PREVENTING THE VICTIMISATION OF WOMEN AND CHILDREN

A review of six South African programmes

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OPEN SOCIETY FOUNDATION FOR SOUTH AFRICA

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INTRODUCTION AND ACKNOWLEDGEMENTS

The Open Society Foundation for South Africa (OSF-SA) seeks to promote the values, institutions and practices of an open and democratic civil society. OSF-SA works for a vigorous and autonomous civil society in which the rule of law and divergent opinions are respected. Within the context of this mission, the Criminal Justice Initiative (CJI) has engaged in specific interventions relating to both crime prevention and the criminal justice system.

Over the past six years, the CJI has engaged in a programme of crime prevention activities with the intention of learning about 'what works' in the South African context. In seeking to promote innovation and learning, OSF-SA provided grants to a range of civil society initiatives, all with the objective of preventing or reducing crime. Initiatives in the following areas of crime prevention were supported: school-based crime prevention, diversion and reintegration programmes for young people; local crime prevention and prevention of victimisation of women and children. The CJI provided funds for the implementation and the evaluation of each intervention. The CJI also hosted annual workshops designed to generate exchange, discussion and debate between crime prevention practitioners and researchers regarding their experiences.

This report focuses specifically on initiatives aimed at preventing the victimisation of women and children. The review attempts to document and analyse the experiences of practitioners working with women and children, with a view to extract learning and 'good practice' for the purpose of informing future work of this nature. The intention is to offer a critical 'review' across several different initiatives, and this report does not purport to offer evaluation data in relation to these interventions.

The CJI sincerely thanks the communities and government agencies that participated in the various crime prevention initiatives under review. We are equally indebted to the NGOs that participated in the study, Partners with After-School Care Projects (PASCAP), Parent Centre, Masimanyane, Embizweni, The Centre for Criminal Justice and Cape Town Child Welfare, whom we acknowledge for their outstanding creativity, energy and tenacity; and thank for their generous participation and sharing of knowledge and expertise. It should be noted that one of the projects that is reviewed was not funded by OSF-SA, namely Isolabantwana, but has been included in this review with the kindly permission and co-operation of Cape Town Child Welfare.

OSF-SA also thanks Dr Richard Griggs, who was instrumental in designing the research methodology and in undertaking the analysis of the projects under review.

The Criminal Justice Initiative
The Open Society Foundation for South Africa

ACRONYMS

CBO	Community-based Organisation
CCJ	Centre for Criminal Justice
CEDAW	Convention for the Elimination of all forms of Discrimination Against Women
CJI	Criminal Justice Initiative
CRASDEF	Cradock After-School Care Development Forum
CSO	Civil Society Organisation
CTCW	Cape Town Child Welfare
CTCWS	Cape Town Child Welfare Society
ECP	Eye on the Child Project
FAS	Foetal Alcohol Syndrome
FSW	Family Support Worker
IDP	Integrated Development Plan
MOU	Maternity and Obstetrics Unit
NPO	Non-Profit Organisation
OSF-SA	The Open Society Foundation for South Africa
PASCAP	Partners with After-school Care Projects
RDP	Reconstruction and Development Programme
SAPS	South African Police Service
SETA	Sector Education and Training Authority
TPC	The Parent Centre

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BACKGROUND AND METHODOLOGY

According to the annual report of the South African Police Service (SAPS) for the financial year 2004–2005, women and children accounted for:

- 100% of rape victims;

- 86.3% of indecent assault cases;

- 64.4% of common assault victims; and

- 59% of all victims of contact crime.

Sadly, children alone accounted for 40.8% of the rape cases. These statistics occur in a situation where the majority of sexually-motivated violence goes unreported.

Such statistics leave no doubt that women and children are extremely vulnerable groups and that usable information is required to develop programmes aimed at significantly reducing this problem. The intent of this volume is to help civil society organisations, funding agencies and government departments understand the advantages and disadvantages of certain programme choices, such as strategic planning elements, appropriate target groups and approaches to training.

For the past six years, the Criminal Justice Initiative (CJI), as a programme of the Open Society Foundation for South Africa (OSF-SA), has provided support to a variety of organisations developing programmes to reduce the victimisation of women and children, and it is from them that we learn critical lessons. The focus of the CJI's work in the field of victimisation has been mainly concentrated on developing and generating learning around primary prevention methods and models, with a view to protecting women's and children's rights and improving criminal justice processes as they relate to children and families.

OBJECTIVES

The objectives of CJI's work have included:

- Testing primary victimisation prevention models by supporting structures assisting women and children, that is, to increase support for the piloting of local, cost-effective, indigenous programmes;

■ Supporting advocacy and lobbying initiatives aimed at protecting and institutionalising women's and children's rights;

■ Ensuring that government is delivering on its core functions in relation to issues affecting women and children, through research, support for monitoring legislative implementation, as well as the evaluation of government initiated pilot projects.

Note: While the objectives described above refer to women and children, the work in relation to these two groups was undertaken separately.

In 2005, the CJI commissioned Dr Richard Griggs, in collaboration with two CJI staff members, to review six South African programmes focusing on the prevention of victimisation of women and/or children. The purpose of the review was to look at the various innovations these programmes had introduced, profile each model, study how it has affected its intended beneficiaries, and so provide an accessible resource and reference facility for those working in this area.

This review emerges principally from local experience and as such has great value. The lessons learnt and extracted are not founded upon a theoretical, literature-based approach, but grounded instead in the accumulated experiences of a number of innovative South African programmes. Though these lessons are broadly applicable, and can be located within an international context, they remain specifically suited to the unique circumstances and contexts of contemporary South African society.

STRUCTURE OF THE REVIEW

The review has eight chapters, including this one. The next six chapters review each of the following projects:

2   Partners with After-School Care Projects (PASCAP)

3   The Parent Centre

4   Isolabantwana: A project of the Cape Town Child Welfare Society

5   Centre for Criminal Justice: Community Outreach Programme

6   Embizweni Voluntary Association

7   The Outreach Programme of the Masimanyane Women's Support Centre

Chapters 2–4 focus on the prevention of victimisation for children and Chapters 5–7 review programmes aimed at the prevention of violence against women.

Each chapter on a project or programme (2–7) is organised in the same manner with the same sub-headings to make it easy to refer to and compare information. The format used incorporates the following:

1. Introduction

2. Organisational background

3. Project objectives

4. Programme theory

5. Type of area targeted and beneficiaries

6. Entry strategy

7. Delivery strategy

8. Exit strategy

9. Impact

10. Key lessons learnt (as offered by the organisation)

Chapter 8 is an analysis that extracts ten lessons in good practice from an overview of all of the organisations. The focus in this chapter shifts away from one particular organisation and turns to good practices that can be applied by any organisation. Good practice is defined as the procedures and tactics that can be replicated by most organisations, irrespective of the individualised style or form of intervention.

METHODOLOGY

The information in this document rests principally on local knowledge provided by the various organisations in the form of interviews, proposals, progress reports, news articles and other documentation. Comparable information from each organisation was collected for the purpose of analysis, necessitating formal interviews and field visits to the organisations in question.

Dr Richard Griggs, an independent evaluator of social programmes, designed the research instruments and authored the analysis chapter. Authorship of the chapters on each organisation was a collaborative effort between Dr Griggs and the OSF-SA.

To ensure the accuracy of information, a rigorous methodology was adopted. The information provided by the organisations during the fieldwork phase was supplemented by additional documentation (annual reports, news articles, brochures, etc.) in order to standardise content. The chapters were then forwarded to the organisations for scrutiny, so ensuring accuracy was maintained during the editing process. Not until the organisations agreed that the chapters were a faithful representation of their projects did Dr Griggs undertake the process of compiling the final, summative chapter.

2

PARTNERS WITH AFTER-SCHOOL CARE PROJECTS (PASCAP)

1. INTRODUCTION

PASCAP, a registered trust based in Cape Town, focuses on training women to develop after-school care projects in poor communities of the Western Cape and Eastern Cape provinces. This chapter focuses specifically on the 'Women Entrepreneurs for Children and Youth at Risk' project located in Cradock, a small Eastern Cape town situated in the Karoo, about 200 kilometres north of Port Elizabeth. More than 60% of the residents there are unemployed and 97% of the population survive on incomes of less than R1 500 per month. Very few social support services and resources exist for children and families.

2. ORGANISATIONAL BACKGROUND

During the early 1990s one of PASCAP's founders, whilst on a scholarship in the United States (US), became involved in an after-school protection programme there. It was apparent that similar programmes of family support and for child protection were equally relevant to South Africa, where many families were (and still are) unable to offer adequate care to their children because of socio-economic and political pressures.

In 1992, PASCAP initiated a pilot after-school care project in Parkwood, Cape Town, making use of information and knowledge gleaned from the US model. The project had an extremely positive impact, resulting in many neighbouring communities requesting similar services. So, during 1994, PASCAP lobbied government for the extension of the programme, with the result that it succeeded in: (1) placing after-school protection on the Department of Social Services' priority list in the Provincial Plan of Action; and (2) securing state support for after-school projects in various communities. The Western Cape became the first province to introduce registration and subsidisation procedures for after-school protection centres.

PASCAP was officially registered in 1995 and its longest running projects are in the Western Cape. During 2000, the work was extended into the Eastern Cape, in Hewu, Queenstown.

In order to reach Queenstown, PASCAP staff members had to travel through Cradock. As they were passing through the town, they became aware of the high levels of poverty and unemployment, noticing

also the prevalence of women and child victimisation. Given the importance of Cradock within South African political history (the activities of the 'Cradock Four' in the struggle against apartheid perhaps being the most striking example) and the enthusiasm of the Queenstown residential participants to assist the Cradock region, an after-school care development project was initiated there in 2003.

At the time of this review, PASCAP had six permanent staff members, as illustrated in Table 2.1 below. The organisation also works with volunteers, fosters critical partnerships (including specialist trainers, for example, in the field of HIV/AIDS), and has an external evaluator.

TABLE 2.1: PERMANENT STAFF AT PASCAP (2005)

Post	No.	Role
Development co-ordinator	1	Quality assurance, oversight, strategic planning and reviewing, rewriting of project plans, supervision and support on site and off site
Regional activity co-ordinator	1	Co-ordinate work in the region, planning, implementation, evaluation, resource management, logistics and reporting
Administrative support	1	Budget tracking and assistance with resource management and logistics
Specialist trainers	2	Training in HIV/AIDS and other subjects
Transport management	1	Organise drivers and transportation of equipment and materials

3. PROJECT OBJECTIVES

The 'Women Entrepreneurs for Children and Youth at Risk' project in Cradock facilitates the development of child and youth projects in high-poverty profile communities, with the aim of minimising and preventing the breakdown of family structures. Its objectives include:

■ Providing training to build the skills of rural, unemployed women and therefore contribute to their empowerment and self-actualisation;

■ Establishing after-school projects to provide a structured, sustainable community-based care system for children after school, during hours they would otherwise be unsupervised; and

■ Providing supervision that includes education and homework assistance to increase the likelihood of employment in later life and lessen the potential risk of coming into conflict with the law.

4. PROGRAMME THEORY

The organisation contends that poverty is so deep-rooted and cyclical that it affects all aspects of living: psychological, social, educational, emotional, cultural and political. For example, anyone unemployed for a sustained period of time tends toward:

- Apathy;

- A declining sense of self-worth;

- Vulnerability to a high level of political manipulation (owing to dependency, apathy and feelings of low self-esteem); and

- Escapism through substance abuse or crime.

While poverty affects all people regardless of gender, PASCAP theorises that building the resilience of women and children is particularly significant for two reasons. Firstly, women tend to carry the greatest economic burden (household work, childcare and developing survival strategies, for example). Secondly, they are often the ones denied access to education, work and development opportunities.

Family violence, human rights violations and the abuse of women and children appear to be endemic in situations where men regard women and children as commodities, not as equals. For example, a child who has been routinely raped at home faces psychological and emotional scars that reduce his or her resilience in coping with poverty and crime. This same child is at high risk of later becoming a perpetrator of the same or associated criminal acts.

How can the resilience of women and children to family violence be increased? PASCAP suggests this can be achieved through training, information and facilitation that offer:

- Skills and knowledge regarding child protection and human rights;

- Access to resources that can facilitate shifting power relations;

- Self-reliance in order to build selfsustainability through enhanced self-worth;

- Economic opportunity and productivity; and

- Co-operation and partnerships.

PASCAP's emphasis on after-school programmes is also well-supported by local and international research. It is now well-established that child offending and victimisation can be significantly reduced by: (1) ensuring children remain in school and continue their education; and (2) providing structured supervision for children after school, when their parents are still at work. Conversely, self-care is often a dangerous situation for children and youth living in densely populated, impoverished areas. By providing children with appropriate after-school care, levels of victimisation can be significantly lowered.

5. TYPE OF AREA TARGETED AND BENEFICIARIES

The administrative centre for both the Cape provinces is located in the Cape Town suburb of Diep River. There are also two satellite offices for the delivery of services; one located close to the head office (serving Cape Town and the Boland region), and another 30 kilometres south of Queenstown (serving Whittlesea and regions of the Eastern Cape).

Table 2.2 illustrates that while impoverished children, youth and unemployed women are the main beneficiaries of the intervention, developing their skills also benefits the entire family as well as the wider community.

TABLE 2.2: BENEFICIARIES OF THE PROJECT

Targets	Planned benefits to Cradock
Children in poverty	1 Access to child development and protection resources
	2 Access to developmental programmes aimed at enhancing their quality of life
	3 Improvements in community care and protection
	4 Support in combating children's rights violations
	5 Skills development to prevent children from falling deeper into the poverty cycle
Youth in poverty	6 Improved youth development and support services
	7 Increased access to skills development opportunities
	8 Participation in specific community programmes, such as human-rights awareness, HIV/AIDS, child protection
Unemployed women	9 Skills and accredited training programmes
	10 Start-up resources
	11 Mentorship and field support
The broader community	12 Six after-school care centres create additional community resources

For strategic impact, the focus of training is centred around women. However, at the inception of the Cradock project there were an insufficient number of women enrolled and a decision was made to allow men onto the training programme. Unfortunately, the men did not always show respect for the female implementation team (for example, making offensive comments about the facilitators to perpetuate male dominance). Often, the views of female participants would be ridiculed by the males. On the other hand, the women seemed subservient: silent and reluctant to express their views.

Overall, integrating men into the programme certainly refined the skills and style of the trainers and yet seemed to compromise the ultimate objective – improving the lives of women and children. It was often the men who undermined efforts at equalising gender and adult–child power relations (understandable, if not acceptable, given Cradock's traditional, patriarchal social system). Thus, the implementation strategy was eventually refined to comprise more involved and focused management of targeting to ensure optimum project impact.

6. ENTRY STRATEGY

As illustrated in Table 2.3 below, the entry and trust-building phase of the project takes about eight months. The first five months involve research to identify relevant stakeholders and available community resources. Field observations are made, information reviewed – such as government statistics and Integrated Development Plan (IDP) documents – and a preliminary needs analysis is conducted.

TABLE 2.3: ENTRY STRATEGY

	Stages	Duration	Main activities to gain entry
1	Stakeholder and context analysis	5 months	1 Profiling the community 2 Stakeholder identification – relevant government department officials, community leaders, church leaders 3 Resource identification – community facilities, support resources, local talent
2	Introduction to key stakeholders	2 months	4 Formal presentations to key government department officials, schools, churches, local organisations
3	Project promotion and marketing	1 month	5 Posters, pamphlets 6 Briefing interested community groups 7 Referrals from local organisations 8 Focus-group discussions on community needs

Once PASCAP has a clear understanding of the target area, a second step, lasting about two months, is taken; involving presentations and negotiations with the key stakeholders to create support or 'buy-in'.

Finally, PASCAP takes another month to promote the project more widely, using posters, briefings and focus-group discussions with potential participants.

The relatively long trust-building process shows that strategic alliances are critical in implementing a new programme. Cradock is an isolated community and there are often issues of mistrust and suspicion amongst people. According to Development Co-ordinator Nadia Isaacs:

> Initially our approach was to trust everyone in order to be as impartial as possible, and to avoid being caught in the political web. We constantly emphasised our project mission and focus, and clarified our roles and expectations. However, when unrealistic demands were made on us, we had to strategically focus the project in such a manner that only those whose aims were congruent with those of the project were drawn in for further development work.

In other words, certain community members stated that they wanted a different delivery structure. Therefore, the achievement of six after-school care projects required strategic alliances. These were mainly located among:

■ Political groupings and youth groups;

■ The Inxuba Yethemba Municipality; and

■ The Provincial Department of Education.

Without support from key political groupings there would have been no co-operation from community members. Had the municipality not made one of their venues available for training, project delivery would have been thwarted from the outset. The Department of Education made schools available as venues, also allaying the concerns of those teachers who feared their jobs would be lost to after-school facilitators. Furthermore, without the support of many other community organisations, there would have been no applications for the first training course.

On reflection, the staff members considered that wider stakeholder consultation might be required for new endeavours (more women, more disabled and smaller community organisations, for example). However, they readily stated that co-operation is not easily achieved among the stakeholders, owing to competition for status and the scarcity of resources.

7. DELIVERY STRATEGY

The delivery strategy can be described according to the six main components listed and explained below:

1. Stakeholder consultation

This establishes networks and local support, so providing PASCAP with partners in the project. It also raises awareness of the issues being targeted and prioritises them.

2. Promotion and recruitment

This step ensures that suitably-motivated people work on the project (that is, those who will prioritise issues of child victimisation and protection). This is crucial, as poor selection will place children at even greater risk.

3. Basic training in child and youth development (one year)

PASCAP offers skills development through a structured, accredited, three-module training course, as shown in Table 2.4 on page 10.

TABLE 2.4: THE THREE BASIC TRAINING MODULES

	Training Component	Duration	Description
1	Community protection for children at risk	6 months	This introductory course includes: 1 Introduction to the effects of poverty, including practical community analysis using simple data collection tools 2 Child development, protection and management and children's rights 3 Programme planning, including facilitation skills, life skills, and practical components (art, educational development)
2	Youth development training	3 months	4 Similar modules to above but with a focus on older children, teenagers and youth issues
3	Project management	3 months	5 Basic financial management 6 Accountability structures 7 Reporting 8 Human resources 9 Project scheduling 10 Resources management

All three courses must be completed sequentially and practical field work is required during each. Following completion of training, women are expected to initiate sustainable child and youth development programmes. This serves the dual purpose of empowering women (through enhancing their skills and social standing) and, at the same time, preventing the victimisation of women and children.

4. Mentorship of emerging projects (one year)

PASCAP facilitators provide one year of individual coaching and mentoring to the project participants who initiate and develop formal child protection centres. This assists with accessing resources, training in resource application and maintenance, and in working with children with special needs. Field training in project management includes registration, standards of operation, reporting and financial management. The objectives are: quality implementation by the centres, enhanced organisation, skills transfer, and immediate and skilled responses to needs and training, specific to the local context.

5. Resource access

A range of resources is offered to the after-school care projects by PASCAP. This is to overcome community resource shortages borne out of poverty and social marginalisation. Educational equipment, facilitator tools, first aid and administrative materials supplement the facilitators' ability to improve the quality of child protection within the community. These also improve their capacity to address specific needs, such as gaps in conceptual development (for example, children as old as eleven years not being able to distinguish between a circle and a square). Usually, the venues require upgrading in some way – painting, repairs, security bars and gates, and so on. Often, new equipment, such as computer terminals and printers, is also needed.

