met.

The POA is an integrated five-year programme of action covering 2013 to 2018. The POA was developed by a multi-sectoral task team representing all sectors playing a role in the GBV agenda. It does take an integrated and holistic approach to addressing VAWC as it acknowledges “a holistic approach requires interventions spanning the continuum from prevention and protection to response and long term care and support”¹⁹⁴. It furthermore has an inter-sectoral approach as one of its guiding principles as it recognises that VAWC is a complex epidemic that needs to be addressed by a multi-faceted and integrated government approach. Prevention is together with protection the first pillar of the VAWC framework and is considered vital.

Strengths and challenges around developing the POA

The POA was originally meant to have been developed by the NCGBV, but when the IMC was established it was decided to develop the POA under IMC. A strength was that UNICEF provided technical support to the IMC Technical Task Team for the development of the POA. While the technical task team was initially working well with strong government leadership and frequent meetings, it appears that this is less so currently. Reasons are that the team is led by a more junior person; the meetings are less frequent; the representations by the various departments are less consistent and the discussions are less strategic. Furthermore, it was raised that there is not enough reporting to Cabinet by the team.

Another challenge is that the POA has not yet been costed and no consultation has taken place with non-governmental stakeholders at national, provincial or district levels, or with government officials at provincial or district level. It has furthermore been critiqued for just

being a long list of interventions. Furthermore, the only study that was in place when the POA was developed was the VAC desk review. The VAW Study, the Structural Determinants and Root Cause Analysis, nor the Diagnostic Review had yet been produced. Hence, the POA is not built on the different research studies. This is unfortunate as the POA should have been specifically built on the findings and recommendations of the Structural Determinant and Root Cause Analysis. Despite the implementing donors investing a lot of time in supporting the development of the POA, it was raised by a number of respondents that it is not seen as a political priority by the DSD department.

Although the POA has been endorsed by Cabinet and is already being implemented, it was not officially launched and hence no additional financial or technical allocations have been made for its rollout.

11.1.2 Outcome indicator 2: A Diagnostic review of national VAWC programming conducted with recommendations for performance improvements endorsed by cabinet

Milestones

- First diagnostic review report available for comment (2014);
- Final diagnostic review recommendations presented to cabinet for action (2015).

Narrative report

The DSD requested that the DPME include a Diagnostic Review of the national VAWC programming in the 2014/15 National Evaluation Plan. The DPME agreed to include it in the plan and provide technical support. After some initial delays in sourcing a service provider, KMPG was selected and commenced the assignment in January 2015 with expected completion date in September 2015. At the time of the fieldwork for this evaluation, KMPG was busy with finalising the required literature review, developing survey and interview schedules and setting up interviews with government stakeholders. The milestones have not yet been met.

The purpose of the Diagnostic Review is to assess the effectiveness of government interventions, programmes and institutional mechanisms, in addressing the scale of VAC and VAW in the country and how these can be strengthened. The review will establish the spread of government-funded programmes across the three pillars, namely prevention; immediate response and care and support; reviewing the service delivery mechanisms and assessing the effectiveness of a selected number of national programmes in addressing the scale and direct determinants of the various types of VAWC. It will also ascertain the factors underlying the level of response and how these can be altered towards greater effectiveness and delivery of programmes. Through the facilitation of the DPME, a Performance Improvement Plan will be developed which will guide departments to improve the planning, implementation, monitoring and evaluation of programmes to prevent and respond to VAWC. It should be noted that although it is not funded by the Safer South Africa Programme but directly by UNICEF, it has strategic implication for the Safer South Africa Programme.
**Strengths and challenges around conducting the study**

One of the strengths has been the technical support provided by UNICEF and DPME in the development of the TOR and supporting the service provider in gaining access to the departments. Also by having the Diagnostic Review as part of the National Evaluation Plan and having DPME leading the process, it sends a clear signal of high-level political engagement in the process.

One of the challenges raised was that despite KPMG having done a previous research on the economic impact of VAW, it was felt that they did not have sufficient expertise in the VAWC sector. To remedy this, the director of the Children’s Institute became an advisor on VAC advisor for the review. This has the added benefit of ensuring alignment and use of consistent terminologies, as she is part of both the Structural Determinants and Root Cause Analysis and the Diagnostic Review, and similar definitions have been used in both studies.

A major challenge has been getting information from the nine departments involved. This is aggravated by some of the departments not understanding the extent of a prevention programme also covering, for example, family strengthening and hence not providing detailed information. Another aggravating factor is that the technical task team, who was assigned to assist the research team, has weakened.

Although it is early days to assess whether changes have occurred as a result of the diagnostic review, it was mentioned that the DPME-led process of applying a TOC in the review design had fostered reflection on the underlying assumptions of GBV prevention interventions. Also, the various departments were forced to think about how they are going to use the findings of the diagnostic review during the development of the TOR.

**11.1.3 Outcome indicator 3: Targeted men and boys who reject violence against women and children by percentage**

**Changes in attitude and practice of targeted men and boys as a result of the programme**

A high number of men and boys targeted by the Joint Programme reported changes in attitude, specifically in terms of their perceptions of women and of gender equality. The following quote by a member of a CBO encapsulates this well:

> “I used to say that I would never be led by a woman. This was my true belief and I was vocal about it but after attending these activities I am more open to gender equality. Even the way I treat and talk to women is very different. In the community I would say I

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195 A specific percentage cannot be provided as data collection could not feasibly include all men and boys targeted by the programme over the past three years. The findings reported upon in this section are therefore based on qualitative data analysis.
see myself as someone who is bringing light and people respect me for the work that I do.”

Similarly, a high number of men who participated in qualitative data collection reported changes in their practice and behaviour. These changes include the following:

- A high number of respondents noted shifts in their treatment of their wives/partners and children, specifically with regard to the use of force and physical abuse. The following quote refers:

  “For me as a Xhosa I was raised to believe that a woman can be beaten and I used to beat and abuse my wife as well, but after attending these workshops I can say I have changed and there has been peace at home...my wife is always happy and the kids are always happy.”

- Respondents in the Free State felt that an increasing number of men were undertaking domestic chores, including the care of children, following community mobilisation initiatives. The following quote from a male headman in one of the targeted villages elaborates:

  “In my life and family, I would say that I have become a great husband and father. I now understand that I have to sit down with my wife and talk about things and even share responsibilities. For example, if a baby is crying and she is busy I also stand up and see what’s happening, but in the past I used to think that’s her responsibility.”

- It was also noted that an increased number of men and boys were reporting cases of abuse to SAPS.

- Sonke respondents reported an increased number of men and boys volunteering to be community safety patrollers, including those who were not CAT members.

- An increased level of openness or willingness to discuss sensitive issues among male youth was reported by some of the research respondents. This was particularly evident among those youth that were directly targeted by Joint Programme initiatives.

- Male respondents also noted that they were behaving in a more respectful manner towards women and girls.

- A reduction in substance abuse, particularly alcohol, was also noted, as outlined in the quote that follows:

  “I used to drink a lot and be violent at home and this violence never used to end at home alone...it used to be extended to the people I am with outside of my family as well. So my stopping drinking alcohol did not only mean change for my family...it also created good relationships with my friends and in my community.”

However, these positive perceptions were not shared by all of the research respondents. Youth Reporters in the Free State felt that, while a level of change in attitude and behaviour among
men and boys had taken place, this was still fairly limited. Similar sentiments were voiced by target groups based in the Eastern Cape who noted that consistent and continuous messaging would have to continue for some time before any substantial level of change became discernible.

**Predictors and barriers of change of attitude and behaviour change of boys and men**

Increased knowledge and awareness of GBV, specifically the various forms that such violence may take, was the most frequently noted enabler of attitude and behaviour change. The creation of a community that is sensitive to and aware of GBV was also noted as being a key contributor to change among male programme participants. While fear of censure and punishment is undoubtedly an unintended outcome of the programme, social and community pressure was perceived as contributing towards a substantial amount of reform. Conversely, peer pressure among both male adults and youth was perceived as a barrier to change, with some respondents noting that they were ridiculed or threatened due to their engagement in GBV prevention activities, while others noted that those who spoke out on GBV-related issues would be sure to lose friends and valuable social contacts. As previously noted, this indicates the high level of social pressure upon boys and men to avoid that which is considered ‘feminine’ as a means of proving their masculinity.

Finally, the lack of capacity building among members of SAPS to enable them to deal in a sensitive and professional manner with men reporting cases of abuse was also highlighted as a crucial programme gap.

11.2 **Impact: Increased security and justice for women and children in South Africa**

The data reported on below was obtained from the Victims of Crime Survey (VOCS) conducted for 2011/2012 and 2013/2014.

**11.2.1 Impact indicator 1: Contact crimes and sexual offences against women and children reported (murder, attempted murder, assault GBH, common assault, sexual offences - by number)**

Extensive desktop review and online research to obtain recent figures on contact crimes and sexual offences against women and children were not available. SAPS crime statistics report on general contact crimes and sexual offences but these have not been disaggregated for women and children. The table below captures the SAPS crime statistics for Free State and Eastern Cape for the years 2012/2013 and 2013/2014. While there has been an increase of 3.4% in sexual offences in the Eastern Cape there has been a decrease of 8.3% in Free State.

**Table 22 SAPS Crime Statistics**

196 The exact number of sexual assault cases that take place is extremely difficult to determine given the sensitive nature of such incidents and hence reluctance to report upon it.
The VOCS reports on sexual offence incidents but these are not disaggregated according to gender or age. The data presented below provides a general summary.

- 72.4% of all sexual offence incidents were reported to SAPS for the period of April 2012 to February 2014 with an under-reporting rate of 27.6%.
- Reasons for individuals not reporting sexual offences to the police varied. Some respondents cited the reason as being that the “police wouldn’t do anything about it” (11.8%) while the majority indicated that they did not report sexual offences for fear of reprisal (32.4%).
- 16.9% of sexual offence crimes are reported to traditional authorities, while a staggering 41.2% are reported to friends, neighbours and relatives.

Of further concern is the substantial decline in the reporting of sexual offences by individuals over the age of 16 years to the SAPS: these numbers have dropped from 94.2% in 2012 to 72.4% in 2013/2014, indicating that neither the victim of sexual assault nor his/her family is taking appropriate legal action.

Similarly, 21.7% of victims of assault indicated that they had resolved the incidents themselves, while 62.9% of assault victims reported such incidents to friends or family members and not to the relevant authorities.
These findings imply a high level of dissatisfaction with police handling of sexual assault, and assault cases and motivate the need to include them as a target group in the programme design.

11.2.1.1 Impact indicator 2: Households afraid of sexual offences (by percentage)

The baseline figures for households afraid of sexual offences is 29.8% (2012 National VOC Survey) and this has increased to 30.5% of the population fearing sexual assault in 2013/14. Interestingly, feelings of insecurity were highest in the Free State. Other findings from the VOC survey reveal:

- 44.1% of sexual assault victims were assaulted by members of their community in 2011/12 compared to 24% in 2013/14
- Sexual assault by a relative or family member has risen from 17% in 2011/2012 to a quarter (25.1%) of cases in 2013/2014.
- 16.8% of all violent assaults in 2013/2014 were reportedly committed by the victim’s lover or spouse.
- The majority of sexual assault incidents (49.3%) in 2013/14 took place within the domestic sphere.

These findings support the need to include interventions targeting the family level into the prevention programme design.

11.3 Concluding summary

The delays in sourcing the service provider for the Diagnostic Review and the cessation of the NCGBV have impacted the pace of implementation and the buy-in to the POA by all tiers of government and CSOs.

The results of the Diagnostic Review will only be available in September 2015. It will be difficult therefore for this to impact programming in the short period left. The POA has been endorsed by the Cabinet but resource allocations for its full implementation have not yet been forthcoming.

The findings reveal that targeted men and boys have shown changes in knowledge and attitudes around GBV; however, this can only be sustained with consistent and continuous messaging and dialogue.

