



# Evaluation of Integrated Programme on HIV/AIDS, Gender Based Violence and Poverty in the Free State, South Africa

Full Report

Oxfam GB Programme Evaluation

May 2006

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## Acronyms

CBO	Community Based Organisation
DVA	Domestic Violence Act
DoE	Department of Education
DoH	Department of Housing
DoJ	Department of Justice
DSD	Department of Social Development
FBO	Faith Based Organisations
FAMSA	Family and Marriage Society of South Africa
FS	Free State Province
GBV	Gender based violence
HBC	Home Based Care
LL	Lifeline
NGO	Non Governmental Organisation
OGB	Oxfam Great Britain
PKK	Pheko ka Kopanelo
PWA	People with AIDS
SAPS	South African Police Service
TAC	Thusanang Advice Centre
UFS	University of the Free State
VEP	Victim Empowerment

## Executive Summary

Oxfam Great Britain requested a review of their Free State programme from commencement of its implementation in 2003 up until nearing the end of the programme in February 2006. The aim of the programme was to have a joint approach to GBV, HIV/AIDS and poverty alleviation. Four partners participated in the review namely, Family and Marriage Society of South Africa (FAMSA), Lifeline; Thusanang Advice Centre and Pheko ka Kopanelo. The former two are based in Welkom and the latter two are based in Qwa Qwa both situated in the northern part of the Free State province in South Africa.

In total two hundred and three staff members, board members, volunteers, partner beneficiary groups and stakeholders were interviewed as part of the review. The methods used were structured and semi structured interviews and focus group discussions.

Overall the programme emerged to be positive, with the unique approach jointly addressing the triple burden of HIV/AIDS, GBV and Livelihoods as been directly relevant to the problem it aimed to address. Beneficiary groups indicated that the approach not only helped them to recognise the abusive situation they were in but also helped them to take steps to get out of it. The awareness components deepened beneficiary participants understanding of the problems and where they intertwined.

These components which were positive of the programme were conducted in an external environment that was not always conducive. Government approached these issues in separate departments with little initiative to cross over. Government also limited their services as opposed to broadening it putting increasing pressure on partners. Finally the lull in the local economic environment and the lack of municipal initiative made it difficult for the livelihood component to go beyond basic subsistence production. Hence whilst beneficiary groups realised that poverty had to be confronted along side HIV/AIDS and GBV, it was not as easy to implement this in a sustainable manner.

OGB assisted partners with their strategy and planning. Whilst most partners were able to implement according to their agreement, not all were able to do so yet alone report on

it. Managing donor contracts were not always accepted tasks partners could take on board. Still participants of the review indicated that the implementation of the programme made a difference and was to a good if not of an excellent standard.

In regard to advocacy, partners through their outreach work and door to door campaigns had access to a wide range of information. Apart from lobbying the state for enactment of new legislation and streamlining the implementation of legislation, very little lobbying was directed towards increased and improved government service delivery. The partners were very active in the 16 Days of Activism Campaign, and linked this concretely with National Condom Week which coincided with this campaign.

Based on the above the following are the **recommendations** made:

The triad approach deepened the analysis of the problem that was aimed to be addressed. The approach insistent on a holistic addressing of issues drawing on logical links and helping partner beneficiaries to deepen their understanding. For this reason the support for this initiative must continue.

However the triad approach did not shift organisations from working away from symptoms of the problems towards the cause of the problems. The approach also came face to face with the limitations of government, particularly government's inability to work across department lines. For this reason ongoing lobbying for improved and the spreading of service delivery must continue.

It is recommended that OGB encourage partners to plan for only a narrow set of activities which they must be bound to implement. The reporting criteria from OGB must be specific and clear.

The lay counselling, group counselling and awareness type work must be supported as the immediate impact was successful, the outreach is high and the staff, volunteers and transport will be the costs. The use of trained stipend paid volunteers must be intrinsic to the plan. These activities must reach further into the surrounding townships and villages.

The livelihoods in its current form should not be supported. What needs to be supported is ongoing engagement of the partner organisations with the local Municipality, Department of Agriculture, Department of Public Works, Department of Trade and Industry and Department Social Development to access their poverty alleviation programmes. The partners should meet with these departments, track down the appropriate person, and open up negotiations on opportunities for the identified beneficiaries. The outcome of this approach should be the basis of a further strategisation of the livelihoods intervention.

It is recommended that Oxfam GB utilises the organisations for collecting information. I.e. in future contracts with partners, OGB makes as condition ongoing information to be collected / provided by partners. What information is collected must be directly relevant to OGB advocacy work.

Oxfam GB should only provide support for activities that have an outreach nature such as research (e.g. as door to door campaigns), awareness talks, lay counselling, group counselling and support groups. These activities should be outreach in nature and spread widely. Such activities along with a broader spread will encourage a feeder system for information collection.

Oxfam must ensure that volunteers are receiving stipends for such activities. This is critical if a stable volunteer base is to play a role. This should be integrated into the contract and follow up that stipends are paid must be made.

Oxfam GB should take the responsibility to provide staff and volunteers on what information is needed. They should ensure that only meaningful and relevant information is collected promoting that less rather than more is collected. In addition, OGB should collect information directly from partners and even directly from field staff and volunteers. This should be done fortnightly or monthly where information collections meetings are held with all relevant staff and volunteers.

OGB should not only extract information that will feed into its wider advocacy campaign. It should look at a long term capacity building of staff and volunteers who contribute to collection. On going skills upgrade should be provided by OGB covering issues such as research, writing, advocacy, the use of the information provided etc. These can be done as an hour to two hour sessions during every collection meeting.



## **1 Chapter One: Background**

Since 2003, Oxfam GB implemented through partners a strategic intervention aimed at integrating the service requirements of those affected by GBV, HIV/AIDS and poverty. The implementation aim was to promote innovative services to impact positively on policy initiatives that govern these GBV, HIV/AIDS and poverty. The programme was implemented in the northern Free State Province of South Africa.

By the end of 2004, Oxfam GB had reassessed and redeveloped its strategic focus. This new strategic framework emphasised advocacy as a tool addressing HIV/AIDS. The current GBV, HIV/AIDS and poverty programme did not have the same broad emphasis in terms of issues or geographic focus. Towards the end of the GBV, HIV/AIDS and poverty programme, OGB commissioned a review. The purpose of the review is to ascertain whether the integrated programme can fit into the newer HIV AIDS strategic framework as set out by Oxfam GB. The review was to draw on learning's made and make recommendations whether the programme was relevant and if not whether there is the potential to make it relevant. The learning and assessment process was to produce findings, on which recommendations for incorporation into the new strategic framework will have to be based.

### ***1.1 The Programme Framework***

#### **1.1.1 Duration**

The duration of the agreement between Oxfam and AusAid was three years, from 1<sup>st</sup> August 2003 to 31<sup>st</sup> July 2006.

#### **1.1.2 Objectives**

The project according to the original contract between OGB and AusAid was to address the triple burden of HIV/AIDS, gender-based violence and poverty by:

- Building the institutional and organisational capacity of the four identified partners to enable them to respond effectively to the triple burden of HIV/AIDS gender based-violence and poverty in an integrated manner.
- Building links and alliances between different stakeholders in the provinces for advocacy and campaign work on the issues of HIV/AIDS gender - based violence and poverty.
- Providing support to NGO's, CBO's and partners with innovative community initiatives to integrate traditional and faith-based leaders in the fight against HIV/AIDS, gender-based violence and poverty.
- Building strong alliances with local and district municipalities in mainstreaming HIV/AIDS and gender-based violence into the municipal Integrated Development Plans (IDPs).

The development objective of this programme was to contribute towards a society where women and children live free from violence, the threat from violence, HIV/AIDS, and from economic hardships. The programme aim was to enable people subjected to the triple burden of HIV/AIDS, GBV and extreme poverty to exercise their rights for access to social services, justice and redress, emotional support and economic opportunities.

The purpose was to enable OXAMGB partners in the Free State to engage in the eradication of GBV, HIV/AIDS and poverty through innovative self help and advocacy programs and impact positively on policy initiatives that govern these aspects in South Africa.

This approach was seen as a comprehensive and integrated response of programme activities that have an enhanced ability to mitigate against the impact of HIV/AIDS, GBV and poverty of communities in Qwa Qwa and Welkom.

The Major Project Outputs were intended as follows:

- Project Partner programmes that implement integrated GBV and HIV/AIDS activities are being implemented in Qwa Qwa and Welkom
- Partner programmes that support the economic empowerment of women affected by GBV and HIV/AIDS, in improving their income and livelihoods options are implemented
- Integration of various stakeholders including Government Departments, Municipalities, Criminal Justice System, Traditional healers and leaders is initiated through programme planning and implementation.
- Development and use of policy guidelines in the implementation of GBV, HIV/AIDS and poverty.
- Strengthened capacity of municipalities and project partners as intermediaries of Oxfam GB.
- Promoting, establishment and sustaining of operational and advocacy alliances at local, national, regional and international levels.

### 1.1.3 Activities

The activities outlined in the programme plan were as follows:

*Result 1: An enhanced programme that Integrates GBV, HIV/AIDS is implemented by Oxfam GB's partners in their response to those affected by GBV, HIV/AIDS and poverty*

- Provide direct support to survivors of GBV and people who are infected and affected by HIV/AIDS by rendering holistic intervention.
- To organise a seminar on models of integrating GBV/HIV/AIDS for project partners and other key stakeholders.
- To develop monitoring tools and utilize them in capturing relevant information as basis of monitoring and evaluation of integrated project interventions.

*Result 2: Changes in beliefs and attitudes on status of women to reduce levels of GBV and HIV/AIDS infection*

- To actively engage traditional leaders, traditional healers and faith based institutions.
- To educate and create awareness in communities to reduce levels of GBV and HIV infection
- To reduce levels of stigmatisation in communities about gender based violence and HIV/AIDS affected women

*Result 3: The empowerment of women affected by GBV and HIV/AIDS, so as to improve their income by implementing effective livelihoods strategies*

- Research identifying key challenges impacting on the access to social grants by women and children in both Qwaqwa and Welkom.
- Project Partners conduct action-based research to understand poverty profiles of clients
- Implement strategies for economic empowerment of women
- Facilitating partners participation in Municipality led Local Economic Development (LED) process.

*Result 4: Government Policies and legislation are responsive to needs of people who are affected by HIV/AIDS and GBV and are effectively implemented.*

- To develop and support advocacy initiatives that ensure existing policy and legislation issues relating to GBV, HIV/AIDS are effectively implemented.
- To contribute to initiatives advocating for female controlled prevention methods preventing HIV/AIDS infection.

*Result 5: The criminal justice system, traditional healers and health and welfare sector is responsive to needs of survivors of gender based violence and people affected by HIV/AIDS.*

- To train and work with criminal justice personnel on the implementation of Domestic Violence and Sexual Offences Act
- To sensitise health care and welfare officials on the needs of GBV/HIV/AIDS survivors.

#### **1.1.4 Geographical Focus**

Oxfam partnered with AusAid to fund this programme. It is geographically located in the Free State Province. The programme was based at addressing only GBV, HIV/AIDS and poverty for 5000-10000 people.

The programme costs covers training, community initiatives, involving government institution , livelihoods work , traditional leaders and religious sector support counselling, programme and administration support for partners, action research and campaigning work. The project was experimental and meant to inform advocacy. The geographical location of the programme was chosen due to the following factors:

- The province has the second highest HIV prevalence rates in the country.
- The region has the highest rate of infection among women.
- FS has one of the highest levels of poverty in the country.
- Have high levels of migratory labour, human trafficking, high numbers of women sex workers, gender inequality and gender violence.
- There was a history of indiscriminate forced removal of populations and the formation of temporary families in mining towns since the 1970's which led to high levels of violence crime, alcoholism and sexual abuse.