6. Skills training and sustainability planning (one year)

Many young and unemployed individuals in Cradock have no means of improving their skills levels. The problem is compounded by a poor public school system and early exit ('dropping out'). Therefore, the Cradock project participants are offered one year of SAQA (South African Qualifications Authority) accredited skills training. This covers a range of potential income-generation skills: soap-, candle- and confectionary-making are three practical examples. Course content typically includes: packaging, costing, marketing, strategic management, project governance, resource mobilisation, adherence to standards, state funding, and drawing up and submitting business plans. The idea is to improve project management and governance to the point where community projects are managed in sustainable ways.

8. EXIT STRATEGY

The participants involved in sustaining inititiatives after PASCAP departs are shown in Table 2.5, below.

TABLE 2.5: THE EXIT STRATEGY

Sustaining group(s)	Strategic advantages	Disadvantages
The volunteer managers of the six after-school protection projects	The volunteers might become paid personnel and therefore personal and organisational goals converge	Should the individuals fail to obtain a regular income, they cannot sustain their work and this could undermine the project
The umbrella body for the six projects – CRASDEF (Cradock After-School Care Development Forum)	By working together, the project facilitators may support one another and gain support for their work	Potential conflict within the umbrella body could disrupt progress, or worse, cause fragmentation and inaction

One can see from Table 2.5 that maintaining sustainability largely rests upon the quality of training and support offered to the volunteers. This is why all project facilitators are given *accredited* training in basic operations and in a range of project management competencies, including income generation, financial management, resources mobilisation and strategic planning.

Material resources also play a critical role in sustaining the intervention. All projects have operational and administrative resources geared for developing business plans, communicating effectively and maintaining project records – class registers, inventories, progress reports, etc. Such resources would include computers, printers, and other related supplies. All projects have a comprehensive range of educational and developmental materials to last for at least ten years (for example, a reading series of 72 books, paints, art equipment, cutting and measuring tools). Each centre has its own bank account.

Each after-school care centre is initially registered as a non-profit organisation. The next objective is to be registered as 'a place of care' eligible for a subsidy from the Department of Social Development. However, at the time of this review, there were delays in accessing the subsidy in the Eastern Cape the Provincial Government was experiencing financial difficulties.

PASCAP envisions that each targeted centre will be able to generate income through at least one entrepreneurial activity. Typically, participants are weak at the start in terms of developing implementation strategies and expect PASCAP to take the lead in generating incomes on their behalf. Instead, PASCAP provides examples, often from other projects, and encourages innovation. Eventually, the target groups acknowledge that they can generate a sustainable income without looking for hand-outs and/or donations.

The strategy relies quite heavily on volunteers and PASCAP is constantly in the process of recruiting new ones. Sometimes it transpires that trained volunteers are offered good jobs and therefore leave. Furthermore, if there is a lack of community co-operation it may be difficult to recruit volunteers and/or to motivate them. Hence, volunteer recruitment does provide a stern challenge, though PASCAP suggests there are a number of ways in which to make the system work – after all, there are many sustainable projects in place, as discussed in the following section.

According to PASCAP, these are some of the practices that promote a sustainable volunteer system:

■ Avoid making financial remuneration the motivator for participation and instead emphasise how training and support can help develop a system of community self-reliance;

■ Emphasise child protection as the main objective (do not get diverted onto other issues) by constantly clarifying the project mission, aims and activities;

■ Provide information on successful models (use examples of good practice) in order to sustain motivation;

■ Pay attention to local issues and individual problems and be a resource to facilitate problem-solving;

■ Develop vision, planning skills and goal-setting;

■ Share information and knowledge;

■ Continually acknowledge the contributions made by participants and praise their efforts at self-reliance; and

■ Encourage the development of local support networks and recognition mechanisms.

9. IMPACT

The organisation monitors for impact and also employs external evaluators to measure this. Focus-group sessions involving project participants are conducted both monthly and quarterly to help the organisation meet project objectives and assist the participants in assessing their needs more effectively. Monthly team evaluations are also conducted, focusing on improved operations.

External evaluations are undertaken annually from year one to year three. These incorporate interviews with stakeholders and recipients of the intervention. It is too early to evaluate fully the success of the Cradock project, as the third year was not complete at the time of writing this report. However, it can be said that by the end of year two over 300 children were participating in a range of activities aimed at enhancing their protection and development.

There is also general evidence that many elements of PASCAP's strategy do, indeed, work and that key objectives were met; these include:

■ Training of community-level child development and child protection staff;

■ The establishment of six after-school child and youth protection centres, all of which registered for NPO status with the Department of Social Development;

■ Major improvements in children's care and protection were made at community level, as many schools and children reported feeling safer and more skilled (communication and knowledge of rights and responsibilities).

The objectives that could *not* be met by the end of the second year included:

■ Accreditation was not achieved because trainees had not completed the portfolio of evidence (assessment and learning documents) that must be submitted to the relevant Sector Education and Training Authority (SETA);

■ The target number of 40 trained women in the first year was not reached (a number of participants dropped out of the project in its early stages, necessitating a second round of training);

■ The target number of ten after-school care projects was not achieved because four projects were discontinued, owing to a range of challenges (including lack of motivation by participants, the workload being too big and two dropping out).

The unanticipated outcomes are also significant:

■ The targeted children were better able to concentrate in the classroom and their conceptual, language and mathematical skills improved (based on reports from both schools and parents);

■ The Department of Education offered a renewable five-year rent-free lease to all projects based in schools and improved the facilities for six projects;

■ A number of after-school care centres became learning and development resources for children with special needs who were not accepted within the public school system; and

■ The project relieved the stress of parents to a large and unanticipated degree. This was because a large percentage of caregivers were grandparents unable to assist their grandchildren effectively and the programme activities kept learners away from harm and crime in the after-school hours.

Despite the many challenges in Cradock, there is evidence that the described strategy can succeed as some ten other such projects in the Western Cape have been sustained. These centres are either privately run and charge fees or are otherwise fully subsidised by Government.

10. KEY LESSONS LEARNT

In interviews with the Development Co-ordinator and the Activity Co-ordinator, they shared some lessons learnt by the organisation about what works and what does not work in helping to reduce the victimisation of women and children. The interviewees suggested five strategic components that work:

1. *Offer trainee facilitators a good basic education on human rights, children's rights and child protection*

   This is to ensure that those who implement the programmes can offer a professional service and further educate others in the provision of protection services.

2. *Help to provide the basic resources required for operations and training as stated in their applications*

   This significantly improves children's development and protection.

3. *Transform and upgrade the physical space so that it is appropriate and inviting to children*

   Safe and accessible spaces decrease physical risk and increase feelings of safety and security.

4. Apply a model of community and project self-reliance

This way community projects are not dependent on the service provider for sustainability.

5. Go beyond training to offer practical in situ *support (mentoring)*

This ensures the secure transfer of skills, and therefore implementation, of successful programmes.

The interviewees also suggested four practices that do not work to help reduce the victimisation of women and children:

1. Rigid implementation strategies

Instead, move toward the mission and objectives of the project in a flexible way. The organisation can then adapt its strategies to meet the changing needs and challenges of the group as these arise.

2. Financial remuneration in the early stages of the intervention

If financial remuneration becomes the key motivation for volunteers working in the field of child protection, the commitment to human rights becomes compromised.

3. The absence of quality assurance

Poor service delivery undermines a good strategy, but one cannot identify it without tracking project progress to identify inefficient and ineffective practices.

4. Involvement in community politics

Becoming involved in local politics and dynamics can diffuse, sideline and undermine the project objectives. Children and women should be the priorities on the intervention agenda and this must be declared explicitly and regularly to the community.

3

THE PARENT CENTRE (TPC)

1. INTRODUCTION

This non-profit organisation aims to prevent the abuse, neglect and victimisation of children in highly impoverished areas of Cape Town by providing home visits and related family services. The Parent Centre has its head office in Wynberg and two satellite offices, one in Guguletu and the other in Khayelitsha. The focus in this review is specifically on the Parent Centre Home Visiting Programme.

2. ORGANISATIONAL BACKGROUND

A local government study into family violence in 1978 established the need for a programme to improve the skills of both parents and professionals in child development. Local planning followed and in 1983 a centre was established where parents could find support, counselling and information on all aspects of parenting. The programme, operated by the Cape Town Child Welfare Society, was originally called Family Focus but the name was changed shortly thereafter to The Parent Centre.

For 14 years, The Parent Centre operated as a project of Cape Town Child Welfare Society (CTCWS). However, in 1997 it became an autonomous branch of CTCWS. Finally, in 2001, The Parent Centre formally registered as an independent non-profit organisation. Altogether, The Parent Centre has more than two decades of experience in promoting positive forms of parenting.

At the time of this review, the organisation had 23 staff members engaged in the Home Visiting Programme, as illustrated in Table 3.1 below.

TABLE 3.1: THE PROGRAMME STAFF AT THE PARENT CENTRE

Post	No.	Role
Director	1	Ensures programme objectives are met; fundraising, monitoring implementation
Programme manager	1	Provides educational support to the area co-ordinators; networks
Area co-ordinators	5	Recruitment and supervision of family support workers, training, counselling to clients when required

Family support workers	13	Direct home visiting services to mothers at risk, support groups for mothers who have completed home visiting programme
General administrators	3	Administration, faxing, photocopying

3. PROJECT OBJECTIVES

The main objective of The Parent Centre is to reduce the incidence of child abuse by promoting better parenting and child management practices. Other objectives include:

■ Promoting healthy and secure relationships between parents and their children to prevent family breakdown;

■ Helping educators to manage child behaviour, both in and around the classroom;

■ Improving the behaviour-management techniques of primary caregivers in a child's early life;

■ Raising awareness of parenting skills in the broader community through community education and training that is aligned within the National Qualifications Framework; and

■ Empowering communities by training local facilitators.

4. PROGRAMME THEORY

The organisation theorises that good parenting requires information, skills and good role models. However, many parents and caregivers did not have nurturing parents as role models themselves, and instead suffered neglect and abuse (emotional, physical or sexual). Historically, the inhumane policies of the apartheid regime visited further socio-economic hardships upon many parents, so reducing their ability to provide effective, nurturing care for their children. Even today, rapid social changes and economic hardship for a large number of South Africans continues, together with a deterioration in traditional parenting skills.

How does one offer the parenting skills that are lacking because of poor role models during youth? The Parent Centre argues that this can be done by introducing positive and alternative child-nurturing practices through home visits to young and unsupported mothers (especially those with little education and few skills). These are the ones who often become frustrated and lash out at their children. However, a mother who is visited once a week by a skilled family support worker is likely to become more nurturing towards her children. Furthermore, her self-esteem, basic communication skills and knowledge of child-raising all improve. Thus, one breaks the cycle of abuse and neglect leading successive generations into repeated patterns of antisocial behaviour and activity.

5. TYPE OF AREA TARGETED AND BENEFICIARIES

The Parent Centre targets low-income communities in Cape Town chiefly characterised by high levels of crime, unemployment, high teenage pregnancy rates, and domestic violence. Here the incidence of post-natal depression is estimated by The Parent Centre to be in excess of 33% and parent-infant interactions are, typically, extremely poor. Table 3.2 (below) lists the four main target areas and the state of community-based resources in each area.

TABLE 3.2: TARGETED AREAS OF THE PARENT CENTRE

Target Area	Community-based resources
Guguletu, Philippi, Nyanga and Crossroads	Well-established but poorly resourced, low levels of community organisation and civic activity
Khayelitsha: Makhasa and Town Two	Low income and unemployed in rented and informal dwellings; high levels of community mobilisation and civic activity (many organisations focus on mothers and pregnant women)
Hanover Park	Lower income in rented council dwellings with shacks attached; negligible community resources
Imizama Yethu (Hout Bay)	An emergent informal settlement with very few resources (e.g., no health facilities) and very poor infrastructure; tension between civic bodies

Despite some significant socio-economic and cultural differences between target areas, The Parent Centre believes that its programme works in each situation and, therefore, is replicable anywhere. In fact, the programme offered in South Africa was based on a model originally developed in the United States, with only minimal changes made to the original design. One reason the programme appears to fit a variety of situations is because it is facilitated by family support workers *resident* in each area, thus removing all class and cultural barriers between the programme's administrators and its intended beneficiaries.

The five main beneficiaries of the intervention are given below, together with a brief explanation:

Expectant and young mothers

Intervention with expectant mothers allows for the early identification of mental, physical and emotional factors, that may place both mother and child at risk. Post-natal intervention provides and affirms appropriate child management skills. It also offers information, guidance, problem-solving opportunities, referrals, interventions, and counselling.

The infant

Practical assistance is offered to the infant, for example, through massage to improve posture and muscle tone. Breast-feeding is advised, since the antibodies present in breast milk contribute toward a child's health. Vaccinations may also be given to a child at a local health clinic, if necessary. Altogether, the mother learns how babies receiving proper care become calmer and more secure and, therefore, are less likely to be abused or to engage in abusive antisocial behaviour at a later age.

Older siblings and other children in the household

Older children are encouraged to become involved with the baby. This eases the strain on the mother and builds useful parenting skills among children who may themselves become parents in later life. Family communication also improves if there is reduced neglect of older children. Family support workers report that when the health needs of the older children are monitored, it reduces physical abuse within the family. Children learn to play in positive ways and to develop supportive relationships and good relationship skills.

Broader household, extended families

The programme also educates and supports all members of the household, including grandparents, because mothers share information they have learned with others in the house. Because of this, the household's communication and relationship networks are improved.

The community

The community ultimately benefits from the intervention because there is less household abuse and fewer family members are likely to join gangs.

6. ENTRY STRATEGY

The entry strategy has five key components. These can be outlined and discussed in the approximate order in which they occur:

1. Community profile and needs assessment

The Parent Centre conducts research involving an analysis of demographic information from the city council and various government departments. The needs assessment is based upon interviews with community leaders and on previous studies. These tools help to create an appropriately focused, relevant and strategic project (as the services offered matching the needs in question).

2. Partnership building

Relationships are built with key stakeholders in the community to: gain critical support for the project, clarify roles, create a monitoring mechanism, and avoid duplicating services in the community. Furthermore, the project is dependent on the local Maternity and Obstetrics Units (MOU) and health clinics to identify and refer mothers at risk. Other partners critical to the project include: various medical and non-medical staff in hospitals, clinics and maternity units; family-planning advisors; community-based organisations and forums; churches; and the local police.

3. Recruitment and selection of Family Support Workers (FSWs)

The Parent Centre begins by putting up notices in the community offering training. People then submit their CVs, which are carefully screened to ensure that prospective employees can, indeed, deliver a quality service. In order to be accepted for FSW training, applicants must have matriculated; be a parent or caregiver; be older than 25; must be resident in the community; must be fluent in English and the vernacular of the community (training and reading material are in English); and must be able to read and write.

4. Training the FSWs

For forty weeks, trainees meet twice weekly for approximately four hours of training (@eight hours per week). Table 3.3 illustrates the training modules. The training is intense, though necessarily so, if the skills and knowledge needed to engage young mothers proactively and problem-solving from a position of knowledge is to be developed. It is also a way of screening for those who are not suitable for the programme.

TABLE 3.3: THE TRAINING MODULES

Module	Training Component	Duration	Main activities
1	Overview of the programme, contracting	1 x 3,5 hours	Questionnaire, clarify expectations, video, each trainee interacting with baby
2	Experiential awareness building	3 x 3,5 hour sessions	Self-awareness: learning to deal with own issues
3	Early childhood parenting	9 x 3,5 hour sessions	Teaching parenting skills
4	Counselling skills with new mothers	6 x 3,5 hour sessions	Listening, problem-solving, values, transference and counter-transference and ethics

	A mid-course evaluation is done after module 4 and unsuitable candidates are dismissed		Final selection process and counselling
5	Behavioural assessment of the infant	5 x 3,5 hour sessions	How to assess the baby's communication, the mother's responses, infant observation
6	Infant observation feedback	1 x 3 hours	Fieldwork: observations of a mother interacting with baby, observe, record, group feedback
7	Topical workshops	10 x 3–5 hour sessions	10 workshops of 3–5 hours on a range of relevant topics
8	Ending and evaluations	3 hours	Second questionnaire and second face-to-face interaction with baby to evaluate improvement

5. Identifying mothers at risk

TPC provides hospitals, clinics, and family planning units with a list of factors to use in identifying mothers believed to be a risk. These mothers are then referred to the project, where the programme content is then explained. They are given the choice of participating in the programme or not. Participants are then allocated to FSWs based on certain criteria, one of which includes proximity. It is notable that the distance between the FSW and the client is a critical factor in sustaining a minimum level of individual privacy; an essential requirement for two parties living in the same community. There must be an appreciable distance between their homes, yet still remain within walking distance of each other. (TPC even provides the FSWs with a shoe allowance!) If more than one client lives in the same house, they are each allocated separate FSWs to avoid complicating relationships and confidentiality issues.

7. DELIVERY STRATEGY

The core features of the programme include home visits (antenatal and post-natal), regular monitoring of the process, and follow-up, as elaborated upon below:

Antenatal visits

The FSW makes four or more of these home visits, depending on the situation of the mother, to provide information and to make an assessment of needs before the baby is born. Information is provided on breast-feeding, labour and birth, use of alcohol and smoking, contraceptives and Foetal Alcohol Syndrome (FAS). Personal needs and feelings towards having a baby are also discussed, to assess what support is needed (for example, the need/wish for a birth partner, access to specific

health services, and so on). The FSW also assesses levels of depression – particularly prevalent in the targeted communities.

Post-natal visits

The FSWs do not attend the births as this would create too many pressures for them. Instead, the mother contacts the FSW after the baby is born. Post-natal visits begin within three days of the birth according to a set structure: (a) weekly until the baby is two months; (b) for every two weeks until four months old; and then (c) once a month until the baby is six months old. Much is delivered during these six months, including:

■ An assessment of the baby to show the mother what abilities her child has;

■ Help with breast-feeding and educating the mother on the benefits of this;

■ Instruction is offered on bonding and the emotional world of a baby;

■ Baby massage instruction – this helps with bonding, touching and relaxing;

■ The Edinburgh Post-Natal Depression Scale is used for assessment, in case the mother requires referral for treatment;

■ Counselling;

■ Assistance with immunisation, registration of birth, accessing child support grants; and

■ Sensitisation and constructive responses to coping with stressful situations.

In addition to their educational and supportive role, FSWs are present in the home on a regular basis and can monitor and prevent abuse or neglect.

Mother and child support group

TPC encourages mothers to participate in a support group after home visiting is completed. For two hours every week mothers from both the community and the Home Visiting Programme come together as a support group. Mothers attend with their children and the group addresses parenting issues, problem solve and share information.

Monitoring

Monitoring occurs throughout the process in the form of: (a) weekly visits by the area co-ordinator to review and support the work of the FSWs; (b) twice-yearly strategic planning; and (c) monthly staff meetings where progress on objectives is reviewed. The weekly visits include group debriefing sessions with the FSWs to help reduce stress. Group meetings require facilities in the community. So, in addition to the two satellite offices, meetings are held in available community halls and public buildings – libraries, retirement homes, etc.