A review of the VOC survey and SAPS crime statistics reveal that the data is not disaggregated according to gender or age making it difficult to report on the impact indicators for the Safer South Africa programme. Statistics on sexual assault reveal that there has been a 3.4% increase in cases in Eastern Cape and 8.3% decrease in Free State over the period of 2012/2013 – 2013/2014; however, it would be meaningless to draw any conclusions from these figures for a number of reasons, with the main argument being that it is too soon to measure programme impact.
12 Efficiency analysis

Typically, measures of efficiency fall into two categories: allocative efficiency and productive efficiency. The former, allocative efficiency, concerns whether available resources have been allocated to their best possible use within a programme as opposed to some alternative allocation. This would include measures of financial efficiency, which usually measures how well the money invested in a programme or intervention produces the desired output or revenues for the agency or firm making the investment. In contrast, productive efficiency (sometimes also termed economic efficiency) measures how well the money or resources invested in a programme or intervention produces benefits for the intended beneficiaries as well as broader society. In both instances, particular kinds of data are required in order to make these assessments. Moreover, in those cases where the data is obtained from multiple implementing agents, as is the case with Safer South Africa programme, these comparisons are only possible to the extent that data measures are standardised or comparable across programmes. Based on available data, this reflection on programme efficiency will consider the following questions:

- Is the allocated budget being fully spent?
- Does the budget allocation reflect stated programme objectives and goals?
- Are target numbers of participants and outputs being met?
- Do programme activities contribute to improved social and economic wellbeing of participants and their communities?

The inception report included the following additional questions as possibilities:

1. Is there any evidence of economies of scale in programme delivery across multiple implementing agencies?
2. How do cost-benefit ratios compare across IPs?
3. What is the value of the assets or benefits created by the programme, be they physical assets or human capital investments?

12.1 Is the allocated budget being fully spent?

One simple indicator of financial efficiency is simply to examine the extent to which the allocated budget is being spent. To the extent that budget allocations are not being spent, this may be indicative of inefficiencies in implementation.

12.1.1 UNICEF and UNFPA

At the highest level of aggregation, we consider the extent to which UNICEF and UNFPA are spending their allocated budgets. Based on a DFID report on UNICEF expenditures for the period 1st of January 2012 to the 31st of March 2015, UNICEF had spent 94% of its allocated budget. Almost half of its allocated budget was disbursed to its partner organisations.

Figure 39 UNICEF budget allocation
Among its partners, SCSA received the largest share of funding followed by the CRF and CJCP.

**Figure 40 Allocation of funds by UNICEF to implementing partners**

Similarly, for the period 1st of January 2012 to the 31st of March 2015, UNFPA had spent 93% of its operational budget. Almost two thirds of funds disbursed to UNFPA are allocated to partner organisations, among which Sonke and loveLife receive the largest shares.

**Figure 41 UNFPA budget allocation**
As of December 2014, UNICEF and UNFPA had collectively utilised 69% of their DFID-allocated funds for Safer South Africa activities, suggesting a third of allocated project funds had not yet been spent. The April 2015 financial report to DFID indicates a combined budget utilisation rate of 61%. However, the estimated combined budget utilisation rate over the course of the entire project is reported to be higher at 89%. Thus, while there has been some budget under-spend, it is not too large, and may reflect the recorded delays in implementation.

12.1.2 Implementing partners

It is difficult to assess efficiency across implementing partner organisations in any sort of comparative sense for a number of reasons:

- Non-standardised reporting formats
- Incomplete expenditure reports
- Non-categorisation of expenditures against outputs by some implementing agents
- No direct link between spending and actual outputs, making it difficult to compute unit costs
- Different time horizons for different grants

Thus, we will present available data and comment on patterns there for the following IPs: SCSA, SAVI, HSRC, CRF, CJCP, Childline and Children’s Institute. The table presents budget utilisation rates for some of the implementing agents (where financial spreadsheets were made available). However, it is important to calibrate the results with reference to the time period over which the grants were made. For example, over the period 2012 to 2014, UNICEF spent 63% of the budget allocated to programme costs. In contrast, the HSRC spent 26% of its allocated budget.
for programme costs in the first quarter of 2015. While these numbers may appear low in contrast to UNICEF, spending a quarter of an allocated budget in a quarter suggests the HSRC is on track to fully spend its budget by the end of the budget period.

The table suggests that most IPs are certainly on track in terms of spending their allocated budgets. The only exception is Childline. Based on the budget information provided, as of receiving the third tranche of grant funding, Childline had spent less than a third of its allocated budget. However, the same financial spreadsheet also suggests that Childline has spent 96% of the funds it has been advanced, so the low budget share relative to total budget allocation may reflect a blockage in the disbursement of funds to Childline rather than a problem of under-spending.

Table 23 Budget utilisation rates per implementing partner

<table>
<thead>
<tr>
<th>Implementing partner</th>
<th>Time horizon</th>
<th>Budget utilisation: programme costs</th>
<th>Budget utilisation (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>2012-2014</td>
<td>0.63</td>
<td>0.63</td>
</tr>
<tr>
<td>UNFPA</td>
<td>2012-2014</td>
<td>0.79</td>
<td>0.79</td>
</tr>
<tr>
<td>UNICEF &amp; UNFPA (over life of project)</td>
<td>2012-2015</td>
<td>0.89</td>
<td>0.89</td>
</tr>
<tr>
<td>Children's Institute</td>
<td>2015</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>Childline (to 3rd tranche)</td>
<td>3rd tranche</td>
<td>0.27</td>
<td>0.31</td>
</tr>
<tr>
<td>CJCP</td>
<td></td>
<td>0.83</td>
<td>0.83</td>
</tr>
<tr>
<td>CRF</td>
<td>Oct 2014-March 2015</td>
<td>0.98</td>
<td>1.03</td>
</tr>
<tr>
<td>GenderLinks</td>
<td></td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>HSRC</td>
<td>1st quarter</td>
<td>0.26</td>
<td>0.30</td>
</tr>
<tr>
<td>Institute for Child Witness Research</td>
<td>Feb-Aug 2014</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>SAVI</td>
<td>April 2014-June 2015</td>
<td>0.84</td>
<td>0.80</td>
</tr>
<tr>
<td>KK Trainings</td>
<td>2012-2015</td>
<td></td>
<td>1.00</td>
</tr>
<tr>
<td>loveLife</td>
<td>2012-2015</td>
<td></td>
<td>0.86</td>
</tr>
<tr>
<td>NICDAM</td>
<td>2012-2015</td>
<td></td>
<td>0.80</td>
</tr>
<tr>
<td>Sonke</td>
<td>2012-2015</td>
<td></td>
<td>0.90</td>
</tr>
<tr>
<td>SCSA</td>
<td>2013-2015</td>
<td>0.59</td>
<td>0.59</td>
</tr>
</tbody>
</table>

12.2 Does the budget allocation reflect stated programme objectives and goals?

The Safer South Africa Programme has 4 key output areas. The chart below provides evidence on the extent to which allocated budgets for each output have been sent. Under-spending in this dimension would suggest that programme objectives and targets are not being met. The columns on the left provide budget utilisation for both UNICEF and UNFPA grouped according to the four project outputs. It is apparent that in 2012 to 14, spending targets were not met for
Outputs 1 and 2 in particular, and to a lesser extent Output 4. There are indications that some of this under-spending was aggressively reversed in 2015, with significantly higher budget shares being spent on M&E activities and Output 4 activities in 2015.

**Figure 42  Budget utilisation UNICEF and UNFPA**

The chart below presents the budget utilisation for UNICEF and UNFPA separately. It appears that UNICEF has lagged behind UNFPA in terms of budget utilisation, especially in regards to Outputs 2 and 4. In contrast, UNFPA shows particularly low levels of budget utilisation in relation to Output 1.
Figure 43 Utilisation of allocated funds by UNICEF and UNFPA

Source: DFID financial report, 2014 (period 2012-2014)

The charts below present a breakdown of UNICEF and UNFPA spending across project outputs for 2012 to 2014. Broadly speaking, it seems that in 2012, budget spending was focused on Output 3 activities as well as technical assistance, while in 2013, the focus switched to Output 2 activities. However, UNFPA spending remains focused on Output 3 activities for the duration of 2012 to 2014 even as Output 2 activities increase in importance. In contrast, for UNICEF, spending on Output 3 activities decline in 2013 as funding priorities clearly shift to Output 2 activities and cross-sectoral work.

These charts also demonstrate clearly the relatively smaller share of budget allocated to Output 1 and Output 4 activities as well as M&E activities, by both organisations and their partners.
Save the Children

The data for SCSA covers the period November 2013 to March 2015. During that period, 41% of the allocated budget from UNICEF remained unspent. Budget utilisation was lowest in relation to Output 1 activities, with 69% of the budget remaining unspent. Just over a quarter of the budget allocated to Output 2 activities was unspent.

Table 24 SCSA Fraction of allocated budget unspent

<table>
<thead>
<tr>
<th>Category</th>
<th>Fraction of allocated budget unspent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output 1</td>
<td></td>
</tr>
<tr>
<td>Output 2</td>
<td></td>
</tr>
<tr>
<td>Output 3</td>
<td></td>
</tr>
<tr>
<td>Output 4</td>
<td></td>
</tr>
<tr>
<td>Techn. Assist</td>
<td></td>
</tr>
<tr>
<td>Cross-Sectoral</td>
<td></td>
</tr>
<tr>
<td>M&amp;E</td>
<td></td>
</tr>
</tbody>
</table>
The table below presents the relative share of each type of budgeted expenditure activity within Output 1 and Output 2 towards under-spending. For example, within Output 1, the largest area of budget under-utilisation was in relation to support and mentoring of G/BEM district structures. For Output 2, under-spending was greatest in relation to support and mentoring activities for Children’s Committees and Networks of Care.

Table 25 Relative share of budget expenditure

<table>
<thead>
<tr>
<th>Output 1: by category</th>
<th>% share of under-spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial two-day workshops to develop district 3-year action plan, communication</td>
<td>0.26</td>
</tr>
<tr>
<td>plan with 5 representatives from each district GEM/BEM structure and 3 DBE district</td>
<td></td>
</tr>
<tr>
<td>representatives on the basis of the 2012 NSVS findings</td>
<td></td>
</tr>
<tr>
<td>Provincial one-day capacity-building training with 3 DBE district representatives on</td>
<td>0.13</td>
</tr>
<tr>
<td>the self-monitoring framework</td>
<td></td>
</tr>
<tr>
<td>Development of a self-monitoring framework for learners on school-based violence for</td>
<td>0.03</td>
</tr>
<tr>
<td>GEM/BEM clubs</td>
<td></td>
</tr>
<tr>
<td>Support to G/BEM district structures to pre-test communication messages</td>
<td>0.08</td>
</tr>
<tr>
<td>Support and mentoring of G/BEM district structures and DBE focal points to implement</td>
<td>0.40</td>
</tr>
<tr>
<td>communication and action plans and use the self-monitoring framework</td>
<td></td>
</tr>
<tr>
<td>Mid-term Evaluation Meeting to review the implementation of the G/BEM action and</td>
<td>0.01</td>
</tr>
<tr>
<td>communication plans and present progresses against the indicators developed in the self-monitoring framework</td>
<td></td>
</tr>
<tr>
<td>Child Participation Officer (40%)</td>
<td>0.08</td>
</tr>
<tr>
<td>Education Manager (10%)</td>
<td>0.00</td>
</tr>
<tr>
<td>M&amp;E and Programme Coordinator (15%)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output 2: by category</th>
<th>% share of under-spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Committees trainings</td>
<td>-0.14</td>
</tr>
<tr>
<td>Support and mentoring visits to Children’s Committees and schools</td>
<td>0.28</td>
</tr>
<tr>
<td>Support and mentoring of Networks of Care</td>
<td>0.28</td>
</tr>
<tr>
<td>Community Dialogues and Action Teams</td>
<td>0.03</td>
</tr>
<tr>
<td>Impact Reporting</td>
<td>0.13</td>
</tr>
<tr>
<td>M&amp;E and Programme Coordinator (40%)</td>
<td>0.15</td>
</tr>
<tr>
<td>Children’s Committee Supervisors (x3)</td>
<td>0.26</td>
</tr>
</tbody>
</table>
Research organisations

This group of IPs includes the Children’s Institute, HSRC, SAVI, and the Child Witness Research Programme. In general, research organisations appear to have fewer difficulties utilising their budgets, perhaps simply reflecting the nature of the research enterprise, which may be subject to fewer logistical and operational difficulties than other implementing agents.