#### **1.1.5 Perceived Limitations of the Programme**

The experience of the programme thus far has exposed a number of limitations. Although the current programme is providing insight about the implementation of HIV/AIDS response at local level, the current level of evidence is relatively small and may not be sufficient to adequately inform national advocacy work.

Limitations and lessons learnt, poor coordination of HIV/AIDS response at local level coupled with poor implementation capacity limits the viability of the programme. Most importantly, the programme is facing difficulties in carrying out local level advocacy through partners, particularly by local organisation which funded by the government, as

they fear negative impact on their funding approval. The fact that the project working in partnership with four partners raises issues around the extent to which such a micro project can leverage adequate level of influence locally and deliver impact.

### ***1.2 Oxfam's Defined Development Challenges***

The key development challenges for the Free State – Qwaqwa and Welkom can be articulated as follows:

- Integrated planning to enhance livelihoods and addressing the impact of HIV/AIDS and gender based violence as major and urgent factors influencing poverty.
- Facilitating sector interests and partnerships and the local involvement of leadership including the dedication of resource by the various stakeholders.
- In service training for all local development institutions on HIV/AIDS, gender based violence and poverty reduction strategies.
- Better quality of law enforcement through formal and informal systems in the community. The formal systems are generally not people friendly even though strides have been made towards improving this. The informal systems have, however, now been completely left out of the support and services improvement, even though people continue to rely on these.
- Capacity building support for local organisations in institutional and strategic capacity. Organisations need to be supported to not only do their work better, but also to position themselves to be able to leverage resources.
- Joint advocacy efforts on HIV/AIDS, gender based violence and pro poor policies.
- Improving access to productive resources, support for skills building, market information and access to outside markets – outside the local area to enhance the people's ability to participate in the economic activity.

### ***1.3 Partners in the programme***

This study carried out a review of the partners. A brief background to the partners is as follows.

### **1.3.1 Family and Marriage Society of South Africa (FAMSA)**

FAMSA, is based in Welkom/ Matjhabeng, in the northern Free State. It is a part of a very well established network of organisations around the country. FAMSA National started 42 years ago to provide marriage guidance and later a broader range of services to white families around South Africa. The mission that has developed over the year's states: '*To empower people to build, reconstruct and maintain sound relationships in the family, in marriage and in communities*'. The vision states '*Healthy functional family life: a national priority*'. FAMSA provides counselling services, training and group awareness work.

### **1.3.2 Lifeline (LL)**

Lifeline is based in Welkom and is approaches the project largely through awareness raising and counselling. Lifeline, is part of is part of a national organisation called Lifeline specialising in telephonic counselling as a service. Lifeline has several offices around the country. In recent years the Lifeline in Welkom has focused its services on direct face to face counselling, carried out through a volunteer base. Also it has increasingly carried out awareness type work in the surrounding townships of Welkom.

### **1.3.3 Thusanang Advice Office (TAC)**

TAC is a legal advice centre based in Phuthaditjhaba. Historically the organisation has provided paralegal type advice on a range of issues pertaining to accessing right. The organisation started providing lay counselling services and awareness work with communities in surrounding villages.

### **1.3.4 Pheko ka Kopanelo (PKK)**

Pheko ka Kopanelo based in Qwa Qwa has centre based in Kestell and in Phuthaditjhaba. It is a largely volunteer based organisation driven by unemployed youth

in the area. The organisation was founded by Pastor Mary Crockett who is the current Director. The organisation has a very strong youth orientation and its overriding approach is HIV/AIDS prevention and care. Phelo ka Kopenlo Youth have identified the HIV/AIDS as one of the key areas for policy and programmatic intervention. A large component of the organisation is driven by youth managers. Many reports to Oxfam are written by the youth managers as well. More recently the focus of the organisation has been: “to promote the rehabilitation of and human person living with HIV/AIDS especially those in the rural areas and urban villages, through awareness programmes, training improved services, advocacy, research and development, and associated activities’.

### ***1.4 Scope of the Review***

#### **1.4.1 Aims**

The aim of the study was to provide an opportunity to assess current interventions and to decide on what action to follow. It was an opportunity for Oxfam to learn from its partners. It was also an opportunity for Oxfam to assess what the benefits were from working with its partners. The terms of reference indicated the following:

- Review of the strategic framework and all documents pertaining to the current programme and draw on the relevancy to local work; in the assessment provide a brief analysis of the province and its vulnerability with regards to inequality, HIV/AIDS and Livelihoods in comparison to other provinces which will help to answer why Oxfam should continue to work in this province.
- Given that the focus of the new design is ‘a poverty change agenda using a high level advocacy, lobbying and campaigning approach that is rooted in programme evidence’ it will be important to review if the existing programme has the capacity to deliver the evidence base required.
- Utilise this desk study (incorporating reports from partners, the strategic framework, etc.) to develop a literature review and as a first step to develop the review tools;



- Discuss draft tools with Oxfam GB and finalise tools only once all concerns are integrated;
- Carry out the review with identified staff members in each organisation, key identified stakeholders and a small sample of target group;
- Draw out learning's and make recommendations on implications for strategy to Oxfam GB;
- Assess the CSVR review and draw on its findings and conclusions, and
- Compile progress reports during key points in the process and produce a final report for Oxfam at the end of the project.

Oxfam aims to utilise the conclusions and recommendations from the current study for its strategic direction of future work. It sees the document as an opportunity to influence its new strategy. The duration for the 15 day study was to be conducted between beginnings of February to the end of March 2006. For various reasons the document was only completed at the end of April 2006.

#### **1.4.2 Methodology**

Oxfam requested that the process be one of assessing and learning. At the same time Oxfam wanted to establish the relevancy of the project, the effectiveness of the project and the impact the project has had. In addition Oxfam wanted to assess the potential for the organisations to conduct advocacy work. The methodology aimed to cover these concerns. A further concern was the limitation of time provided which was two days per organisation.

##### **(i) Sampling**

The participants in the review interviewed for each organisation fell into the following categories:

- The director; the staff members, the volunteers and the board members;
- The direct and indirect beneficiaries of the partners; and
- Key stakeholders the organisation had work with.

A sampling size was not strictly imposed on organisations because of the following reasons:

- There was a limitation in terms of time; and
- Not all clients could be reached as not all clients had telephones or cell phones.

Partners were given between two weeks to four weeks to prepare. Not all partners understood what was expected of them and not all made appointments with relevant people. As a result the interviews conducted were on a smaller sample and the level of information generated during the field visits was lower. Also, there was no list of clients to choose from prior to setting up the meetings. One organisation did not even contact any of their clients to be interviewed. Another partner invited the consultant to witness a workshop they were conducting on awareness work with educators. A full afternoon was spent on this which for the consultant provided limited input especially because no opportunity was given to find out if the workshop had an impact.

Nevertheless, the field work provided a very useful insight to the activities the organisations were carrying out. The number of participants in the review was as follows:

#### FAMSA

Category	Total	Male	Female
Staff / Director / Board members / volunteers	17	7	10
Beneficiaries	35	10	25
Stakeholder	3	0	3
<b>Total</b>	<b>55</b>	<b>17</b>	<b>38</b>

### Lifeline

Category	Total	Male	Female
Director / Staff / Board members / Volunteers	13	4	9
Beneficiaries	14	1	13
Stakeholder	8	5	3
<b>Total</b>	<b>35</b>	<b>10</b>	<b>25</b>

### TAC

Category	Total	Male	Female
Staff / Director /Board members	5	3	2
Beneficiaries	32	4	28
Stakeholder	12	3	9
<b>Total</b>	<b>49</b>	<b>10</b>	<b>39</b>

### PKK

Category	Total	Male	Female
Staff / Volunteers and Director / Board member	18	8	10
Direct and indirect beneficiaries	31	10	21
Stakeholder	5	3	2
<b>Total</b>	<b>54</b>	<b>25</b>	<b>28</b>

The total number of participants was as follows:

Category	Total
Staff members / volunteers / Board members	53
Beneficiaries	122
Stakeholders	28
<b>Total</b>	<b>203</b>

## **(ii) Research Techniques and Instruments**

The generic questions and the specific questionnaires were forwarded to Oxfam for comment. The comments and changes made by Oxfam were integrated into the questionnaires utilised. The generic questions drawn from the criteria are in the annex.

The following research techniques were used:

- Structured interviews;
- Semi structured interviews; and
- Focus group interviews.

All interviews were conducted in private without any staff members present. The consultant conducted the interviews in English. Where necessary other participants that were interviewed were requested to carry out translation, to unpack a word. All translation was carried out with the consent of participants. The consultant was satisfied with the feedback received in these interviews. The consultant experience difficulty in one interview where a stakeholder could not speak any English although he understood English and there was no one to translate. An administrator was requested to translate. The interviewer addressed the same questions a few times in different ways and was satisfied with the responses received. The interviewee was also satisfied with the responses given in English.

## **(iii) Triangulation**

Information generated from interviews and reports were verified through a triangulation approach. The credibility of the information was assessed using corroborating documentation and interview material, as well as the availability of corresponding documentation or verification by additional sources. Information that was not verified through triangulation or where variances appeared is indicated as such throughout the report.

#### **(iv) Literature review**

As opposed to conducting the literature review prior to the field work, the literature review took place when the report was drafted. This was due to the fact that key documents had to be collected from the partners themselves. In addition a skills assessment review took place simultaneously whilst the process of this study commenced and was not made available until the writing up stage of the process. The literature review consisted of assessing the organisations written reports to Oxfam. These are presented as a separate section in the annex.

#### **(v) Limitations**

The key limitations of the review were as follows:

- The beneficiary sample was small and this component has led to a limited understanding of the outcomes or immediate impact.

## **2 Chapter Two: Relevancy**

This section addresses relevancy by unfolding OGB strategy with the FS partners. It looks at what the strategy was put in place. There is an overview of what were the components of the strategy and how was the strategy relevant to the external environment. And in what way was the strategy relevant for partner beneficiary groups.

### ***2.1 Findings***

#### **2.1.1 The relevance of the strategy**

According to Oxfam GB and AusAid the strategy to link HIV/AIDS, GBV and poverty alleviation, not only provided an approach to addressing the analysis, but also provided the means of analysing a particular outcome of poverty, hopelessness and helplessness experienced by the poor.

In terms of analysis, the following are examples of linking the three components:

- Poverty is a critical underlying cause of ongoing gender based violence as women are often dependent financially on their partners and stay in the abusive relationship because they have no financial or economic alternatives or opportunities to move out.
- Gender based violence found further expression in women who experienced no choice on protective sex. Unprotected sex exposed them to contracting HIV AIDS.
- HIV AIDS status has increased the level of violence against women who have opened up on their own status or queried the status of their partners.
- Women have utilised sexual intercourse as an income opportunity (cash or kind) often without utilising sexually protective options.
- An assumption made by some HIV positive males were that HIV/AIDS can be cured by virgin intercourse putting girls and women in a sexually vulnerable position.

- In addition to having one's body violated sexually in a rape scenario, women have the added risks of becoming HIV positive.

Organisations conducted their planning and included various components in their planning:

- When clients come forward with GBV type problems, issues of HIV and poverty are prompted to draw the link for the client in both lay counselling and social worker counselling;
- The strategy of the various organisations aimed to maximise the message through awareness campaigns where GBV, HIV/AIDS and poverty alleviation were discussed.
- Opportunities for clients around poverty alleviation needed to be made;
- The link was to be made during training with staff, volunteers and stakeholders.

