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Independent project evaluation of the

**Establishment of One-Stop Centres to  
Counteract Violence against Women in  
Pretoria and Vryburg**

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# ACRONYMS

CSO	Civil society organisation
DoH	Department of Health
DoJ	Department of Justice
DSD	Department of Social Development
DSDWCPD	Department of Social Development, Women, Children & the Disabled
GBV	Gender based violence
NICRO	National Institute for Crime Prevention and Reintegration
SAPS	South African Police Service
UNODC	United Nations Office on Drugs and Crime

# EXECUTIVE SUMMARY

## Project Summary

The goal of this project was to establish two multi-disciplinary One-Stop Centres (one in Sunnyside, Gauteng, and another in Vryburg, North West, South Africa) for the empowerment, protection, support and safety of survivors and victims of gender-based violence (GBV). The project started in August 2008, under the auspices of the United Nations Office on Drugs and Crime (UNODC) Regional Office for Southern Africa, and was handed over to the Government of South Africa at the end of May 2012.

In response to a country context of alarmingly high rates of violence against women and children in South Africa, One-Stop Centres have been established to provide a multi-disciplinary range of services (legal, counselling, medical and forensic). The centres in Vryburg and Sunnyside were also established with the aim of:

- (a) providing crisis accommodation for women and children who have suffered abuse;
- (b) conducting sensitivity training with service providers;
- (c) conducting programmes for perpetrators in an effort to break the cycle of violence; and
- (d) public education and awareness activities on GBV.

The purpose of this evaluation is to ascertain whether the project has achieved its intended objective, and reflects on the impact of activities carried out; whether the project met its outputs; the constraints that affected successful implementation; possible corrective actions for further project sustainability; the roles of partners in achieving the ultimate project goal; Recommendations for the Government for achieving sustainable impact after project handover; and lessons learned.

The evaluation covers the period of project implementation up to and including its handover to the government of South Africa. In order to answer the evaluation questions all documentation related to the project's planning and implementation was reviewed, partners from the UN, government, civil society, project staff, advisory committee members and other stakeholders were interviewed and site visits were conducted to both sites in order to understand the context and realities within which the two Centres function.

## Key Findings and Conclusions

One Stop Centres should actively promote their services, undertake public education and awareness-raising in local communities, and ensure increased referrals by criminal justice system, police and health services on an ongoing basis

to optimise the use of available services and facilities and increase access to the One Stop Centres to all who need it.

In order to optimise the use of services and facilities, and incentivise staff efforts to promote services and facilities to all who need it, the extent to which Centres' services are used by local communities, levels and extent of public education and awareness-raising efforts (in communities and among referring partners) and advocacy for sensitive provision of services should be included in the performance measurement of staff working at the Centres.

Some key **achievements** include:

- (a) Centre premises were identified, staff were recruited and trained, and equipment was procured;
- (b) The perpetrator programme was conducted by the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO) in both locations;
- (c) Civil society organisations (CSOs) were included in activities, events, implementation and in Advisory Committees;
- (d) Awareness activities were conducted to increase community awareness of GBV;
- (e) Programme marketing and audience-appropriate awareness-raising materials were produced and disseminated;
- (f) Educational programmes were implemented in education institutions in both locations;
- (g) Operational protocols for the functioning of the Centres were developed;
- (h) Survivors of GBV received support, treatment and counselling through the Centres;
- (i) Centres were promoted among stakeholders towards securing longer-term cooperative relationships.

Some key **challenges** include:

- (a) Challenges in identifying (in the case of Sunnyside), securing and preparing appropriate Centre premises that could accommodate all of the requirements and functions of a One Stop Centre hampered and delayed project implementation and service provision;
- (b) Delays in formalising agreements and partnerships (including with government) to secure meaningful collaboration substantially delayed project implementation;
- (c) Delays in securing appropriate crisis accommodation at both sites delayed project implementation;
- (d) Several practical aspects relating to the provision of cleaning and maintenance services, and the timely payments of electricity, water and telephone bills impacted on the smooth functioning of the Centres, resulting in long stretches without such services;
- (e) High staff turnover at all key entities impacted negatively on timely and stable implementation of the project;
- (f) Handover mechanisms from UNODC to government were undertaken in a way that resulted in service interruptions, impacting on sustainability.