Available financial data for the Children’s Institute suggests all UNICEF funds were fully utilised in the production of the Child Gauge. Similarly, the Child Witness Research Programme financial statement suggests all UNICEF funds were spent exactly as budgeted for.

SAVI appears to have spent 84% of UNICEF funds allocated towards programme costs. In fact, a more disaggregated view of spending shows that SAVI has fully spent its allocated budget for programme costs in every area except in the collection of primary data. Once indirect costs and programme support costs are also taken into account, SAVI has spent 80% of the allocated budget. However, a more disaggregated view of expenditure suggests that SAVI may be under-spending on programme support costs relative to programme costs (especially in relation to office expenses, a programme manager and administrative costs), a trend worth monitoring to ensure that future sustainability of SAVI’s work is not jeopardised.

Figure 46  SAVI share of UNICEF budget spent

Finally, the financial statement for the HSRC for 2015 seems to suggest that after the first quarter, they have spent a quarter of the full-allocated budget. The spending by category is presented below.
Children’s Radio Foundation

The financial statement for the CRF suggests that the organisation has only received the first tranche of UNICEF funds. Measured against this budget, CRF has almost spent its full budget (as represented by the green bar in the chart below). Moreover, CRF appears to be utilising its budget so as to focus both on Output 1 and Output 2 activities at the same time. However, the one area in which CRF has under-spent is in relation to the development of a revised youth training curriculum.
The largest area of under-spending for CJCP is in relation to mentoring and monitoring. 42% of funds allocated to this have not yet been spent. In contrast, CJCP has slightly over-spent on the school safety training framework and revision of a toolkit for the school safety training framework.

12.3 Are target numbers of participants and outputs being met?
In Sections 6 to 10 of the report, we provide a detailed description of the planned milestones for each output indicator and an assessment of the extent to which these were met. Combining this information with the quantitative targets in the results log frame, the table below presents a summary assessment of the extent to which targets have been met (insofar as data allows these assessments to be made). These details can be cross-referenced with the tables in Sections 6 to 10 that list milestones, planned activities and actual activities.

If the target has been fully met, a score of one has been allocated. If the target has only been partially met, then a pro-rata score is given. While this approach will necessarily be incomplete given data issues, it does at least allow for the use of a numeric score to give some idea of the extent to which targets have been met.

Within Output 1, this method suggests that about 59% of targets have been met. Interestingly, this is in accordance with the budget share utilisation reported for UNICEF and UNFPA in relation to Output 1. In other words, approximately 60% of the allocated budget for Output 1 has been spent, and based on this assessment, approximately, 60% of target outcomes and milestones have been met.
However, performance has not been uniform across indicators. While over 80% of targets have been met in relation to indicator 1.4, only a quarter of targets have been met in relation to indicator 1.2 and just over a third of targets in relation to indicator 1.3. The success in relation to targets for indicator 1.4 is certainly cause to be positive. The support for the completion of the uMthatha TCC has enabled the provision of services to 1,800 women and children annually.

A key constraint in this output has been the resignation of the CEO of the NCGBV and dissolution of the NCGBV with no succession plan in terms of a lead agency to continue its work mandate, and the
decision by the new DOW to suspend a number of key processes. The important point here is that a number of processes were already underway before being halted, and thus, failure to bring these processes to a close represents a very real efficiency cost in terms of wasted time and resources already spent on policy formulation and planning. Moreover, it would appear that much of the policy work has been done, but the real weakness in this area lies in inadequate institutional structures and political will to see the process through.

The table below provides a similar overview of targets in relation to Output 2. Based on available data, just over 60% of targets appear to have been met in relation to Output 2, although it is particularly difficult to produce an accurate estimate in this regard given missing data as it pertains to output indicator 2.3, and the difficulty of verifying actual and significant media reach associated with indicator 2.4. However, the DFID financial report indicates a budget share utilisation of 92% in relation to Output 2 over the life of the project. If it is the case that 92% of the allocated budget has been spent, but only 60% of targets have been met, this would indicate inefficiency in spending. Again, however, it must be emphasised that our calculations of target efficiency are likely to be incomplete. Targets appear to have been more successfully met in relation to output indicator 2.1 than for any of the others.

A key inefficiency in relation to Output 2 appears to be insufficient human resources on the part of IPs to effectively meet their targets. The results reported earlier do not indicate insufficient budget for programme implementation, but personnel insufficiencies, suggestive of poor budgeting and planning on the part of IPs to begin with. This is evident, for example, in the downward revision of training targets; for example, TLAC revised its target of training 2,500 Master Trainers downwards to 425.

Moreover, there were significant delays in implementation due to accreditation issues or delay in receiving approval from relevant government departments to proceed. Finally, the budget allocations of IPs presented above, and some of the feedback provided by participants in interviews, suggest that there has been too little time allocated for training, and too little spending on mentoring and support, all of which raise efficiency concerns about the longer term sustainability and impact of the programme.
Table 27 Output 2: Assessment of targets met

<table>
<thead>
<tr>
<th>Indicator</th>
<th>IP</th>
<th>Target</th>
<th>Actual</th>
<th>Score</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>TLAC</td>
<td>425 Master Trainers trained on Open Our Eyes</td>
<td>386</td>
<td>0.91</td>
<td>0.76</td>
</tr>
<tr>
<td></td>
<td>MIET Africa</td>
<td>Master Trainers in Eastern Cape and Free State trained on Social Cohesion Toolkit</td>
<td>Unclear</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MIET Africa</td>
<td>GBV prevention module of Social Cohesion Toolkit developed, piloted and trainers being trained.</td>
<td>Yes</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CJCP</td>
<td>Revision of Hlayiseka toolkit to develop NSSF.</td>
<td>Yes</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>STC</td>
<td>Training of 300 SMT and SGB members in schools</td>
<td>Yes (but through previous PCA with UNICEF prior to Sept 2013)</td>
<td>0.56</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MIET Africa</td>
<td>Prepare training plan for provincial workshops</td>
<td>Yes</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prepare pre/post knowledge test</td>
<td>Yes</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Design mentorship programme</td>
<td>Yes</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organise consultative panning meetings with District Focal Persons</td>
<td>Yes except in WC</td>
<td>0.90</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organise provincial workshops to develop district action and communications plans</td>
<td>No</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide ongoing mentoring support to 30 G/BEM district structures</td>
<td>No</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Design M&amp;E Framework and self-monitoring tool</td>
<td>No</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>2.3</td>
<td>SCSA</td>
<td>2,200 GEMBEM clubs</td>
<td>44 schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>120 Children’s committees</td>
<td>Yes, although only 41% have registered and have action plans.</td>
<td>1.00</td>
<td>(0.417)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>75 GroundBreakers and Mpintshi teams</td>
<td>Unclear; eight listeners clubs established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4</td>
<td>LoveLife</td>
<td>10,000 out-of-school youth reached through GroundBreakers and Mpintshi</td>
<td>5,856 reached</td>
<td>0.59</td>
<td>0.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,400 children in 120 Children’s Committees trained through GroundBreakers and Mpintshi</td>
<td>408 children who were members of Children’s Committees reached through MIET Africa-facilitated training. Additional 600 children reached through training workshops (staff members says 2,700 - indirect effects)</td>
<td>0.42</td>
<td></td>
</tr>
</tbody>
</table>
The extent to which target numbers have been reached in relation to Output 3 appears to be considerably higher than for any other Output. Again, this is not that surprising in light of the fact that budget utilisation rates in relation to Output 3 were significantly higher, estimated at 96% over the life of the project. However, as with Output 2, it is difficult to verify some of the evidence provided in relation to targeting, especially when it comes to estimates of youth reached via social media platforms. Here, reach need not be synonymous with significant impact or behavioural change.

Still, it seems evident that the work done by Sonke through community dialogues has been quite effective at targeting men and boys in large numbers, and the targeted number of traditional leaders trained were almost reached. The BFDs also appear to have been an efficient way of inducing mass participation.

**Table 28 Output 3: Assessment of targets met**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>IP</th>
<th>Planned</th>
<th>Actual</th>
<th>Score</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Sonke</td>
<td>Research on GBV prevention activities</td>
<td>Yes</td>
<td>1.00</td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support youth leaders through MATI and UCT short course</td>
<td>Yes (but low reach; one training workshop with four participants)</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Generate evidence on shifts in knowledge</td>
<td>Reach 6,406 men and boys with OMC messaging in Eastern Cape and Free State</td>
<td>3.32</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,500 men and boys participate in community dialogues based on OMC toolkit</td>
<td>4,984</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,000 men and boys trained in OMC toolkit in Eastern Cape</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>UNFPA</td>
<td>200 community dialogues</td>
<td>Yes</td>
<td>1.00</td>
<td>0.81</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200 action plans developed in Eastern Cape and Free State</td>
<td>82</td>
<td>0.41</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7,500 youth reached with GBV messaging through Born Free Dialogues</td>
<td>4,966</td>
<td>0.66</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community screenings where BFD material distributed reached 5,394 individuals – impact unclear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>200 traditional leaders engaged and trained using NPA’s GBV package</td>
<td>171 leaders</td>
<td>0.86</td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td>Sonke</td>
<td>20 CBOs trained on OMC training of trainers material</td>
<td>Unclear?</td>
<td>0.00</td>
<td>0.91</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20 CBOs trained on GBV prevention using OMC</td>
<td>21</td>
<td>1.05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sonke</td>
<td>Strengthen government and NGO capacity through six adolescent sexual and reproductive health and right training workshops</td>
<td>10 held</td>
<td>1.67</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NICDAM</td>
<td>12 CBOs trained</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td>CRF</td>
<td>14 radio stations</td>
<td>14</td>
<td>1.00</td>
<td>0.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200 youth presenters</td>
<td>15</td>
<td>0.08</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>850,000 child and youth listeners reached</td>
<td>?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>88 youth citizen journalists trained using TOT</td>
<td>21</td>
<td>0.24</td>
<td></td>
</tr>
</tbody>
</table>
Finally, there has been substantial progress made in reaching the targets set in relation to Output 4. Since these indicators relate mainly to research activities as opposed to implementation, one would expect that it would be easier to meet the indicator targets. However, there are a number of key areas to be concerned about inefficiency, namely, the lack of use of research outputs by relevant government departments, and duplication of research work across departments and implementing agencies. Moreover, while spending on M&E has risen in the last year or so, it is unclear that sufficient resources have been devoted to M&E of this programme, including the standardisation of expenditure and output reporting across IPs.

Table 29 Output 4: Assessment of targets met

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Planned</th>
<th>Actual</th>
<th>Score</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>VAC study produced including child-friendly version</td>
<td>Yes</td>
<td>1.00</td>
<td>0.71</td>
</tr>
<tr>
<td></td>
<td>Structural determinants of VAWC</td>
<td>Yes</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Three studies completed and disseminated to inform diagnostic review</td>
<td>Yes, although launch/dissemination incomplete (DOW put on hold)</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>Activities to support implementation of appropriate national GBV surveillance system</td>
<td>Yes, although concerns about how data will be used if at all.</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>National NGBV IMS and online information portal</td>
<td>No, halted due to reorganisation of DWCPD.</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td>M&amp;E framework</td>
<td>Some progress</td>
<td>0.50</td>
<td></td>
</tr>
</tbody>
</table>

12.4 Do programme activities contribute to improved social and economic wellbeing of participants and their communities?

While there is some evidence from the fieldwork component of this research that participants place great value on the Safer South Africa programme and report improved social wellbeing, there is no strong evidence that the social or economic wellbeing of programme participants has significantly improved relative to non-participants. Since the programme has been subject to delays and logistical difficulties, it may be that it is too soon to properly evaluate the impact of the programme. However, the qualitative evidence indicates the deep-rooted nature of gender stereotypes as well as the perceived vulnerability of GBV advocates to retaliation which together suggest that the programme is not yet having the broader reach and impact hoped for. What is clear is that active participants in the programme benefit emotionally and socially, and thus, it is important to find ways to increase mass participation in order to share these benefits.

12.5 Concluding summary

The analysis revealed that there is a lack of sustained focus in spending on output areas. It appears to change each year (with the exception of UNFPA and Output 3), which raises concerns about the
sustainability of efforts and ongoing support. Furthermore, there is insufficient expenditure on M&E activities from the start.