8. EXIT STRATEGY

TPC offers a professional service that cannot be sustained by resource-poor communities. Thus, there is no exit strategy and TPC is dependent on donors and state subsidies. Table 3.4 (below) lists two possibilities for sustaining the intervention.

TABLE 3.4: WAYS TO SUSTAIN INTERVENTION

Sustaining group(s)	Strategic advantages	Disadvantages
The state assumes ownership and uses TPC as a service provider	Clinics and MOU's are accessible to clients State funding allows for more sustainablity	☐ Insufficient staff ☐ High turnover of staff ☐ Less specialised staff ☐ Inconsistent state funding
Ongoing state funding to TPC	More community outreach More focused work More accessible services More quality control	☐ Inconsistent funding

9. IMPACT

While external evaluation takes place annually and focuses on the client's perceived benefits, it also analyses programme content and programme strategies. In 2004, TPC commissioned an independent evaluation of the Home Visiting Project. The programme was found to be successful in providing support, information, and referrals pertinent to:

■ Managing stress during an unplanned pregnancy;

■ Pre-natal care (for example, foetal development during pregnancy, labour and childbirth, preparing for the hospital or childbirth unit);

■ Post-natal care (for example, breast-feeding and infant nutrition);

■ Welfare and child support grants; and

■ Immunisation at clinics, day hospitals and the children's hospitals.

It was found that the programme successfully monitored the infant's physical development until the age of six months and that if the situation deteriorated in any way, intervention was sought through external welfare agencies.

Two of the original objectives that could not be met might help inform other programmes:

■ TPC intended to offer the programme to mothers and children until the child was two years old. However, it transpired that this was neither viable nor sustainable since it would drastically limit the number of clients served by each staff member. A decision was therefore taken to shorten the programme to six months and establish a support group for the remaining period.

■ Originally, it was envisioned that TPC would develop into a national programme. However, it is only operational in the Western Cape owing to its intensive nature, limited funding, and a shortage of qualified personnel.

There were also some unexpected outcomes that provide five key lessons for designing interventions of this kind:

1. Recruitment and training must be ongoing because, despite sound recruitment procedures, there was a gradual loss of skilled workers.

2. A close liaison with secondary prevention organisations (for example, Child Welfare) was not anticipated but was a positive outcome, area-based services to children and families are now co-ordinated and complementary.

3. Although the mother and child were the intended beneficiaries, siblings and extended family members, as well as the larger community have all benefited from better family functioning and increased protection for all the children in the family.

4. The incidence of violence against mothers in the programme has decreased because they become more assertive and are better able to access services to protect themselves and their families.

5. The stress on the FSWs was originally underestimated and TPC had to reduce caseloads and closely monitor the mental and emotional health of the FSWs.

10. KEY LESSONS LEARNT

The interviewees shared four critical lessons about what works best to help reduce the victimisation of women and children:

1. Home visits: meeting the mother in the context of her home allows for strategic interventions and ensures impact, as the mother would find excuses not to attend if the intervention was located elsewhere.

2. FSWs living in the target community: they are trusted and know the dynamics of the community.

3. Stringent screening of the FSWs: they must be mothers of the right age and educational level. Professional skills are required along with sincerity and warmth. The most difficult communities to work in were those where the TPC's credibility in the community was not well-established. Therefore, FSWs must be known and trusted people.

4. Prolonged intensive training: it needs to be intensive in order to offer the degree of complexity and depth befitting the subject matter.

What does not work in helping reduce victimisation of women and children? TPC staff members suggested the following four:

1. Aiming for a high caseload results in emotional overload and burnout. It is better to focus on delivery quality than try to reach everyone in need.

2. Rushing the recruitment process raises the expectations of the community and inevitably leads to failed or poor delivery. In the end, this approach damages the organisation's reputation.

3. A poor entry strategy results in a failure to identify and negotiate with the appropriate stakeholders. For instance, TPC approached the clinic staff first instead of the Medical Superintendent, thus delaying entry. So, the message here is: find out who is in charge.

4. Delivering on a programme without research (including monitoring and evaluation) fails as one lacks the information and feedback required to identify and correct problems with service delivery.

4
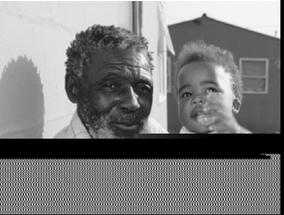
ISOLABANTWANA: A PROJECT OF THE CAPE TOWN CHILD WELFARE SOCIETY

1. INTRODUCTION

This chapter focuses on an innovative programme launched by the Cape Town Child Welfare Society (CTCWS) in 1997. 'Isolabantwana', or the 'Eye on the Child Project' (ECP), trains community members to provide support services to children during the times when social workers are not available (nights, weekends, public holidays). These trained community helpers respond to calls, assess family situations and even hold the power to remove, temporarily, children from the home if this appears necessary.

2. ORGANISATIONAL BACKGROUND

First registered as an NGO in 1908, CTCWS is the oldest agency of its kind in South Africa. It is also the second largest one: 118 permanent staff and 164 volunteers help some 25 000 children affected by physical and sexual abuse, abandonment or neglect. Its work covers 110 poverty-stricken areas of Cape Town, many of them on the Cape Flats, where the head office is located (in Athlone).

This large organisation has six service departments and units. The Isolabantwana Project falls under the 'Community Family Strengthening and Support Department', and affords childcare and protection services to young victims in high-risk communities, as well as seeking to strengthen families.

At the time of this review, 53 members of staff and 116 volunteers were engaged in the Isolabantwana Project, as illustrated in Table 4.1 below.

TABLE 4.1: STAFF AND VOLUNTEERS IN THE ISOLABANTWANA PROJECT

Post	No.	Role
Direct Service Manager	1	Project management: ensuring the project runs to standard and resolving problems as they arise
First line managers	6	Managing, supporting and guiding the social workers and social auxiliary workers

Social workers	40	Training, supervising and assisting volunteers and overseeing internal procedure when it seems that a child must be removed to a place of safety
Auxiliary social workers	6	General support to volunteers (e.g., convening monthly meetings and other functions, offering incentives)
Certified volunteers	116	Therapeutic, preventative services to children and families; after-hour monitoring of families deemed to be risk; and intervention (these volunteers are certified by the Commissioner of Child Welfare and can issue legally recognised forms to remove a child from a family)

The Direct Service Manager[1] was interviewed for this review along with five volunteers.

Community and government partners also play a critical role in the project:

■ The Commissioner of Child Welfare provides the authorisation certificates enabling volunteers to participate;

■ Local government provides essential funding, encourages community-based protection programmes, and offers oversight;

■ The community produces the volunteers who implement the child protection work.

3. PROJECT OBJECTIVES

The ECP seeks to reduce the risk of child abuse, neglect and abandonment in deprived areas by empowering families and community members to:

■ Protect and care for children who have experienced such problems;

■ Prevent problems by offering skilled interventions at the warning stage;

■ Utilise community resources;

■ Provide emergency care for children who have been abandoned or removed from their families because of abuse and neglect; and

■ Offer education and outreach programmes.

4. PROGRAMME THEORY

There are two time periods when children and families are at the highest risk of violence and abuse: nights and weekends. Yet, this is precisely when most staff members and social workers are unavailable. CTCWS theorised that if volunteers from the community could be trained to prevent, contain and intervene in problems on a 24-hour basis, this would:

■ Prevent abuse and neglect (for example, by counselling high-risk families, intervening with therapeutic services, and enhancing the childcare capacity of parents);

■ Enable a rapid identification and response system to abuse and neglect (for example, by issuing an emergency detention order, and/or removing young victims and those at risk to places of safety);

■ Create a way to monitor cases for concern, thereby providing important information on child abuse cases to social workers and so help protect children;

■ Provide temporary, emergency shelter and care for children who have been removed from their families; and

■ Enable community education and outreach programmes (such as the Informing Eye Campaign) to assist their communities by equipping them with the knowledge and skills needed to prevent and reduce the incidence of child abuse.

Does the theory work in practice? The organisation argues 'yes', based on three conditions:

1. Volunteers from the targeted communities are available, accessible and know their community needs and dynamics.

2. Volunteers are properly screened and have sufficient training to enable them to identify and prevent abuse and neglect and to offer protection to child victims.

3. The community accepts such practices and co-operates (this ultimately empowers communities in their own development).

5. TYPE OF AREA TARGETED AND BENEFICIARIES

Isolabantwana targets areas characterised by poor housing and infrastructure and having very few amenities. Unemployment, poverty, ill health and single-parent families are commonplace, while social problems include illiteracy, substance abuse, gang violence, the abuse of women and children, and a high rate of teenage pregnancies.

During the first year of the project (1997) two areas were targeted; Ottery (24 volunteers were trained) and Khayelitsa Site C (30 volunteers were trained). Table 4.2 below illustrates the areas targeted for this review.

TABLE 4.2: TARGETED AREAS OF ISOLABANTWANA (2005)

Township	Description
Ottery/Lotus River	Working class, gangsterism, flats and council houses with 'hokkies' (shacks) at the back; high levels of reported child abuse

Khayelitsha (Sites B and C)	High unemployment and high crime; informal settlements and council houses and very densely populated; high levels of reported child abuse
Guguletu (including Brown's Farm)	High unemployment, high crime (offices were broken into 5 times in 2004); many informal settlements and council houses, also owned houses
Manenberg	Very densely populated (65 000 people per 2,4 square km.), poor; high crime levels and gangsterism
Hanover Park	Working class community characterised by gang activity, flats and council houses with 'hokkies' (shacks) at the back; a hotspot for child abuse based on the number of reports and referrals
Imzama Yethu (Hout Bay)	An informal settlement in Hout Bay; high unemployment and poverty
Hout Bay Harbour	Working class, council housing
Kew Town, Athlone	Council flats, high levels of crime and poverty

The main beneficiaries of the project include these four:

■ *Children*, who are protected from abuse and neglect and provided with the life skills to build resilience;

■ *Families* (predominantly women as the primary caregivers), who receive support and are strengthened, so preventing family break-up through statutory intervention;

■ *Volunteers*, who gain training, increased employment opportunities and skills that can be utilised within their own families; and

■ *The community*, which benefits because caregivers are available 24 hours a day to address their family concerns and to prevent violence.

6. ENTRY STRATEGY

At entry, there are three critical components. Firstly, recruitment and training of volunteers occurs. This is followed by a process of securing the co-operation of the community. These two stages can take up to a year. The third component involves enrolling children and families in the programme. This latter phase is not a problem, according to the interviewees, as it is easy to identify and access clients – referrals come regularly from within Child Welfare, the police and the community.

Recruiting and training volunteers

The biggest challenge to the organisation is that it must constantly recruit new volunteers. Many find work or study opportunities and so move on. CTCWS uses local newspaper and radio advertising

and posters to attract volunteers. A tough and thorough screening process follows (references are checked and family members interviewed, for example).

Volunteer field workers complete a 12-week training programme, as illustrated in Table 4.3 below.

TABLE 4.3: THE 12-WEEK TRAINING PROGRAMME

	Component	Duration	Content
1	'Train the Trainer'	6 sessions	◻ What is 'Eye on the Child'? ◻ Entering the community and negotiating with the Commissioner ◻ Presentation skills ◻ Project management ◻ Training of volunteers (2 sessions)
2	Volunteer training	14 sessions	◻ Introduction to CTCWS and the ECP ◻ Interviewing, assessment skills and resources ◻ Child Care Act and Form 4 ◻ Administration/forms ◻ Identifying and dealing with child abuse and neglect ◻ Parenting skills ◻ Safe homes ◻ Domestic violence ◻ Child protection unit and SAPS ◻ First Aid ◻ Management ◻ Substance abuse ◻ HIV/AIDS ◻ Trauma debriefing

Ultimately, the training empowers volunteers to detect, prevent and deal with child abuse, including equipping them with the authority to remove children from abusive situations. Trainees are tested on the course content. Exam results go to the Commissioner of Child Welfare and only successful students are granted authorisation certificates (this can take six months). This confers the same

powers upon the volunteer as a policeman or social worker to remove children from abusive family situations on a short-term basis. CTCWS is the first organisation in the country to train and accredit volunteers authorised to issue a 'Form 4', the legal document required to remove children from abusive environments.

(b) Gaining community co-operation

This trust-building stage is critical to strategy and CTCWS identifies and consults all important forums and individuals, both formal (for example, SAPS and Social Services), and informal (for example, gang leaders). Much of this is done on foot – greatly increasing the visibility of the social workers. This broad level of consultation also helps eliminate a duplication of effort, and contributes to the safety of volunteers (police help, for instance, is available to volunteers after-hours if they need this). Thereafter, the CTCWS compiles a thorough resource list of what services and organisations exist in the community. The organisation then offers these potential network partners an initial presentation on the project and hosts a discussion regarding its viability.

7. DELIVERY STRATEGY

There are two types of volunteers: 'safe home mothers' and authorised ECP volunteers. The first type of volunteer offer places of safety to children in need ('safe homes' that must satisfy the stringent requirements of the screening process described earlier). The second group protect children from harm by visiting families after hours, referred to CTCW by community members or the police. They then monitor and provide ongoing support and protection to these children and families through home visits, counselling, and offering parenting skills guidance. These are usually long-term cases and volunteers report regularly on their progress to a child welfare social worker.

Volunteers also commit to: (1) workshops, talks, and holiday programmes, which impart life skills and (2) support, supervision and evaluation. The workshops focus on a range of topics, such as domestic violence or sexual abuse. Posters with contact details of volunteers are put up at police stations and other community structures to advertise these workshops. The holiday programmes are for both children and adults. Both groups gain valuable life skills (and adults, some crucial parenting skills), while provision is also made for the children to engage in some fun activities.

ECP volunteers are not paid, but their work is supported in a number of ways. Incentives to volunteers include training, occasional food parcels, outings and a year-end function. Administrative costs for the project such as telephones, transport costs and renting or negotiating a rate for a community venue (though some venues, like clinics and crèches, are free) are handled through the head office. A 'social auxiliary worker' helps to supervise cases (as a monitoring tool), facilitates monthly support meetings and remains available by telephone 24 hours a day in case a child needs to be removed.

8. EXIT STRATEGY

There is no exit strategy, although it was initially foreseen that volunteer groups would become independent and self-sustaining, for example, by being able to rent office space. CTCWS has since recognised that volunteers have the authority to issue Form 4s but need guidance and support in doing this. Furthermore, because of the volunteer system in operation, recruitment and training is a continuous process. Finally, though there exists a state subsidy, this is insufficient and the organisation is therefore required to raise funds both locally and abroad in an effort to meet expenses.

9. IMPACT

The Isolabantwana project itself had not been externally evaluated at the time of the review. There is, however, a yearly internal evaluation of *all* CTCWS projects: line managers compile a report and give an oral presentation to senior management. Problems are identified and then placed on the agenda for yearly planning. Critical findings from this process in 2004 included:

■ A total of 144 trained volunteers were operating in seven hotspots to monitor at-risk families on weekends and after hours.[2]

■ Referrals of child abuse and neglect in Ottery and Lotus River have progressively declined and this suggests that the project is having the desired impact, though no formal evaluation is available to establish the correlation.

■ Every year, holiday programmes take place where life skills and self-protection are taught to children.

■ Parenting skills training is undertaken by volunteers in Hanover Park, Lotus River and Guguletu, and there are plans to implement this in other areas.

■ Sustaining volunteer numbers is a difficult task owing to turnover, stress, insufficient remuneration and the need for ongoing support, including infrastructure and guidance.

CTCWS believes that the Isolabantwana Project has been a success for four reasons. First of all, the organisation views the model as replicable. According to the Direct Service Manager: 'The training applies to any place where problems relating to abuse need to be addressed.' Secondly, there is a demand from other organisations with similar projects for the training that CTCWS provides. Thirdly, the perceived success of Isolabantwana has led to a new project, Thembalabantwana or 'Hope for our Children', based on the ECP model of delivery but with a focus on HIV and poverty. This project, piloted in 2001 in Guguletu, is currently being rolled out. Finally, one can observe that children are protected after hours and that it is community members that are doing so.

10. KEY LESSONS LEARNT

The interviewees offered five ideas about what works best to help reduce the victimisation of women and children:

1. You need extensive community acceptance of the project before starting up, otherwise the volunteers will not be recognised and the service will not be utilised.

2. Avoid duplication and make sure that you are addressing real needs. This requires factual information on stakeholders, community dynamics, and existing resources.

3. Training needs to be relevant, detailed, and ongoing. One cannot just train and leave and expect results to automatically follow.

4. The volunteers need mentoring, guidance and support because making a decision on whether to remove a child from their family is an onerous responsibility.

5. Projects will differ in character from area to area depending on the available skills and talents among volunteers.

Is there any advice about what does not work when trying to reduce the victimisation of women and children? The interviewees suggest these five:

1. Social workers alone are not adequate in addressing cases of child abuse and neglect because a 24-hour presence is required to make appropriate interventions. Furthermore, if they worked overtime to provide this extra care, the programme would become financially unsustainable.

2. It does not work to engage volunteers in complicated administrative work and lengthy procedural notes. Most do not have the necessary writing skills or education levels for this. Therefore, one needs to design simple systems (for example, questionnaires with instructions like 'Tick box').

3. One cannot expect volunteers to conduct family visits without clear guidelines and extensive training.

4. When volunteers become involved in more than one case, their effectiveness is reduced and they cannot do justice to any one of the cases they are committed to.

5. One cannot assume that after formal training a volunteer is qualified. They need ongoing monitoring, support and training.

The first point may be the most critical and, insightful one. The Department of Social Development itself has changed focus from reaction to early detection and intervention in this matter. It is very expensive to have statutory intervention and the placement of children as the central mechanism for child protection. It is also highly unlikely that all children in need of care and protection can be reached through this type of intervention. Both government and most of those working on children's rights issues recognise the need to get communities to take the responsibility for the protection of their children into their own hands.

Endnotes

1   Ms Ina Vermeulen is the Direct Service Manager.

2   At the time of the review, there were only 114 volunteers and the organisation was again recruiting.

5

CENTRE FOR CRIMINAL JUSTICE: COMMUNITY OUTREACH PROGRAMME

1. INTRODUCTION

The Centre for Criminal Justice (CCJ) is a non-governmental organisation situated on the Pietermaritzburg campus of the University of KwaZulu-Natal. CCJ has developed the 'Community Outreach Programme' to assist disadvantaged women and children affected by crime. Trained counsellors offer victim support from offices located in the grounds of magistrates' courts or police stations, usually in separate prefabricated structures to ensure client privacy. This combination of confidential and convenient assistance in navigating the criminal justice system has led to a growing demand for new support centres. Today, there are fourteen such centres in KwaZulu-Natal.

2. ORGANISATIONAL BACKGROUND

The CCJ was founded in 1990 by members of the Law School at what was then the University of Natal. In its early years, the Centre was engaged in researching the reasons underpinning poor service delivery in respect of community policing. What they discovered was that women were reluctant to report crimes like domestic violence because of police insensitivity. Community service centres (previously known as 'charge offices') provided little or no privacy, where personal information very often had to be disclosed in front of members of both the police and the public. This situation produced secondary trauma for victims of crime, particularly women and children.

When the director assumed her post in February 1997, she wanted to take action based on the above mentioned research. She was of the view that women were more likely to report crimes if they had a private and comfortable way of doing so. She developed a proposal for outreach centres and successfully applied for funding from the European Union. The CCJ's first support centre was established in Plessislaer, Pietermaritzburg, later that year.