## Key Recommendations

### ***UNODC***

Based on UNODC's accumulated body of experience of supporting the establishment of One Stop Centres, and the interest in this modality from other countries, UNODC is encouraged to:

(a) Develop a step-by-step 'how to guide' to establishing One Stop Centres. Such a guide would include attention to the relationship, practical, political, planning, operational and implementation considerations, including coordination and management of multi-stakeholder partnerships; the time, effort and resource requirements for securing sustainable collaboration; attention to practical issues (including access to and payment responsibilities for electricity, water, telephone lines, cleaning and maintenance services; security requirements of 24 hour facilities and accessibility and public transport considerations); ideal formal agreements (including Memoranda of Agreement and Understanding that integrate political, administrative and implementing roles and responsibilities) among partners; methods for counteracting challenges, and safeguarding continuity and sustainability for effective implementation. This step-by-step guide would act as a practical resource and 'blue-print' for establishing and sustaining One Stop Centres;

(b) Develop a documented resource (print and online) that draws on the expertise developed by UNODC, reflecting on lessons learned (positive and negative) from the South African experience of supporting One Stop Centres and Victim Empowerment support centres for learning and sharing.

(c) Include CSOs as equal partners at the outset, and to develop Memoranda of Agreement and Understanding among all partners with clear roles and responsibilities;

(d) Improve handover mechanisms and processes based on challenges to date;

(e) Integrate Mid Term Reviews for crucial stock-taking, reflection on progress, resolving challenges and blockages and making strategic changes in future endeavours;

(f) Continue to support integrated and ongoing gender transformative sensitivity training efforts to service providers including police, criminal justice, counselling and healthcare workers towards securing sustainable institutional change in practice.

### ***Government***

Government is encouraged to:

(a) Mainstream and integrate gender sensitivity training into the core formal training curricula (of nurses, doctors, police, magistrates, public protectors, social workers) to achieve the desired levels of institutional behaviour change required;

(b) Require on-going cycle of gender aware sensitivity training for service-providers (including police services, health care personnel, criminal justice system staff and social workers) both at local area level with local stakeholders and referring partners, and more broadly, to ensure long term institutional change is continuous;

(c) Continue to support and invest in ongoing public education and awareness-raising regarding GBV, gender equality and women's rights at local Centre and national levels; and

(d) Continue to support efforts for rehabilitating perpetrators of GBV on a coordinated basis, including offender referrals from the criminal justice system (both in the communities surrounding the Centres, and more broadly).

# SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

<b>Findings<sup>1</sup>: problems and issues identified</b>	<b>Evidence (sources that substantiate findings)</b>	<b>Recommendations<sup>2</sup></b>
Significant delays in project implementation	Reports and Interviews	UNODC should integrate the following elements into the project plan: <ul style="list-style-type: none"> <li>• Develop a comprehensive ‘How-To’ Guide for setting up 1-Stop-Centres effectively and efficiently</li> <li>• Early identification of government implementation lead officials (not only political leads)</li> <li>• Conduct a project Mid-Term Review and respond appropriately to findings</li> <li>• Reflect on and document lessons learned to inform future practice and implementation model</li> </ul>
Difficulties in securing and preparing Centre premises (Sunnyside)	Advisory Committee meeting minutes, Interviews and Progress reports	Both UNODC and government counterparts should practice greater flexibility in securing appropriate government owned premises as a part of the agreement
Disruption of services due to lock-out (Sunnyside)	Interviews and Reports	
Delays in securing appropriate crisis accommodation	Advisory Committee meeting minutes, Reports and Interviews	
Delays in formalising partnerships	Advisory Committee meeting minutes, Reports and Interviews	UNDOC should ensure the following: <ul style="list-style-type: none"> <li>• Early identification of government implementation lead officials</li> <li>• Work with CSOs and NGOs</li> </ul>

<sup>1</sup> A finding uses evidence from data collection to allow for a factual statement.

<sup>2</sup> Recommendations are proposals aimed at enhancing the effectiveness, quality, or efficiency of a project/programme; at redesigning the objectives; and/or at the reallocation of resources. For accuracy and credibility, recommendations should be the logical implications of the findings and conclusions.