There has been some under-spending of allocated budget but overall this is in line with a project that had a delayed start of six months. There is a positive correlation between budget share utilisation and the extent to which targets and milestones are achieved, and Outputs 1 and 4 tend to exhibit greater under-utilisation of budget.

It was possible to calculate an overall budget utilisation rate per IP. However, current financial reporting by IPs makes it impossible to compare performance on a unit cost basis across IPs, since expenditures reported on in the financial quarterly reports are not directly linked to the predetermined outputs as stipulated in the programme logframe. Moreover, there is substantial variation in the way project targets and outputs achieved are reported by partner organisations, again making systematic comparison difficult.

In general, research organisations appear to have fewer difficulties utilising their budgets, perhaps simply reflecting the nature of the research enterprise, which may be subject to fewer logistical and operational difficulties than faced by other IPs.

Some of the IPs (SCSA and CJCP) actively engaged with on-the-ground project implementation have underspent in relation to ongoing mentoring and monitoring support activities, which raises concerns regarding future sustainability of project initiatives.

A few organisations, such as Childline, appear to be having difficulties spending their budgets, as evidenced by apparent failure to hire key personnel (social workers) who are critical to the mandate of the organisation.

There is no strong evidence that the social or economic wellbeing of programme participants has significantly improved relative to non-participants. Active participants in the programme benefit emotionally and socially, and thus, it is important to find ways to increase mass participation in order to share these benefits.

\section*{13 Sustainability}

This evaluation investigated the measures that have been taken by implementing organisations, government and implementing donors to ensure that interventions to prevent GBV and VAWC continue after the Safer South Africa programme has come to an end. This section looks at how the implementing organisations have integrated the programme into their ongoing activities and how they are seeing it being sustainable at a community and school level, and also looks at what has been done by government and the implementing donors to ensure that the programme is sustainable.

\subsection*{13.1 Key elements of programme sustainability}

The majority of implementing organisation respondents interviewed indicated that the programme is sustainable because they have integrated a GBV component into the work that they do to ensure sustainability. Below are the key elements of sustainability that were mentioned by interviewees from different implementing organisations:
13.2 Extent of sustainability of change

In as much as the implementing organisations were positive that the programme activities were sustainable, they also indicated that the amount of time that was allocated to the programme activities was not sufficient to have any meaningful impact on behaviour change. This might affect the continuation of GBV activities in schools, as youth benefit from ongoing reminders of key messages. They also mentioned that the training and mentoring of local level champions is a sustainability approach but to build them for life requires a lot of investment.

With regards to sustainability of the overall programme intervention, the implementing donors mentioned that many of the activities fall under existing interventions and tools which are already included in government’s plans. For example, for Output 3, the CBOs’ activities will continue because they are part of service delivery mechanism of DSD which is providing them with funding. They also...
mentioned that they have been supporting their partners to raise funds to continue some of the activities.

On the other hand, respondents have conflicting views about the sustainability of the overall programme. Some mentioned lack of leadership, commitment and ownership from the government officials, while others mentioned that there has been a buy-in from the government and many interventions are owned by government, but the challenge is the integration of activities into government’s programmes.

“We supported the interventions that are already implemented by government but in terms of sustainability we did not think through this, but who is going to own the GBV component? We are only trying to figure this one now; we could have looked at the existing programmes and how it could have been integrated into the existing structures. This is the missing link.” (National Stakeholder)

13.3 Factors affecting sustainability
The majority of government stakeholders interviewed indicated that the programme is sustainable. DSD mentioned that they have programme of action in place until 2018. The Eastern Cape PCF indicated that they need more time and resources but they are working on a strategy to take over the programme. DBE indicated that the sustainability of the programme depends on the agency and capacity at local level, and the support it gets from national and provincial levels because they are hands-off; the provinces are the implementers.

A gap that has been identified in the Safer South Africa programme is that there was no sustainability plan from outset. It was not clear how the government would take over as the sustainability plan was not included in the planning framework.

“After three years, how would the government take over? How would it be integrated into government’s processes? And I cannot see this from the programme documents and planning frameworks.” (National Stakeholder)

13.4 Concluding summary
Sustainability has been built into the programme interventions and IPs will continue with them beyond the cessation of funding in September 2015. However, most implementing organisations felt that the programme should have been continued for a longer period to see the impact, as people need often need reminders to commit to change. They mentioned that the dosage was not enough; refresher trainings, more community dialogues and regular follow-ups are needed. The lack of a sustainability plan for the programme is a gap in the programme design.

14 Conclusion
The Safer South Africa programme, through a multi-sectoral and multi-level approach, has contributed towards strengthening the national response to VAWC in South Africa.

An assessment of the predetermined outcome indicators reveals that outcome indicator 1 has been achieved. An Integrated Programme of Action has been developed, endorsed by Cabinet, and is being implemented. However, it has not been informed by the different research studies undertaken by the Safer South Africa programme; has not been officially launched and has not yet
been costed. For outcome indicator 2, the Diagnostic Review is currently being undertaken. Although it is too soon to assess whether any change has occurred, it is planned that the DPME will facilitate a Performance Improvement Plan based on the findings in order to guide departments to improve VAWC prevention and response programming. For outcome indicator 3 the findings reveal positive shifts in knowledge and attitudes for targeted men and boys; however, consistent and continuous messaging would have to continue for some time before any substantial level of change became discernible.

In general the programme design is well-conceptualised with the four programme outputs corresponding to the different levels of the system. However, the mechanism to ensure that the four outputs work as an integrated whole was not operationalised resulting in disjointed programme implementation with weak vertical coordination. The provincial level structures, however, have been more effective in providing a platform for horizontal and vertical coordination of activities at district and local level. An assessment of the M&E system for the programme found that the main weakness is the limited institutional arrangements to support the system, particularly the limited M&E capacity of government officials.

Findings under Output 1 found that the activities at national level have contributed to the improvement in government’s institutional management and inter-governmental coordination. It has brought VAC and VAW onto government’s agenda; supported the NCGBV and IMC; established and supported the provincial coordination structures; and supported mainstreaming of gender within DBE. Overall, it has succeeded in creating a more enabling environment for tackling the prevention of VAWC despite the numerous challenges experienced within the broader political landscape of the country, including the reconfiguration of the DWCPD; the halt in activities of the NCGBV and subsequent limited central coordination of the programme from the side of government.

The activities undertaken under Output 2 are all contributing towards strengthening prevention and protection measures for children in and out of schools, despite delays in implementation and underspending of the budget. The NSSF is well supported by the DBE on all levels including recent endorsement by the Minister of Basic Education and has the potential to significantly strengthen the protective environment for children in schools if properly implemented. The numerous capacity building activities undertaken under this output have also shown positive outcomes. Master Trainers interviewed for this evaluation have shown shifts in knowledge, attitude and practice and children and youth in and out of school have shown similar findings. However, the school survey reveals that these individual changes have not translated into changes for the broader learner population, probably because most activities were only undertaken from April 2014. A high proportion of children are still witnessing incidents of GBV at school and the majority of learners still feel unsafe in their schools.

The activities undertaken for Output 3 are contributing to mobilising social change in the Eastern Cape and Free State to address VAWC. This is despite the six month delay in start-up due to the lengthy inception phase of the programme and some of the initial knowledge gaps of IPs in relation to GBV. The use of community dialogue methodologies and the approach of working through local CBOs are particular strengths. So too is the targeting of traditional leaders for capacity building
around gender, culture and human rights, given their crucial role as community gatekeepers and mobilisers.

Findings from the target group survey reveal that the capacity building activities undertaken by all of the IPs for Output 3 are of excellent quality. These activities have equipped the CBOs with skills to rollout a range of GBV awareness raising interventions including community dialogues, radio shows, and the production of media messaging, which can be disseminated across multiple platforms. Almost all of those targeted indicate that the programme is useful and makes a real difference. Although it may be too early to measure the full impact of the programme on beneficiaries, anecdotal evidence reveals that the awareness raising activities undertaken by target groups have led to increased knowledge, awareness and improved attitudes of community members around GBV. Some members are even taking action to address the problem and increased levels of reporting were noted. However, an increase in reporting has not been matched with adequate response services and has reportedly led to further abuse and victimisation of survivors of GBV in some cases, which is an unintended negative consequence of the programme.

A common theme across outputs 2 and 3 is that it takes time to shift deeply entrenched traditional values around VAC and VAW. While the timeframes for the programme may have been sufficient to improve knowledge and raise awareness, a long term intervention is required to shift negative attitudes and practice.

Many of the activities in Output 4 did not take place except for the various studies. They were limited by the sequence in which they were implemented and the fact that they were led by a newly reconfigured DOW. Despite this, the Structural Determinants and Root Cause Analysis and the Diagnostic Review will be used to accelerate the VAWC agenda in South Africa, and respondents are confident that these studies will be used by government to inform violence prevention strategy and programme planning. Furthermore, the activities around conceptualising a surveillance system for VAWC will contribute towards laying the foundation for strengthening national surveillance, but it is still premature to assess whether it will be used by government.

**Innovation**

There are a number of innovations arising from the programme to enhance implementation. These are highlighted below.

**Innovative approaches for mobilisation and awareness raising**

- Sonke’s approach of focusing on men and boys specifically, and targeting them via entry into ‘masculine spaces’ such as taverns and shebeens, sports events and taxi ranks, is a highly innovative and original method of reaching men and boys in places where they feel comfortable to talk.
- Establishing CATs which collectively develop LAPs is an innovative approach to empowering people to develop local solutions to preventing the problem of VAWC in their communities.
- The inclusion of community needs profiling in community mobilisation door-to-door campaigns is an example of innovative practice.
- The use of youth to speak to youth has also proven to be a highly effective practice. The inclusion of drama and media components in programmes aimed at youth, for example
getting them to make videos around GBV, was also an effective and substantial draw card. However, as outlined above, the downfall of this approach is that it is often difficult for youth to engage with adults regarding potentially sensitive topics.

- The use of social media platforms and specialised apps (such as the loveLife app used to access audio-visual material via smartphone in conjunction with the Uncut magazine and other print media) is an innovative means of enhancing participation and dialogue; as is loveLife and CRF’s use of community radio stations.
- The inclusion of a media component in the life skills training for children in and out of schools is innovative as it involves making videos around GBV issues, really motivates participants and generates dialogue.

**Strengthening school safety**

- The development of the NSSF and the approach used by CJCP is innovative and could be replicated in other countries. CJCP’s strategy to create safer schools addresses three systemic elements. 1) The need for data and evidence: start with the basis of understanding the nature and extent of school violence so that there is a shared understanding of the issue; 2) The need for a common implementation framework: develop a common approach on how to deal with it through development of the NSSF; and 3) The need for adequately trained school management: it did this by training school management and educators on bullying and classroom management, and also in the NSSF.

**Innovations related to responsive services**

- SOCs are the only courts which are specifically dedicated to sexual offences and TCCs are innovative.
- The loveLife Mxit app for text-based counselling is innovative. The ‘please call me’ feature ensures that even when people do not have airtime they can still access a counsellor. There is also a counselling persona, Mizz B, who offers support and advice via the Facebook page and website.

**Innovative approaches to research**

- The Diagnostic Review is seen as innovative. South Africa is the only country in the region conducting a Diagnostic Review in order to understand the blockages in the system for prevention and response to VAWC.
- Furthermore, the Structural Determinants and Root Cause Analysis of Violence against Women and Children conducted by UCT is making use of structural equation modelling which is an innovative research approach.

**Factors influencing the success of prevention programming**

A key overarching question which the evaluation sought to answer was: *What factors seemed to have supported successful implementation (predictors for success)*? While this has been explored in detail under Outputs 2 and 3, the main findings in relation to this question are summarised in the tables contained in **Annexure 3** of this report.
15 Recommendations

Based on the evaluation findings and lessons learnt, the section below provides recommendations for improving future prevention programming and for the scaling-up and replication of prevention programmes in South Africa and more broadly in the region. The key stakeholders to whom they are targeted are captured in brackets after each recommendation.