The overwhelming response from stakeholders and beneficiaries interviewed were that the organisations were rendering a relevant service. Of particular significance was that the triple burden approach was very relevant in the areas of operation. What emerged from interviews were the following:

- For FAMSA when clients come to the office they realise that the three problem needs to be addressed simultaneously. By addressing three problems, they gave more information of what was expected.
- The link between the HIV/AIDS and GBV has countered the fragmented perception. Through awareness work of partners awareness of the link is also taking place. People are giving themselves permission to seek help in all three areas.
- For TAC the special approach allowed the organisation to concretely address links and to address the problem holistically. For TAC, gender based violence is directly linked to poverty. In this way the organisation addresses both the presenting problem and the cause.

- LL indicated that when they went around to different organisations to highlight the triad approach, most people were not aware that they were abused. The link of the triad has helped people to understand the issue better. They see the link between HIV/AIDS and GBV.
- Staff members interviewed indicated that they found that a lot of people with HIV/AIDS were caused by GBV. The potential of spreading the disease in abusive relationships were increased.
- Poverty was sighted as the main cause of AIDS, as many young women have sex for money or things.
- Lifeline indicated that the triad approach strengthened their current approach. It had shifted the nature of counselling from reactive counselling to proactive counselling.

According to stakeholder interviews, the Oxfam partners stood out for their special “triad” approach in dealing with issues. Stakeholders indicated that no other organisation was doing work with this focus in the area. In Welkom, Lovelife operates and is well known in the area and has a high profile. In Phutaditjhaba there is not other substantial organisation exist in the area that addresses the triad of issues. What seem to exist are emerging CBO organisations that are dealing with HBC. Because there is an absence of the unique approach, the Oxfam partners have stood out in their delivery.

From the four organisations some have a longer history and are better known than others. What generally has increased the profile of partner organisations has been:

- They have delivered awareness services in schools;
- The have rendered excellent services over a long period of time;
- They have radio programmes;
- They have carried out door to door campaigns;
- The network extensively with stakeholders in the service delivery sector;
- The have advocated and lobbied on behalf of clients; and



- They have done extensive outreach and awareness work.

As mentioned the triad approach is special to these organisations and has given them their unique position. However it must be noted that the effectiveness of each the three components (i.e. GBV, HIV/AIDS and poverty alleviation / livelihoods) and the impact they have on each other have not been of equal strength.

Most successful in terms of awareness driving has been that of HIV/AIDS. This is not to be attributed solely to the work of the partner organisations. The onslaught of AIDS awareness can be attributed to the media, FBOs, government, the DoH, Educational Institutions, even from encountering sick and dying people in everyday living. The partner organisations have provided the unique link between the HIV and GBV, providing an opportunity for further analysis of the situation. People are increasingly aware of the disease and how it is spread. It is difficult to ascertain from this study if the sexual behaviour in regard to spreading the virus has changed. Youth at the PKK indicated that they have noted that partners are becoming increasingly sexually loyal to each other as a result of awareness work.

The weakest component has been the livelihoods component. All the partner organisations noted the livelihood component as been critical to the triad. Three of the four organisations have found this difficult to kick start. The fourth organisation (PKK) had already set up a youth entrepreneurial centre and saw this leg of the programme as an extension of that. The other three partners had to open negotiations with training institutes, buy and maintain equipment and negotiate with other government stakeholders for land and support. This proved difficult, costly and time consuming and lagged behind the other parts of the programme. In an environment where economic activity is in a lull, this was the weakest link.

The GBV component was ironically was not the primary focus in Phuthaditjhaba. PKK referred most of their GBV cases to TAC. And TAC appeared to be putting a great deal of emphasis on getting the Maintenance Act to run smoothly, and seemed to put the DVA and domestic violence and rape cases as secondary. They argue that maintenance issues are central to GBV and pertinent to economic empowerment of women.

Participants in the review indicated that both organisations dealt with GBV in their awareness work. In Welkom, both organisations dealt with GBV in counselling and awareness work.

### **2.1.2 Relevance to the Context**

There are about 900 000 people residing in Phuthaditjhaba and the surrounding 24 villages. Most people employed in Phuthaditjhaba are government employees and tourism and agricultural employment is small comparatively. Employment opportunities in the private sector are minimal. The community previously relied on the migratory system, particularly to the Free State mines, and seasonal agriculture to the farms in the regions for an income. Retrenchments have occurred in both sectors, resulting levels of high unemployment and high level dependency on government grants. There is little motivation and opportunity for economic activity.

In Welkom the situation is not much better. The surrounding eight townships were set up to supply labour to the surrounding mines. In recent years a number of the mines were closed down and there was limited alternate industry to absorb the surplus labour. In addition, the maize farmers in the surrounding areas have reduced their labour on account of the minimum wage along with the price of maize been lowered on the markets and the lack of stake subsidies to bring down the cost of the national staple. Several retrenched farmworkers have settled in squatter camps surrounding the townships.

In both these areas income for most of the poor is drawn from wages or government grants. Phuthaditjhaba has more opportunity for income through crop production, noting that traditionally males inherit land women have limited rights or access to land unless they labour it or marry a land owner. In Welkom access to land is difficult, as all land is commercially owned, and where land is provided, access to water and quality of soil is an issue.

Livelihood opportunities other than producing or buying and selling to a subsidy scale are what could be achieved. Such activities can only contribute to an income and not really allow a family to be fully dependent on an income from such activity.

Poverty alleviation opportunities were carried out in this context. Whilst it was relevant as poverty is a very real problem facing beneficiary groups, there were very little to support to make such initiatives work from municipalities, government or the private sector.

### **2.1.3 Relevance of geographic context**

The social spread of where people are choosing to settle formally and informally is growing geographically. On average townships and squatter camps are spread across 10km to 20km radius each. The means to get across even in one's own area is difficult, time consuming, and expensive as it is dependent on petrol based privately owned kombi taxi services. As an indication of the scale of the areas there are about 475 schools in the Welkom, Bothaville, Polokong and Thabong area and still children have to commute up to 5 km to reach schools. The overwhelming sense gained from the social issues that emerged from the two areas is the scale. Qwa Qwa is identified as a nodal point being second largest area with people infected with HIV/AIDS. the social problems in both areas are huge and the current services only provide a fraction of what is needed.

Nearly all stakeholders interviewed said that the services provided by the four organisations were not spread out wide enough. Many stakeholders interviewed indicated the organisations needed more staff members and more satellite office. This was motivated on the grounds that people need access to services in walking distance of their home. People cannot afford a taxi to access a service even if the service provided by the organisation is for free. There needs to be a core / satellite based services and the satellite services must reach all areas, stakeholders indicated. Already the organisations are spreading themselves thin in their services. PKK for example, reach 16 of the 24 villages in the area.

The disproportionate scale of services at hand to problems that need to be addressed can also be ascertained from a stakeholder in Phuthaditjhaba who indicated that PKK runs the only hospice for the 900 000 residents in the area. Also there is no other institution dealing with orphans resulting from families infected or affected by HIV/AIDS. A traditional leader interviewed said that at least three youth were buried every weekend. He thinks the cause is AIDS.

#### **2.1.4 Relevance to Government Services**

Typical to South Africa, non governmental organisations fill in the gaps of government and continually compensate for the government's weaknesses. During apartheid the services to the poor was limited and during the post apartheid government's has increased services but it has rarely been proportional to the needs. There were not enough clinics, schools or social workers. With the increase in awareness of rights there is an increase in the demand of services. Government is lagging behind in its delivery.

The spread of social services in particular is not on the forefront of government's strategies. The Department of Social Development (DSD) is cutting down on employing social workers, and are becoming increasingly dependent on utilising the services of non-governmental organisations. They are doing this without covering the full operational or even core cost of the NGO. The stakeholders interviewed in the DSD said that they are continued to refer cases that need intensive intervention to the partner NGOs (because they provide a good quality service). In interviews they indicated that they were grateful for NGOs to take over their case load. And still there were other voices that indicated that government feared competition from the non-governmental organisations and did not always know how to deal with NGOs.

The DSD is reviewing the subsidy they provide to NGOs and are considering increasing it to the same as DSD social workers. This is a process in motion and no decisions have been made in regard to it. They are also considering favouring the more grass roots organisations as opposed to the traditional welfare organisations according to an interview with the Department. This approach will disadvantage at least two of the partner organisations.

It is also well known that the government has withdrawn from taking responsibility for the sick and dying. There is no state service for pauper's funeral. PKK conducts pauper's funerals. No one else renders such a service in the area. As mentioned above, PKK also renders a hospice service. Again no one else is doing this in the area.

Where government has made an effort, it has initiated centralised services such as one stop trauma or VEP centres as opposed to satellite / core services which fork out into the far distant townships. The one stop centre is Phuthaditjhaba is funded by the Flemish Government that provides a SAP, GBV and social worker services. This approach has meant that clients need to go to one place to sort out all their issues, saving them time and money. Also the services at the one-stop-centre are more specialised and hence more sensitive to concerns of GBV. It is doubtful if government will subsidise transport cost to its one-stop-centre. SAPS may be encouraged to transport clients to the centre.

This Oxfam/ AusAid programme has shown that addressing GBV without the HIV/AIDS or poverty component does not impact on the eradicating the problem. Still, in government these issues are dealt with within department boundaries. HIV/AIDS is dealt with as a health issue and GBV is a social issue dealt with by DSD. Little initiative has been taken to make it more cross cutting. The assumption is that the departments have to work together on this issue, but this is rarely the case. Again the partner organisations have compensated the government weakness. FAMSA has carried out HIV/AIDS education with DSD and TAC has carried out GBV education with the DoH and Nursing College. Stakeholders interviewed from these institutions indicated that the quality of training was excellent.

Others indicated that there is not enough done to link HIV/AIDS and GBV at policy level. One participant from Lifeline indicated that "no one in government is monitoring what is happening. Government does not make the environment conducive to learning. Policy is not positively effecting what is happening. There is an inconsistency between practice and policy".

The DSD has increasingly neglected its responsibility to encourage networking, coordination and cooperation between organisations GBV and other social issues. The forums that were set up on both district level and provincial level have collapsed. The non-governmental forum set up by Themba le Sizwe had also not taken place due to a lack funding. There has been little opportunity for non-governmental organisations to raise issues with the department around their strategy and service delivery.

Another emerging trend in post-apartheid South Africa is that politically appointed counsellors are interested in service delivery only if it helps them politically. One of the partners was approached by a counsellor to distribute food parcels to his constituency. When they refused he branded them as an organisation that should not be worked with. Given the power battle in political parties, the pressure should still be for improved service delivery as opposed to securing ones power base. Using counsellors to improve service delivery is a future direction that needs to be considered.

Stakeholders interviewed largely supported government's policy initiative, and felt that government was doing enough. Stakeholders were particularly pleased the policies on ARVs in which they say have encouraged many people to go for testing their status. Fieldworkers from partner organisations indicated that clinics have not always had enough stock of ARVs, in spite the risks of not taking the medication being well known. Also social grants were delayed because of administration of forms. There was a request to revise the form for the social grants by TAC in Phuthaditjhaba and some leeway was made in this regard. PKK operating in the same area do not promote ARVs because their target group is unemployed and does not have resources, not even for food. The fear is that the medication can be harmful if not taken with adequate food. The hospice cannot afford to give the food packages. Still the policy around the ARVs has been seen in a positive light.

Partners have taken initiatives to make government work better. TAC lobbied and advocated with the local magistrate court and SAPS to get to streamline their practices as they were administering the Domestic Violence Act and Maintenance Act differently.