The organisation has grown rapidly since then in terms of new centres and staff appointments. At the beginning of 1997, the organisation had a staff of four researchers, one of whom was the director. At the time of this review (2005), the CCJ had 31 permanent staff members. Table 5.1 (below) lists these positions and explains their functions, as articulated by the director.

TABLE 5.1: THE CCJ TEAM

Post	No.	Role
Director	1	Provides oversight and support, programme development, strategic planning, ensures that objectives and outcomes match donor expectations, monitors quality, raises funds, and reports to donors
Field co-ordinator	1	Forms the link between the director and the outreach centres, handles referred cases (those requiring intervention or advice), assesses the progress and needs of outreach centres, monitors and analyses implementation, provides stakeholder support
Communications officer	1	A person with desktop-publishing skills and experience who develops and distributes all support material to the outreach centres, and monitors the use thereof in the outreach centres to improve practices and systems
Legal officer	1	Reformulates legal statutes into easy-to-read text so that it can be applied by the co-ordinators; conducts legal research, raises legal issues and formulates legal debate on issues requiring public attention
Independent monitor	1	This is a contracted person who visits all the centres twice yearly and monitors activities and the quality of services
Project co-ordinators	24	On average, there are two of these per centre and their job is to implement projects at the outreach centres and in the surrounding communities through the guidance and support of the CCJ
Financial administrator	1	Bookkeeping, finance reports, information to donors, preparation for external audits
Administrator	1	Liaises with the university's human resources, administration and finance departments, deals with the daily in-house stationery requirements, and handles expense claims and routine invoices

In addition to the posts listed above, three student interns were working with the organisation at the time of this review. Moreover, four external partners are critical to the project's implementation:

■ The Department of Justice provides outreach centres with office space at magistrates courts (the centres do not pay rent or electricity costs);

■ The South African Police Service (SAPS) provides a site where the mobile prefabricated structures can be erected (again, the centres neither pay rent nor electricity costs);

- The University of KwaZulu-Natal signs the funding agreements and manages the contracts, while offering essential services to the CCJ, such as security, library use, IT support, provision of interns and audit costs; and

- At the time of this review, Business Against Crime was providing funding for the mobile prefabricated offices.

3. PROJECT OBJECTIVES

The three main objectives of the CCJ's Community Outreach Programme are to:

- Provide legal and social support services to help disadvantaged communities access justice and social services;

- Provide community outreach activities to educate members of the public on their legal and human rights and to help strengthen the community; and

- Conduct research aimed at transforming the legal system (for example, monitoring the implementation of legislation).

It is difficult for organisations offering victim-support services to South Africa's poorest communities to stay focused on a single set of project objectives. In most cases, people with few skills, little funding and the most basic resources must provide advice and assistance on many issues: domestic violence (34% of the caseload), rape, legal advice, applications for identity documents, labour problems, maintenance, child abuse, social welfare, pension payouts from ex-employers, and crime. The centres often serve areas of 50 square kilometres or more and are frequently the only local institution available to meet these diverse demands.

4. PROGRAMME THEORY

Many victims/survivors of crime avoid reporting domestic violence, rape, child abuse and other crimes because they believe they will be treated in a compromising manner by the police and the justice system. The CCJ theorises that it can help clients (mainly women and children) overcome this problem by: (1) providing them with knowledge; (2) responding flexibly to their needs; and (3) making support services easily accessible.

Firstly, the CCJ argues that secondary victimisation is prevented when women are informed of their constitutional rights and know how to access and navigate the criminal justice system. This also sends a strong signal to potential perpetrators indicating that something can and will be done whenever a crime is committed. Thus, the CCJ's central premise is that the rights of women, children and communities are protected when they are provided with specific information on issues such as:

■ Available legal and social support services;

■ Human rights and pertinent legislation; and

■ How to hold government officials accountable when they do not provide proper services.

Secondly, flexibility is important because each community is uniquely composed and has its own social dynamics. To achieve this, the CCJ offers advice and information to co-ordinators (based at the outreach centres) who know the local situation and design programmes accordingly.

Thirdly, the concept of accessibility is critical to theory and implementation practices. Below are three practical expressions of that theory in the programme:

■ The outreach centres are located at courts and police stations because these are centrally located in relation to the community, easy to access and near to other justice services, so making applications easier (for court orders, police escorts, affidavits, etc.).

■ The training venues for workshops are situated at or near the target communities to improve attendance, access, and facilitate improved interaction in the workshop, since participants can easily relate (culturally and otherwise) to the facilitators and each other.

■ The co-ordinators are situated close enough to the victims, courts, and police to oversee cases and to provide physical and psychological support as necessary.

5. TYPE OF AREA TARGETED AND BENEFICIARIES

At the time of writing there were fourteen outreach centres, spread from Ixopo in the south to Newcastle in the north, and including Pietermaritzburg, Impendle, New Hanover, Umtshezi, Hlanganani, Glencoe, Dannhauser, Taylors Halt, Plessislaer, Donnybrook, Himeville, Osizweni, Ekuvukeni and Ixopo. Nearly all of them have been established in impoverished rural and peri-urban areas which are prone to high levels of domestic violence, unemployment, illiteracy and which have a patriarchal social structure. Such communities are remote, lack a formal infrastructure, have few government services and share similar problems when it comes to matters related to women and children and access to justice.

The number of centres that the CCJ can establish is limited by cost rather than demand. By comparison with urban areas, service delivery in rural areas is much more expensive. Since the rural centres usually provide the *only* community resource available, their services and resources are often overstretched.

The clients targeted by the intervention are women and children but several beneficiaries can be described as Table 5.2 on page 38 illustrates.

TABLE 5.2: BENEFICIARIES OF THE PROGRAMME

Beneficiary	Ways the centre benefits them
Women and children	These recipients learn how to access social and child support grants and access legal services (e.g., protection orders). They also obtain psychological support after a violent incident and acquire income-generating skills that empower them financially.
Men	While not a direct target group, men benefit as they become aware of how their behaviour affects the lives of their partners and children. They may also be referred to therapy.
Community	The centres are able to penetrate and deal with issues at family level that otherwise spill over into the community. Workshops and advocacy campaigns with government departments also help the elderly and disabled.
Government and non-government organisations	These partners benefit from the research generated by the organisation and the capacity-building programmes offered by the centres.

6. ENTRY STRATEGY

After the first centre was established, other communities became aware of it and approached the CCJ about the possibility of establishing one in their own area. Most of the centres now established were requested in this manner. This greatly eases entry, and it also allows the CCJ to be somewhat selective about where it works.

What are the criteria for selecting the communities the CCJ works with? Firstly, the community must be situated in a policing area or a magisterial district. Secondly, the local police or magistrate must see value in having a centre, since magistrates are the critical partners in the provision of office space and referrals. Thirdly, community leaders and organisations should support the idea of having a centre in their area. However, there have been a few cases where the centre's services were opposed, by some, simply to maintain patriarchal dominance over a community (and thus perpetuate the abuse of women and children and deny people their human rights). In those cases, centres were opened despite the opposition.

Reaching the stage of opening a new centre with fully-trained project co-ordinators can take between six months and two years, as outlined below:

1. Introduce the work of the organisation to the traditional leaders

Rural communities are unlikely to engage with a project that does not have the support of traditional leaders. Yet, traditional leaders are the ones most concerned that outside interventions

may undermine their authority and cause more harm than good. The CCJ's affiliation to a university and its successful 'track record' in so many rural villages is usually enough to quell suspicion.

2. Consult democratically-elected counsellors, local authorities and political figures

Local stakeholders in government are consulted thoroughly. Most crucial is the support of SAPS and the Chief Magistrate. The SAPS can frustrate the project if not consulted properly (for example, by refusing to co-operate with clients, or by undermining processes). Magistrates are usually very supportive. They do not have a direct role in the implementation of the work but provide much needed office space.

3. Consult other community structures

Community-based organisations and groups such as burial societies and women's clubs are critical entry points into rural areas. Consulting these key groups helps to develop an appropriate strategy, since one learns from them about the problems and resources of the community.

4. Establish the management committee

Elections are held for a steering or management committee. This structure is usually composed of most, if not all, of the stakeholders identified in the previous three processes. This group allows for culturally-sensitive problem-solving and helps to build the necessary capacity in the community to sustain the centres. The committee also plays an important role in the selection and supervision of the project co-ordinators. The project co-ordinator posts are advertised in the local media and the management committee verifies references and decides who to appoint after shortlisting applicants.

5. Select and train newly-appointed candidates

The longest phase in entry is identifying, training and assessing potential project co-ordinators. This process can take eighteen months, as described in Table 5.3 below.

TABLE 5.3: THE SELECTION AND TRAINING OF PROJECT CO-ORDINATORS

	Component	Duration	Training activities
1	Induction phase	6 months	Existing staff, both at the centre and at the CCJ, screen and mentor new trainees, leading to a final decision on the suitability of the candidate. At minimum the applicants must have completed Grade 12 and demonstrate the emotional maturity to cope with the programme.

	Component	Duration	Training activities
2	Paralegal training	6 months	This training is offered and run by the university and requires the candidate to relocate to Pietermaritzburg[1]. The candidate must succeed in this course to continue to the next phase.
3	Post-assessment training	6 months	Assess the trainees and grant diplomas to those who demonstrate competence.
4	On-the-job skills training in criminal justice	As required	As required.
5	Ongoing in-service training.	As required	Writing and presentation skills are refined, as staff members write up their work and present at conferences, public functions, and have opportunities for publication.

6. Provide infrastructure

The outreach centres must be established in the course of the above processes. Based at magistrates' courts and police stations, the centres usually consist of a reception room and one or two counselling rooms. None of the centres has computers, neither do they offer workshop space (these are conducted at community centres or school halls).

7. DELIVERY STRATEGY

The main components of the delivery strategy are outlined in Table 5.4 below and explained thereafter.

TABLE 5.4: FIVE COMPONENTS OF A DELIVERY STRATEGY

	Component	Main activities
1	Direct legal services	☐ Crisis counselling ☐ Taking statements ☐ Identifying and choosing appropriate services (e.g., mediation, application for a protection order, a medical examination) ☐ Follow-up (counselling, home visits, mediation, testimony in court)
2	Support services	☐ Support and information on grants, retrenchment, and public service delivery ☐ Investigations ☐ Initiating claims and negotiating bureaucracy

3	Topical workshops	☐ Informal surveys identify suitable topics for human and legal rights education
		☐ Workshops are designed and held for the community (including women, men, children, the disabled)
4	Presentations	☐ Ad-hoc presentations to and at schools or clinics to create public awareness of services (e.g., when women are having pre-natal check-ups)
5	Community development	☐ Developing women's skills, so helping to create financial independence and therefore resilience to victimisation
		☐ Sharing information about human rights and the law

1. Direct legal services

Clients come to the centre to seek assistance with a problem. This could be related to anything from a case of domestic violence to an application for a birth certificate. Site co-ordinators assess the situation and decide on an appropriate process for dealing with the problem (that is, refer, advise, provide counselling, or invoke a legal process). In domestic violence cases, it has sometimes been necessary to obtain a restraining order to prevent further violence or to have the police remove or arrest the perpetrator.

A file is opened for each client and the individual's personal details, and those of the perpetrator (if known), are documented. Crisis counselling may be required but otherwise the co-ordinator will take a detailed formal statement of the incident. The centre then contacts a police officer who takes the victim to a district surgeon. The co-ordinator accompanies the victim, providing continuing physical and psychological support. In this way, the victim is informed of all responses (legal and otherwise) that can be invoked to deal with his or her immediate situation.

2. Support services

Social grants, child maintenance, labour issues, retrenchment and administration of estates can be very intimidating processes for people who are illiterate and do not understand the bureaucratic procedures involved. The co-ordinators help people solve or address problems they may have with state departments and private sector companies. The co-ordinators possess considerable expertise in this area, which is a useful quality when bringing relief to destitute families. The advocacy role the centres play in this regard sets them up as a watchdog over government services (for example, pensions) and indirectly limits the opportunity for corruption (bribes) within government.

3. Topical workshops and formal presentations

Co-ordinators design topical workshops and are frequently invited to make formal presentations to organisations and community groupings. To design a workshop, the co-ordinators will assess the

specific needs of each targeted community, based on either the regularity with which they must deal with a certain issue (rape, for example) or emerging trends (such as teenage pregnancy). The workshops inform the community about both the risk factors and the possible solutions to any problem, especially in terms of preventing victimisation. Experts may be brought in, depending on the complexity of the issue.

Co-ordinators are sometimes invited to community forums and imbizos, that is, local councils or day clinics, to present and promote the work of the centres and to share information about pertinent issues, such as HIV/AIDS and child abuse. This offers an opportunity to compliment and influence both traditional and formal methods of governance, especially with regard to co-operation and accountability. Co-ordinators also make submissions to legislatures on how certain policy decisions affect their communities and what training may be required to implement a particular policy decision successfully.

4. School presentations

These are presentations offered by the centres to primary and secondary school learners on pertinent topics: rape, teenage pregnancy, sexuality, crime, abuse and HIV/AIDS. The primary aim is to raise awareness regarding dangerous and illegal practices and, by doing so, prevent further recurrences. Usually, cases of current and past child abuse are uncovered during, or shortly after, a presentation.

5. Community development

Co-ordinators share their own skills, for example, baking, sewing, care giving etc., with community members. These initiatives bring relief to poverty-stricken families and provide women with the skills needed to sustain themselves. This can free them from dependency or unhealthy relationships. For example, one co-ordinator taught sewing skills to a group of women and this capacitated them to make and sell uniforms to the local school.

A second aspect of community development is sharing knowledge about the law. This reduces the vulnerability of women and empowers them to deal effectively with abusive relationships.

8. EXIT STRATEGY

No centre is yet financially independent of the CCJ and the current model provides that centres should remain attached to it. Should centres become independent, the appropriate sustaining group would be a government department. However, at this point the government does not appear to be ready to incorporate centres, since it first has to address the provision of basic needs – adequate housing, roads, sanitation, clean water, electricity – to these highly impoverished communities. It is also unlikely that the government is ready to replicate the quality of training needed to develop skilled co-ordinators.

Table 5.5 (below) outlines the three groups that might sustain the intervention and considers the advantages and disadvantages of each.

TABLE 5.5: PROPOSED TARGETS FOR SUSTAINING THE INTERVENTION

Sustaining group	Strategic advantages	Disadvantages
Local government	This could provide staff with job security.	This puts the centre in a position where it may have to take on a bigger role than it can deliver on (owing to low capacity in local government); loss of independence can lead to role confusion.
Magistrate's courts (Department of Justice)	Staff could be appointed as civil servants and take advantage of accompanying benefits and a new career.	Service would be compromised as the centre is consumed by the poor service-delivery cycle existing in government.
SAPS	As above.	Public might perceive staff as being police members.

The last two options may be the most practical ones since most areas have magistrates' courts or police stations nearby. There has also been a trend over the past few years for these structures to partner with the community on issues of crime and violence. One-stop centres at police stations are becoming a popular idea and victim support fits well here.

Is the strategy replicable? The centre maintains that it is, and even provides a manual with guidelines for other organisations on how to establish similar initiatives.[2] The model is fairly easy to understand. It is run by local people and relies on local knowledge (culture) to address community needs. Suitable people are not difficult to identify and therefore many can be trained to do the work.

Furthermore, anyone seeking to replicate the programme should bear in mind that affiliation with a university affords the programme a certain status which can ease access to government at many levels. The university also plays an important role in terms of providing research expertise and advice, and ensuring a high standard of training.

9. IMPACT

The CCJ conducts both internal and external evaluations. Internally, the co-ordinators at the various outreach centres maintain a case register. From this, they extract a monthly report for the CCJ head office to analyse. The director and field co-ordinator verify the information in the monthly report and enter the data onto their system, using a standardised template. At the end of the year this information is used for the purposes of internal analysis. This analysis is circulated back to the centres in the form of a booklet, allowing the centres to reflect on past cases and clients and assess

the validity of the various strategies they have employed. Thus, one can establish at a glance the workloads, amount and quality of outreach work delivered.

The independent evaluator, contracted by CCJ to assess its work on an annual basis, has helped to inform the strategic direction of the project. In an evaluation report compiled in 2003, it was found that the centres were contributing to a reduction in violence against women. It was further established that the presence of the centres and the actions they take against perpetrators acts as a deterrent to gender violence. It was also discovered that project partners, such as SAPS and the criminal courts, value the services of the centres and the improved community relations resulting from their presence.

According to the evaluator, in terms of the original programme plan the following objectives were met in the process of establishing the community outreach centres:

■ The training of the centre co-ordinators as paralegals was being successfully implemented and nearly all co-ordinators were found to be performing well, often going beyond the call of duty in order to empower women.

■ At the time of the evaluation, 12 000 people were making use of the services in the 14 centres each year.

■ The centres had achieved increased reporting rates, especially in cases of domestic violence.

■ Centres were very effective in processing child maintenance claims.

■ The restorative justice approach as the first attempt to resolve conflict was evaluated as successful in terms of finding alternative and constructive ways to resolve conflict.

■ Improved relations with the community and certain government departments (Social Development, Justice, etc.) had enabled community members to access services they could not have otherwise.

Were there any objectives that could not be met? The CCJ identified two. Firstly, the CCJ wanted to engage in best practice research (that is, establish what works and what does not work in these kinds of programmes). They realised, however, that the co-ordinators had neither the time nor the requisite skills for analysis, report writing or statistics. Secondly, the CCJ underestimated the time that it would take to empower people in rural areas with information about their rights and the law. Knowledge and literacy levels were much lower than anticipated. Because of this, materials had to be simplified and more basic information included.

Were there any unanticipated impacts? Yes. The organisation did not expect the community to shape the content of the programme to the degree that it did. Good communication led to identifying place-based problems and developing responses in a timely way. Owing to this achievement, all centres now take a bottom-up approach, which encourages local ownership of problem-solving processes.

10. KEY LESSONS LEARNT

What critical lessons did the CCJ learn about what works best to help reduce the victimisation of women and children? 'Keeping a local focus' and 'being accessible' are the two biggest lessons reported by the organisation. For instance, having the workshops *in the community* lets participants stay focused on the environment in which they are going to apply their learning. Often the biggest impact comes from activities that flow from a workshop after it has been completed. In this respect, project co-ordinators and satellite offices within easy reach of the community and in credible and safe locations help significantly.

The organisation also offered these key points:

- Be aware of politics but stay neutral.

- Do your research before entry.

- To gain entry into traditional areas, follow protocol, understand culture, and be patient.

- Be sure to consult all stakeholders in the area. (On one occasion, CCJ forgot to include religious groups, thereby causing embarrassment and creating suspicion.)

- Remain true to your mandate or vision.

- Using trained employees (as opposed to volunteers) works since you can hold them accountable and make reasonable demands.

- A careful screening of project co-ordinators by community stakeholders followed by intensive training results in skilled people who are accountable to the community.

What definitely does not work to help reduce victimisation of women and children? The organisation suggested these:

- Being confrontational. For example, forcing a client to press charges with the police or confronting the client's partner fails to prevent violence and may even escalate it.

- Weekend workshops do not work in rural areas because husbands are returning from the cities and it is a time for family activities.

- Workshops run by city-based organisations usually fail in rural communities due to poor follow-up and support possibilities.