Recommendations for programme design

For future programmes of this nature an initial preparatory phase or inception year should be built into the programme design prior to programme implementation to allow enough time to a) build government buy-in and support (Output 1) and b) generate enough evidence (Output 4) to inform planning. This will also ensure that IPs have sufficient time to plan and implement their programmes on the ground. (Donors/Implementing Donors)

A holistic approach to tackling the very complex problem of VAWC should be built into the programme design so that it includes a range of different interventions targeting the risk and protective factors at all levels of the ecological system, which includes the individual, family, school, community and broader society. (Implementing Donors/Implementing Partners)

Family interventions at the meso level should be included in the programme design because of the critical role family plays in socialising children. (Donors/Implementing Donors/Implementing Partners)

When scaling-up there needs to be a clear strategic plan, underpinned by solid evidence (such as cost-benefit analysis, outcomes evaluation etc.) A model for scaling-up is necessary that clearly outlines the process for scaling-up as well the roles and responsibilities and coordination mechanisms. This should include an exit strategy (with reasonable timeframes) for donors or multilateral organisations. The roles of intermediary organisations in scaling-up should be carefully considered as a positive factor, particularly in terms of ensuring quality as quantity increases. (Donors/Implementing Donors)

Prior to implementation of future programmes of this nature, a baseline study should be undertaken to provide an indication of the situation before the intervention. Such a study would allow for measurement of progress made on the indicators against the status at the beginning of the project, and the desired state at the end of the project. (Donors/Implementing Donors)

Recommendations for creating an enabling environment by strengthening national and state institutions and strategies to prevent violence against women and children (Output 1)

To ensure political buy-in and government-wide accountability for implementation, the VAC and VAW agenda needs to be hosted at the highest level of government under the Presidency and be aligned with the various technical clusters of the government. Hence to be hosted by IMC if it becomes a permanent structure is an option. However, this structure should ideally be inclusive of

all actors such as the CSOs, academia, media etc. (Implementing Donors/Implementing Departments/Implementing Partners).

Addressing GBV, VAC and VAW might need an entirely new and integrated and multi-sectoral approach, the reason being that violence is a widespread problem in South Africa and the motives behind instances of VAW and particularly VAC are not always necessarily gendered in nature. These are all about addressing violence in general and unless there is an overarching strategic approach to tackle violent crimes, efforts to address VAC and VAW might not go far. Such a strategy needs to have clear specific targets to reduce VAC and VAW. In developing this overarching strategy, it is important to conduct a comprehensive review and analysis of implementation of the existing strategies (for example, Social Crime Prevention Strategy). (Implementing Donors/Implementing Departments/Implementing Partners).

South Africa is a pioneer in terms of the legislation, infrastructure, operation of and linkages between the SOCs and the TCCs and this could be replicated in the region. (Implementing Donors)

Recommendations for strengthening prevention and protection measures for children and youth in and out of schools (Output 2)

GEM/BEM clubs and Children’s Committees provide a safe space for learners to seek support and report cases of abuse and are a platform for children to become agents of change at school and in the community. For example, in one school in the Free State children mapped out hotspots for violence in their school and submitted it to the SGB which has taken action to improve school safety. Replication of a well-functioning school based response mechanism requires:

- Proper capacity building with learners so that they are adequately equipped to support and refer their peers in cases of victimisation, including training on identification and referral of cases of victimisation.
- The support from the SMT and a focal support person at school to provide ongoing supervision and mentoring is important particularly if children are providing peer support and referral for cases of violence and abuse.
- Linkages with other child protection mechanisms in the community so that referrals can be properly responded to and followed up. SCSA’s model of linking up Children’s Committees with NOCs and also linking schools with a local policeman and social worker for referral and follow-up of cases is a good approach to replicate.
- Linkages between clubs and other community-based awareness raising activities.
- The buy-in and support from educators, parents and community members. The SPF’s model of conducting PLAs with parents and surrounding communities coupled with the training of teachers is a good example of holistic prevention approach for replication. (Implementing Donors/Implementing Partners/Department of Basic Education)

Findings from the school survey reveal that, when compared to girls, boys have significantly more negative attitudes towards gender roles and differences; therefore boys need to be specifically targeted for inclusion in school based interventions to change harmful attitudes and shift social norms in relation to GBV. (Implementing Donors/Implementing Partners)
Improving in and out-of-school youth’s access to relevant and consistent GBV prevention messages requires the use of a diverse range of platforms to disseminate information including community screenings, listener clubs and media platforms (national and community radio stations, Twitter and Mxit). The findings from the quantitative survey reveal that the media is the most important source of information on GBV prevention for young people followed by school and social media. This approach should be replicated when targeting this group. (Implementing Donors/Implementing Partners)

Training of Master Trainers and the use of a train-the-trainer approach is a cost-effective way for reaching large numbers of schools and educators but the disadvantage is that it is dependent on the Master Trainers for rollout at district level. Therefore, when replicating this intervention it needs to be coupled with:

- A strong and well-planned mentoring component for Master Trainers
- Adequate budget allocation for rolling out the training at district level and further cascading down to schools
- A strategy for selecting suitable participants as Master Trainers which should consider firstly, the readiness and commitment of individuals to educate others around the sensitive issue of GBV; and secondly, the level of participants at district level based on sub-directorates. It is recommended that staff responsible for teacher development and school safety be chosen to attend. They already conduct regular meetings with educators at district level and could integrate their training into these already existing fora.
- At school level, children and parents should be included in the training on the NSSF as they play an important role in monitoring school safety and holding SMT/SGB members accountable. (Implementing Donors/Implementing Partners/Department of Basic Education)

Three different organisations are targeting district education officials as Master Trainers; CJCP, TLAC and MiET; but there has been limited or no interaction among them. For future rollout it is recommended that efforts be made to coordinate these training interventions to maximise impact and reduce the risk of duplication and ‘training burnout’ by education officials. (Implementing Donors/Implementing Partners)

**Recommendations for mobilising social change to address violence against women and children (Output 3)**

While community dialogues are an innovative means for mobilising social change and facilitating social cohesion and collective decision making, dialogues alone are insufficient to enable sustainable social change and address VAWC. Systematic post-mobilisation interventions need to be planned and implemented to ensure that effects are sustained. (Implementing Donors/Implementing Partners)

Capacity building of CBOs requires a sound exit strategy to ensure that organisations can continue to implement community dialogues and facilitate completion of LAPs. Capacity building strategies should include measures aimed at volunteer retention to address high attrition rates. (Implementing Donors/Implementing partners)
The integration of the LAP into IDPs needs to be addressed via specific and strategic interventions during the initial programme rollout phase to ensure that municipal authorities’ buy-in is assured. Furthermore, collaboration with the SALGA and the DPME could be explored to facilitate the integration of GBV issues into IDPs. (Implementing Donors/Implementing partners)

More emphasis needs to be placed on improving access to response services, particularly in those areas where increased reporting is taking place. Provincial and district government together with CBOs and IPs should collectively ensure that such structures, as well as good referral systems, are accessible. (Provincial and district government/Implementing partners)

Based on MiET Africa’s review of training resources, all concepts and messages must be mainstreamed across IPs to ensure consistency and to avoid unnecessary confusion among target and beneficiary groups. To facilitate this, a hyperlink to an online or social media reference could be set up to describe what is meant by GBV, plus generic pamphlets should be produced for dissemination to and by all IPs. This will ensure a clear and consistent understanding of the terms GBV and VAWC among audience members. A specific working group could be established to oversee the compilation and production of such resources. This group should include government and IP representatives. (Implementing Donors/Implementing partners)

More interventions that focus specifically on boys and men are required. However, a level of sensitivity is required when working with men, particularly around appropriate messaging. For example, emphasis should be placed on the fact that men are not always the perpetrators of GBV. (Implementing Donors/Implementing partners)

A community mapping of all relevant service providers should be conducted prior to mobilisation intervention rollout to ensure that strategic and relevant stakeholders are identified and partnerships for support and referral are set in place. This will also contribute towards programme sustainability. (Implementing Donors/Implementing partners)

Capacity building initiatives at local level should, as far as possible, include service providers such as SAPS, ward councillors, community development workers, and social workers. Training should be reinforced through the inclusion of these stakeholders in all community mobilisation activities. However, it is noted that the level of their inclusion and participation is dependent on the degree of buy-in and support across all government levels. (Implementing Donors/Implementing partners)

Linkages with women’s economic empowerment initiatives should be included in programme interventions to address, as far as possible, what is one of the underlying causes and contributory factors to GBV. (Implementing Donors / Implementing partners)

Future intervention areas must include a focus on those considered highly marginalised, for example extremely poor families; women and children living in rural areas or on farms; and those with limited levels of access to services (such as SAPS and healthcare). (Implementing Donors/Implementing partners)

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198 MiET Africa. Date not indicated. A Safer South Africa for Women and Children. Review of current training resources.
Intergenerational dialogues are also a key programmatic component to consider going forward. This evaluation suggests that such dialogues contribute towards addressing long-standing beliefs and social norms relating to gender roles and the limitations imposed on youth participation in community discussions. For this reason, they are proposed as an effective and complementary intervention in GBV prevention programmes. (Implementing Donors/Implementing partners)

Where possible, existing local-level structures should be tasked with the oversight and coordination of GBV prevention and community mobilisation activities to ensure well-coordinated and sustainable action. CBOs and district-level government authorities could be tasked with the setting up and/or strengthening of such structures. (Provincial and district government/Implementing partners)

**Recommendations for strengthening national surveillance, monitoring and evaluation systems for evidence-based prevention of VAWC (Output 4)**

For future programmes of this nature, the evidence-based research should be sequenced at an initial stage so it can inform the programme. The studies should be well coordinated and the researchers should attend regular meetings together to avoid duplication and overlap. (Implementing Donors/Implementing Departments).

For evidence-based studies to have an impact and be used, it is important that there is a champion in government who will take the lead. Otherwise, the reports produced by service providers might not be used. The process led by the DPME and outlined in the National Evaluation Policy, whereby the departments under review develop an improvement plan based on the recommendations, could be useful for all studies. In this way, there is buy-in to the recommendations of the studies. (Implementing Donors/Implementing Departments).

The launch and subsequent activities related to the database of the online research and evidence portal to complement the national surveillance system could be a critical step to continuously inform evidence-based policy and programme decision-making. It is recommended that if the Safer South Africa programme is replicated or scaled up this portal should be established and host all relevant studies. (Implementing Donors/Implementing Departments).

It is recommended that the Structural Determinants and Root Cause Analysis of Violence against Women and Children should be produced in a user-friendly report. (Implementing Donors/Implementing Departments).

It is also recommended that the Government of South Africa clarifies as a matter of urgency which department will take the lead in accelerating the GBV agenda. (Implementing Departments).

Findings emerging from the Structural Determinants and Root Cause Analysis; Diagnostic Review; Study on Violence against Women; Study on Violence against Children; and conceptualisation of the IMS for VAWC should be utilised to inform policy formulation and service delivery beyond the life of the programme. Hence the PIU should continue to have meetings with government authorities to ensure ownership of interventions. (Implementing Donors/Implementing Departments).

**Recommendations for programme coordination, monitoring and evaluation**
A participatory and consultative approach for programme design should be used, including an initial joint planning session where multi-sectoral partners are given the opportunity to understand the overall vision and how they contribute to this. This will lead to more robust discussion, particularly around risks and assumptions, and will allow for a more systemic and integrated approach to programme design. Participants in this process should include all government departments, research institutions, leading academics and NGOs. (Implementing Donors)

While national level buy-in at ministerial level is critical, working at national level is not enough. Nationally formulated plans are implemented at provincial and local level and when replicating programmes of this nature it is important to work midstream. When replicating similar programmes in the future, the following should be undertaken prior to implementation to ensure proper coordination, management and oversight of the programme at provincial level:

- Get buy-in and support from Provincial MECs and HODs. This can be done by presenting the programme to the Executive Council of the MEC and the Forum of Heads of Department to get their endorsement. They should also be involved in joint planning of the programme.
- Using a participatory approach, map coordination structures, services and intervention sites relevant to GBV prevention at provincial and district level to identify gaps and inform programme planning. This will allow for planning to be based on evidence and will identify opportunities for strengthening already existing institutional mechanisms focused on coordinating programmes and services.
- Ensure that the programme is integrated into work plans, APPs and KPIs of government officials and that roles, responsibilities and expectations are clearly communicated at all levels of government. This will avoid the programme being viewed as an ‘add-on’.
- Build the capacity of provincial government officials to plan, monitor and evaluate violence prevention programmes. (Implementing Donors/Implementing Partners)

To generate evidence and effectively assess a programme’s progress towards achieving its objectives, a strong monitoring and evaluation system needs to be developed during the participatory planning phase which includes a plan for data collection, analysis and reporting. Standardised tools should not only focus on collecting data at activity and output level, but also at results level so that partners can measure the changes that are taking place as a result of their interventions and build the evidence needed to inform replication and scaling-up. (Implementing Donors/Implementing Partners)
Annexure 1 Sample

The table below provides details of the districts that were visited for qualitative fieldwork in Free State and Eastern Cape per implementing organisation.