		<p>from the outset</p> <ul style="list-style-type: none"> <li>• MoUs for all implementing partners with clear expectations, roles and responsibilities as part of project agreement documents at the outset</li> </ul>
Disruption of services due to lack of electricity, water and phone lines	Reports, Interviews and Site visits	<ul style="list-style-type: none"> <li>• UNODC should ensure more explicit MoUs outlining roles and responsibilities of all partners, including formalised relationships between government departments</li> <li>• Improved handover systems to avoid disruption in services during handover periods</li> </ul>
Sensitivity training for service providers (police, health, criminal justice, counselling) insufficient for creating sustainable, gender transformative institutional change	Interviews and Reports	<p>Government should incorporate and UNODC should support the following:</p> <ul style="list-style-type: none"> <li>• Invest in long-term gender transformative strategies aimed at institutional behaviour change</li> <li>• Conduct integrated, continuous, cyclic training for all service providers (including gender sensitivity)</li> <li>• Conduct advocacy programmes for gender aware, victim-empowerment oriented curricula change in service providers' formal training</li> </ul>
No public transport access to Vryburg Centre; difficult to access for potential users of services	Interviews and Site visits	<p>Government should ensure: Provision for access to transport for survivors via UNODC-provided vehicle, police services and state vehicles provided to social workers and health personnel</p>
Risk of under-utilisation of One Stop Centres' services and facilities	Site visits and Reports	<ul style="list-style-type: none"> <li>• One Stop Centre staff need to be pro-active at referral awareness, promotion of services and facilities available in communities on an ongoing basis to maximise use of Centres' services congruent with scale of GBV and needs of survivors. This proactivity should be incentivised in staff performance measurement.</li> <li>• Ensure that all relevant service providers, government departments and CSOs have information on the Centres.</li> </ul>

Insufficient handover mechanisms have negative effect on service delivery of Centres	Interviews and Site visits	UNODC should ensure improved handover mechanism that is more explicit to ensure that services are not interrupted during the handover phase
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# I. INTRODUCTION

## Background and context

South Africa has progressive laws and policies in place to safeguard the rights of women and girls, and its levels of women's representation in the political sphere make it a global leader. At the same time, the country has the dubious distinction of being the rape capital of the world<sup>3</sup> recording among the highest international statistics of violence for any country not at war.

While South Africa increasingly meets formal equality measures and targets, and is a signatory to all major global human rights and women's rights conventions and declarations, the reality for the vast majority of women and girls tells a different story. According to a South African Medical Research Council (MRC) study conducted in the Eastern Cape and KwaZulu Natal provinces in 2009, more than 25 per cent of South African men interviewed have raped, and for every 25 men accused of rape, only one is convicted of the crime.<sup>4</sup>

Another MRC study found that 1 woman was killed by her intimate partner every 6 hours in South Africa, one of the highest recorded intimate homicide rates anywhere in the world.<sup>5</sup> Pervasive gender-based violence (GBV) is clearly a major threat to women's rights and security in South Africa. This is in a context of strongly patriarchal power relations, high levels of poverty, unemployment and inequality for the majority, and a long history of violence and violation that continues to perpetuate itself in the present, with little sign of abatement, particularly regarding sexual and GBV.

South Africa has a disturbingly low rate of successful conviction of rapists<sup>6</sup> with high levels of irregularity in the process of securing convictions resulting in the dismissal of cases on the grounds of 'insufficient evidence' to convict. In cases of successful conviction, rape sentences are often minimal despite the introduction of mandatory sentencing, with successfully sentenced rapists often released early, only to rape again,<sup>7</sup> creating a culture of impunity for rapists. While rapists are not all young men, an alarming number of the rapists across the various shapes and forms of rape tend to be young. In some cases the rapists are boy children as young as nine.<sup>8</sup>

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<sup>3</sup> Cited from UNODC, CTS12 – Sexual Violence: Highest rate of rape per capita based on the number of police-recorded offences.

<sup>4</sup> *Understanding Men's Health and Use of Violence: Interface of Rape and HIV in South Africa* South African Medical Research Council study, 2009  
<http://www.irinnews.org/Report.aspx?ReportId=84909>

<sup>5</sup> *A National Study of Female Homicide in South Africa*, MRC Policy Brief No.5, June 2004.