Government Acts have been made user friendly by NGOs around the country. TAC has translated the Domestic Violence Act and the Maintenance Act into SeSotho and is distributing it in Phuthaditjhaba. Whilst the organisations have gained credibility from government, the question is there a clear strategy to engage with government a part form filling in gaps.

### **2.1.5 Relevance to Poverty in the Programme Environment**

Poverty is prevalent in both the geographic areas the partners are based in. In FAMSA words “presenting problems related to abuse indicates that financial and emotional abuse seems to be on the increase”. The underlying poverty in the area is accompanied by the increase in gender based violence and the risk of spreading HIV/AIDS. Visibly, partners have indicated there are an increasing number of street children.

Still it was difficult to ascertain if the GBV abuse was on the increase or reduced. What was clear from stakeholder and beneficiary interviews was that more women were aware of their rights. As one client said, “Before I came here I was abused and I didn’t even know it. Now I know. I have learnt to do everything myself. I have learnt the signs and realise this is abuse. I have been helped with my self esteem” (9<sup>th</sup> March 2006). To add to that, one of the partners said that through group work women are moving from victims to survivors, by this meaning that those that have been through the programme have become increasingly empowered. One SAPS stakeholder interviewed said that people are increasingly aware of their rights and are no longer tolerating abuse. SAPS indicated that they were seeing less rape and domestic violence cases. It may also be the case that people experiencing GBV may be going to DSD, NGOs and churches to help with their problems.

Another reflection of the increase poverty and lack of sustainable economic activity is the increase dependency on grants. Qwa Qwa has been identified as a nodal area and has one of the highest grant distributions. High unemployment and low market opportunities perpetuates the challenges for the socio economic environment in areas the partners work in. Stakeholders interviewed felt that these challenges need to be address politically.

## *2.2 Conclusion on Relevancy*

**The general conclusion for relevancy is as follows:**

- The programme approach was very relevant to the needs and problems presented. The triad approach, in addressing HIV/AIDS, GBV and poverty alleviation jointly brought a deeper analysis to clients and awareness groups. It showed how abuse could contribute to spreading the virus and how poverty contributed to vulnerability to tolerate abuse.
- The lull in the local economy is extreme impacting negatively on the livelihoods component of the triad approach. The costing and the kick starting of the livelihood component needs cooperation from key stakeholders such as government departments and the private sector to make it sustainable.
- It should be noted that the scale of intervention was small to the scale of the problem. The geographic spread of the area is very wide and unless the outreach strategies are spread out and extensive only a small number in need of services will be reached. This raises the question of whether such is role is that of a NGO/CBO or government.
- Projects interaction with government is very cooperative and compensating. Partners did not have and in some cases did not make opportunities to lobby government critically. They to an extent fed into the low end service delivery of government.

## **Recommendations**

The triad approach deepened the analysis of the problem that was aimed to be addressed. The approach insistent on a holistic addressing of issues drawing on logical



links and helping partner beneficiaries to deepen their understanding. For this reason the support for this initiative must continue.

However the triad approach did not shift organisations from working away from symptoms of the problems towards the cause of the problems. The approach also came face to face with the limitations of government, particularly government's inability to work across department lines. For this reason ongoing lobbying for improved and the spreading of service delivery must continue.

It is recommended that future activities are outreach based reaching further into villages and townships. The use of trained stipend paid volunteers must be intrinsic to the plan.

### **3 Chapter Three: Effectiveness and Impact**

This section looks at the planning and implementation processes to ascertain whether the project activities were planned and implemented in a manner to successfully realise what it set out to achieve. Also the chapter aims to find out if the programmes implemented were effective. Ascertaining whether the programmes had an immediate impact were established.

#### ***3.1 Findings***

##### ***Strategy and planning***

The first year of the OGB programme was looking at identifying potential partners and building the capacity of partners so that they could implement the programme. The CSVR conducted a workshop on formulating the triad approach and to incorporate some of the underlying principles in activities. OGB contracted a consultant to work with identified partners on their plans. The contracts between OGB and the partners are based on the strategic understanding the triad approach as expressed in their plans.

As part of the desk study the reports were assessed against the plans. Outputs and outcomes were established through interviewing beneficiaries. This process is captured in Annex at the end of this report. What is presented here is a summary of the findings.

In comparing the reports to the plans, what emerged was that partners have not all delivered what had been planned. Whilst it is true that they contributed to the formulation of the plans and hence it is assumed that they owned the plans, the delivery with at least one of the partners was very poor.

The rationality for the poor delivery was:

- Components of the plan became irrelevant and were no longer implemented;

- The work previously carried out by the organisation took precedence over the agreed plans; and
- The partner did carry out the activity but this was reported verbally and was not their written reports nor in what they presented during the evaluation.

The following is a summary table of findings in regard to the strategic planning, monitoring reports and deliverables.

Element	FAMSA	LL	TAC	PKK
Partners had completed a strategic planning at the beginning of the project	✓	✓	✓	✓
Partners plans were exhaustive and had all key activities agreed on	✓	x	✓	✓
Partners have strictly implemented what was agreed on	✓	x	✓	x
Partners monitoring reports improved after monitoring capacity building interventions	✓	x	✓	x
Partners monitoring reports were clear and easy to follow	✓	x	✓	x

### *Effectiveness and impact*

Much of the interviews conducted during the review tried to establish if the situation of the beneficiaries changed as a result of the intervention. A summary of the findings is as follows:

- The lay counselling type services were very successful according to clients across all three of four organisations;
- Group were that focused on addressing and emerging problem (within the triad approach) was found to be useful and fulfilling and helped beneficiaries keep their head above water;
- Group work that had an awareness component to it also raised consciousness and helped beneficiaries to deepen their analysis of issues;

- The broader awareness talks carried out were useful to beneficiaries. Linking the three components helped to draw links between the three.
- The GBV components of the engagement with the organisations remain strong in three of the four organisations. The same three organisations successfully integrated their HIV/AIDS awareness work with the GBV work. The fourth organisation that was strong in HIV/AIDS work before the intervention remained strong in this area after the intervention and only partially broadened its work to incorporate GBV work.
- The hospice which PKK ran in which OGB is funding the volunteer stipends received an overwhelmingly positive response from direct beneficiaries their relatives and relatives of deceased beneficiaries. Several comments were made on the high quality of care delivered by these volunteers.
- Challenges existed all around in regard to reaping sustainable benefits from the livelihood intervention. This is discussed in more detail below.

The following table indicates through a rating system the level of implementation.

	FAMSA	LL	TAC	PKK
Scale of GBV type activities carried out by the organisation within the triad approach	High	High	High	Low
Scale of Livelihoods type activities carried out by the organisation within the triad approach	Medium	Medium	Low	Low
Scale of HIV/AIDS type activities carried out by the organisation within the triad approach	High	High	High	High

In reading the above table the following qualifies some of the rating:

- PKK received a low rating for GBV, because although they carried out a degree of marriage counselling, the director indicated that most of the cases were referred to TAC.
- TAC was rated low on livelihoods because only 10 of the 90 were clients from the GBV activities were drawn into the livelihoods.

- PKK had a skills development programme and selected applicants on the basis of their potential. Although they had food gardens running, there were no reports on them and clients were not interviewed during the review.
- All projects integrated HIV/AIDS into their work. PKK conducted activities that went beyond awareness into care in regard to their HIV/AIDS work.

### *Livelihoods*

The livelihoods component was the most challenging to implement. Partners were taking on the challenge of providing an arena where beneficiaries could find a way out of their cycle of poverty and abuse through livelihood opportunities. Partners had difficulties on all levels of this process. Not all partners were able to source the appropriate clients (i.e. those beneficiaries that were in an abusive relationship and were HIV/AIDS positive). Forming the groups and helping the groups to establish themselves were the most positive component of the livelihoods programme. Getting the groups to produce and to produce over and above subsistence level was consistently a dismal failure. The latter was a result of the low level of input by the partner organisation particularly the costs of the sustaining the effort, low opportunities within the economy, zero opportunity or openness on the part of municipalities to support initiatives and the lack of confidence particularly with (the identified group of beneficiaries to take it further. It is for this reason that the livelihoods were the weakest link of the triad approach. The programme thinking indicated that livelihoods or poverty alleviation was instrumental to breaking the cycle of abuse. Hence if this component did not work then there is limited real success to be expected.

The following table outlines the differences of approaches by the partners in regard to livelihoods. What is interesting to note is that not all partners formed their livelihood groups from GBV or PWA.

	FAMSA	LL	TAC	PKK
The organisation has set up livelihood groups	✓	✓	✓	✓
The livelihood groups were drawn from	✓	✓	x	x

client in GBV or PWA				
The groups received in depth awareness on GBV or HIV/AIDS	✓	✓	x	x
The groups received skills training	✓	✓	✓	✓
The groups were formed and by the partner organisation	✓	✓	x	✓
The groups were formed by themselves and training offered to them by the organisation	x	x	✓	x
The partner organisations helped the group to register and become legal	x	x	✓	x
The groups are sustainable in terms of structure	✓	✓	✓	✓
The groups previous to the organisations intervention had projects running.	x	x	✓	x
The organisation cannot go further because of shortage of resources	✓	✓	x	x

### ***3.2 Conclusion***

#### **3.2.1 General Conclusions**

The general conclusions of effectiveness and impact are:

- In terms of planning, implementing and reporting as in the project management cycle, not all partners followed this strictly. This is because not all partners understood or had the capacity to carry out their accountability side of the contract. Also not all partners worked to written or agreed to plans. These partners demonstrate the need for micro management on project officer level to ensure that they are planning implementing and reporting.
- The level of impact that was assessed was immediate and short term. Also the level of impact was low due to the scale of implementation. This is unfortunately

a result of project intervention through limited funding. What appeared significantly was that no other donor was funding these projects. Neither the National Lottery Fund nor the National Development Agency was reaching out in the area. The Oxfam fund made a critical difference to partner interventions in the area.

- The programme made profound immediate impact in its linking of the three components of the triad approach. The approach set out by Oxfam deepened the level of work and forced partners to think and implement their activities more broadly. It is important to note that by grouping partners in areas made a further impact to the approach. They were cooperative and not competitive. The trip to India also contributed to the cooperation between partners.
- The livelihoods component was the most difficult component to implement. It lagged behind the other components. Getting it started through the forming of groups was less of an issue than sustaining it with resources needed.

### *Recommendations*

- It is recommended that OGB encourage partners to plan for only a narrow set of activities which they must be bound to implement. The reporting criteria from OGB must be specific and clear.
- The lay counselling, group counselling and awareness type work must be supported as the immediate impact was successful, the outreach is high and the staff, volunteers and transport will be the costs. These activities must reach further into the surrounding townships and villages.
- The livelihoods in its current form should not be supported. What needs to be supported is ongoing engagement of the partner organisations with the local Municipality, Department of Agriculture, Department of Public Works, Department of Trade and Industry and Department Social Development to access their poverty alleviation programmes. The partners should meet with these departments, track down the appropriate person, and open up negotiations on opportunities for the identified beneficiaries. The outcome of this approach should be the basis of a further strategisation of the livelihoods intervention.





## 4 Chapter Four: Advocacy

The advocacy component of the study reviewed the organisations participation in advocacy campaigns and in addition, it looked the role the organisations could play in contributing to broader Oxfam GB advocacy approach and campaigns. Hence two sets of questions were posed to the organisations. One establishing the extent of their current advocacy activities and the other was assessing their current capacity status in regard to feeding the broader campaigns of Oxfam GB.