Endnotes

1   At the time of this review, CCJ was in the process of being accredited for training and this could alter its location.

2   *Overview of a scheme for establishing a community outreach programme* (2001). Centre for Criminal Justice: p. 114.

6

EMBIZWENI VOLUNTARY ASSOCIATION

1. INTRODUCTION

Embizweni Voluntary Association (Embizweni) seeks to reduce or prevent gender-based violence, primarily by working with male perpetrators, but also through interactive family activities. The organisation's name might suggest that it is run by volunteers but it is actually a *membership-based* organisation run by paid staff. That distinction is significant and makes for both an unusual and interesting model because it requires no exit strategy: all the capacity is built directly into the targeted community of Khayelitsha (a Western Cape township about 40 kilometres east of Cape Town's central business district).

2. ORGANISATIONAL BACKGROUND

According to Embizweni staff, in the late 1990s the percentage of unemployed men in Khayelitsha was very high. Many of these men took care of domestic chores because their female partners were able to find work more easily. Adapting to this new role proved difficult for some, leading to a number of negative consequences, including substance abuse, child neglect, domestic violence and suicide.

In August 1998, a group of ten men gathered in the Graceland area of Khayelitsha determined to rebuild families and create jobs.[1] Thus, Embizweni began as an informal and unregistered organisation, surviving without funding for at least two years. Membership fees were instituted as a way of covering any minor expenses incurred. The project operated from a garage in a backyard and community meetings were held in the open veld. All communications were by word of mouth.

Despite the described hardships, the organisation provided a much needed response to the high levels of domestic violence. An early activity, both effective and popular, was a recreational outing helping to unite men with their children. The organisation collected R10 per child for food and transport, hired the 'Edu-Train' to Simonstown and thus enabled 100 children (aged 3–12 years) to spend the day with their fathers. Subsequently, Coca-Cola and other businesses sponsored boat trips, visits to the museum, picnics and further events.

To build capacity in the organisation, the Quaker Peace Centre was approached to provide mediation training for the founder members. These skills assisted families in resolving disputes and kept the organisation going.

In 2000, the first funding grant was received. The organisation found office space in Khayelitsha, which was gradually developed to include more offices and a private counselling room for clients. A fax machine was donated by Eskom, improving communications and networking. Meetings could now be held in community halls.

From 2001 funding became available from OSF-SA, meaning the organisation could deliver more strategically on its objectives. An organisational development process included formal registration as an NGO in February 2002.

Today, there are 285 members of Embizweni (each member pays a fee of R50 to join). The organisation has four full-time employees, as indicated in Table 6.1 below.

TABLE 6.1: STAFF MEMBERS AT EMBIZWENI

Post	No.	Role
Director	1	Supervises staff, promotes and represents the organisation, implements strategy, drafts funding proposals, manages funds, liaises with donors and provides direct counselling services
Fieldworker	1	Conducts needs assessments, recruits members, networks with other organisations to strengthen partnerships, helps to promote the organisation, organises skills training workshops, assesses workshops and offers direct counselling as necessary
Administrator	1	Overall administration of the organisation, manages reception, schedules appointments, supports the fieldworker and director, networks, and represents the organisation when neither the fieldworker nor the director is available
Administrator's Assistant	1	Cleans the office and supports the administrator (collecting mail and faxes, delivering correspondence, answering the telephone, making appointments)
Volunteer	1	A volunteer stands in to manage the front desk in cases where the administrator or his assistant is not available – the front desk must always have a person managing that area. The volunteer is usually one of the organisation's members.

Embizweni relies on full-time paid employees to provide the described services. The organisation believes this maintains a good and reliable standard of service because there is continuity. Ongoing capacity-building also ensures that standards are maintained. Furthermore, there is a ten-member Executive Board overseeing the functioning of the organisation and providing support in the areas of fundraising and staff mentoring. The Board is empowered to recruit and dismiss directors and receives briefings from the director on a bi-weekly basis.

3. PROJECT OBJECTIVES

The Embizweni Programme has three main objectives:

■ To reduce the level of domestic violence in Khayelitsha;

■ To strengthen spousal and family relationships; and

■ To develop the community infrastructure.

The first objective is mainly achieved through educational workshops and training sessions on domestic violence, gender issues and parenting skills. The second is achieved through family camps, children's excursions and counselling services. The third objective has evolved over time. Originally, the organisation intended to lobby for community infrastructure independently, but this proved too difficult. Now it is working with other role players in the Khayelitsha Development Forum in developing a multi-purpose centre.

4. PROGRAMME THEORY

Embizweni theorises that gender stereotyping is disempowering men and preventing them from enjoying a healthy family life. Men are often perceived as 'providers' or 'heads of households', but when they are unemployed and the wife or partner assumes this role, they see themselves as inadequate. This leads to depression, substance abuse, and domestic violence. As a result, relationships and communication tend to break down. In these circumstances, children are at high risk of victimisation and family life disintegrates.

Men can be promoted as caregivers rather than providers or perpetrators. Embizweni argues that promoting this alternative expression of the male role in a household reduces gender violence and preserves family life. Children need to grow up in a caring and loving environment and this can be provided by men. Thus, men can learn about these dynamics, the consequences of gender violence, and how a change in mindset can transform their roles in positive ways.

The described theory of masculinity and gender violence developed from both the personal experience of the founders and an exposure to formal models focusing on perpetrators. In terms of experience, all of the founders viewed the family unit as the foundation upon which a functional society is constructed. Some of them had been perpetrators of domestic violence and had observed firsthand how families disintegrated. Work with the Planned Parenthood Association of South Africa (PPASA) in the 'Men as Partners' (MAP) programme, and the study of the Mankind Project (a psychological model) also contributed to the Embizweni model.

Why should the theory work in practice? Embizweni is an organisation driven by men for men. It provides a 'safe' space for men to acknowledge, challenge and respond to sensitive issues. It gives men time to free themselves of the myth that women cannot understand them and the opportunity to build the confidence required to handle their problems appropriately.

This programme is also regarded as entirely replicable: it can be practised anywhere. Domestic violence is a global issue and only varies in scope from one community to the next. However, any facilitator would need to:

■ Understand the culture and history of the community;

■ Speak the local languages;

■ Gain the trust of the community; and

■ Be committed to resolving the problems and understanding the background to the particular issues in a community.

5. TYPE OF AREA TARGETED AND BENEFICIARIES

The founders of Embizweni live in Khayelitsha and initially this was the only area targeted. Khayelitsha is the third largest township in South Africa (composed of about one million people) and is rapidly expanding as people stream in from the former homelands. However, as word spreads about the organisation, more neighbouring communities are beginning to make use of its services.

Some specific sites of delivery include Mandalay, Graceland, Kwezi, Bongweni – Sites B & C, Elitha Park, Ekupumleni, Maccassar, Town 2, Green Point and Harare.

Half the people in these areas live on incomes of less than R1 000 per month. They live in crowded houses of a formal, semi-formal and informal variety. Some live in the backyards of formal houses. There are also many new housing developments, including RDP and council housing (small houses, usually comprising two rooms). Major new developments are also planned here as these areas form part of a presidential urban renewal programme.

Table 6.2 (below) describes the beneficiaries of the project. As illustrated, men are the critical target group of the intervention but women and children also benefit. Furthermore, some social events target the whole community and promote the organisation's work and how it can support families caught up in violence.

TABLE 6.2: BENEFICIARIES OF THE PROJECT

Beneficiary	Benefits
Men	☐ An understanding of their roles as caregivers ☐ An understanding of how gender violence deprives them of a healthy marriage and family life ☐ The tools and support to make informed decisions and choices

Beneficiary	Benefits
Women	■ An improved relationship ■ Better family functioning ■ More support in parenting and household chores ■ More free time ■ A feeling of being valued as an equal partner
Children	■ An improved paternal relationship ■ Help with homework and other needs ■ A feeling of being more protected (child-friendly boundaries instead of abuse) ■ Increased family cohesion
Community	■ Improved family life reverberates through the community ■ Planned social events

6. ENTRY STRATEGY

Entry into these areas requires trust-building. However, this task is made easier when the organisation and its members are residents of the targeted community. This is the case with the Embizweni members, who have a close and detailed understanding of local cultural dynamics. The members are also well-known and respected and this offers credibility, a key factor in gaining entry.

Nonetheless, in the beginning some key strategic partners needed to be consulted. The most significant of these in Khayelitsha included:

■ The South African National Civics Organisation (SANCO);

■ Khayelitsha Development Forum (KDF); and

■ Khayelitsha Network on Violence Against Women.

In South Africa, block and street committees play a critical role in co-ordinating community activities. SANCO is a group possessing representation from street level to national level. SANCO is well organised and structured and programmes have little chance of success if they don't receive its support. In light of this, a meeting was held with SANCO's executive, where it was agreed that SANCO would inform their local structures about Embizweni and invite them to a public meeting.

KDF represents a broad range of service providers in the area and therefore provides an efficient way of introducing and legitimising any project. Networking with this structure integrated Embizweni into a system of key development role players.

Finally, the Khayelitsha Network on Violence Against Women played an important role in correcting false perceptions regarding the project. As with many new initiatives, Embizweni was initially perceived as either competing with other existing victim-empowerment organisations, or else intensifying the anti-male onslaught (a perception most commonly held by men). Correcting this impression required extensive consultation. Eventually, the community-based organisations understood that a strategy designed to help men could bring peace, rather than conflict, while also improving family ties in the community.

7. DELIVERY STRATEGY

All services are co-ordinated from the main office, where a reception area, telephone, computer, fax machine and a counselling room are available. For workshops, the organisation uses community halls and venues. The organisation has recently purchased a vehicle, making it much easier to access the communities.

As explained under the sub-headings below, there are three main components of delivery: (1) the Family Enrichment Programme; (2) Education and Training; and (3) Community Development.

The Family Enrichment Programme

This includes the following three components:

Family camps, usually held over a weekend, help to prevent victimisation by strengthening the bond between the family and the father. The camps provide a neutral, non-threatening space where partners can identify problems and discuss them. The organisation also uses this opportunity to provide life skills training – parenting skills, reproductive health, gender-based violence, HIV/AIDS, communication, and problem-solving. Follow-up workshops are usually held 90 days later to assess the impact of the camp and to provide additional support.

Child excursions help bridge the gap between fathers and their children. The father comes to realise that he is not only a provider but a parent, too, and must invest quality time with his children. This helps prevent child neglect as familial bonds are strengthened and fathers become more aware of their children's needs.

Counselling services are offered twice-weekly, free of charge, to both men and women. This service is popular and the organisation is seeking ways to expand this service through employing a full-time counsellor.

Education and Training

Approximately six workshops a year are offered to members. Themes are related to the prevention of family violence and the construction of healthy family relationships. The content of the workshops varies from stress-reduction techniques to dealing with issues of racism. Workshops are for one or two days.

Table 6.3 below illustrates the typical kinds of life skills and topics covered.

TABLE 6.3: LIFE-SKILL COMPONENTS AND SAMPLE TOPICS

	Training component	Topics
1	Domestic violence and gender awareness	▪ Legislation ▪ Definition of abuse ▪ Gender roles/equality ▪ Cycle of domestic violence ▪ How to train others in gender awareness ▪ The impact of HIV/AIDS
2	Community work training	▪ Strategic planning ▪ Conflict and mediation skills ▪ Needs assessment
3	FAMSA auxiliary social worker training Family Foundation Course	▪ Counselling and therapeutic models for addressing gender violence
4	New Warrior Training (of the Mankind Project)	This focuses on men supporting other men to: ▪ Fight abuse against women and children ▪ Identify models of positive masculinity
5	Art of Living Project: Breath Water and Sound	▪ Using breathing techniques to reduce stress levels

During the training, male counsellors assist other men to open up and speak out about their problems (for example, in New Warrior Training). All-male counselling seems to relax the client and provides an opportunity to challenge their rigid ideas on gender roles. In groups, men hold other men accountable for coming up with solutions to problems of domestic violence.

While they do not provide these services themselves, Embizweni also assists members in gaining access to training in job-hunting skills (interviews, CV-writing) and practical job skills (spray painting, or motor mechanics, for instance). While unemployment is one of the contributing factors to domestic violence, the provision of direct services related to job placement and skills training proved difficult to sustain.

Community Development

Embizweni had originally planned to take the lead in co-ordinating local stakeholders in developing the physical infrastructure of Khayelitsha (for example, improved recreational facilities). This

process brought them into contact with the Provincial Department of Social Services and the Khayelitsha Development Forum, both of whom had the same goal. The organisation is now working in partnership with several role players in the development of a multi-purpose community centre.

8. EXIT STRATEGY

This is a member-based and community-based organisation. Therefore, as it is already community owned no exit strategy is needed. The knowledge base invests in the communities where the members live and is not concentrated in an external organisation. Embizweni had 285 members at the time of this review and all of them had been trained in various aspects of gender awareness.

Embizweni views itself as having an obligation to respond to the needs of its members and the broader community. Individual members can leave the organisation but the organisation stays the same and remains true to its mission. There is no plan to withdraw from the community or start a similar service elsewhere.

Is the organisation sustainable? In answer, it must be stated that fundraising is critical for organisations servicing poor communities, such as Embizweni. The organisation has undergone extensive mentoring and training in fundraising and has submitted many funding requests to donors who have an interest in gender-violence work. Nonetheless, donor funding for perpetrator programmes is difficult to access.

There are two other alternative sources of revenue that could help sustain the organisation. Firstly, members are expected to pay fees. However, not all members pay (although Embizweni is working on ways to rectify this problem and to extend its membership). Secondly, the organisation conducts training for external organisations on request, and receives payment for providing this service. To date, the bulk of this training has been for local government. However, the organisation is trying to attract more interest and resources from local businesses.

9. IMPACT

The organisation uses participant evaluation forms to measure the impact of workshops. Findings indicate a high level of commitment and almost all respondents find the workshops to be well organised. Unfortunately, the organisation has not always been able to meet its targets in terms of the number of planned education and training workshops – the great value of being community-based has been somewhat lessened by the need to build staff capacity.

An external evaluation was conducted by Inside Out in 2002. This evaluation included a survey centred on the impact of a family camp in George, utilising questionnaires distributed to spouses (by trainers) three months after training. It offered these findings:

- 25% less fighting in the households;

- 36% change in sharing household chores;

- 50% showed no change in spending quality time with families; and

- 17% still hit children.

Inside Out concluded that one-third of the members of Embizweni had improved their behaviour and that the organisation's programmes may enhance family values. Spouses in the George family camp workshops reported that their husbands acquired skills that strengthened their marriages. Accordingly, these men could better identify causes of conflict and address them appropriately. However, these results are based only on testimony, since no baseline study had been conducted. This makes it unclear as to whether this change could be attributed solely to the workshop. Further evaluation will therefore be required to validate these findings.

It was also clear from the described evaluation that Embizweni required more professional development. This includes more rigorous and accountable systems for daily operations – job descriptions, policies, codes of conduct for membership, quarterly progress reports, action plans, etc.[2]

There was also an unexpected outcome for an organisation focusing on males. Embizweni did not intend having females at the gender workshops following the family outings. However, the wives who attended the family camps insisted on being part of all future training. Reportedly, this has worked out very well for the programme.

In addition to the work done by Inside Out, the capacity-building organisation Connections was, at the time of this review, conducting an audit of the organisational development needs of Embizweni, with a view to assisting them in developing their organisational capacity.

10. KEY LESSONS LEARNT

The following are five of the most critical lessons learnt by the organisation about what works best to help reduce victimisation of women and children:

- Know the needs of the community, and be known by the community you intend to assist. If you come from somewhere else people may doubt you, but if you are rooted in the community it creates a presence and a sense of accountability.

- Locate influential people who can lend credibility to the programme, both in terms of consultation and feedback to the community.

- Don't project yourself as an expert or impose ideas on people – position yourself as part of a broader group with a similar interest in trying to bring about change.

■ Since the support of a spouse is important, it has proven to be a good strategy to include both males and females in workshops. If facilitated well, people can identify and resolve problems in a generalised way without personalising matters.

■ Media coverage helps to convey the message – use community radio but know the times that men are likely to tune in.

These are two lessons about practices that fail, according to the interviewees:

■ Coming up with a fixed strategy, which you try to impose on a community as if you already know all their problems and all the solutions – an impossible claim to make.

■ Avoid all negative labels and language as this makes people defensive and reinforces stereotypes.

Endnotes

1   At the time of this review, four of the original founders were still involved in operations.

2   *Review of Embizweni Organisational Development Process* (2004), Connections: p. 13.

7
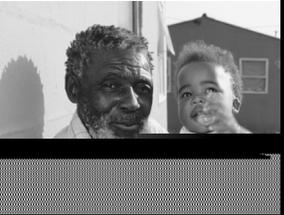
THE OUTREACH PROGRAMME OF THE MASIMANYANE WOMEN'S SUPPORT CENTRE

1. INTRODUCTION

The Masimanyane Women's Support Centre offers victim support and related services from its head office in Southernwood, near East London. Under its Outreach Programme, it boosts the range of services to rural communities by either empowering existing CBOs or establishing new ones (both termed 'outreach centres' by Masimanyane). These centres operate independently of Masimanyane in supporting women and girls affected by gender-based violence, and in providing community members with services, including legal advice, public education and awareness training, HIV/AIDS counselling, and advocacy.

2. ORGANISATIONAL BACKGROUND

In 1995, the townships in and around East London were experiencing high levels of domestic violence. Many of the affected homes were headed by single women who enjoyed little or no social support. That year, the Director worked with a small group of concerned people[1] to set up a counselling centre providing support specifically to women and girls. This centre, established in January 1996, was the first of its kind and continues to be the only facility in this municipal area focusing solely on women and girls.

After opening the first centre, the organisation was soon overwhelmed by the demand for a variety of services (for example, paralegal advice, HIV/AIDS counselling, crisis counselling, etc.). In particular, domestic violence cases were being handled poorly and slowly by both the police and courts. To address this problem, Masimanyane organised campaigns against gender-based violence (via community radio and by petitioning the Minister of Justice). Where the criminal justice system seemed to be failing, Masimanyane's work included recording case numbers and sending these, along with explanatory letters, to the Minister of Justice.[2]

By the late 1990s the organisation had developed a national profile. For instance, Masimanyane helped to shape South Africa's Domestic Violence Act and then educated communities regarding the Act's provisions. Masimanyane also became involved in international work, including co-ordinating and participating in the drafting of the first NGO shadow report on the *Convention*

for the Elimination of all Forms of Discrimination Against Women (CEDAW) (June 1998). This opened doors to the international community and led to Masimanyane working with the Norwegian government in drafting that country's domestic violence legislation.

At the time of writing, the organisation had 49 members of staff and 4 volunteers. All of them contribute to or support the delivery of services under the Outreach Programme. However, of these 49, 36 staff members are actively involved, as outlined in Table 7.1 (below).