<sup>6</sup> Conviction rates are as low as 5%. See <http://www.oneinnine.org.za>

<sup>7</sup> *South Africa Violence Prevention Model and Action Plan*  
[http://www.unicef.org/southafrica/SAF\\_resources\\_violenceprevmodel.pdf](http://www.unicef.org/southafrica/SAF_resources_violenceprevmodel.pdf) accessed on 15 July 2012

<sup>8</sup> *We have a Major Problem in South Africa*

The South African Government has initiated various legislative measures, services and general awareness-raising activities related to combating GBV. Civil society organisations (CSOs) have been involved and are often at the forefront of efforts to support survivors, create greater public awareness of the problem, lobby and advocate the state and its organs to protect women's rights, and to strengthen the criminal justice system and other public service delivery mechanisms in favour of protecting the rights of survivors. At many levels there is a public articulation of willingness to combat violence against women and children, but the harsh reality on the ground reflects an urgent need to strengthen women's security from violence in the face of widespread GBV.

Given the magnitude of the situation, systems in place to support survivors, improve state accountability to women through the criminal justice system, and increase public awareness with the aim of behaviour change are severely under-resourced.

In response to this situation, UNODC has been supporting South Africa's efforts to address violence against women through the setting up of multi-disciplinary services for victims and survivors of GBV, counselling and support groups for male perpetrators and potential perpetrators since 1999. Over the period 1999 – 2005, UNODC successfully implemented a project entitled "Establishment of One-Stop Centres to counter violence against women" in collaboration with the Department of Social Development (DSD) of the Government of South Africa. This project established three victim-assistance centres in three provinces in South Africa. The most recent of these centres, located in Upington in the Northern Cape, was handed over to the Government of South Africa in April 2005.

In the project under evaluation, UNODC was building on its successful prior experience of supporting the development of South Africa's multi-disciplinary One-Stop Centres for victims of violence by establishing two new Centres as one-stop facilities. UNODC received funding of \$1,458,945 from the UN Trust Fund for Human Security to implement the two new Centres. The project started in August 2008 and was handed over to the relevant provincial government departments at the end of May 2012.

The intervention *logic* of the One-Stop Centres under evaluation is to provide women and child survivors of violence with all of the multi-disciplinary services required to support them during a deeply traumatic time with holistic services under one roof. The project goal was also aligned with the third Millennium Development Goal: "Promote gender equality and empower women".

In addition to providing victim-friendly services, this project included supporting measures targeting the perpetrators of violence against women, community level awareness-raising and training and sensitisation of criminal justice agencies, social service providers and other stakeholders to provide for better treatment of the abused and the vulnerable and to ultimately achieve a reduction in the levels and extent of GBV.

The purpose of the centres is to:

- (a) provide counselling and support, particularly for women and children exposed to GBV;
- (b) raise community awareness on issues of GBV through workshops and educational programmes;
- (c) provide sensitivity training to service providers such as the South African Police Service (SAPS), social workers, health care workers and members of the community;
- (d) provide perpetrator rehabilitation programmes;
- (e) provide crisis accommodation, legal advice and medical services to victims and survivors of violence.

The project was based on the central premise that the provision of services for victims and perpetrators of violence against women and children will increase women's security, empower women and sensitise men to break the cycle of violence (and in turn, promote gender equality, MDG3).

### ***Purpose and Scope of the Evaluation***

The main objective of the project was to: **Promote the protection of survivors of GBV and to empower them through effective support, services and safety measures in Vryburg (North West Province) and Sunnyside (Gauteng Province).**

The purpose of this evaluation is to ascertain whether the project has achieved its intended objective, and reflects on:

- (a) the impact of the activities carried out;
- (b) whether the project met its outputs;
- (c) the constraints that affected the successful implementation of the project;
- (d) possible corrective actions for further sustainability of the project;
- (e) the roles of relevant partners in achieving the ultimate project goal;
- (f) possible recommendations for the Government with regard to achieving sustainable impact after the project handover; and
- (g) lessons learned.

The evaluation focuses on outputs, outcomes and impact over the period of the project (August 2008 to May 2012), conducting, in particular:

- (a) an assessment of the efficiency of the programme planning and implementation (including managerial support and coordination methods used by UNODC);
- (b) an assessment of the role played by the Advisory Committees in the implementation of the project;
- (c) a review of any challenges and constraints encountered during the implementation of the project;
- (d) an assessment of the relevance of project activities for beneficiaries;
- (e) an assessment of the progress made towards achieving project results;
- (f) an assessment of intended and unintended results/impacts on beneficiaries;
- (g) an assessment of the sustainability of the project;

(h) a review of the extent to which gender and human rights have been taken into account; and

(i) recommendations based on good practices and lessons learned for future replication or on-going projects with the UNODC and/or other actors.