### *4.1 Findings on Advocacy*

#### 4.1.1 Current Experience of Partners

##### *The role of advocacy as a tool*

What emerged through interviews on the question of advocacy was that there was a divide between the Directors and the staff members in their analysis of the tool. The Directors understood what advocacy was and how to use it and they were aware of how it was integrated into their plans. The role and use of advocacy was not understood by all the staff members interviewed.

The advocacy type activities of the Free State partners can be summed up as follows:

- The partners all participated in the 16 Days of Activism Campaign which is a campaign to raise public awareness on GBV. This was a critical and key campaign to partners and all interviewed were very aware of it. Partners carried out mostly awareness talks and material distribution during this campaign. Also a great deal of effort was made to get key stakeholders in government, non-governmental and other interested parties involved. This campaign, whilst linked to the national campaign remained very much on a local level, i.e. the key activities were carried out in the schools, villages or townships the organisations worked in. National condom week

fell within the 16 Days of Activism Campaign time frame, hence providing the partners a useful opportunity to link HIV/AIDS preventative messages to GBV.

- Networking and stakeholder partnerships are considered key to advocacy type activities. Partners networked in their local areas with stakeholders. Some networking and partnership relationships were more extensive, systematic and functional than others. All partners network extensively for referrals. Some partners more than others utilise networking relations for advocacy purposes. One partner in particular (TAC) carried out a successful advocacy campaign on Maintenance Rights utilising positive networking and stakeholder partnerships. This is presented as a case study below.

TAC has worked extensively on various levels in regard to advocacy. The organisation staff members received extensive training from NISAA on advocacy. They think of it as a useful tool that can influence policy change at all levels. It assist the monitoring services delivery and relevant departments. It is a useful tool that can be used to represent the community to government.

TAC has really made headway in regard to the implementation and accessing of the Maintenance Act. From the interviews conducted the following was ascertained. Clients came to TAC indicating that they were not receiving maintenance and were not able to access the system. The clients found the courts were not helping and personnel at the courts were difficult.

TAC went to talk to the courts and found that they did not have a common understanding of the newly enacted Act. They negotiated and then conducted training of the courts staff on the Act.

In addition they carried out a 'Dialogue' with the court personnel and members of the public. TAC saw it as an open session to raise issues and challenge the government officials around the mishandling of cases. TAC staff members, members of community and court staff attended and there was an open dialogue on addressing the issues. The Dialogue started at

11am and they left at 4pm. The public was active, according to the senior prosecutor and asked a lot of questions. TAC used the opportunity to explain to the community about the role of the TAC. The office outlined what they considered their duty in regard to maintenance to be. The forum was opened for the community to ask questions. The meeting was a success and was called on a quarterly basis at a different venue. The court participants indicated that they were enlightening the community about procedures.

In addition, TAC started to set up Maintenance Forums in the villages of Phuthaditjhaba. They approached this by recruiting people who were interested in the issue. The maintenance forums received training from TAC on how the Act works and what is TACs role in the process. They trained them and provided them with support to identify women needing maintenance and to advice them on the action to be taken. The maintenance forum picks up cases in the areas they operate in and refered the cases to TAC.

TAC has become a leader in regard to maintenance cases in the area. The DSD indicated that TAC has lightened their role in regard to maintenance cases and they refer maintenance cases to TAC. They are aware that TAC is constantly interacting with maintenance court.

All clients interviewed from TAC were maintenance clients. All the clients said that TAC assisted them even though some of their cases were not solved.

- As previously mentioned, the opportunity to network and share information between the different levels of government and other actors, or to advocate poor service delivery of different levels of government did not exist in the Free State during the time of the review. Participants indicated that forums had collapsed or were not funded and there were hence no real opportunities to raise issues formally. Also as previously mentioned, mostly because of economic dependence, partners have not

critically questioned or opposed government through advocacy. Service delivery was not the underlying feature of campaigns. Partners in general, have made attempts to shift government practices through motivation. Partners have regularly partnered with government on campaigns, and the most successful joint campaigns have been those where government service delivery has not been a target. The cooperation has in instances paid off, as PKK was invited to the local government strategic planning and had influenced local government strategy.

- The large bulk of advocacy activities were directed to influence perceptions on the ground through awareness work. The awareness work was directed to a local target group the organisations have set out to reach. They have utilised advocacy to draw attention to an important issue often with an expectation that behaviour will change through the activity. Seldom has follow up action been an expectation. Hence most of the advocacy utilised by partners have been awareness raising rather than targeting action in support of a cause. Apart from TAC and FAMSA, partners have not utilised advocacy to influence or change legislation nor to enhance the quality of service delivery.

A summary of the assessment is as follows:

	FAMSA	LL	TAC	PKK
Carry out networking for an effective referral system	✓	✓	✓	✓
Actively network with all relevant key stakeholders	✓	✓	✓	✓
Participate in 16 days of ending violence against women campaign	✓	✓	✓	✓
Participate in other human rights days such as youth day or condom week through pledges and awareness talks	✓	✓	✓	✓
Carry out talks with influential stakeholders in the area	✓	✓	✓	✓
Carry out awareness talks at	✓	✓	✓	✓

schools / clinics / churches to broaden awareness and influence behaviour at a local level				
Carry out in depth awareness to influence beliefs and ideas at a local level	✓	✓	✓	✓
Actively engage local and provincial government for improved implementation of Acts or improved service delivery	✓	x	✓	x
Lobbying and advocating for a change in policy	✓	x	✓	x
Evidence that the Director is involved in advocacy on other levels other than local level	✓	x	✓	x
Evidence that staff members are involved in advocacy other than local level advocacy	x	x	x	x
Initiating new campaigns to influence ideas and beliefs (e.g. Men's League)	✓	✓	✓	✓

***The capacity of partners to carry out research***

Information collection and presentation was critical for consideration of future roles of partners in regard to advocacy work of OGB. This meant that partners needed to reach out to where meaningful information exist, systematically and unbiasedly collect the information and present the information in an accessible way.

What emerged during the interviews with field staff and volunteers was that they had access to myriad of information. They knew when ARV's were not delivered or when police turned away rape cases. Clients, participants in awareness talks, home dwellers encountered during house to house campaigns, all had useful information to share about their experience on issues and service delivery. This information was captured or reduced in a quantitative way in reports, e.g. "10 clients counselled".

In most instances (not all) there was a loss of information from source to reports. Partners were encouraged to capture quantity of services provided, along with quality of the service and the immediate impact the service achieved. Only two of the four partners reported on these lines. Much of this is attributed to poor research and writing traditions in the organisations. This, one assumes is a result of the general skill shortages that exist. The following describes it in tabular form.

	FAMSA	LL	TAC	PKK
Evidence of well written donor reports produced by the organisation	✓	x	✓	x
Evidence that staff other than the director or coordinator have writing skills	x	x	x	x
Evidence of research conducted by organisation	x	x	✓	✓
Evidence of research been systematically formatted to a stage where it could be presented and distributed	x	x	✓	x

***Interest in advocacy***

The Directors of the organisations expressed an interest in taking up advocacy further. Two issues were difficult to ascertain. Firstly, as the Directors were the key drivers of

advocacy in the organisation, it was difficult to assess if they were prepared to utilise advocacy as a means to overcoming poverty, as their experience indicates that they played an active role in handling the consequences of poverty. Secondly, it was difficult to ascertain if the organisations would be prepared to stand up against government and handle the conflict that could potentially emerge from advocating the lack of service delivery. The direct impact would be that partners would risk losing government funds. Their experience indicated a trend towards filling the gaps and cooperating with government than getting government to deliver.

The following represents the interest of the Directors:

	FAMSA	LL	TAC	PKK
Advocacy interest in the organisation	✓	✓	✓	✓
Interest to influence national and global level of advocacy	✓	✓	✓	✓
Experience of independent standing on issues against government or other actors	✓	Difficult to assess	Difficult to assess	Difficult to assess
Interest in making advocacy maximise impact	✓	✓	✓	✓
Interest to advocate at other levels	✓	x	✓	✓
Potential to overcome poverty as opposed to handling the consequences of poverty	Difficult to assess	Difficult to assess	Difficult to assess	Difficult to assess
Interest to make advocacy maximise impact	✓	✓	✓	✓

*What is needed in organisations to carry out advocacy?*

If research and advocacy is to be integrated into the staff component of the organisation, than the organisations need an extensive injection of staffing, skills capacity and mentoring. The organisations *Directors* identified the following needs to build their advocacy work:

Needs:	FAMSA	LL	TAC	PKK
Training on talking and presentation skills to staff other than the director or coordinator	✓	✓	x	✓
Training on Basic Human Rights to staff members other than the director or coordinator	✓	✓	x	✓
Training on advocacy and lobbying as a tool	✓	✓	x	✓
Recruiting a lawyer or researcher	x	✓	✓	✓
Need mentorship if taking up advocacy and lobbying at a different pace	x	✓	x	✓

The organisations had as part of the Oxfam contract received training on advocacy and lobbying from NISAA. This was quite extensive training covering issues such as understanding advocacy, strategic communication and building networks.

#### ***4.2 Conclusion on Advocacy***

To conclude, partners were not all in the same position in regard to all the components of advocacy.

- All the organisations had access to a rich source of information in regard to difficulties and problems faced on the ground. Much of this information remains at the level of outreach staff and volunteers. This is the point where the most value was at.
- Only two of the four partners up until the point of the evaluation presented information in a useful way (noting that the information requested is



administration of the grant). Very little gets captured in reports outside what is requested. A writing culture will need to be introduced into the organisation over a long period of time. There needs to be a mentoring relationship introduced to encourage writing.

- The organisations have a strong tradition of functional and information sharing networking and cooperation with government. It is assumed it will be challenging and financially risky for organisations to take a more critical stand. In addition, advocacy activities were largely awareness raising activities to influence perceptions on the ground. This was carried out at a very local level. For these reasons there was little to influence the recommendation for organisations to actively participate in the forefront of broader campaigns, without providing financial security and staff capacity to carry it through.

## **Recommendations**

It is recommended that Oxfam GB utilises the organisations for collecting information. I.e. in future contracts with partners, OGB makes as condition ongoing information to be collected / provided by partners. What information is collected must be directly relevant to OGB advocacy work.

Oxfam GB should only provide support for activities that have an outreach nature such as research (e.g. as door to door campaigns), awareness talks, lay counselling, group counselling and support groups. These activities should be outreach in nature and spread widely. Such activities along with a broader spread will encourage a feeder system for information collection.

Oxfam must ensure that volunteers are receiving stipends for such activities. This is critical if a stable volunteer base is to play a role. This should be integrated into the contract and follow up that stipends are paid must be made.

Oxfam GB should take the responsibility to provide staff and volunteers on what information is needed. They should ensure that only meaningful and relevant information is collected promoting that less rather than more is collected. In addition, OGB should

collect information directly from partners and even directly from field staff and volunteers. This should be done fortnightly or monthly where information collections meetings are held with all relevant staff and volunteers.

OGB should not only extract information that will feed into its wider advocacy campaign. It should look at a long term capacity building of staff and volunteers who contribute to collection. On going skills upgrade should be provided by OGB covering issues such as research, writing, advocacy, the use of the information provided etc. These can be done as an hour to two hour sessions during every collection meeting.

## 5 Chapter Five: Conclusion

The programme approach was very relevant to the needs and problems presented. The triple burden approach, in addressing HIV/AIDS, GBV and poverty alleviation jointly brought a deeper understanding to clients and provided them with an insight on how break their cycle of abuse. For awareness groups the triad approach gave them a deeper analysis of what was going on and provided them with a foundation on which they could act on. It showed how abuse could contribute to spreading the virus and how poverty contributed to vulnerability to tolerate abuse.