Table 30 Districts and municipalities visited for qualitative fieldwork

<table>
<thead>
<tr>
<th>Implementing organisation</th>
<th>Free State</th>
<th>Eastern Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Save the Children</td>
<td>Thabo Mofutsanyana – Puthaditjhaba; Warden Fezile Dabi – Tweeling; Frankfort; Sasolburg</td>
<td>OR Tambo – Ngqeleni; Libode Alfred Nzo – Mt Frere</td>
</tr>
<tr>
<td>Small Projects Foundation</td>
<td>OR Tambo – Ngqeleni; Libode Alfred Nzo – Mt Frere</td>
<td></td>
</tr>
<tr>
<td>Children’s Radio Foundation</td>
<td>OR Tambo – uMthatha; Ngqeleni</td>
<td></td>
</tr>
<tr>
<td>loveLife</td>
<td>OR Tambo – uMthatha Alfred Nzo - Bizana</td>
<td></td>
</tr>
<tr>
<td>KK Consulting</td>
<td>OR Tambo - Qaukeni</td>
<td></td>
</tr>
<tr>
<td>Sonke Gender Justice</td>
<td>Amathole – Centani; Willowvale (Chafutweni) Alfred Nzo - Matatiele</td>
<td></td>
</tr>
<tr>
<td>NICDAM</td>
<td>Amathole – Centani Alfred Nzo - Mt Ayliff OR Tambo - uMthatha</td>
<td></td>
</tr>
</tbody>
</table>

National level qualitative interviews

The table below captures the total number of national level interviews conducted.

Table 31 National interviews - planned and actual

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Method</th>
<th>Detail</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor agencies</td>
<td>Semi-structured interview (SSI)</td>
<td>UNICEF (CP and Education); UNFPA; DFID; Save the Children</td>
<td>5</td>
</tr>
</tbody>
</table>
Members from various committees: Programme Steering Committee; Technical Working Group; Programme Implementation Unit; IMC on Violence against Women and Children; NCGBV (previous member) 6

National government officials
SSI
DOW; DSD; DBE; DOJCD; NPA (SOCA) 6

Provincial government officials
SSI
Free State: Office of the Premier PIU (coordination forum)
Eastern Cape: DSD Provincial Coordination Forum 2

Implementing partners
SSI
Save the Children
Sonke
HSRC
CJCP
CRF
Small Projects Foundation
KK Trainings CC
Institute for Child Witness
UCT (SAVI)
NICDAM
loveLife
Childline SA (SC)
MIET Africa (SC)
TLAC (SC)
Children’s Institute
Medical Research Council 16

KPMG (additional interview)
Former head of Child Protection 2

TOTAL 37

Provincial and community level qualitative interviews and focus groups
The table below provides details of the interviews conducted in Free State and Eastern Cape.

Table 32 Provincial and community level interviews and focus groups - planned and actual

<table>
<thead>
<tr>
<th>Implementing partner</th>
<th>Stakeholder group</th>
<th>Method</th>
<th>Detail</th>
<th>Actual</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sonke</td>
<td>Provincial programme staff member</td>
<td>SSI</td>
<td>Provincial staff (Eastern Cape and Free State)</td>
<td>0</td>
<td>No staff identified at provincial level</td>
</tr>
<tr>
<td></td>
<td>CBO staff</td>
<td>SSI</td>
<td>Free State (3 CBOs) Eastern Cape (3 CBOs)</td>
<td>5</td>
<td>One of the CBOs in Amathole has closed down so a Traditional leader was</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 (Eastern Cape)</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

199 This figure includes those who have been interviewed as donor agencies or national government but were also sitting on the various committees and units.
<table>
<thead>
<tr>
<th>Implementing partner</th>
<th>Stakeholder group</th>
<th>Method</th>
<th>Detail</th>
<th>Actual</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 (Free State) interviewed instead of CBO staff member. Only 2 CBOs were targeted by Sonke in Free State in the 2 districts visited</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>Local Action Teams</td>
</tr>
<tr>
<td>Community members</td>
<td>Focus group discussion (FGD)</td>
<td>Free State (3 FGD) Eastern Cape (3 FGD) Community Action teams</td>
<td>3(Eastern Cape) 2 (Free State)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SSI</td>
<td>Free State (3) Eastern Cape (3)</td>
<td>4 2 (Eastern Cape) 2 (Free State)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>The Traditional leaders in Free State travelled far so an agreement was made for one representative to be interviewed.</td>
</tr>
<tr>
<td>Traditional leaders</td>
<td>SSI</td>
<td>Free State (2) Eastern Cape (2)</td>
<td>1 (Free State) 2 (Eastern Cape)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>FGD</td>
<td>Free State (1) Eastern Cape (1)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SSI</td>
<td>Provincial staff (Eastern Cape and Free State)</td>
<td>0</td>
<td>No staff at provincial level</td>
<td></td>
</tr>
<tr>
<td>IC IDAM</td>
<td>SSI</td>
<td>Free State (3 CBOs) Eastern Cape (3 CBOs)</td>
<td>6 3 (Free State) 3 (Eastern Cape)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Focus group discussion (FGD)</td>
<td>Free State (3 FGD) Eastern Cape (3 FGD) Local Champions</td>
<td>6 3 (Free State) 3 (Eastern Cape)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing partner</td>
<td>Stakeholder group</td>
<td>Method</td>
<td>Detail</td>
<td>Actual</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Community members</td>
<td>SSI</td>
<td>Free State (3) Eastern Cape (3)</td>
<td>5</td>
<td>2 (Free State) 3 (Eastern Cape)</td>
<td></td>
</tr>
<tr>
<td>loveLife</td>
<td>Provincial Programme leader</td>
<td>SSI</td>
<td>Programme leader in Eastern Cape and Free State</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>GroundBreakers</td>
<td>SSI</td>
<td>Eastern Cape (2) Free State (2)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mpintshis</td>
<td>FGD</td>
<td>Eastern Cape (2) Free State (2)</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listener Clubs</td>
<td>FGD</td>
<td>Eastern Cape (1) Free State (1)</td>
<td>1 (Eastern Cape)</td>
<td>FGD for Listener Club in Free State was not arranged by the Coordinator.</td>
<td></td>
</tr>
<tr>
<td>Children’s Radio Foundation</td>
<td>Facilitator</td>
<td>SSI</td>
<td>Eastern Cape (1) Free State (1)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Youth Reporters</td>
<td>FGD</td>
<td>Eastern Cape (1) Free State (1)</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio station</td>
<td>SSI</td>
<td>Eastern Cape (1) Free State (1) National radio station (1)</td>
<td>2</td>
<td>Eastern Cape (1) Free State (1)</td>
<td></td>
</tr>
<tr>
<td>Save the Children and UNICEF (Small Projects Foundation)</td>
<td>Learners</td>
<td>FGD</td>
<td>Eastern Cape - 2 districts - 2 schools per district Free State - 2 districts - 2 schools per district</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Learners</td>
<td>SSI</td>
<td>Eastern Cape - 2 districts - 2 schools per district (1 boy or 1 girl per school) Free State - 2 districts - 2 schools per district (1 boy or 1 girl per school)</td>
<td>8</td>
<td>4 boys 4 girls</td>
<td></td>
</tr>
<tr>
<td>Educators/S GB/SMT</td>
<td>SSI</td>
<td>Eastern Cape - 2 districts - 2 schools per district Free State - 2 districts - 2 schools per district</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Quantitative sampling

Schools

School level awareness activities directed at learners were carried out by two different IP organisations in the Free State and Eastern Cape. In the Eastern Cape the Small Projects Foundation was said to have trained 2,400 school youths at 44 schools in the OR Tambo district in gender based school safety. A random sample of 14 of these schools were selected as a treatment group for comparison to schools where no such activities took place. A further five schools in the Eastern Cape where no Safer South Africa programme activities had taken place were included in the Eastern Cape School Survey sample as a control group. Control schools were purposefully selected to match the characteristics of the school sample in terms of size (number of learners) and location.

Similarly to the Eastern Cape, SCSA ran a VAWC-themed school programme at 40 secondary and primary schools in the Free State as part of the Safer South Africa programme, from which a random sample of 13 secondary schools was drawn. A further four schools in the Free State were included in the Free State School Survey sample for a control group. Control schools in the Free State were also purposefully selected to match the characteristics of the school sample in terms of school size and location.

Following the selection of schools a second stage of sampling took place at each school. The plan involved the random selection of 50 10th and 11th grade students at each school through the random selection of five 10th and 11th grade classes, then randomly selecting 10 students from the class using a lottery with learners blindly drawing coloured cards from envelopes handed to them (10 envelopes contained red cards opposed to plain white cards).
The target of 10th and 11th grade students was revised in the Eastern Cape to 8th and 9th grade students due to the late discovery that all of the schools in the Eastern Cape which were part of the programme turned out to be junior secondary schools, having 9th grade as their highest level of study. After consultation with the client it was agreed that ikapadata should proceed with interviewing 8th and 9th graders aged 15 years or older in the Eastern Cape. At schools with less than 50 eligible students the fieldwork team did not follow the sampling procedure but instead proceeded to interview every student fitting the sampling criteria, explaining the relatively low numbers of respondents at some of the Eastern Cape schools. In the end, 1,469 interviews took place with students at 19 schools in the Eastern Cape and 17 schools in the Free State.

A further complication arose when it emerged after the end of fieldwork that 10 of the 14 designated treatment schools actually did not have an active GEM/BEM club at the time of the survey. Fieldwork had started under the assumption that the sampling frame of 44 schools, which had been provided by the Small Projects Foundation, only listed schools with established GEM/BEM clubs, especially since the list also included the number of club members, facilitators and mentors for each school.

Doubts over the accuracy of the information developed during the analysis of the school survey data, when significant differences between treatment and control schools failed to materialise and it emerged that many or most of the learners at some of the schools in the Eastern Cape had never heard of GEM/BEM clubs. In order to gain clarity in the matter it was decided to reach out to all 44 GEM/BEM clubs through a telephone survey. The results of this ad-hoc survey are revealing. The clubs at only 32 of the 44 schools could be reached during the survey, despite multiple attempts to call the mentors and facilitators. Of those 32 clubs 7 were no longer or have not been active up to this point. Of the 25 active clubs, only 6 became active in 2014 and the other 19 began activities in 2015 between February and May (the survey happened mostly in April). Seven clubs started in February 2015 and 4 clubs every month since then (meaning that the sampling frame indicated membership numbers for least 19 clubs which did not even exist or existed for less than a month at the time the list was compiled). As a result the school sample in the Eastern Cape changed to 4 treatment and 15 control schools.