TABLE 7.1: ORGANISATIONAL MEMBERS THAT HELP SUPPORT THE OUTREACH PROGRAMME

Posts	No.	Role
Executive Director	1	Raises and manages funds, provides strategic direction, helps to develop the projects and ensure that they are aligned with the vision and mission of the organisation. Also provides oversight and mentoring to the rural centres – this includes a regular support group and telephonic assistance.
Director	1	Operates the Peddie Outreach Centre (an affiliate of Masimanyane) and has similar responsibilities to the Executive Director.
Deputy director/ human resource manager	1	This is a counselling psychologist responsible for human resource management, programme design and implementation oversight.
Project managers	2	Manage field staff and are responsible for programme implementation at community level.
Project co-ordinators	4	These junior managers co-ordinate and organise daily activities, supervise staff and provide reports to senior management.
Finance Manager	1	Maintains the financial management systems (e.g., cash flow management, budgeting, investments).
Trainers	3	Two nurses and one psychologist focus on skills development and capacity-building in communities, schools, government institutions, women's groups and community-based organisations.
Public education officers	17	These officers support the Training Unit with life skills training and raise awareness at community level.
Legal advisor	1	Provides support and legal advice to clients who must appear in court.
Marketing officer	1	Responsible for developing a formal marketing strategy in order to develop knowledge about the organisation.
Volunteers	4	Provide counselling and public education to communities.

Many other organisations and departments support the outreach work, including:

- The Treatment Action Campaign (especially in King Williams Town);

- The Department of Education;

- The Department of Health;

- The Eastern Cape Network on Violence Against Women (comprising about 60 affiliates) that helps co-ordinate services and build the capacity of the community-based organisations;

- Imbizo Intersect (a coalition of organisations working on issues related to both gender-based violence and HIV/AIDS that provides support in terms of advocacy and networking);

- A legal consultancy firm (provides litigation services);

- Zanimphilo Doctors' Forum (provides free medical care to clients);

- Churches and religious bodies; and

- The Community Policing Forums (they help with access to communities).

3. PROJECT OBJECTIVES

The main objective of the Community Outreach Programme is to support the development of self-sustaining community-based organisations (CBOs) which seek to reduce the level of gender-based violence. However, rural CBOs are expected to provide all kinds of essential services, as they are often the only service provider in the targeted community. Thus, Masimanyane aims to empower each organisation with both the information (for example, on domestic violence, women's rights, and HIV/AIDS) and the skills (for example, in financial management, report writing, leadership, and counselling) needed to adapt to a changing environment. In doing so, it is hoped that the following outcomes can be achieved:

- Improve access to the criminal justice system for women and girls who experience gender-based violence;

- Ensure that rape cases are adequately investigated and thereby improve the conviction rate of perpetrators;

- Educate communities about human rights, women's rights, gender-based violence, HIV/AIDS, and how available community resources can be employed to address these issues;

- Decrease the number of new infections of HIV/AIDS;

- De-stigmatise the HIV/AIDS pandemic and challenge community myths surrounding it; and

- Improve access to services for women and girls living with HIV/AIDS.

4. PROGRAMME THEORY

The theory was initially based on the personal experiences of the founders of Masimanyane, the reported experiences of clients, and international literature (as tested against local experience). At a practical level, the Outreach Programme is neither directed by theory nor by the central office. Instead, the organisation and communities work together in pragmatic ways, defining problems as they arise and establishing needed services. As local knowledge develops experientially, best practice theory evolves.

This pragmatic approach is part of the organisation's history. For nine years, Masimanyane addressed gender-based violence through separate programmes for men and women, but now the approach is to integrate them. Thus, a change in theory on reducing gender-based violence evolved from practice. It was seen that sharing information between the sexes about the dynamics of gender-based violence could support a change in abusive behaviour. Men who appropriate the human rights of women to exercise power over their own lives and bodies could acknowledge this abuse. On the other hand, by understanding the male perspective, women gained the awareness, knowledge and skills to make informed decisions about abusive situations.

Overall, one can say that pragmatic theory (based on group problem-solving and building life skills) informs these programmes. During the programmes, those involved become empowered and networked at a community level; they are then able to develop appropriate funding and resources strategies for sustaining the programmes.

5. TYPE OF AREA TARGETED AND BENEFICIARIES

The original target was the Buffalo City municipality because the founder members lived there and were conversant on its issues. Then, various communities requested Masimanyane's services. This could be done in three ways: (a) extend services from existing offices; (b) offer an outreach centre; or (c) empower established community-based organisations to do the work themselves. Four outreach centres became part of the Masimanyane outreach programme and these are listed and described in Table 7.2 below.

TABLE 7.2: FOUR COMMUNITY OUTREACH CENTRES

Location and distance from East London	Centre	Staff	Focus areas of each centre
Cathcart (120 km)	Ikwezi Women's Support Centre	10	Support for domestic violence, paralegal services, assistance with welfare grants, poverty-alleviation projects, youth development programmes, HIV/AIDS counselling and basic skills

Location and distance from East London	Centre	Staff	Focus areas of each centre
King Williams Town (75 km)	Empilisweni AIDS Education and Training Centre	7	This office serves 10 villages and specifically provides support, education and care for survivors of HIV/AIDS. This includes business development and income-generating projects (beading, sewing, gardening).
Butterworth (100 km)	Masonwabisane Women's Support Centre	12	Domestic violence, maintenance, labour rights, paralegal assistance, income-generating projects and support to those infected and affected by HIV/AIDS.
Peddie (110 km)	Peddie Women's Support Centre	9	Victim support to 101 villages on domestic violence, HIV/AIDS support, a men's support group, counselling and drama presentations in schools on HIV/AIDS, domestic violence and rape.

Masimanyane develops or enhances the skills of community-based organisations. The aim is to create self-sustaining centres, which operate independently of Masimanyane in terms of their administrative function. For example, the centre listed for Butterworth, Masonwabisane Women's Support Centre, is fully independent and has a very limited relationship with Masimanyane today. Thus, the targeted communities are the main beneficiaries as they acquire self-sustaining support services.

The specific people served by each centre are mainly poor Xhosa-speakers from communities where unemployment is very high (often exceeding 70%). However, Afrikaans-speaking, coloured communities, and even low-income white communities are also among those benefiting from Masimanyane's services.

Women and girls are the main beneficiaries. They are provided with knowledge about what fuels gender violence and skills training to raise their confidence levels. This enables them to resolve their personal relationship problems.

Men benefit, too, when gender imbalances are addressed. They are also included in the gender, human rights and HIV/AIDS programmes.

Young people of both sexes and all ages benefit from school-based programmes.

Finally, *provincial and local government* benefits in that Masimanyane influences how they respond to issues of gender violence, as well as providing them with access to communities for the promotion or launch of government campaigns.

6. ENTRY STRATEGY

When Masimanyane was initiated, the founders embarked on an extensive consultation process, after identifying key role players (for example, the school principles' forum, political structures, and religious groupings). The purpose of this was to garner support for a gender violence programme and to inform women about the formation of the organisation. Since there was such an urgent need for these services, most organisations or structures supported rather than resisted the establishment of Masimanyane. This process took approximately six months to complete.

Because the outreach centres emerged mainly from requests made by various communities, entry strategies were not really necessary. However, Masimanyane had to ensure that the relationship between them (as outsiders) and the centres was clearly understood, in order to alleviate or reduce confusion and suspicion. Trust-building was, therefore, crucial. Fortunately, Masimanyane has a track record in the sector and is well-known in the province. According to Masimanyane, providing quality services is a key factor in building credibility and trust.

All but one organisation were already established when Masimanyane was approached for assistance:

- The Peddie Women's Support Centre first requested training on domestic violence and counselling. This resulted in a close relationship and Masimanyane eventually funded salaries, took on administrative functions and provided training and mentoring.

- The Ikhwezi Women's Support Centre started out as a violence-against-women centre and advice office in 1997. In 1998, Ikhwezi contacted Masimanyane seeking assistance in devising a sustainability plan.

- Masonwasibane started in 1997, and in 2000 approached Masimanyane for help in capacity-building.

- At the time of writing, Empilisweni was the only centre initiated by Masimanyane. Even though it was intended that the centre would operate as an independent organisation, high staff turnover and subsequent demands placed on Masimanyane meant that it became a Masimanyane programme.

Even though most of these centres function autonomously, they all work very closely with each other. Masimanyane plays an active support and mentoring role in terms of organisational development, fundraising and advocacy work.

7. DELIVERY STRATEGY

An individual delivery strategy applies to each outreach centre, designed to support their aim of attaining self-sufficiency. The operational strategy at each outreach centre is fairly pragmatic and is not conceived according to specific time frames. For instance, when providing counselling services, the idea is to assist the victim to cope first with the immediate situation, and then find a

process to resolve it. However, there are three key services delivered directly to the public through these centres, which could be said to represent a common strategy. These are illustrated in Table 7.3 (below).

TABLE 7.3: DELIVERY STRATEGY FROM OUTREACH CENTRES

	Services	Duration	Describe Main Activities
1	Counselling	Average of 3 months	■ Crisis interventions conducted immediately after an incident has occurred or been reported (interview the client and record details of the incident) ■ An assessment to inform the appropriate intervention strategy (referral, counselling, report to the police, medical care, etc.) ■ Counselling sessions are then scheduled as and where necessary.
2	Training	Up to 5 days	■ Identify community training needs or respond to requests for training ■ Make logistical arrangements and prepare training materials ■ Impart life skills or contract an external partner (if needed) to provide skills training
3	Advocacy	Ongoing	■ Analyse data from the centres or identify an issue emerging in the media or the sector ■ Plan a strategy – solo or in partnership ■ Execute a strategy (e.g., the organisation might participate in a national event such as Women's Day)

Table 7.4 (below) illustrates the training modules implemented in each of the outreach centres.

TABLE 7.4: TRAINING COMPONENTS OFFERED BY EACH OUTREACH CENTRE

Outreach Centre	Components	Duration and Main Activities
Ikwezi	Counselling	3 months
	Fundraising	3 days with aftercare support
	Administration	Week long with aftercare support
	Strategic planning	3 days
	Gender violence	3 days (then training of trainers with ongoing mentoring and support)
	HIV/AIDS	5 day programme (then follow-up training and periodic refresher courses)

Empilisweni	HIV/AIDS	3–5 days (then on-going training is held across all disciplines)
	Home-based care	
	Gender sensitivity	
	Advocacy	
	Project management	
Masonwabisane	Counselling	3 months
	Fundraising	3 days and ongoing
	Admin	5 days (then follow-up support)
	Strategic planning	3 days
	Gender violence	3 days (then training of trainers with ongoing mentoring and support)
	HIV/AIDS	5 day programme (then follow-up training and periodic refresher courses)
Peddie	Counselling	3 months
	Fundraising	3 days and ongoing
	Admin	5 days (with follow-up mentoring and support)
	Strategic planning	3 days
	Gender violence	3 days (then training of trainers with ongoing mentoring and support)
	HIV/AIDS	5 day programme (then follow-up training and periodic refresher courses)

As one can see from the above table, empowering these centres begins with three months of basic training in counselling, augmented by further training components (mentoring, refresher courses, and so on). Since training is negotiated with each rural centre in accordance with their perceived needs and Masimanyane's capacity to deliver, there is no standard strategy attached to the development of these centres. Nonetheless, as each and all of the centres share the common objective of enhancing sustainability, the development of basic organisational skills is universally apparent. Such skills include:

■ Fundraising;

■ Project management;

■ Report and proposal management;

■ Financial management;

■ Record-keeping;

- Communications (business letters, telephone skills, etc.);
- Office relationships;
- Administrative and financial management;
- Counselling skills;
- Policies and legislation (local and international); and
- Advocacy.

In addition to the training components, Masimanyane organises a retreat two to three times a year, attended by the directors/managers of each outreach centre. This allows for joint problem-solving and the opportunity to learn from the experiences of peers.

The strategy is replicable but it may have three inherent disadvantages. Firstly, overseeing these centres is demanding, particularly maintaining effective communication and physical contact between head office and sites that are often separated by vast distances. Other challenges include having to ensure that outreach centres are equipped with basic office furniture, fax machines and telephones, as well as physical security – security guard, burglar bars – for staff safety. Secondly, the approach requires mentoring and oversight that may extend beyond simply focusing on staff at the centres. For example, the outreach centre management committees or boards require support and development. These structures exist but often cannot provide adequate oversight and support to the centres because of their own lack of knowledge and skills. Thirdly, although a good succession strategy is required, the centres often find themselves without the capacity to take their work forward when key members leave. This can place additional pressure on the organisation providing the mentoring support; in this case, Masimanyane.

8. EXIT STRATEGY

Despite any perceived problems, the targets for the exit strategy appear ideal: from the start these entities are owned by the community, autonomous and integrated into Masimanyane's support network. Masimanyane targets the community-based organisations and helps them formalise their operations, then gradually withdraws after they become self-sustaining. The strategy to strengthen outreach centres does not in any way rely on volunteers; instead, it depends upon developing skills and building networks for the organisations to acquire partners, contacts for funding, and a knowledge base.

Clear progress toward sustainability indicates that elements of this strategy are working. Two centres, namely Ikwezi (Cathcart) and Masonwabisane (Butterworth), have become independent, although Masimanyane continues to provide technical support to them as necessary. Peddie plans to become independent in 2006. Empilisweni (King Williams Town) falls under the Masimanyane Board and will not become independent.

Despite clear signs of success, the organisation reports that sustained independence remains uncertain. One of these centres (Masonwabisane) is experiencing problems, especially in relation to financial management. Of course, this is a problem common to many community-based organisations – they are under-resourced, take on too much work and then lose focus. This is something the implementing organisation must take careful notice of.

According to Masimanyane, external donor funding will remain a critical source of income, since the targeted communities in this kind of programme cannot afford to pay for these services. In the long term, government may have to subsidise the services. The Director is currently negotiating this possibility.

9. IMPACT

In 2005, an evaluation was sponsored by the Open Society Foundation and undertaken by the Gender, Health and Justice Research Group.[3] The study was based on structured interviews with staff at both Masimanyane and each of the Outreach Centres. The report identified many beneficial outcomes, including:

■ The outreach centres all received substantial training and mentoring that added value to the organisations.

■ Three organisations successfully provide ongoing assistance with obtaining domestic violence protection orders.

■ All interviewees were confident that the relationship with Masimanyane had been positive and provided for personal growth.

■ Since one outreach centre has been approached to provide training to other organisations and local government, it seems that capacity-building has taken place.

■ Owing to organisational development efforts, the centres were better networked with local resources and better able to problem solve at a community level.

■ Masimanyane helped to increase the profile of three organisations and improved their fundraising skills.

There were some shortcomings to the strategy, including:

■ The interviewees were often dissatisfied with one-off counselling training and preferred programmes including more follow-up and mentoring.

■ The communities needed more opportunities to reflect on the learning experience and feedback into the model (for example, identifying specific training needs, feedback on methods of training, and so on).

■ Some components of the programme were seen as not offering tangible benefits (especially trips to parliament and overseas, and participation in research, since these diverted staff resources).

■ Much of the success derives from the drive, personality and ongoing support of the Director and, therefore, structures and guidelines need to be in place to ensure sustainability.

■ Finally, to improve the chances that the organisations will be self-sustaining, the evaluators recommended more intensive training in fundraising activities.

From the evaluation report, it is apparent that achieving programme autonomy is neither an easy nor quick process. Therefore, it may be valuable to design clear terms of reference. These would define the roles of both the provider and the recipient organisation and signpost the objectives to be met on the path toward financial and administrative independence.

Overall, one must appreciate that Masimanyane has experienced varying levels of success in relation to the different centres. Two organisations are autonomous, even if they struggle at times, and a third plans to be self-sustaining in the near future.

10. KEY LESSONS LEARNT

The organisation shared some critical lessons about what works best to help reduce victimisation of women and children. There are several applying specifically to working out an entry strategy:

■ Ensure that the organisation is politically neutral and the political preferences of individuals do not influence the identity and agenda of the organisation.

■ Embrace and respect local customs, practices and languages.

■ Define the role of every network partner and only engage in a partnership to the degree that each can contribute – this maximises the value of the partnership and helps to ensure sustainability.

 What works best in delivery practice? These were suggested by Masimanyane:

■ Have a multi-faceted approach – do not focus on just one aspect of a problem (for example, focusing on poverty but neglecting health issues).

■ You cannot focus on gender-based violence without looking at HIV/AIDS as well. After Masimanyane identified this link the sustainability of the projects was greatly enhanced.

■ To support a multi-faceted approach you need to incorporate a range of strategic partners. This expands the knowledge base, builds networks and maximises client benefits.

■ Learn from practical work on the ground and allow the project to evolve. Neither assume that you know everything from the start nor allow yourself to become complacent. The nature of violence changes all the time.

Is there anything that definitely does not work to help reduce the victimisation of women and children? The organisation suggested these:

■ Perpetrator programmes do not work because such programmes fail to deal effectively with the abuse of power. Men find new ways to become abusive and, experientially, these programmes yield mediocre results.

■ Short-term interventions are not effective because gender-based violence programmes need to be in a community for at least six months to a year before any changes become visible.

■ The people running these programmes need to interrogate their own views (introspection, reflection) otherwise they do not influence others positively.

■ An organisation cannot be the 'lone ranger' and must therefore enter communities very gently, listen to what they want and acknowledge their criticisms.

■ Stand-alone training does not work. Conditions must be created whereby people can apply their skills, otherwise training becomes meaningless.

■ Know what you can and cannot do in a community and be clear about this with the donor. Otherwise, one can enter into agreements that cannot be fulfilled, leaving the grantees confused about what is expected of them.

Endnotes

1   Director Ms Lesley Ann Foster assisted by Ms Ntombazana Botha, Ms Anu Pillay, Ms Mala Naidoo, Dr Daya Appavoo, Mr Gideon Sam and Mr Reggie Naidoo.

2   The late Dullah Omar.

3   Artz, Lillian and Dee Smythe (2005). *Evaluation of the Outreach Programme of Masimanyane Women's Support Centre*, The Gender Health and Justice Research Unit, Faculty of Health Science, University of Cape Town, p. 35.

8

CONCLUSION: GOOD PRACTICES IN PREVENTING THE VICTIMISATION OF WOMEN AND CHILDREN

This final chapter compares elements of design from all six reviewed projects to identify some good practices for preventing the victimisation of women and children. It is not a comparative rating of them, since that would require yearly evaluations of all six interventions over a long period of time and such information is not available. However, the reader will be provided with sufficient information to make a good assessment of the kinds of programmatic elements capable of delivering a sustained impact.

Ten good practices will be discussed under these chapter sub-headings:

1. Clear and measurable project objectives;

2. An explicit programme theory that can be tested;

3. An entry strategy that is well-researched;

4. Targeting appropriate people;

5. Accessible services;

6. Appropriate training;

7. A sustainability plan;

8. An adaptable implementation model;

9. Measuring progress from a baseline study and monitoring; and

10. Learning from the mistakes of others.

To illustrate the analysis, tables are utilised, wherein the organisations are referred to by a numeral taken from the order of the chapters:

1. PASCAP

2. The Parent Centre

3. Isolabantwana

4. CCJ's Community Outreach Programme

5. Embizweni Voluntary Association

6. Masimanyane's Outreach Programme

1. CLEAR AND MEASURABLE PROJECT OBJECTIVES

What is the organisation trying to achieve? For civil society groups and the communities they target, the objectives must be well-communicated and measurable, otherwise the organisation will respond to whims, pressures or 'hunches' and so move from one unrelated effort to the next. This makes it impossible to evaluate whether or not the objectives of the programme are being achieved and is usually a symptom of poor (weak or authoritarian) management systems.

In organisations where the objectives are well-communicated, there is usually one clear objective and then other subsidiary ones. Table 8.1 (below) illustrates the most basic objectives of each reviewed programme.