The lull in economic activity alongside the lack of municipal poverty alleviation programmes and activities made the livelihood component of the approach less successful to implement. The cost of the livelihood component needed cooperation from key stakeholders such as government departments and the private sector to make it sustainable. The focus of this component in the future should be to lobby the municipalities and government to conduct more poverty alleviation initiatives.

In general the scale of intervention was small to the scale of the problem. The geographic spread of the area is very wide and unless the outreach strategies are spread out and extensive only a small number in need of services will be reached. This raises the question of whether such is role is that of a NGO/CBO or government. If the programme has to continue implementation must have an outreach focus.

In terms of planning, implementing and reporting as in the project management cycle, not all partners adhered to what was required of them. This is because not all partners understood or had the capacity to carry out their accountability side of the contract. Also not all partners worked to written or agreed to plans. Activities in future agreements should be more narrowly defined with very clear reporting guidelines.

Partners undertook local level advocacy. Only two partners (i.e. TAC and FAMSA) participated in the lobbying for policy changes on a national level. Also the experience is

strongly rooted in lobbying government rather than the private sector. Partners through their client base and outreach work had access to a wide range of information which could assist the building of on the ground cases for advocacy work.

The level of impact that was assessed was immediate and short term. Also the level of impact was low due to the scale of implementation. This is unfortunately a result of project intervention through limited funding. What appeared significantly was that no other donor was funding these projects. The Oxfam fund made a critical difference to partner interventions in the area.

## 6 Annexes

### 6.1 Participants in the Review

[Annex Removed]

### 6.2 Documents reviewed

1.	September 2004 – November 2005	Narrative report	Thusanang Advice Centre
2.	March – May 2005	Narrative Report	Thusanang Advice Centre
3.	Sep 2005 – feb 2005	Narrative Report	Thusanang Advice Centre
4.	2004	Strategy Document	Phelo Ka Kopenelo
5.	1st Nov 2005 – 20th December 2005	Door to door campaign report	Phelo Ka Kopenelo
6.	January 2005	Leadership Training workshop report	Phelo Ka Kopenelo
7.	Nov 2004 – Dec 2005	Progress Report	Phelo Ka Kopenelo
8.	January 2005	Audited financial Statements	Phelo Ka Kopenelo
9.	January 2005	Needs Assessment Workshop	Phelo Ka Kopenelo
10.	December 2004	Progress Report	Phelo Ka Kopenelo
11.	April – July 2005	Project Reports	Phelo Ka Kopenelo

12.	Nov 2004 – Dec 2005	Progress Report	Phelo Ka Kopenelo
13.	Sep 2005 – January 2006	Quarterly Report	Phelo Ka Kopenelo
14.	2005	Board Meeting Minutes	Phelo Ka Kopenelo
15.	February – April 2005	Progress Report	Phelo Ka Kopenelo
16.	31st January 2005	Concept note for Oxfam GB	FAMSA
17.	18th November 2004	Concept Note for Oxfam GB	FAMSA
18.	18th October 2004	Concept note for Oxfam	FAMSA
19.	12/07/2005	Oxfam Progress Report	FAMSA
20.	12/12/2005	Oxfam Narrative Report	FAMSA
21.	31/01/2005	Oxfam Progress Report	FAMSA
22.	3rd May 2005	Minutes of the Executive Committee Meeting	FAMSA
23.	23rd August 2005	Minutes of the Executive Committee Meeting	FAMSA
24.	19th September 2005	Minutes of the Executive Committee Meeting	FAMSA
25.	29th November 2005	Minutes of the Executive Committee Meeting	FAMSA
26.	17th February 2005	Minutes of meeting of Board of Directors	Lifeline Welkom
27.	17th March 2005	Minutes of meeting of Board of Directors	Lifeline Welkom
28.	18th April 2005	Minutes of meeting of Board of Directors	Lifeline Welkom

29.	13th May 2005	Minutes of meeting of Board of Directors	Lifeline Welkom
30.	10th June 2005	Minutes of meeting of Board of Directors	Lifeline Welkom
31.	14th July 2005	Minutes of meeting of Board of Directors	Lifeline Welkom
32.	15th September 2005	Minutes of meeting of Board of Directors	Lifeline Welkom
33.	18th October 2005	Minutes of meeting of Board of Directors	Lifeline Welkom
34.	29th November 2005	Minutes of meeting of Board of Directors	Lifeline Welkom
35.	July – September 2005	Narrative Reports	Lifeline Welkom
36.	November 2004 – January 2005	Narrative Reports	Lifeline Welkom
37.	October 2005	Narrative Reports	Lifeline Welkom
38.	October 2004 – September 2007	Strategic Document	Lifeline Welkom

### ***6.3 Generic Questions***

Criteria for Review	<b>Draft Generic Questions of what we want to know of each focus area</b>	<b>Sources of existing information – where and who</b>
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<p>Relevance of current programme</p>	<ul style="list-style-type: none"> <li>• Is the overall strategy of the project consistent with the problem it is intending to address?</li> <li>• How will your strategy make a difference to the lives of the people you are addressing around the areas of HIV, GBV and Livelihoods?</li> <li>• Will it result in the intended impacts and do you feel that what you are doing in the current programme are adequate to bring about a visible and meaningful change to the lives of the people you are working with or is it just a Band-Aid?</li> </ul>	<p>Documentation Chairperson of the Board Director Staff members Key stakeholder interviews</p>
<p>Effectiveness of current programme</p>	<ul style="list-style-type: none"> <li>• Since the project began, which of the major project aims have been achieved and what are the direct consequences of achieving those aims?</li> <li>• How, and with what, inputs and activities were the aims achieved?</li> <li>• What positive or negative factors were experienced in the course of achieving the aims of the project?</li> <li>• Which factors were particularly useful and which of those acted as brakes, in the course of the project implementation?</li> <li>• What consequences, if any, did any other activities in the project zone have on the project and how were they coordinated and managed?</li> <li>• To what extent were effects achieved as originally planned and expected? To what extent did changes and alterations need to be made?</li> <li>• Did you experience any unplanned and extra outcomes – either positive or negative – as a result of the project?</li> </ul>	<p>Documentation Director Staff members</p>



<p>Impact of current programme</p>	<ul style="list-style-type: none"> <li>• What has been the impact of your project on the beneficiary group?</li> <li>• Do you feel that your project managed to achieve the change required? How much of what was achieved or not achieved came about as a result of your planned activities and how much, do you think, was the result of other factors/contributors?</li> <li>• To what extent do you feel your project is responsible for any changes that have been achieved in the areas you are working on and why?</li> <li>• What changes are taking place in the project environment that is not taking place in the project?</li> <li>• Does the organisation have mechanisms for integrating results of program evaluation into its planning process and for adapting and changing program direction and approach in response to information received?</li> <li>• What types of indicators have been identified to measure achievements of results and how is base line data collected?</li> <li>• How would you redesign you programme to show a higher level of impact on the issues that are being addressed?</li> </ul>	<p>Documentation Director Staff members Stakeholders Target group</p>
<p>Capacity for advocacy</p>	<ul style="list-style-type: none"> <li>• In what way does your organisation see the role of advocacy, campaigning and lobbying in not only helping to meet the projects strategic objectives but also in providing a double/triple impact?</li> </ul>	<p>Documentation Director Staff members</p>

	<ul style="list-style-type: none"> <li>• How has your organisation participated in advocacy, campaigning and lobbying, at a local, national, Pan African or Global level to facilitate your strategic objectives?</li> <li>• Do you feel your organisation has enough of an understanding of how to effectively use advocacy, lobbying and campaigning to bring about a change?</li> <li>• Have you or your organisation participated actively in any advocacy, lobbying or campaigns around the issues your project is attempting to tackle or any others?</li> <li>• Why did you get involved and what have you achieved from your involvement??</li> <li>• What was your role in the advocacy campaign? Or if you have not participated in one what do you think your role – or the role of your project could be?</li> <li>• What did/would you expect to get out of it?</li> <li>• What information did/would you feed into the campaign?</li> <li>• Is your organisation operating on full capacity in terms of staff member numbers and skills? Do you have anyone with advocacy, lobbying or campaigning skills/experience? What is the potential for expansion around advocacy? Has the organisation carried out a capacity assessment?</li> <li>• Has your organisation undergone any advocacy / monitoring / research training?</li> <li>• Does your organisation have the capacity / experience to undertake advocacy research / monitoring / reporting and to participate in</li> </ul>	
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	<p>campaigns?</p> <ul style="list-style-type: none"><li>• Do you know of other organisations in the area that use advocacy, lobbying and campaigning in their work and do you have a relationship/strategic alliance with them?</li><li>• How do you think the local government officials would react if you were to advocate, lobby or campaign on an issue with them? Would they react positively or negatively?</li></ul>	
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## 7 Summary of partners activities

### 7.1.1 FAMSA

In their 'Concept Notes to Oxfam' (dated 18/10/2004, 18/11/2005/ and 31/01/2005), FAMSA aimed to "comprehensively address" GBV, HIV/AIDS and poverty in the Thabong and Bronville areas. This was part of their broader programme where they are active in a number of other townships. Their approach was multi forked, integrating the triad approach in counselling clients, volunteer training, outreach talks and awareness at schools and with the public, stakeholder and networking interactions. In this set of approaches they provided a more intense service to clients through counselling, a sustainable approach through training and lower impact approach through awareness talks.

FAMSA writes: "Attitudinal and behavioural issues will be pursued by means o group life skills to youth and adults in the communities of Thabong and Bronville, focusing on informal settlement, squatter camps area and schools in the area. Training of service providers, CBOs, NGOs and volunteers rendering services in areas will be pursued as we believe this will improve service delivery and expand much needed resources. Services to gender based violence victims will include counselling, therapy, life skills, information, education, group work and entrepreneurial skills training addressing livelihood issues. Ongoing co-ordination and collaboration will take place formally and informally with all role players. Advocacy and lobbying will be part of the process. The programme will pursue an altitudinal change which will be monitored by a baseline evaluation at initiation, and feedback and measuring tools during and at completion to verify the impact on each individual" (dated 18/10/2004, 18/11/2005/ and 31/01/2005).