## Evaluation Methodology

By triangulating the information from documents reviewed, interviews with key stakeholders (including programme staff, the relevant government representatives, partner civil society organisations, committee members) and observations during site visits, the evaluation team was led to answers to the evaluation research questions (see Annex) in terms of relevance, efficiency, partnerships and cooperation, effectiveness, impact and the sustainability of the project.

### ***Document Review***

The overall purposes of the document study were to:

- (a) Understand the intervention logic;
- (b) Understand the contexts, roles, objectives and capacities of key stakeholders;
- (c) Track activities and changes to activities carried out during the project cycle before handover from UNODC to Government;
- (d) Review the project document to measure intentions and plans against results and outcomes where possible.

The document review included the following materials:

- (a) Project document;
- (b) Progress reports;
- (c) Assessment reports;
- (d) Advisory committee meeting minutes;
- (e) Awareness raising materials developed;
- (f) Research studies conducted as part of the project;
- (g) Additional online materials: research studies, media articles on the centres, newsletters.

### ***Interviews***

In-person and telephonic interviews with project staff, government representatives, Advisory Committee members (Sunnyside and Vryburg), civil society service providers and partners and UNODC staff were structured around both specific and open-ended questions in order to elicit responses about experiences, perceptions, shifts, knowledge and opinions regarding the project components, their effectiveness and impact, as well as challenges around project implementation. Interviews also provided contextual information not garnered from the document study.

## ***Field visits***

Field visits were undertaken to the two project sites: Vryburg<sup>9</sup> in the North West Province and Pretoria in Gauteng Province, South Africa, where interviews were held with key stakeholders, the site of the Centre (Vryburg) was visited, and contextual frameworks were provided.

Map 1. South Africa: Provinces



## ***Limitations***

### *Timeframes*

Recruitment of the evaluation consultant was delayed due to reasons internal to UNODC. The date by which the evaluation had to be concluded and submitted could not however be changed, placing a great deal of pressure on the actual timeframes for implementing the evaluation. This limited the time at project sites to two and a half days in Pretoria and two days in Vryburg.

<sup>9</sup> Vryburg is an agricultural town with a population of roughly 50 000, the majority of whom are resident in the Huhudi township, 2.5km South East of the CBD. Vryburg acts as a hub for the broader district, an area spanning more than 200km<sup>2</sup>. Vryburg remains segregated along racial lines, although change toward some integration is visible in one residential area.

Much of the documentation required for evaluating the Vryburg Centre was not available to the evaluators at the point of submission of the first draft evaluation report to the local UNODC office. The reason for this is detailed later and has to do with the UNODC-appointed Project Manager in Vryburg having been suspended on the day of handover, and an entirely new government appointed team being appointed.

Significant delays in securing access to key information stretched the evaluation period over a much longer period of time than had been envisaged and budgeted for. This meant the time and effort involved to complete this assignment was significantly underestimated due to challenges involved in accessing information, documents and informants willing to speak to the evaluators.

### *Access to informants*

This project's implementation was negatively affected by unusually high levels of staff turnover in every party's team composition: Government Departments, Advisory Committee members, Centre Staff (including Centre Managers and Social Workers), and UNODC staff. In many cases this high staff turnover made it difficult to track down key informants involved in the project at various points in its lifespan. Very few of the parties involved in the initial stages of the project's development were still involved at the time of this evaluation (across all stakeholders).

For a significant number of informants, telephone or email contact details provided were no longer functional. On further tracking efforts to locate informants through their employers, the evaluation team was advised that the individuals were no longer employed in those organisations and that they did not have details of where they had moved on to. Efforts to trace some informants through online searches yielded, for example, the names and contact details for the new Vryburg staff, some of whom UNODC was not able to provide details.

In other cases informants were not willing to respond to requests for information or interviews because of the nature of how their participation in the project process was concluded (suspensions, dismissals, terminations and non-renewal of contracts). This meant, for example, that it was not possible to meet with or talk to the UNODC-appointed staff who had worked in Vryburg for the duration of the project prior to handover.