TABLE 8.1: THE BASIC OBJECTIVE BEHIND EACH REVIEWED PROJECT

CSO	BASIC OBJECTIVE
1	Minimise and prevent family breakdown
2	Reduce incidents of child abuse
3	Reduce the risk of child abuse, neglect and abandonment in poor areas
4	Help victims of domestic violence access educational, legal and social support services
5	Strengthen the family and address male identity issues to reduce domestic violence
6	Develop self-sustaining community-based organisations to assist women and girls who experience gender-based violence

Table 8.1 shows that the basic objective can be stated with reasonable clarity (although simplified for our purposes). They vary somewhat: four of them (1, 2, 3, 5) try to strengthen the family to prevent victimisation, while another two offer victim support (4, 6). The importance of these distinctions and their measures of achievement will be addressed in the following sections.

2. AN EXPLICIT PROGRAMME THEORY THAT CAN BE TESTED

It is theory that informs delivery practice. After all, no organisation can assume that it has developed the ideal programme to prevent victimisation. This makes it important to start with an explicit theory, for example, 'Male stereotyping contributes to domestic violence', and then test it out in a selected

pilot area (perhaps by offering encounter groups challenging male stereotypes and mythology). One can then refine both the theory and the programme according to yearly evaluations.

The inconsistent application of programme theory ('chopping and changing' of programme elements at will) makes it impossible to evaluate progress, because one can no longer compare baseline conditions to outcomes. Such an organisation might initially theorise that training men in anger management will reduce domestic violence but actually end up offering sewing skills to empower women victims. This is also indicative of poor programme management, and/or organisations that are authoritarian or 'personality-driven', rather than scientific in their approach.

Table 8.2 (below) describes the programme theory of each CSO in the most basic terms. A discussion follows.

TABLE 8.2: THEORY BEHIND EACH REVIEWED PROGRAMME

CSO	BASIC THEORY
1	Projects that care for children and youth during after-school hours, when they would otherwise be unsupervised, prevents both victimisation and criminality and increases the likelihood of employment for both the trained facilitators (who become managers of a non-profit organisation or a registered place of care) and the learners (who get a better education).
2	Home visits to young and unsupported mothers can promote bonding between mother and child, build their self-esteem, improve basic communication and impart child-raising skills, thereby reducing the incidence of child abuse.
3	Abuse and neglect of children can be reduced by training community-based volunteers to provide support to children and families when they are at highest risk: nights and weekends. This results in abuse counselling, monitoring homes and also provides support and appropriate responses in emergency situations.
4	By making a range of support services accessible to victims of crime, one can promote healing, prevent secondary victimisation and increase the level of reporting of family crimes, thus sending a strong signal to perpetrators that something will be done whenever a crime is committed.
5	Educational workshops can reorient men toward a caregiving role in the home. This, combined with counselling and family outings, can strengthen the family and thereby reduce the risk of domestic violence.
6	Incidents of gender-based violence can be reduced when local people are empowered with the skills to develop and sustain their own community-based organisations to address female victims. Once empowered, they can identify and establish needed services as they arise.

The following broad and basic patterns can be identified by comparing the theories given in the table above:

- Four of the six organisations theorise that domestic violence can be prevented by strengthening the family; one supports the family in schools (1), two in the home (2, 3), and one through workshops and group outings (5).

- The other two organisations (4,6) both theorise that support services to victims can facilitate healing, prevent secondary victimisation and improve reporting levels, and therefore lead to better responses. One provides this in magistrates' courts and police stations (4) and the other establishes outreach centres in rural areas where there are few services (6).

There is also this stark contrast in theory:

- One organisation theorises that a focus on male perpetrators is vital for reducing domestic violence (5).

- One organisation focuses mainly on women and girl victims, with the intention of developing self-sustaining organisations that respond locally (6).

So, at first glance, two immediate questions arise:

- Is it more practical to strengthen families (prevention) or to provide victim support (reaction)?

- Is it a more effective strategy to focus on perpetrators or victims?

Whilst these questions might spring to mind quite naturally, they are, from an analytical viewpoint, rather too simplistic. Consider that the programme addressing male perpetrators has, over time, seen the need to include more women in workshops. Similarly, the programme addressing female victims has been developing male perpetrator schemes. Likewise, family strengthening can help prevent victimisation, but so can victim support if it leads to more reporting, more referrals and more arrests. It may be that these programme theories, while valid, are incomplete. Like pieces of a jigsaw puzzle, each one makes a critical contribution, even if the much needed holistic strategy they all ultimately point towards remains unrealised.

Perhaps a more penetrating question to ask is:

- How do we design a programme of service delivery that refines and integrates all the strategic components that need to be addressed?

This question implies the need for an integrated strategy that can be evaluated and refined. This has been a major subject of previous OSF-SA reviews on crime prevention in schools and communities (Griggs: 2002; 2003; 2005). It is clear that one civil society organisation cannot address every strategic component required to prevent, or even greatly reduce, a large-scale and multi-faceted societal problem like domestic violence. Civil society partnerships can develop and be evaluated. However, the typical situation is that CSOs view themselves as competing for limited funding and, traditionally, this has made both co-operation and evaluation difficult to achieve.

Owing to the experience of the previous reviews, this one will stay focused on good practice at the organisational level. In that respect, civil society programmes must be limited in their design if they are to have an impact. The Parent Centre interviewees neatly surmised this in a sentence: 'People come in wanting to be the guru "Father Christmas" and then can't deliver.' Thus, the operative question for good civil society practice at the organisational level is this:

■ How does a CSO develop a programme that is deliverable and has impact?

We already have a partial answer based on the reported experience of all the reviewed organisations:

■ An organisation must conduct participatory research in order to identify appropriate interventions and avoid duplicating services.

■ The exact nature of the intervention must then be negotiated, based on both the findings and the capacity of the organisation to deliver.

Both of these practices are part of a good entry strategy and this is the design element discussed next. The other elements of good practice will then follow.

3. AN ENTRY STRATEGY THAT IS WELL-RESEARCHED

All the reviewed organisations started with either research processes (for example, audits, baseline studies, etc.) or consultations with a wide range of stakeholders. They also worked closely and flexibly with the community and other role players to identify and develop practical, community-owned programmes.

The failure to develop a good entry strategy can cause a myriad of problems, but these four are typical:

■ Conflict arises between stakeholders because the organisation is duplicating services already being provided by another group.

■ The organisation targets a group that cannot possibly sustain the intervention and therefore the programme disintegrates once the implementing agency departs.

■ The CSO promises to meet community demands but this exceeds its capacity to deliver, leading to poor performance and resentment in the community.

■ The organisation presumes that entry involves only one month or two, and therefore does not budget adequately for the additional time this will most probably take (a year, or possibly longer).

Table 8.3 (on page 73) illustrates the entry strategies of the six reviewed programmes including the approximate time period for entry and the kinds of strategic components involved.

TABLE 8.3: COMPARING KEY COMPONENTS OF THE ENTRY STRATEGY

CSO	@ DURATION	KEY COMPONENTS
1	8 months	Profiling the community, stakeholder identification and consultations, and a preliminary-needs analysis, followed by project promotion and marketing
2	1 year +	Profiling the community, needs assessment, partnership building, recruitment and selection of Family Support Workers (FSWs), training the FSWs, identifying mothers-at-risk
3	8 months +	Recruiting and screening volunteers, training volunteers (3 months), trust-building in the community, including stakeholder identification (often on foot) and consultations
4	Up to 2 years	Needs assessment, consultations and partnership building with police and magistrates courts, consultations with local authorities and other community structures, establishing a management committee, training project co-ordinators (up to 18 months), providing infrastructure
5	Rapid (1-3 months)	The organisation is based on memberships and is effectively owned by the community, requiring no further strategy of entry beyond networking with other established organisations (the South African National Civics Organisation, Khayelitsha Development Forum and Khayelitsha Network on Violence Against Women).
6	6 months	Stakeholder identification and consultation (in the beginning, but most organisations now approach Masimanyane for assistance)

In analysis, it is apparent that the time engaged in entry strategy is greatly reduced if the strategy is developed by community-based stakeholders in the first place. Entry was very short in the case of Embizweni (5), an organisation operated by community members and situated where they live. Once it was established, there was no need for an exit strategy either.

The entry strategy for Masimanyane (6) is also short of duration and largely historic. The organisation is not physically located in the targeted communities but it does empower pre-existing community-based organisations. These organisations requested support from Masimanyane because they saw value in its programme. This tells us that entry is shorter and easier when an organisation responds to requests to help pre-existing community-based organisations.

The Cape Town Child Welfare Society (3) utilises volunteers from the community where its work is focused and this helps to expedite entry. In fact, most of the entry time for CTCWS is about recruiting, screening and training volunteers, rather than negotiating community buy-in. However, gaining community acceptance is also critical and audits are undertaken to identify available services and organisations and then follow-up consultations determine how the Isolabantwana project might fit in with other existing programmes and structures. Thus, in this third example it seems that being aware of existing structures and programmes and fitting into them is critical for entry.

Developing a programme in a new target area can take a significant amount of time even if community acceptance of the programme is quick. This is especially true if introducing new facilities and training people to manage those facilities. For example, although the CCJ's Community Outreach Programme is now requested by communities it can still take up to two years to implement because of the extensive training processes involved and the need to establish new facilities in magistrates' courts and police stations. Likewise, the PASCAP strategy aims to establish new facilities in schools. This outcome takes about eight months in community entry and then another year in basic training.

If introducing a programme into a community for the first time, the following seem to be the critical processes:

■ Profiling the community, including stakeholder identification;

■ Stakeholder consultations and partnership building; and

■ Needs assessments.

Profiling the target community prior to any intervention provides better understanding of community needs and resources. If properly done, this can also provide a baseline against which the progress of the programme may be measured. Often, strategic partners are identified in this process; partners who can offer venues and materials, and smooth the path for entry.

It is very important to identify and consult other stakeholders (local organisations, agencies, government departments) to ensure that the proposed work complements existing programmes and to avoid duplication of services. Negotiations and planning can follow based on the capacity of the delivery agent to fill gaps in existing services and programmes.

Finally, it is good practice to include an independent evaluator as part of the team from the start of the project, and to commission a baseline study. Often researchers are called in to 'evaluate' the programme after it has been implemented. However, if no baseline measurements were taken at the start of the programme one actually ends up with an assessment (or possibly a process evaluation). The baseline study has other values: (1) it can inform and focus the needs assessment process to achieve more effective community consultations; and (2) an experienced researcher can save funds by helping to develop a more effective strategy from the entry stage.

In summation, the critical findings for good practice at the entry stage include good research and proper consultation. The latter may include observing local protocols in both traditional areas (for example, appropriate standards of dress) and urban ones (for example, understanding the culture of the community you are working in). In general, it also seemed that the higher the level of community ownership of the programme, the less time needs to be expended on entry.

4. TARGETING APPROPRIATE PEOPLE

Table 8.4 (below) shows the main groups targeted for empowerment via training or improved access to services for each of the six reviewed programmes. One notes that although all the organisations seek to help women and children, there are clear differences between them in terms of main target groups for empowerment. One organisation targets mainly men. Another one targets community-based organisations in an effort to improve services to rural women and girls affected by violence. The others target rural women, young mothers, families, disadvantaged women, children and youth.

TABLE 8.4: THE MAIN TARGETS OF THE SIX INTERVENTIONS

CSO	Principal target groups
1	☐ Unemployed rural women who gain skills and possible employment
	☐ Children and youth at risk obtain after-school care that increases their likelihood of employment later in life and reduces the risk that they will be victimised or engage in crime.
2	☐ Mothers who receive pre-natal and post-natal care and support
	☐ Infants and children benefit from the mother's improved behaviour management skills.
3	☐ Volunteer family support workers who get trained and have increased employment opportunities
	☐ Families, owing to interventions for strengthening them
	☐ Children who are protected from abuse and neglect
4	☐ Disadvantaged women who gain better access to the justice system at courts and police stations and develop income-generating skills
	☐ Children, owing to better family access to social and child support grants
	☐ Women who become skilled project co-ordinators
5	☐ Men who learn how to become better caregivers and can access counselling services
	☐ Women and children who benefit from improved family functioning and can access counselling services
6	☐ Local CBOs that are empowered to provide improved services to rural women and girls affected by gender-based violence

The selection of target groups is critical because it has an impact on: (1) the effectiveness of the training; and (2) whether or not the intervention can be sustained without continuous support from the implementing organisation. PASCAP underwent an experience that illustrates the first point. Their theory posits that building the resilience of women and children was critical for practice. However, on one occasion they were short of trainees for a workshop and therefore accepted a

large percentage of men into the programme. This brought antagonistic power relations into the facilitated effort: women grew silent while men attempted to dominate the process.

Secondly, if we do not accurately target people in the beginning who can later sustain the intervention, the programme collapses when the organisation exits.

In these cases, organisations sometimes make an effort 'late in the game' to find a target group (perhaps a government agency) that can 'house' their trainees, but this is often an ineffective practice.

Probably the riskiest target group in terms of sustaining an outcome are volunteers. This is because once they are trained they can secure employment elsewhere and may leave. The Parent Centre offered some tips on making the volunteer strategy work:

- Employ a strategy for volunteer maintenance and a volunteer policy;

- Do not engage volunteers in too many projects but keep them focused;

- Pre-screen volunteers;

- Use local people from the community where you are working; and

- Give volunteers the necessary authority to carry out the project.

PASCAP tries to resolve the problem of volunteerism by offering accredited training and ensuring volunteers are transformed into paid employees in a registered place of care (entitled to a subsidy from the Department of Social Development). In effect, the volunteers are developed to run their own non-profit organisations. PASCAP also follows through with the operational and administrative equipment required to sustain these care centres. Targeted centres are also mentored in income-generating plans.

Neither the Centre for Criminal Justice nor Embizweni are subject to the problems of volunteerism. This does appear to simplify strategy. The Centre for Criminal Justice employs staff on a full-time basis. They are neither highly paid nor professional staff but this makes the strategy attractive in terms of empowerment opportunities.

Embizweni is unusual since it is neither voluntarily nor professionally staffed. It is a membership model (community-owned from the start) and all the capacity-building goes directly to community members. Thus, there is no 'target' and this has an advantage: community members own their problems and can respond to them as they arise. The main disadvantage of this approach is that it requires a great deal of capacity-building. Time and patience are required if starting with a group that needs considerable training, but perhaps the community ownership factor makes it worthwhile.

Masimanyane is distinct, too, because it empowers established community-based organisations to carry out its local work. This has the described advantages of the Embizweni effort but provides the kind of continuous support needed to build capacity. The 'tricky' part is to avoid a co-dependent

relationship between Masimanyane and the CBOs. Often organisations in this situation develop an exit strategy from the start: an appropriate time to withdraw identified through a set of indicators.

In analysis, each organisation achieves a good fit between the targeted group and the programme strategy and objectives. The critical task is not to locate the best group to target – they all need targeting. Men, women, children, homes, schools, courts, police stations, and local service providers all have to be addressed to achieve impact. How can all these critical targets be reached in a family strengthening efforts? It can be difficult for civil society organisations to achieve this since they compete (or view themselves as competing) for limited funding. If government could adopt these various models from civil society and integrate them into a comprehensive programme it might situate both in their appropriate roles – one advocating quality service provision and the other implementing it.

5. ACCESSIBLE SERVICES

A brilliant intervention offering the very best kind of services can fail to meet its objectives if the services are not accessible to the target group. Table 8.5 (below) shows the main point for accessing the family services for the six interventions.

TABLE 8.5: POINT FOR ACCESSING SERVICES

CSO	Main point(s) for access to family services
1	Schools
2	Homes
3	Homes
4	Magistrates' courts and police stations
5	Community-based office with private counselling space, community hall (meetings)
6	Outreach centres in the target community

From the listing, it seems that all the reviewed organisations succeed in providing accessible services in ways that match their objectives. An interesting example is The Parent Centre (2) which provides a shoe allowance to the family support workers who walk house to house in their efforts to prevent child victimisation. This speaks volumes about the accessibility of the programme: go to the home where the problem of child abuse is usually located.

The name 'Partners with After-School Projects' was devised even before the organisation was formally registered in 1995, demonstrating admirable foresight of the founders, who recognised schools as an accessible venue for family support. (Of course, if the principal objective is to keep children and youth at risk in school, then schools are probably the most logical point of access.)

Since Isolabantwana seeks to provide support services to children at night, on weekends and during public holidays, the Cape Town Child Welfare Society also appears to offer accessible services. Community members walk from place to place wherever children need help, often targeting the home. They also provide emergency shelter for abandoned and abused children.

The CCJ's Community Outreach Programme helps disadvantaged women and children affected by crime directly at the magistrate's court or police station. Considering that their mission is to help provide victim support, it is hard to imagine a more accessible location.

Embizweni is a community-owned organisation offering services to its members where they live, mainly Khayelitsha. They have an office there that includes a counselling room. For meetings, they make use of a community hall. Could the organisation move closer to the problem with home visits? That is doubtful in this case since the main objective is to provide a safe space for men to meet in groups; somewhere they can challenge some of the myths of masculinity.

Finally, the focus of Masimanyane's Outreach Programme is really all about accessibility. It aims to provide a way for women and girls in rural areas to access services in cases of gender-based violence. This is done by empowering community-based organisations already present in the rural areas and offering services, but needing more skills, information and empowerment. This is an effective way to develop accessible services, because in many parts of the country there are struggling CBOs needing strengthening.

In concluding this section, it seems that all the organisations offer accessible services. The key question is really not about comparing access points to see which organisation offers the best one. Instead, it is more pertinent to ask, how do we ensure that government adopts these mechanisms and begins to provide these needed services? Perhaps it is up to government to learn from these examples and adopt all these means of assisting families. Civil society must also fulfil its role and engage in strong advocacy.

6. APPROPRIATE TRAINING

Table 8.6 (below) illustrates some of the various forms of building skills among the groups that are targeted for training, together with the time period involved.

TABLE 8.6: GROUPS TARGETED FOR TRAINING, TECHNIQUES EMPLOYED AND TIME INVOLVED

CSO	TARGET GROUP	MAIN TRAINING TECHNIQUE(S)	TIME
1	Unemployed women	Accredited classroom training in child and youth development Mentoring and follow-up On-the-job skills training and sustainability planning	1 year 1 year 1 year

2	Matriculated and resident parents or caregivers 25 years or older	Practical training modules of eight hours per week	40 weeks
3	Volunteers	Classroom training of 20 sessions Examination and certification by the Commissioner of Child Welfare	12 weeks Up to 6 months
4	Screened project co-ordinators who have completed G12 or more	University-level paralegal studies Assessment training On-the-job skills training/in-service training	6 months 6 months As required
5	Men at risk for GBV	@ 6 workshops per year on themes	6–12 days
6	Rural CBOs (rural outreach centres)	Counselling skills Coursework, in-situ training and mentoring in a wide variety of topics	3 months 3–5 days on each topic

One can see from the chart that training is deemed a vital and important component of every intervention aimed at reducing victimisation. The content of training will vary according to the type of intervention. This makes sense because the objectives of the organisation and the needs of the targeted groups vary. However, what kind of training is appropriate? Accredited? Practical work? Mentoring? Classroom instruction? Participatory workshops? There may be no absolute answer, but a comparative review of these can help build critical understanding around these kinds of choices.