### Table 33 School Survey Sample (Eastern Cape)

<table>
<thead>
<tr>
<th>School</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Bucula Sec</td>
<td>38</td>
</tr>
<tr>
<td>Lower Mdumbi</td>
<td>30</td>
</tr>
<tr>
<td>Nkquiliso Sec</td>
<td>35</td>
</tr>
<tr>
<td>Nqeketho Sec</td>
<td>46</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
</tr>
<tr>
<td>Bajonge JSS</td>
<td>28</td>
</tr>
</tbody>
</table>

---

194 ikapadata contacted the primary contact person for Small Projects Foundation on the 8th of June 2015, asking for help with reaching the remaining 12 schools by phone but have not received a response as of writing this.
## Table 34 Map of School Locations (Eastern Cape)

<table>
<thead>
<tr>
<th>School</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bantini JSS</td>
<td>25</td>
</tr>
<tr>
<td>Bhekizulu Sec</td>
<td>51</td>
</tr>
<tr>
<td>Gavin JSS</td>
<td>38</td>
</tr>
<tr>
<td>Kangisa Sec</td>
<td>43</td>
</tr>
<tr>
<td>Ludikidi Sec</td>
<td>49</td>
</tr>
<tr>
<td>Malahle Sec</td>
<td>46</td>
</tr>
<tr>
<td>Mavubeza Sec</td>
<td>30</td>
</tr>
<tr>
<td>Maxhaka Sec</td>
<td>35</td>
</tr>
<tr>
<td>Mdlankomo JSS</td>
<td>40</td>
</tr>
<tr>
<td>Mnqabe Sec</td>
<td>31</td>
</tr>
<tr>
<td>Ngonyama JSS</td>
<td>30</td>
</tr>
<tr>
<td>Nkantsini Sec</td>
<td>40</td>
</tr>
<tr>
<td>Qokama Sec</td>
<td>38</td>
</tr>
<tr>
<td>Zwelakhe Sec</td>
<td>41</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>714</strong></td>
</tr>
</tbody>
</table>

![Map of School Locations (Eastern Cape)](image-url)
Table 35 School Survey Sample (Free State)

<table>
<thead>
<tr>
<th>School</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Buitumelo Sec</td>
<td>48</td>
</tr>
<tr>
<td>Clarens Comb</td>
<td>50</td>
</tr>
<tr>
<td>Falesizwe Sec</td>
<td>50</td>
</tr>
<tr>
<td>Intabazwe Sec</td>
<td>50</td>
</tr>
<tr>
<td>Khotso Uxolo Sec</td>
<td>30</td>
</tr>
<tr>
<td>Maanankoe Sec</td>
<td>49</td>
</tr>
<tr>
<td>Moriting Wa Thoto Sec</td>
<td>30</td>
</tr>
<tr>
<td>Moteka Sec</td>
<td>24</td>
</tr>
<tr>
<td>Qalabotjha Sec</td>
<td>48</td>
</tr>
<tr>
<td>Thabo Thokoza Sec</td>
<td>51</td>
</tr>
<tr>
<td>Thahameso Sec</td>
<td>59</td>
</tr>
<tr>
<td>Thokoana Makaota Sec</td>
<td>48</td>
</tr>
<tr>
<td>Tweeling Comb</td>
<td>50</td>
</tr>
<tr>
<td><strong>Control</strong></td>
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</tr>
<tr>
<td>Bethlehem Comprehensive</td>
<td>49</td>
</tr>
<tr>
<td>Ipokelleng Sec</td>
<td>49</td>
</tr>
<tr>
<td>Leifo-iziko Comb</td>
<td>27</td>
</tr>
<tr>
<td>MJ Mohlahli Sec</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>750</td>
</tr>
</tbody>
</table>

Figure 49 Map of School Locations (Free State)
Target Groups

IP organisations pursued the strategy of community outreach and awareness through local individuals who were recruited and trained as agents of change (referred to as “Target Groups” in this evaluation) within their communities. The exact nature of training and community activities carried out varied depending on the mandate of the IP, but the generally expected outcome was that Target Group members would be sensitised and empowered to help combat VAWC in their communities.

Summary lists of target group members per site from each IP organisation made up the sampling frame for the Target Group survey. Groups were made of up of very different sorts of members, including youth reporters and traditional leaders as well as ordinary adult community members. Given the number of groups, how different the membership of groups are and the spatial dispersion of group sites, the decision was taken to purposefully sample group sites. Purposeful selection in this case meant selecting a reasonable number of implementation sites from each IP. In the end 13 target groups were selected in the Free State and 15 were selected in the Eastern Cape.

The objective that was laid out initially was to interview as many group members as possible in a fieldwork day. A fieldwork day was made available for each group that was selected. Target groups had reported memberships between seven and 37 members at each site, according to the information made available by the organisations ahead of fieldwork, and the sample size was
estimated to be around 420 at the end of the survey. However, throughout the course of fieldwork on the target group survey it became apparent that in many cases the actual target group membership numbers were lower than initially reported. This meant that the targeted sample size was significantly off from what was actually possible. Respondent turnouts were also much lower than appeared possible because of logistical challenges and because in some cases the organisations ended up calling in people who had participated in events that were part of the programme but who had not been trained as target group members. These people were not interviewed.

Logistical challenges such as great distances for potential respondents to travel and poor public transport infrastructure were limiting factors that resulted in significant absenteeism. In these cases the target group field research teams would attempt to increase response by driving to the homes of absent respondents but this strategy typically allowed boosting response on the day by three to five respondents at most. ikapadata employed the strategy of providing travel cost reimbursement for respondents to combat turnout problems but this could only help if respondents had the funds to travel in the first place.

Weak organisational capacity on the part of CBO partners of organisations who are part of the Safer South Africa programme also negatively affected target group survey outcomes. In several instances fieldwork days were promised by CBO partners but field research teams arrived to find nothing had been organised. In some of these cases no fieldwork was possible at all, despite efforts on the part of field research teams to call potential respondents to find out if there were coming or whether it was possible to meet them. In some of these cases a few respondents who did not live too far away could be reached but this generally meant less than half the number of interviews originally promised.

In the end 164 target group members were interviewed in the target group survey from 10 target groups in the Eastern Cape and 11 target groups in the Free State.

**Figure 50 Target group sample**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Location</th>
<th>N</th>
<th>n</th>
<th>Target Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eastern Cape</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRF</td>
<td>Alice</td>
<td>21</td>
<td>9</td>
<td>Youth Reporters</td>
</tr>
<tr>
<td>CRF</td>
<td>uMthatha</td>
<td>22</td>
<td>8</td>
<td>Youth Reporters</td>
</tr>
<tr>
<td>LoveLife</td>
<td>Bizana</td>
<td>?</td>
<td>5</td>
<td>Mpintshi</td>
</tr>
<tr>
<td>LoveLife</td>
<td>uMthatha</td>
<td>?</td>
<td>14</td>
<td>Mpintshi</td>
</tr>
<tr>
<td>NICDAM</td>
<td>Bizana</td>
<td>22</td>
<td>11</td>
<td>Champions</td>
</tr>
<tr>
<td>NICDAM</td>
<td>Libode</td>
<td>22</td>
<td>3</td>
<td>Champions</td>
</tr>
<tr>
<td>Sonke</td>
<td>Centani</td>
<td>8</td>
<td>12</td>
<td>OMC &amp; CAT</td>
</tr>
<tr>
<td>Sonke</td>
<td>Matatiele</td>
<td>4</td>
<td>6</td>
<td>OMC &amp; CAT</td>
</tr>
<tr>
<td>Sonke</td>
<td>Willowvale</td>
<td>8</td>
<td>7</td>
<td>OMC &amp; CAT</td>
</tr>
</tbody>
</table>

201 Based on often inaccurate information provided by the organisations ahead of fieldwork.
Limitations of the quantitative sample

From the outset both quantitative surveys suffered from the lack of baseline data against which the results could be compared, for example in the form of a difference-in-difference analysis or a randomised control trial. In the case of the school survey this means that the comparison of the treatments data with the control schools needs to be contextualised in order to avoid drawing false conclusions based on external factors. In the case of the target group survey it means that any observed differences between the various groups cannot be automatically ascribed to the effectiveness of the individual organisations, but must also be seen in the context of the characteristics of the individual groups. For example, one would always expect a difference in attitudes on gender equality between 18 years old youth reporters and 50 years old traditional leaders, regardless of their participation in the programme.

An additional problem in assessing the two school programmes is that they were both assumed to have an impact on schools as a whole, instead of only the individuals who actively participated in the activities offered by the programmes. The data from the Eastern Cape, where respondents were asked to indicate their level of participation in programme activities, suggests that this assumption was too optimistic, meaning that the lack of individual activity data in the Free State might be the reason for the lack of significant findings there.

These difficulties in evaluating the actual impact of the programme in the various settings are further exacerbated by the different sampling issues encountered during the data collection period. Almost all of these problems go back to a lack of accurate information in terms of membership numbers, participant lists, and the general state of the rollout of the programme. For example, from what we know now the rollout of the GEM/BEM clubs in the Eastern Cape has only just started in the great majority of schools, so either the survey should have focused on the handful of school which started their clubs at least six months ago, or the opportunity should have been taken to conduct a baseline study instead.
The lack of accurate information about the various populations and the relatively small sample sizes for some of the sub-populations also means that it is inadvisable to try to accurately generalise the findings of the two surveys. This does not mean that one should not try to interpret the findings and draw conclusions based on general tendencies, but any attempts to make exact population estimates are likely to create a false sense of accuracy and precision with regards to the survey data.
Annexure 2 Background on implementing partners

Tshwaranang Legal Advocacy Centre (TLAC)

TLAC was responsible for providing training of Master Trainers in the Department of Basic Education’s (DBE) “Opening Our Eyes: Addressing Gender-Based Violence in South African Schools” manual. This plan included updating the manual followed by training and mentoring of 425 Master Trainers across 86 districts.

The training included a series of eight workshops taught over a period of two and a half days: Workshop 1: Gender-based violence – an introduction; Workshop 2: Recognising harassment and taking action; Workshop 3: Dealing with homophobic bullying at schools; Workshop 4: Responding to situation of child abuse; Workshop 5: Educators as facilitators of healing; Workshop 6: Gender and HIV; Workshop 7: A school policy on gender-based violence; Workshop 8: Whole schools approach to gender-based violence; Basic facilitation skills.

Centre for Justice and Crime Prevention (CJCP)

CJCP implemented the programme entitled: Towards Ending School Violence: Revision of the Hlayiseka Toolkit to the National School Safety Framework, Educator Training on Effective Classroom Management and the Dissemination of the National Schools Violence Study. The work was done in partnership with the Department of Basic Education. The proposed timeframe was 18 months starting in June 2013 and actual implementation took place from June 2013 and is still ongoing.

Planned activities included: Dissemination of the National School Violence Survey (NSVS) findings for 2012 down to local level; development of a standardised national school safety framework which involved developing DBE’s Hlayiseka School Safety Toolkit into a national school safety framework; and national training on the framework in all nine provinces, to educators, principals, learners, and school management. The national training targeted Master Trainers consisting of provincial safety coordinators and district officials from all districts in each province who would cascade this down to school level with mentoring from DBE and CJCP.

Small Projects Foundation (SPF)

SPF were contracted to implement School Safety / Gender Based Violence Training Programme for School-Based Clubs in the Eastern Cape. The plan is to integrate a gender component into the already existing Protecting Bright Futures Programme and Give Yourself a Job Programme which would be rolled out in 50 schools focusing on 100 girl learners at each school; where learners will be taught about puberty, menstruation, gender based violence, sexual reproductive health, prevention of teenage pregnancy and HIV/AIDS. The Protecting Bright Futures Programme will focus on both girl and boy learners where new GEM/BEM clubs will be established at schools and members of the newly established clubs will be encouraged to register their clubs. These clubs will provide learners

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202 CJCP proposal (2013)

203 This toolkit would include: School safety diagnostic and planning tools, including the identification of partners; bullying (including cyber bullying) recognition and prevention; Gender-based violence; positive discipline; substance and alcohol abuse; social cohesion; and national policies, legislation and guidelines.
with a platform to discuss issues and challenges of gender-based violence that the learners are faced with, and will be provided with assistance on dealing with identified issues.204

Save the Children South Africa (SCSA)

Save the Children South Africa (SCSA) is one of the three initial partners that designed and developed the Safer South Africa for Women and Children programme, along with UNICEF and UNFPA. SCSA takes part in the Programme Implementation Unit (PIU) to ensure the day-to-day management of the programme and compile reports at national level. The organisation also oversees the coordination of programme activities in the Free State under the leadership of the Office of the Premier.

As an IP, SCSA works both at national and Free State level with children’s groups in schools. A specific curriculum has been developed in partnership with DBE and UNICEF to increase children’s knowledge on the different types of violence, its causes and consequences, and support them to develop school-based action plans to prevent and respond to it. In the Free State, SCSA has established and is supporting community-based Networks of Care, which are coordination platforms bringing schools and service providers together to monitor the incidence of violence and promote adequate and timely service provision.

MiET Africa

MiET Africa has been sub-contracted by SCSA to rollout the aforementioned training for children’s groups in all nine provinces. The two organisations have also closely worked together in facilitating the training in the Free State. This initial experience has helped to include lessons learned and revise the curriculum to increase its effectiveness. In partnership with loveLife, MiET Africa and SCSA will also provide trained learners with mentoring to implement the action plans that have been developed during the training.