In Vryburg, where all of the UNODC staff had either resigned (social worker), were suspended or dismissed on the day of the handover to Government, the new management was unwilling to meet with or engage with the evaluators despite arrangements to meet having been made, confirmed and re-confirmed through all of the appropriate and requested official channels several times.<sup>10</sup>

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<sup>10</sup> The Centre Manager at Vryburg with whom our meeting was confirmed repeatedly (and personally) was not at the office on the day and time of our agreed-upon meeting. When she was called, to enable us access through the security gates at the Centre, she indicated she had decided to take the day off. When we then attempted to arrange an alternative meeting date while still in the area for site visits, she advised she would be away from the office for that day. She advised

### *Access to documents*

The lack of project stability and continuity (due to staff turnover) and the quality and depth of partnerships involved was undoubtedly affected by repeated staff turnover. This meant that documents that could have been assumed to be accessible for evaluation purposes were not easily available.

In the case of Vryburg, where the Provincial Government terminated the services of UNODC staff, the evaluators did not initially have access to the project files, documents or reports of the Centre.<sup>11</sup> This created significant challenges for the initial verification of findings and perspectives garnered through interviews and observation. This was later resolved and verification, validation and triangulation was made possible.

### *Access to beneficiaries/survivors/victims*

#### Sunnyside

At the time of the evaluation, the Sunnyside Centre was not functional due to a lockout based on a rental dispute between the owner of the property and the provincial DSD. The two Sunnyside Centre staff (Administrator and Centre Manager) were temporarily housed at the provincial DSD offices during the lockout period when this evaluation was undertaken.

#### Vryburg

Given the incumbent Vryburg Centre Manager's non-arrival on the days of our scheduled on-site meeting, and the absence of files at the Centre, it was not possible to access information on prior beneficiaries or reports of activities, meetings or services provided at Vryburg during the initial timeframes of the evaluation. This was later resolved and the evaluators were able to access the required documentation.

During our visit to the Centre there was observational evidence of one family resident. Permission to speak with this family had not been arranged by the absent Centre Manager. Given the sensitive nature of her situation and the absence of Centre management present, it was determined that it would be an infringement of her privacy for the evaluators to attempt to interview her.

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that we could meet with and speak with a junior member of her team who was at the office on that day. The geographic location of the town where the Vryburg Centre is located is not easily reachable. It involved a flight to the nearest centre/town and a more than 3hour drive from there.

<sup>11</sup> The Centre staff advised that they did not have any files or documents from the prior team. Access to the missing documents was later accessed via UNODC reconstructing a comprehensive file of documents from their records for the evaluators.

## II. EVALUATION FINDINGS

### Design

In reviewing the overall design of the project, the following four categories were evaluated:

(a) Implementation-level plan (including the structure of phases and timeframes; expected deliverables, results and outcomes; management approach and tasks; budgetary considerations; operational project readiness and logistics; reporting mechanisms; performance goals and measures; data collection and tracking systems; transitioning and handover plan and approach);

(b) Consideration and weighing of risk factors and unpacking of assumptions (including preventive planning, risk management or contingency planning);

(c) Outline of roles and functions for stakeholders and project implementers (including roles and responsibilities of staff, committees and relevant Government departments; required competencies);

(d) Monitoring and evaluation (M&E) timeline, processes and systems for learning.

### ***Implementation Plan***

#### *Timeline and Timeframes*

From a reconstruction of the project timeline, it is evident that there were a number of factors influencing the timely progression of the project. Largely, delays were caused by an overestimation of cooperation among participating institutions, that partners would participate according to project timeframes, difficulty identifying, preparing and securing premises, prolonged staff illness, and high staff turnover among key personnel.

Initial proposed launch dates had been set for the third quarter of 2009, with an envisaged launch of the actual centres within two months of the announcement of the project (early 2010). This was not possible in practice. The initial project period was extended until the end of May 2012, due to the delays that affected project commencement and implementation.

Letters of guarantee were secured from the Provincial Governments at the end of 2009, a considerable period after the start of the project. Then, once letters of guarantee were secured from Government, there were further time delays in the designation of key liaison persons within the relevant Government departments to lead the implementation of the project concept.

Project staff were recruited for both sites in May 2010, at a time when permanent premises for the Centres had not yet been identified. In Vryburg, the Centre moved to its permanent premises in November 2011, after having operated from a

temporary site at the DSD offices in Huhudi, at the centre of the community. At this time the Centre attracted a fair number of patrons.

In Sunnyside, the move to identified premises took place in May 2011, from which time considerable renovations had to be conducted in order for it to be suitable. Delays were then caused by the site being without electricity, water and telephone lines; as well as the illness and underperformance of some project staff.