If the intent is to pilot programmes for replication, is university-level training practical and replicable on a wide scale? It certainly is a major strategic decision, given the time and expense involved. It can sound like the 'winning ticket' but more often than not the targeted groups are disadvantaged people who are not ready to engage in academic work and fail to see the relevance of the academic coursework to their daily operations. As a result, many drop out or do not succeed. In cases where the organisation is still applying for course accreditation, the process is extremely onerous and usually very slow.

Two of the reviewed organisations, PASCAP and the CCJ offer a relatively high level of accredited coursework. PASCAP offers a structured and accredited training course of three modules over a one-year period, followed by a full year of individual coaching and mentoring; then a third year of on-the-job skills training and sustainability planning. This represents a thorough means of ensuring that its after-school care programmes can be sustained.

The CCJ offers university-level training leading to a paralegal diploma. Although the six-month course had not yet been accredited at the time of the review, this process was about to be finalised. Nearly all the candidates have a Grade 12 certificate, although none have a tertiary-level degree. The CCJ only provides training to those that have been carefully screened, since the costs involved represent a significant investment. Candidates for training must have been in-service for some time and demonstrate potential to be successful with coursework. Once the formal training has been completed, mentoring follows in the form of on-the-job skills training for at least a year.

The Parent Centre emphasises practical training and it is very specific regarding the actual tasks that must be performed. For instance, training includes many hours on parenting skills and methods of behavioural assessment. Although it is practical, it is intense (eight hours per week for 40 weeks) and the candidates are carefully screened throughout the training process (some do not make the grade). This really appears to bridge the gap between highly academic work that is not easily replicable and the need for adequate training. It also fuses global knowledge of good practice with local place-based knowledge (the FSWs work in the communities where they live).

Isolabantwana offers training over 12 weeks in a very focused and practical manner: to detect, prevent and deal with child abuse. Screening also occurs, and the volunteers must pass an official examination.

Embizweni offers short, relatively unstructured training opportunities. While the strategy of the organisation and its membership basis offer some remarkable strength, this is probably an area warranting improvement. One would assume that the targeted group – men at risk of committing gender-based violence and those who have – might require a very intense and long-term kind of intervention. A social context where men regularly congregate to resolve issues of gender-based violence might be helpful, although this could only be addressing a very small part of a large, multi-dimensional problem.

Masimanyane training appears to develop in an ad hoc manner based on the perceived needs of each outreach centre. Three months of training in counselling is standard but the other training components vary. Those who hold that the mission of civil society is to develop models for government adoption might see the need to formalise the training, since it is difficult to replicate in its present, site-specific form. (Sometimes it is even dependent on the style of individuals.) Those who see civil society's role as one of advocating appropriate practice might also seek out a model from among the various strategies that Masimanyane has applied.

While the collective group of programmes suggest many different components of training to consider, it is worth reflecting on one that is seldom included but much needed: human rights training. Of all the organisations, PASCAP offers a good basic education on human rights and this was regarded by trainees as one of the principal and lasting values of the intervention. It is also a component reported as critical to making the intervention work. Embizweni and Masimanyane address this less intensively as a life skills component, and, even then, mainly in terms of gender-based violence.

Victimising women and children is one of many kinds of human rights abuses. The list of ways to segregate, stereotype and discriminate against people based on difference is a much longer list. Knowing the history of violence associated with segregating people by age, race, ethnicity, nationality, religion, disabilities and appearance is critical to placing the gender problem in a wider perspective. To address one human rights abuse can leave the others intact in the minds of the abuser and, therefore, leave the basis for such perceptions in place.

Many times one enters communities to discover that some 12 years or so after the transition to a democratic system of governance, few South African residents have ever received any democracy or human rights education. Thus, it is really no surprise that human rights abuses remain a big part of the historic and ongoing cycle of violence. It seems logical that only those who know their human rights can really apply them.

7. A SUSTAINABILITY PLAN (OR EXIT STRATEGY)

In general, appropriate targeting is the key to a good sustainability strategy: we must empower a group, from the start, which can sustain the intervention after the CSO departs. This issue has already been addressed (see previous sub-heading 4). Another item that has already been addressed is appropriate training, since the group sustaining the intervention has to be adequately empowered to undertake the work. There are, however, two other aspects to a sustainability plan:

■ Timing the departure: when can the organisation withdraw?

■ What resources must be in place to ensure sustainability?

Table 8.7 illustrates that only three out of six of the organisations had an exit strategy at the time of the review. The three that did not have a sustainability plan were modelling programmes the government did not appear ready to assume ownership of. The three that did have plans suggested ways in which the efforts could be sustained on their own.

TABLE 8.7: SOME KEY STRATEGIC COMPONENTS FOR SUSTAINING THE INTERVENTION

CSO	Strategic components
1	☐ Accredited training that empowers project managers with appropriate skills ☐ Stakeholder ownership: empower local facilitators to sustain projects as NPOs or places of care ☐ Secure a physical space for their operations and offer resource support
2	*No exit strategy: a professional service that cannot be sustained by resource-poor communities*
3	*No exit strategy: state subsidy and continuous fundraising required*
4	*No exit strategy: government must assume responsibility but is not ready*

CSO	Strategic components
5	☐ The target group owns the project (a membership organisation), effectively addressing the exit strategy with a good entrance strategy
6	☐ A community-based organisation is supported until it can be independently sustained

PASCAP's sustainability strategy is to offer accredited training to a group of screened volunteers and then pay very detailed attention to sustainability factors, including material support and income-generating skills. The methodology seems to work because ten projects in the Western Cape have been sustained as registered NPOs or 'places of care'. Success in the reviewed example of Cradock was less certain because of the timing of this review (the project is relatively new) and certain complications with receiving subsidies from the provincial government of the Eastern Cape. Even so, the Cradock participants were able to generate more income and children were getting better after-school care.

The following three projects offer a professional service that cannot be independently sustained by resource-poor communities:

■ The Parent Centre;

■ CCJ's Community Outreach Programme; and

■ Isolabantwana Project of the Cape Town Child Welfare Society.

Both the Parent Centre and the CCJ suggested that the appropriate sustaining group was the government, which was not ready to assume ownership. So, ongoing state funding was the only alternative. Isolabantwana works with volunteers and there is a need for continuous recruitment and training. The situation of these three programmes is not unusual, though it does raise the following questions for civil society groups and government agencies to ponder:

■ What alternatives are there for civil society if the government is not ready to assume programmes that it is piloting?

■ Should government capacity be assessed as part of a baseline study prior to developing programmes for piloting?

■ Is volunteerism an appropriate strategy?

Three alternatives to piloting programmes for government adoption might be:

■ Develop research-based information to identify and advocate more appropriate and manageable responses to societal needs (for example, a scoping study, which, if properly performed, could also serve as a baseline against which the progress of the intervention could later be measured).

■ Conduct participative workshops with government role players to facilitate a programme that they can manage and build upon over the years.

■ Empower communities to play the two roles described immediately above, so that they engage in their own locally-owned research and advocacy (this develops local knowledge and the self-capacity to solve local problems).

The merits and otherwise of working with volunteers is an old debate amongst civil society members and cannot be resolved here. However, our reviewed example of Isolabantwana is typical. This is an organisation doing effective work, but it must continuously recruit and train volunteers since those who are trained are quickly obtaining employment opportunities. This speaks well of both the effectiveness of training and the programme's impact. However, because of the high level of volunteer turnover, this also means the implementing organisation cannot withdraw, and recruitment and training then become ongoing imperatives.

This review has demonstrated at least three alternatives to volunteers requiring ongoing support by an external agency. Firstly, PASCAP starts with volunteers but gradually transforms them into directors of a sustained and registered organisation. Secondly, Embizweni is a community-owned voluntary organisation. This changes the ownership issue: no exit strategy is required. Finally, Masimanyane seeks out pre-existing community-based organisations and then strengthens them until they are self-sustaining.

Despite the advantages just described for the PASCAP, Embizweni and Masimanyane models, community-owned organisations are often weaker on the administrative and management than on the delivery level. This can also undermine sustainability. PASCAP recognises this and offers three years of fairly intensive support. Embizweni seems to be developing this capacity over time and has an executive board providing oversight, raising funds and hiring staff. Masimanyane was hesitant to report that its 'outreach centres' were fully self-sustaining and it even incorporated one of them. The lesson is this one: *long-term* staff development, including both training and mentoring, is usually required to ensure that the community-ownership approach can be sustained in good form.

Some combination of the Embizweni, PASCAP and Masimanyane approaches might be the 'winning ticket' to sustainable practice. The weakness of the Masimanyane effort was its ad hoc manner of achieving sustainability (owing to its history of pragmatism), but its objective remains sound. What is required is a highly structured programme strategy, amenable to being annually tested and refined. This is what PASCAP offers. Embizweni offers the element of strong community ownership but requires more organisational capacity building over the longer term (as would be expected) to achieve strong impact.

Concluding the issue of sustainability, it seems that these five components are critical:

■ Baseline research including a scoping study to ensure that the programme can be sustained and that the targeted groups are appropriate;

■ A good entry strategy to ensure that the group targeted for training can sustain the intervention;

■ Training that is adequate and intensive enough to deliver certifiable skills in managing daily operations, including financial management and fundraising;

■ A timetabled exit strategy to ensure that there are clear benchmarks for measuring progress and that the appropriate time to withdraw support is identifiable; and

■ Material support to ensure that after training the sustaining group has the basic supplies it needs to undertake the task.

The last point may be one overlooked by many civil society organisations in South Africa. Most offer training but few offer the basic resources required for daily operations – shoes, offices, desks, computers, and so forth. PASCAP appears to target a group that can sustain the intervention and then empowers them with both training and resource support. Equipment, tools, first-aid kits, administrative materials, curtains, computers and all the necessary materials are supplied. The physical space for activities is also located; PASCAP even helps to make them attractive and safe places to inhabit.

8. AN ADAPTABLE IMPLEMENTATION MODEL

Sometimes members of civil society, and especially government, speak of replicable programmes, but can programmes be designed to be replicable anywhere? If it is any guideline, most attempts to create such programmes fail. Place matters. Each geographic area that we target in South Africa has been imprinted with a different mix of people, cultures, institutions, languages, landscapes, ways of life and systems of governance. Assuming that places, resources and people are alike everywhere – a uniform ball of wax awaiting our impression – indicates either naïveté or a self-serving attempt at massive clustering so that problems can be 'solved' cheaply or easily.

None of the reviewed organisations assumed that their strategy would work everywhere, unless the strategy was this one: allowing local stakeholders to take ownership. In that case, local groups or organisations are empowered to develop their own solutions and strategies. Embizweni is owned from the start by the stakeholders and Masimanyane empowers pre-existing community-based organisations. Otherwise:

■ PASCAP did not assume any kind of geographic homogeneity in its work at all. It starts with the premise that each environment has its own individual and group psychology, culture, tradition and history.

■ The Centre for Criminal Justice argues that each community is uniquely composed and therefore offers advice and information to local co-ordinators who design programmes appropriate to their areas.

■ The Parent Centre empowers its Family Support Workers with the information and skills to make critical on-the-spot decisions according to continuous assessments in the home and community.

■ Isolabantwana empowers local volunteers to assess problems in the home and respond to them rapidly: on-the-spot crisis interventions.

Perhaps, owing to home visits, the Parent Centre and Isolabantwana offer the most powerful examples of how programmes can be tailored for high impact. Here, not even homes and families are assumed to be uniform and the situation in each is assessed individually.

9. MEASURING PROGRESS FROM A BASELINE STUDY AND MONITORING

Seldom, if ever, has a perfect intervention been designed from year one. So, two complementary methods are required to improve on project/programme design elements and to increase impact over time:

■ Yearly programme evaluations that measure the extent to which the project objectives were achieved from baseline conditions (before the intervention commences); and

■ Continuous monitoring and assessment of progress according to programme indicators.

Table 8.8 (below) illustrates some of the evaluation and monitoring methods utilised by the reviewed organisations.

TABLE 8.8: EVALUATION AND MONITORING METHODS

CSO	Evaluation methods	Monitoring methods
1	External and yearly	☐ Monthly and quarterly focus groups with participants ☐ Team evaluations conducted monthly focusing on improved operations
2	External and yearly	☐ Weekly visits by an area co-ordinator to review the work of the Family Support Workers (includes debriefing sessions) ☐ Twice-yearly strategic planning sessions ☐ Monthly staff meeting
3	None at the time of the review	☐ Internal 'evaluation' of projects (oral reports) ☐ Yearly planning
4	External and yearly	☐ A monthly analysis of case registers ☐ Yearly internal analysis of monthly case registers (explains workloads and performance)
5	External and periodic	☐ Participant evaluation forms ☐ Member meetings (community-owned)

CSO	Evaluation methods	Monitoring methods
6	External and periodic	☐ Joint problem-solving at retreats 2–3 times per year
		☐ Management committees and boards are established for each outreach centre
		☐ Oversight by the director

Contrary to popular wisdom, consideration of the evaluation process must come prior to monitoring. This is because it begins with a baseline study measuring the conditions the intervention intends to change. Implementation follows, and monitoring with it. Then, the evaluation measures progress from the baseline. Since only a tiny percentage of CSOs conduct baseline studies, very few have evaluated their work properly, making this the biggest and most common shortfall when it comes to describing good practice.

Five of the reviewed organisations conducted external evaluations. Three conducted these yearly. However, most of these were process evaluations or assessments of progress because no baseline study was conducted. Some conducted a scoping study but this is a different type of study, one designed to determine the appropriate implementation strategy. A baseline study provides benchmarks for measurement.

There is another reason why formal evaluations are rarely accomplished. Among many CSOs (those reviewed and others), the final evaluation is scheduled too quickly, right after the final implementation phase, usually owing to reporting deadlines set by the funding agency. It would be useful to resolve this conundrum because it is better to wait about a year before undertaking the final evaluation, as people need time to translate information into behaviours affecting their daily lives. Identifying sustainability issues might also take about a year.

Monitoring is a *continuous* organisational process of assessment that helps both the implementing agency and their beneficiaries to stay focused on objectives. All six organisations engage in continuous monitoring. The CCJ conducts a fairly rigorous audit of its case registers both monthly and yearly. PASCAP conducts regular focus groups with participants and also undertakes internal evaluations of practice. The monitoring function of the area co-ordinator (The Parent Centre) might also provide an example of fairly good oversight, depending on how effectively this is undertaken in each area.

Monitoring is also important for *delivering* on objectives. Funding agencies presume that organisations are testing out models and not working with funding in random ways. Constantly shifting the objectives in the course of delivery can indicate one of two problems:

■ The vision, mission and objectives are getting sidelined by local demands and political processes; and

■ The CSO management style is authoritarian and this results in random changes in process without consultation.

Certainly, strategic inputs need to be changed sometimes for increased impact, and interventions should not be rigid programmatically. Objectives (what the intervention seeks to achieve) should only change following an evaluation that measures progress toward the objectives from baseline conditions. Changing the 'goalposts' in the process of delivery makes it impossible to evaluate the project.

In summarising good practice:

■ It is worthwhile consulting an external evaluator at the stage of programme design and have a baseline study conducted that can both inform the intervention and establish the benchmarks for measuring progress.

■ Processes to evaluate and monitor must be considered together since they are complementary (both lead to regular refinements in the delivery strategy until the programme is achieving good impact).

■ Internal monitoring systems should also be established, with the intent of seeing that the organisation achieves its benchmarks and reaches its objectives.

10. LEARNING FROM THE MISTAKES OF OTHERS

This is a fitting conclusion for a review – why repeat the mistakes of others when you can learn about them here? All the organisations spoke of mistakes they made in the early days of developing a programme. They shared these as 'lessons learnt' and this concluded each chapter. It is not necessary to repeat this process, but are there any underlying themes to the lessons derived from the collective experience?

One common lesson was that identifying needs and designing a successful strategy to meet them is a professional task. How does one miss this point in practice? Firstly, those designing an intervention might 'feel' pretty certain that they already 'know' about a community and their needs. So, a programme is designed for roll-out with limited consultation. Secondly, the organisation engages a group of local people in 'participative planning', on the assumption that the random group in attendance can report accurately on the problems facing the community.

Both approaches neglect the research required to baseline community problems, needs and perceptions – scoping studies, needs assessments, baseline studies and so on – before designing a project. Instead, the project will be based on the assumptions of the director or organisation, giving rise to the following problems:

■ Poor co-ordination with local role players in all sectors;

■ Duplication of existing services leading to anger and competition between service providers;

■ Anger and resentment from some segments of the community that was not consulted;

■ Promising outcomes to community members that cannot be delivered;

■ A lack of accountability to the target community;

■ A perceived lack of transparency in conducting operations; and

■ The organisation gets caught in a web of local politics.

If we have learnt anything from the organisations in this review it is that professionalism is needed at every stage of implementation. A professional job of research hardly excludes participation. It is just that participatory research is a highly professional task. It cannot be based on random and selective community consultations by someone with no background in research processes. It is the juncture between expertise and local knowledge that every organisation should engage.

A second lesson spanning the group of organisations was a simple one concerning delivery: the closer the point of delivery to the place where the service is needed – home, court, school, and police station – the more effective the outcome. In fact, home visits hit the top of the charts when it comes to international ratings of best practice.

A third lesson is that an intervention designed only as training, with no mentoring or follow-up, fails miserably. Even though all the projects involving training differed in character, each one tried to find some way to ensure that the training imparted – especially classroom training – was implemented as practice. Furthermore, the training itself must be thorough – weekend workshops do not do the job.

A fourth lesson is that reducing victimisation by training volunteers is more complicated than it might at first appear. It involves continuous training and support and therefore includes problems of sustainability. One must make sure that those targeted for training can eventually sustain the effort independently. Furthermore, those working on issues to prevent the victimisation of children should strive for programmes empowering the community's ability to take responsibility for its children.

A fifth and related lesson to the one above is the need to screen very carefully those who implement projects and programmes in homes, schools, hospitals, police stations and the community. The CCJ chose to use carefully screened and trained *employees* for its projects because they can be held accountable. Otherwise, some of the organisations had screening processes continuing for a year or more to ensure that the volunteer in the community was of a sufficiently high calibre in terms of standards of behaviour.

Another clear lesson is to avoid going into a community with a fixed strategy, while at the same time staying focused on the objectives of the intervention. If the organisation is too fixated on a certain style of intervention it will come across as overbearing and heedless of the community's needs. However, if an organisation is persuaded to address every community need arising during conversation, it will accomplish nothing and attract anger and resentment for non-performance. The solution is to stick to the objectives of the programme but negotiate an intervention for achieving it that all stakeholders agree to test out. Then, monitor and evaluate in a participatory way. This

will mean that everyone is part of the effort to locate a programme capable of being changed and refined every year. Monitoring and evaluating the programme means it evolves in a manageable and documented way, allowing appropriate (and good) practice to emerge.

Finally, it seems that males and females both need to be targeted if we are to address the problem of the victimisation of women and children. The traditional stereotypes the two sexes have constructed for and of each other do not seem to work in today's world, often producing violence and conflict in homes and communities. Reshaping gender role models is a mammoth task, asking both parties to engage fully. Hence, we have seen that male perpetrator programmes are tending toward including women, while programmes addressing female victims are tending toward including more men. That seems fitting, and it would be useful to track this phenomenon to find out what works and what does not work in bringing men and women together to resolve the problem.