<b>Objective / Key approach as indicated in the plan</b>	<b>Progress noted for period Nov – Jan 2005</b>	<b>Findings of the Review</b>
Objectives 1 Activity 1 Emotional support counselling and crisis	1018 persons counselled Also exposed to awareness and coping strategies	3 clients indicated that they received a good service, which was helpful to the

intervention to victims of HIV/AIDS and domestic violence.		extent that things are still going well and they do not have to go back to FAMSA.
Objectives 1, Activity 2 Group work, training, capacity building awareness creating. Initiate adult life skills group for women dealing with GBV and HIV/AIDS.	Hector Peterson SC. 10 members completed 11 group sessions. 7 group members completed 9 sessions Reworking manual after review. Sourcing food and clothing A new group of 10 initiated.	Eleven women interviewed indicated that the adult life skills helped them out of a rut or tangle and they feel more assertive and able to make a plan for themselves. They felt the triad approach deepened their understanding of issues.
Objectives 1, Activity 3 At completion of adult life skills programme, motivated women, victims of GBV violence and HIV/AIDS poor employment to enrol in livelihood group expose to entrepreneurial skills	Women identified flower arrangement Two groups finished their growth training and are in various levels of starting their own businesses.	The same 11 women interviewed indicating that they experienced personal growth through work shops and that livelihoods have not come off the ground.
Objective 1, Activity 4 A youth Violence Awareness Programme to deal with attitudinal changes	616 Children session 338 Learners reached in 3 schools.	All 21 learners interviewed indicating that they learned their rights through the process and that it has influenced the way they behave.
Objective 1, Activity 5 Peer education programmes emerging	Peer counsellors trained. Staff member left. Drama initiative taking place.	No one interviewed in this category.

from schools		
Objective 2, Strengthen existing service delivery to victims survivors by training and monitoring members of CBOs and NGOs on request	45 people trained from FAMSA and CBOs. 25 SAPS people trained.  Three NGOs trained covering 52 persons dealing with survivors of Violence, OVC and HIV/AIDS.	Two stakeholders groups were interviewed who indicated that FAMSA delivered a high standard in training.  DSD indicated that the quality of service rendered by FAMSA was very high
Objective 3 To further strengthen FAMSA Welkom services to victims	Additional auxiliary worker employed  10 FAMSA volunteers trained  A staff member attended a 5 day training on integrated domestic violence.  Exchange visit to and from India was depicted as a useful learning for the organisation.	Volunteers found the training excellent.  Shelter staff also requested their volunteers to be trained which they found excellent.
Objective 4 To lobby and advocate matters pertaining to GBV	VEP- 2 meeting participated Policing forum – 4 meetings  Consultative forum /DSD – 4 Meetings in Bloemfontein  W.O.K.K. 3 meetings	DSD networking has collapsed and government has made no initiative on district or provincial level for sharing.

	<p>attended</p> <p>Provincial Life skills forum – one meeting attended</p> <p>DSD forums have collapsed.</p> <p>Matjhabeng HIV/AIDS consortium is active and going well.</p>	
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Three clients were interviewed. Two were long term clients and third was there because her husband was a client and FAMSA requested her to come. All three were successfully helped by FAMSA. They indicated that they came for several sessions and since they stopped coming, things have been well at home. They indicated that they got valuable advice, the staff members had good listening skills and they have grown through the sessions.

As mentioned in the table above 21 school learners were interviewed. For them the well understood session helped them to handle anger, to respect the opposite sex and understanding violence and HIV/AIDS. They felt that the questions asked during the session were answered adequately and the session was handled professionally.

Group sessions that have transformed into livelihood groups were interviewed as well. They felt that the sessions were helpful as they allowed the participants to trust in themselves, how to treat their children, not to tolerate abuse and to speak up against abuse. The sessions were pitched at a standard where everyone understood everything and all questions were answered adequately. They all used the training that was offered and it helped them on a daily basis. One participant said: “Before we came here we were abused and we didn’t even know we were abused. We have learned to do everything for ourselves. We have learnt to respect and understand each other.”

The livelihood groups that have emerged out of this group have not fully materialised. The flower group said that they are starting a small business. Even though training has taken place, taking the next step is not that easy for group members.

Most volunteers heard about the FAMSA opportunities through the newspaper. They understood their role as being reaching where the staff of FAMSA cannot reach. They received basic counselling training, learning to understand themselves and the feelings of others. The course covered HIV/AIDS and domestic violence. The group said that the course equip them to carry out their duties.

The three stakeholders were interviewed indicated that their working relation with FAMSA was healthy and cooperative. All indicated that FAMSA carries out a very high quality of training. They have utilised them extensively and find their approach very holistic.

Participants indicated that FAMSA was quite well known in Welkom and the surrounding towns and villages. The DSD thought that this was largely a result of them rendering services to schools. The DSD also added that they are fairly well known in government departments.

### **7.1.2 Lifeline**

Life is based in Welkom. Unlike the other organisations, Lifeline is not as well known in the surrounding areas because of until recently, it did not carry out outreach work. The change of leadership which occurred in 2003 that shifted Lifeline from a telephonic counselling organisation to an organisation with an outreach focus, providing services in the surrounding townships, and since the profile of the organisation has increased.

Lifeline provides a 24hour counselling service. It provides GBV counselling, outreach awareness work in schools and with members of the public, it provides training on the triad approach on request and with it volunteers. It participates in key campaigns, largely through awareness type work.



Not all of what Lifeline planned for was carried out. Also in the strategic plans made available there was not mention of the counselling work carried out by the organisation.

Objective /activities of Life Line	Key approach as indicated in the plan	Progress noted for period Jan -July 2005	Findings of the Review
<p>Goal 1 Objective 5: To develop and initiate a capacity building programme for new and old staff on the Community Outreach process, as part of consolidating the organisation into a more strategic and proactive community development NGO</p>	<p>To draw on existing programme run in the area by government, NGOs and Business;  To develop an appropriate capacity Building Programme based on Community Development and project management aimed at mainstreaming GVB into programme</p>	<p>No report received on this</p>	<p>Volunteers interviewed felt that the training received was very good and gave them the confidence to carry out their services. They were only receiving R 500 per month stipends for 17 volunteers for three days of service.</p>
<p>Goal 2 Objective 1: To conduct <b>social mobilization</b> activities aimed at disseminating information to the target groups and stakeholders on the new outreach</p>	<p>To engage community structures and local leaders in the three impact areas  Engage and work together with existing Gov, CBOs</p>	<p>1129 participants reached at schools through education.  105 Youth on HIV/AIDS  890 on Trauma Debriefing</p>	<p>A participant from the St Luke Catholic Church indicated that they really assisted the youth to understand ABC of HIV/AIDS and GBV</p>

<p>programme between October 2004 and February 2005</p>	<p>and NGOs in the impact areas</p> <p>Hold activities in communities (schools, churches, Youth and Women's groups, societies, business etc)</p> <p>Present the new programme framework to respective community structures</p> <p>Distribute information materials</p> <p>Engage local radio Community Stations for slots and introductory discussions</p>	<p>550 on HIV/AIDs Support</p> <p>75 youth on Substance Abuse</p> <p>88 Parents at Mokgwabong Intermediate School Learners and Educators at Dirisanong Public School.</p> <p>240 Attended a church awareness talk</p> <p>94 Educators/ parents and learners at Lemotso Primary School</p> <p>104 participants in the men's League Launch</p> <p>12 Learners on Lifeskills at Thoyagauta Senior Secondary School</p> <p>34 people from</p>	<p>Training carried out on abused women with churches also received positive feedback</p> <p>Lifeline carries out educational talks at schools, on HIV/AIDS GBV and life skills.</p>
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		<p>DoH, LL Educators and Lesedi Lechabile</p> <p>Expo attended by 53 Educators from 33 schools</p> <p>16 community members and men's Forum attended a w/s on legislation and men in action.</p> <p>17 Livelihood participants in DVA and Intro to Men's League.</p> <p>27 participants on the awareness of HIV/AIDS and VCT</p>	
Objective 2: To <b>launch</b> the GBV, HIV/AIDS & poverty alleviation training and education community outreach programme in January, 2005	To evaluate the outcome of the launch and produce a report	No report received on this	No opportunity to asses this in the review.
Objective 3: To	To invite a select	5 Counsellors	Interviews with

<p>initiate the outreach programme by <b>training</b> a select group of community leaders on leadership development and human rights issues (pertaining to GBV and HIV/AIDS) and using them to reach out to communities aimed at providing capacity to local structures and in the process, contextualising the outreach programme</p>	<p>set of leadership from community structures for the skills training &amp; institutionalisation workshops</p> <p>To train local leaders in human rights issues as part of contextualising the project in the community</p> <p>To provide support and follow-ups as a strategy or the Buy-in to provide capacity building training and technical support in strengthening local structures for the outreach programme</p> <p>To select some leaders to become part of the outreach programme</p>	<p>attended a w/s by DOJ on gender equality</p> <p>In service training to all counsellors on Trauma Management</p> <p>Workshop with Board members</p> <p>19 Counsellors were trained at Kopano Outreach Centre on managing counselling and a rape victim.</p> <p>Correctional services training of 37 inmates on HIV/AIDS</p> <p>24 Counsellors attended counselling skills and record keeping.</p> <p>10 people in personal growth and life skills.</p>	<p>Correctional Services indicated that the Lifeline was available and provide a good service.</p>
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		<p>26 Correctional services officers trained on the triad approach</p> <p>40 key stakeholders participate on the triad approach discussion.</p> <p>54 board members, counsellors and trained on STIs, HIV/AIDS and TB.</p> <p>10 staff and men's League trained on effective presentation skills.</p>	
<p>Objective 4: To facilitate the implementation of 6 <b>income generating</b> activities with Youth and Women's groups as part of providing entrepreneurial support to GBV and HIV/AIDS affected households in order for them to earn the much –needed</p>	<p>To identify potential youth and women's groups from the environmental scan</p> <p>To engage and consult these groups on suitable local enterprise/survivalist project</p> <p>to identify and contract an IGA</p>	<p>No report done on this</p>	<p>Interview with the Department of Local Government and Housing indicated that negotiating around land issues and that they were allocating land for poverty alleviation projects.</p> <p>Groups initiating the vegetable gardens indicated that LL</p>

<p>income</p>	<p>expert to facilitate the whole process</p> <p>To develop business and leadership/management training materials</p> <p>To facilitate and assist groups in feasibility assessments</p> <p>To select appropriate individuals from each group to attend training</p> <p>To train participants in relevant skills for survivalist projects</p> <p>To assist IG groups in preparing business plans towards start-ups</p> <p>To train &amp; facilitate the establishment of IG projects at group level</p>		<p>provided them with support setting up gardens and DOA will provide further training</p>
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	To provide technical support (assistance) to respective groups in the establishment & management		
Objectives 5: To facilitate the implementation of GBV and HIV/AIDS project activities in Virginia, Thabong and Odendaalsrus through the Community Outreach Centres Programme	<p>To plan quarterly workshops on human rights, moral regeneration, GBV and HIV/AIDS education and awareness</p> <p>To incorporate trained community leaders in the planning and orientation at impact area level</p> <p>To make follow-ups to respective community structures as part of supervision and monitoring</p>	127 School leavers and educators were addressed on abstinence, prevention of pregnancy, gangsters and alcohol abuse	No opportunity to asses this in the review.
Objective 6: To plan, facilitate and organize Calendar Events (in relation to Human Rights) in conjunction with	To engage government departs and NGO on plans and strategies for their respective dates and events	Gender and global call to action against poverty – regional consultation was attended	

<p>stakeholders and community structures in each impact area, geared at linking education and awareness sessions to actual activities during the year (Youth day, Human Rights day, 16 days of Activism AIDS day etc.)</p>	<p>To engage respective impact areas in synchronizing activities in specific days</p> <p>Organizing and coordinating activities during specific calendar dates/events</p> <p>Making follow-ups on specific community structures and households to assess impact</p> <p>To capture experiences, lessons learnt and impact on target population</p>	<p>34 Educators on Worlds Aids Day commemoration</p> <p>500 people at Kutlwanong Community Hall on the triad approach.</p> <p>My dear Child event with 83 participants the triad approach.</p> <p>66 people at Full Gospel Outreach centre on the triad approach.</p>	
<p>Not in plans</p>	<p>Counseling of clients</p>	<p>1040 clients counselled for the period under review</p>	<p>No clients were interviewed.</p> <p>Clients that became part of groups were interviewed and indicated that the</p>



			<p>support received from them helped them with their self esteem and confidence.</p> <p>They indicated that the premises in ... was too small and the landlord was constantly intruding on sessions.</p> <p>The referral system is working well according to SAPS.</p> <p>Lifeline carried out counselling at schools.</p>
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On the whole the feed back received in regard to Lifeline's effectiveness was positive. These are discussed along with a few negative issues that emerged:

- The GBV and PWA clients that were interviewed found Lifeline to provide a quality service. One negative issue that emerged was that the counselling rooms were of poor quality. The landlord intrudes on their counselling sessions.
- Participants of the review that participated in the awareness talks of Lifeline found the talks informative with useful information.
- The Correctional Service stakeholder indicated that the service provided to the Correctional Service by lifeline was of good quality. This was important as conditions in the prisons were overcrowded and under serviced. In this regard Lifeline plays a useful role and the prisoners were trusted them as a service provider.