On behalf of the national PIU, MiET Africa has also realised a review of all training and communication materials used through the SSAWC programme. It will moreover support all IPs in documenting interventions in the last phase of the programme. 205

Sonke

Founded in 2006, Sonke Gender Justice works across Africa to strengthen government, civil society and citizen capacity to support men and boys in taking action to promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV and AIDS. Sonke recognises that effecting sustained change to gender roles and relations requires addressing the forces that shape individual attitudes and community norms and practices, including traditions and cultures,

204 Proposal: Gender Based Violence Training for School Based Clubs, September 2014, Small Projects Foundation

205 Safer South Africa for Women and Children, Programme Implementing Partners, Save the Children, UNFPA, UNICEF, UKaid
government policies, laws and institutions, civil society organisations, the media and the family; as well as underlying economic, political and social pressures.

Sonke is contributing towards the Safer South Africa Joint Programme through the following activities: facilitation of community-based interventions focussing on increasing constructive male involvement in gender-based violence prevention programmes through social mobilisation, community advocacy, training of community leaders including traditional leaders, and enhancing community capacity to sustain local actions on GBV prevention. Sonke’s project activities have been implemented in the Eastern Cape (Eastern Cape) and Free State (Free State), which are the two selected provinces for Output 3 of the Joint Programme.

NICDAM

NICDAM was identified as a programme partner following the 2013 DFID Annual Review Process of the Joint Programme on ‘A Safer South Africa for Women and Children’. The organisation was selected to accelerate implementation of programme activities related to Output 3.

As such, NICDAM has contributed towards the Safer South Africa Joint Programme through the following activities: conducting community dialogues and facilitating the development of local action plans on GBV prevention; identifying and providing follow-up support and mentoring of community champions and local ambassadors on GBV prevention and gender equality. As for Sonke, these activities were rolled out in the Eastern Cape and Free State provinces.

loveLife

loveLife has been promoting a healthy, HIV-free way of life among South African teenagers by linking HIV prevention with youth development in a nationwide, community-level, peer education approach and national multimedia campaign since 1999. The programme has subsequently phased in a more comprehensive programming approach in that it now seeks to address the social drivers of the HIV epidemic, including GBV, through youth development interventions.

loveLife contributed towards Output 3 of the Safer South Africa Joint Programme through the following activities: community-based and multimedia interventions focusing on awareness-raising and community empowerment, which were rolled out in the Eastern Cape and Free State provinces.

Children’s Radio Foundation

Children’s Radio Foundation (CRF) has established a nationwide Youth Reporters Network (YRN) comprised of community-based radio stations that provide a communication platform for mobilising and disseminating messages to communities on a range of issues, while promoting meaningful child-to-child communication and child participation. The YRN Programme seeks to ensure that children and young people in selected communities are empowered with the knowledge and skills required to adopt or reinforce positive behaviour, improve their wellbeing and help guarantee the rights of others on a wide range of health, education and protection issues.

CRF contributed towards Output 3 of the Safer South Africa Joint Programme through the following activities: training and mentoring of youth reporters to enable their production and broadcast of
relevant and youth-orientated GBV prevention messaging. These activities were rolled out in the Eastern Cape and Free State.

**KK Consulting**

KK Consulting is a consultancy with substantial technical expertise in the areas of community education and empowerment, participatory training programmes, and technical coaching and mentoring. Through these initiatives, the consultancy aims to scale up and sustain locally relevant and culturally sensitive community-based GBV prevention initiatives.

KK Consulting contributed towards Output 3 of the Safer South Africa Joint Programme through the provision of training of traditional leaders, located in the Eastern Cape and Free State, in GBV awareness and prevention. The training workshops included input on the preparation and components of community safety plans as a means of addressing sustainable programme outcomes.
Annexure 3 Factors influencing the success of prevention programming

While this question has been explored in detail under Outputs 2 and 3, the main findings in relation to this question are summarised in the tables below per IP for each of the main modes of intervention, namely: community mobilisation and awareness raising interventions; youth mobilisation interventions; training interventions; and school based interventions.

Table 36 Community mobilisation interventions

<table>
<thead>
<tr>
<th>Name of IP</th>
<th>What worked well?</th>
<th>Why did it work well?</th>
<th>What did not work well?</th>
<th>Why did it not work well?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICDAM</td>
<td>• Capacity building and use of local CBOs to facilitate programme rollout at ground level&lt;br&gt; • Follow-up and mentoring support offered to CBOs, including use of electronic communication / messaging&lt;br&gt; • Additional support offered to CBOs; for example: organisational development and training in project administration skills</td>
<td>• Communities’ recognition and trust of CBOs.&lt;br&gt; • CBO’s local knowledge and existing networks, for example: with local / traditional leaders, ward councillors, DSD and community health workers etc.&lt;br&gt; • Local capacity development contributes towards programme sustainability</td>
<td>• Lack of resources and capacity among local CBOs&lt;br&gt; • Lack of inter-IP consistency in messaging, plus need to ensure cultural acceptability/ appropriateness&lt;br&gt; • Reliance on volunteers</td>
<td>• CBO continuation of community mobilisation activities often constrained due to limited resources; for example: budget for catering, transport, communication; also volunteer attrition&lt;br&gt; • Lack of reinforcement of key programme concepts and terms across IPs; confusion among target and beneficiary groups&lt;br&gt; • High levels of attrition among programme implementers at local level</td>
</tr>
<tr>
<td></td>
<td>• Use of community dialogue methods for awareness-raising and mobilisation</td>
<td>• Innovative method of facilitating community discussion and cohesion&lt;br&gt; • Coupled with community development of LAP – solution-based approach</td>
<td>• Public nature of community dialogue method&lt;br&gt; • Lack of adequate support structures for those disclosing incidents of violence</td>
<td>• Fear among some community members to discuss personal details in public forum – although this was largely overcome by including door-to-door campaigns&lt;br&gt; • Community members experience secondary traumatisation</td>
</tr>
<tr>
<td>SONKE</td>
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<tr>
<td>Development of LAPs and facilitating their integration into IDPs</td>
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<tr>
<td>Support interventions including assessment of level of integration of LAPs into IDPs to enable sound strategy and planning</td>
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<tr>
<td>Men-and-boys-only dialogues</td>
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<tr>
<td>Enabled discussion of sensitive topics in non-threatening environments</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Capacity building and use of local CBOs to facilitate programme rollout at ground level</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up and mentoring support offered to CBOs including development of sustainability plans for CATs and partner CBOs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Communities’ recognition and trust of CBOs.</td>
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<td></td>
</tr>
<tr>
<td>CBO’s local knowledge and existing networks, for example: with local / traditional leaders, ward councillors, DSD and community health workers etc.</td>
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</tr>
<tr>
<td>Local capacity development contributes towards programme sustainability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of resources and capacity among local CBOs</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Lack of inter-IP consistency in messaging</td>
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<tr>
<td>Reliance on volunteers</td>
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<tr>
<td>CBO continuation of community mobilisation activities often constrained due to limited resources; for example: budget for catering, transport, communication; also volunteer attrition</td>
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<td></td>
</tr>
<tr>
<td>Lack of reinforcement of key programme concepts and terms; confusion among target and beneficiary groups</td>
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<tr>
<td>High levels of attrition among programme implementers at local level</td>
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<tr>
<td>Use of community dialogue methods for awareness-raising and mobilisation, coupled with</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Innovative method of facilitating community discussion and cohesion</td>
<td></td>
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<tr>
<td>Coupled with community</td>
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<tr>
<td>Public nature of community dialogue</td>
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<tr>
<td>Lack of support structures for those disclosing incidents of violence</td>
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<td></td>
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<tr>
<td>Fear among some community members to discuss personal details in public forum – although this was largely overcome by</td>
<td></td>
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<tr>
<td>Limitations experienced in integration of LAPs, thus requiring support interventions at programme end</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Provided support for integration of LAPs as a means of ensuring programme sustainability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has enabled end-of-project consolidation of LAPs plus discussions with local authorities, DSD and SAPS regarding LAP integration process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited strategic intervention with local municipalities at initial programme phases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 37 Youth-focused mobilisation interventions

<table>
<thead>
<tr>
<th>Name of IP</th>
<th>What worked well?</th>
<th>Why did it work well?</th>
<th>What did not work well?</th>
<th>Why did it not work well?</th>
</tr>
</thead>
</table>
| CRF        | • Inclusion of youth into Joint Programme through well-developed intervention focussing on youth empowerment and participation, community-based radio, and related training methodologies  
• Youth production and dissemination of VAWC-prevention messaging via community-based radio stations | • Enabled integration of youth into programme as local level implementers – this helped to address some of the beliefs and social norms regarding child/youth participation, child/youth rights and empowerment  
• Enabled a measure of intergenerational discussion  
• Use of community-based radio expanded programme reach | • Emphasis on youth as target group | • Use of youth for VAWC messaging undermined by older community members’ lack of respect for youth opinion |
LOVELIFE

- Longstanding and well-known youth programme aimed at youth capacity building, empowerment and participation
- Youth production and dissemination of VAWC-prevention messaging
- Innovative use of a wide variety of media as tools for social change
- Referrals for counselling made via existing networks and loveLife Y Centres
- Mainstreaming GBV material into already existing loveLife materials

- Enabled integration of youth into programme as local level implementers – this helped to address some of the beliefs and social norms regarding child/youth participation, child/youth rights
- Enabled intergenerational discussion through Born Free Dialogues (targeted both adults and youth)
- Use of community based and national African language radio stations, plus social media and publications, expanded programme reach
- Use of social media aimed at youth, thus ensuring that VAWC-prevention messaging reached this particular age group

- Emphasis on youth as target group
- Challenges with programme organisation and post-training support reported by participants
- Mpintshis in Eastern Cape lack skills of what to do in cases of victimisation.

- Use of youth for VAWC messaging undermined by older community members’ lack of respect for youth opinion
- Programme participants feel insufficiently equipped to deal with difficult cases

<table>
<thead>
<tr>
<th>Name of IP</th>
<th>What worked well?</th>
<th>Why did it work well?</th>
<th>What did not work well?</th>
<th>Why did it not work well?</th>
</tr>
</thead>
</table>

Table 38 School based interventions
### Table 39 Training interventions

<table>
<thead>
<tr>
<th>Name of IP</th>
<th>What worked well?</th>
<th>Why did it work well?</th>
<th>What did not work well?</th>
<th>Why did it not work well?</th>
</tr>
</thead>
<tbody>
<tr>
<td>KK Consulting (although they are not)</td>
<td>Training methods and use of local language, Targeting of Traditional</td>
<td>Capacity building offered to Traditional Leaders seen as relevant, useful</td>
<td>Lack of adequate post-training follow-up and support</td>
<td>Limited consolidation of training outcomes and formulation of</td>
</tr>
<tr>
<td>an IP)</td>
<td>Leaders</td>
<td>and highly effective</td>
<td>community safety plans</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
<td>----------------------</td>
<td>-----------------------</td>
<td></td>
</tr>
<tr>
<td>• Linking of training with development of community safety plans</td>
<td>• Effective approach due to position / status in communities, plus their role as mediators in domestic conflict and VAWC</td>
<td>• Community safety plans sound measure of ensuring sustainability of programme outcomes</td>
<td>• Is being addressed in 2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TLAC</th>
<th>• Train-the-trainer approach with strong mentoring component</th>
<th>• Cost effective way for reaching large number of schools with good quality training</th>
<th>• Slow rollout of training at district level by Master Trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Incorrect profile of participants attending training</td>
<td></td>
<td>• Incorrect profile of participants attending training</td>
</tr>
<tr>
<td></td>
<td>• Limited or no resources for cascading training to schools</td>
<td></td>
<td>• Limited or no resources for cascading training to schools</td>
</tr>
<tr>
<td></td>
<td>• Difficulty accessing educators after hours.</td>
<td></td>
<td>• Difficulty accessing educators after hours.</td>
</tr>
</tbody>
</table>
Annexure 4 References

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Annexure 5 Terms of Reference

Attached as separate PDF document.
Annexure 6 Evaluation matrix

Attached as separate word document.
Annexure 7 Evaluation instruments

Attached as separate word documents in zip folder.