- Lifeline requested that the consultant witness an awareness talk they were to carry out with Melding High School educators. This is the findings from the evaluation forms. Of the 36 Educators who attended the workshop, 13 completed the evaluation form, and of these 8 found the input useful, while 5 found the input lacking.
- The Head of life skills at Lebogang Secondary School said that Lifeline offered a good lay counselling service to learners at the school, making a difference to confidence and the self esteem of the learners. None of the learners counselled were interviewed to verify this.
- The upward and downward communications flows within Lifeline were described as poor by participants interviewed. Although this was not a question asked, it was said during interviews. Also this issue talks to efficiency of the organisation, it came out in interviews and impacts on the effectiveness of the organisation.
- The Men's League appears to be a successful initiative of LifeLine.
- Lifeline has really worked hard to get the livelihood component off the ground. One of the big achievements has been that they actually set up livelihood groups with PWA and GBV members. Participants indicated that Lifeline helped them with self esteem and confidence. The support group and the livelihood group have helped to boost their moral.

### **7.1.3 Thusanang Advice Office (TAC)**

TAC has existed in Phuthaditjhaba and the surrounding areas for over ten years, and is very well known. The initial services of the organisation were to provide advice on legal matters to community members free of charge. The services of the organisation grew. Currently the organisation continues to provide advice on legal matters, but in addition, it also provides lay counselling services, awareness talks and in depth training. The organisation is very active in advocacy campaigns.

The organisation has planned well and has implemented its plans accordingly. The reports are clear.

The following outlines the reports in accordance to the plans.

Thusanang Advice Centre Objective /activities as indicated in the plan	Progress noted for period under review drawn from partners reports - 2005	Findings of the Review
<p>Goal Two</p> <p>To implement an integrated programme focusing on gender based violence, HIV/AIDS and poverty in order to reduce the impact of those who are mostly affected.To provide direct counselling support and legal advice to 35 survivors of gender violence per month in Qwa Qwa.</p>	<p>319 Clients counselled during the period</p> <p>56 Maintenance cases emerged</p>	<p>Maintenance clients were part of the review and found the services of TAC as excellent.</p> <p>All clients interviewed were for Maintenance and all acknowledged the excellent service received from TAC. The contacts in the court were cooperative because of the TAC effort.</p>
<p>To establish a referral network for survivors of gender violence and people who are affected and infected with HIV/AIDS in Qwa Qwa.</p>	<p>Ongoing</p>	<p>Stakeholders interviewed found TAC to be cooperative and providing good services to the clients that they referred to TAC.</p> <p>SAPS indicated that they had no negative comeback on the referral to TAC.</p>
<p>To enhance knowledge and skills of staff in their response to HIV/AIDS and gender violence in order to provide effective quality service in Qwa</p>	<p>HIV/AIDS training for staff members</p> <p>India visit</p>	

Qwa		
To create awareness about the negative impact of gender violence and HIV	<p>Three workshops carried out at Bolatoa Village NG Kerk Tebang Village and Namhadi Village</p> <p>Traditional leaders workshop conducted on 31<sup>st</sup> March 2005 reaching 154 people.</p> <p>30 Traditional Leaders trained on Domestic Violence</p>	<p>Interview with one traditional leader found the training useful well conducted but not far reaching in so far as not many traditional leaders received training. He indicated that there are about 20 Lutunas in the area and one Chief and TAC only trained 5 Lutunas.</p>
To lobby and advocate for effective implantation of DVA and MA	<p>15 Police officers trained in Qwa Qwa</p> <p>21 health workers trained in Qwa Qwa</p> <p>Teboho Primary 69 community members</p> <p>St Bernard Church 43 community members</p> <p>Kgoledi Ya Manka Primary 63 Community members</p> <p>Mandela Park Hall 44 community members</p>	<p>Maintenance workshop good and setting up of maintenance forums were sustainable.</p> <p>Setting up of the men's forum was gaining ground.</p> <p>Dialogue meeting a very successful approach to get the systems to run smoothly.</p> <p>A health worker interviewed indicated that the training received was very good.</p>

	<p>Kgoledi 44 Community members</p> <p>Two dialogues held at the Maintenance office at Phuthaditjhaba with 79 people attending</p>	<p>DSD utilise the TAC extensively for training and said that they are well conversant with issues, well trained and they facilitate well.</p> <p>TAC participated in the training for nurses at the nurses college. Lecturers said the course provided a practical edge for student nurses on tackling HIV/AIDS GBV and Poverty.</p>
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TAC approached existing livelihood groups and offered free training, food, and start up money. All the groups interviewed were very grateful. Some members of the group were recruited into Maintenance forums or Men’s Forums. The groups were not drawn from clients that received counselling. The members were not necessarily positive. They also received training on skills development but not all received training on the triad approach. This is expanded on in the conclusion of this report.

The training and lecturing conducted by TAC was of excellent quality and up graded the knowledge of those who participated in the events.

The outstanding achievement of TAC is the work done in regard to maintenance. It is discussed below in detail in the Advocacy section. It must be noted that maintenance as an issue lies on periphery of GBV issues and is not central to GBV issues. However maintenance is the central focus of TAC and came out as the one activity that TAC was very well known form.

#### 7.1.4 Pheko ka Kopanelo (PKK)

PKK is situated in Phuthaditjhaba and Kestell. It runs a series of activities in which only a few are funded by Oxfam GB. PKK drew up the original plan in 2003. Part of the plan was to conduct door to door research / awareness drive. There were two direct impacts from this activity. Firstly the organisation got very well known. The other is that it shifted its focus deeper into HIV/AIDS care work. The organisation set up a hospice with the Oxfam GB fund. The hospice was presented for review by the organisation when the evaluation took place.

The Hospice was not part of the original strategic plan presented – that was approved for funding as can be seen below. Also the organisation produced poor quality of reports that got worse after the capacity building exercise on report writing took place. In PKK's Report for Two Years (2003-2005) the project indicated its interest in the Hospice work (see report September 2005 – January 2006). Here it states that the organisation will "provide rehabilitation services at grass roots level".

The review was able to ascertain the following:

- The organisation was working deeply in hospice type activities and this seemed to be the primary focus;
- The organisation continued to do awareness work on the triad approach;
- GBV counselling was referred to TAC and some marriage counselling took place in the organisation;
- The livelihoods component which was well established by the organisation had little to do with the triad approach but was an ongoing service the organisation offered to the community, although the food gardens seem to have some link; and
- The organisation was playing a critical role in policy development in Phuthaditjhaba.

The following is the plan / reports and the findings of the review:

Objective /activities of PKK	Key approach as indicated in the	Progress noted for period	Findings of the Review
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	plan	Jan -July 2005	
Objective To conduct quarterly awareness and information campaigns which coincide with national and international events for HIV/AIDS, violence against women and children , Human Rights, environmental awareness etc. aimed at reaching 20 000 people mostly youth .	<p>4. Conduct one community march per quarter ending in drama song and dance performance as part of awareness information and education strategy.</p> <p>5. Participate in 6 world events i.e. World Aids Day, Condom week, Candle Light Memorial, HR day, Women’s Day.</p> <p>6. Conduct monthly door to door visits to educate households about HIV/AIDS, GBV and self employment.</p>	<p>Worlds Aids Day organised 16 days of Activism against women and child abuse</p> <p>Materials obtained and distributed</p> <p>Community gathered for National Youth Day.</p> <p>Door to door was carried out in Kestell and Monontsha</p>	Received feed back from stakeholder and staff member / volunteer interviews.
Objective 2. To publicise PKK programme through a quarterly newsletter, talks on community radio	Determine information that must be communicated to the public about PKK programmes	No reports on this.	Talks on the radio have been successful and a few listeners have broken their silence over the radio.

and articles published in the local newspaper.	Arrange with the local radio for 2 youth to host a youth talk show once a month.		
Objective 3. Conduct bi-annual life skills training camps for 100 youth during Jun-Dec on sexuality, GBV HIV/AIDS, Human Rights , Gender issues, environmental awareness and entrepreneurship starting in June 2005.	Develop a programme for youth camps indicating topics and resource people etc. Set dates and carry out.	No reports on this.	No evidence presented in the review.
Objective 4. To conduct peer education and counsellor training workshop for 25 peer educators and 25 counsellors every six month in Mar-Sep.	Develop a peer educator and counsellor training programme for youth. Coordinate training and obtain training report.	50 youth trained as lay counsellors 34 Youth in place of safety parents	No youth interviewed.
Objective 5. Facilitate quarterly peer education and training sessions by peer educators	Hold a planning session with youth to carry out peer education programme.	Difficult to trace this in the report.	Not picked up in the interviews. – Although Sixteen theatre groups perform covering



for 1200 youth in the Community starting in May 2005.	Assist peer educators to mobilize youth.		the content of life skills , HIV/AIDS and GBV. So far there have been 35 performances reaching about 3500 learners and community members.
Objective 6. Conduct weekly counselling sessions for 30 clients per week for HIV/AIDS infected and affected and survivors of GBV. HR abuse etc. starting in Feb 2004.	Publicise and carry out counselling.	103 clients were reported during one quarter.	The GBV counselling has been referred to TAC. VCT is counselling and marriage counselling takes place at PKK.
Objective 7 Conduct small enterprise management workshops for 40 youth twice a year.	Invite applications, and select application as per criteria. Obtain training reports	120 students recorded for the first half report.	PKK has six gardens about 3 ½ acres in total. 850 youth have been trained in computer operations, hair dressing and project management. This in not fully funded by Oxfam.

According to a stakeholder interviewed, PKK is having quite an impact with the hospice. The approach of the hospice was to provide spiritual counselling and to help the patients feel part of the church been successful and has given the organisation credibility in the church and in the community. Several stakeholders indicated that the Hospice now needed gloves and medication, a doctor, nurses etc. and this is what needed to be fundraised for.

The door to door campaign had success and was effective according to stakeholders interviewed. The door to door campaign revealed a lot of sickness in the home which led to deepening the work of the hospice.

Several participants interviewed indicated that the organisation has had a big impact on the community, particularly on HIV/AIDS awareness. They indicated that there was a change in behaviour of the youth. Also in the community there appeared to be less of a stigma related to HIV/AIDS.

The staff members thought that what has worked very well was the counselling. When queried what was special about it, they said it was carried out with passion, and that there was a spiritual component to it. In regard to VCT, there has been positive feedback from clients – many of the youth that came for testing trusted the organisation. The counselling carried out with PWA helped them cope with their illness. PKK does carry out marriage counselling prior to marriage for new partners. They also carry out counselling when there are disputes in the home. They discuss the issue of HIV/AIDS with partners. It was also indicated that much of the GBV cases were referred to TAC.

For participants in the review form PKK, indicated that poverty was dealt with through the gardens. The project utilises land with good quality soil, they use organic composting and mulching techniques and rely on rain water. They yielded a high level of produce and people had the opportunities to sell vegetables. This brought money and kept a level of independence for those involved in the gardens. More women were trained to sell.

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First published online by Oxfam GB in 2010.

This document is part of a collection of programme evaluations available from Oxfam GB in accordance with its evaluation policy.

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