In addition, there were delays in formalising implementing agreements between UNODC, DSD and CSOs. These and other factors accounted for the extension of the project handover date to end of May 2012.

Delays, many of which were not avoidable, placed significant pressure on the actual implementation time available prior to handover. This meant a huge pressure to implement the bulk of activities over the period of late 2011 - 2012, in order to ensure that deliverables were met despite challenges.

At the end of May 2012, the project and Centres were handed over to the Department of Social Development (DSD) in Gauteng, and the Department of Social Development, Women, Children and People with Disabilities (DSDWCPD) in North West province.

### *Management Approach & Tasks*

In managing a situation where staff were underperforming, in addition to significant delays in implementation, and rapid staff turnover, UNODC staff undertook measures to provide support to project staff, including requesting regular reports and updates, engaging in regular site visits, having weekly meetings where tasks for the following week were set, and progress made on tasks reported on to ensure the project was operating as effectively and efficiently as possible. This required a high level of hands-on oversight by UNODC staff to ensure contingency planning and risk management in the face of implementation challenges.

Monthly reports by project staff at the Centres included performance reporting on tasks and activities undertaken, progress made on plans, challenges encountered, proposed solutions to challenges, and plans in the pipeline for ensuring deliverables, achieving results and outcomes.

Appropriate data collection and tracking systems were developed and implemented, to follow progress, ensure implementation and accountability, including the gathering of detailed monthly statistical reports of Centre clients seen, the reason for the visit, the services requested and received, as well as referrals made and follow-up support recommended or referred.

The project document details the services that would be offered at the Centres, but the time frames attached to services were not clearly outlined. Based on prior experience with other One Stop Centres, it may have been prudent to set staged timeframes for the operationalisation of the various services and activities.

### *Risks and Assumptions*

The project document outlines one key assumption: that the identified government departments would be committed to the project and would actively and timeously participate in carrying out project activities. This assumes that government departments and other stakeholders (CSOs in particular) would be willing and able to collaborate in the initiative.

In noting this assumption and related risks, the intention was that institutional arrangements such as the Memorandum of Agreement between the UNODC and Government would sufficiently eliminate identified potential risks and challenges.

The project rested on other related assumptions:

- (a) that suitable premises would be available in the identified area;
- (b) that all stakeholders would collaborate effectively;
- (c) that suitable staff and volunteers would be identified;
- (d) that referral services were available and effective;
- (e) that the relevant communities would utilise the services;
- (f) that institutions in the criminal justice, health and policing system would utilise the services;
- (g) that good relationships would be built with local service providers, stakeholders and communities who would participate in project activities.

In practice, it appears that the constraints were not sufficiently pre-empted in designing project implementation.

### ***Roles and Functions of Stakeholders***

Advisory Committees were established in both Sunnyside and Vryburg to guide the implementation of the project and ensure coordination and integration of services. Committees were multi-sectoral in make-up and included various local and provincial key Government department representatives, representatives from local CSOs and other key stakeholders including police. At both sites Advisory Committees were active and met regularly.

Although a number of core participants remained constant, in many cases different representatives from stakeholder entities attended meetings, creating a break in continuity.

### ***Monitoring and Evaluation Plans and Processes***

The evaluators were able to review a full range of annual reports, monthly reports, semi-annual reports, monthly compilations of statistics, meeting minutes and agendas, and other supporting documentation verifying performance, oversight, and efforts to mitigate challenges where they arose.

Two research projects were undertaken during the project period: a way forward (conducted in 2010, report completed in October 2011) and an assessment of perpetrator programmes at the Centres (completed in April 2012). The 'Way Forward' report highlights contextual issues at both sites, commenting on the necessity of the Centres, with very little information on effectiveness, although mention is made of under-utilisation based on lack of awareness of the existence of the Vryburg Centre, and the fact that despite the existence of other shelters for abused women, there was rarely a call for emergency accommodation (between 24 and 72hrs) at shelters. Transportation challenges were also raised in this report.

The report further summarises the work of other shelters for women in Pretoria, along with their staff and accommodation conditions for effective functioning – information that would have proven useful in the setting up and maintaining of the Centres.

Awareness raising campaigns using multiple tools and approaches were conducted in Pretoria and in Vryburg. Placing billboards in high traffic areas such as taxi ranks and advertising the Centre (Sunnyside) on a bus was used in attempts to ensure that the campaign was highly visible. The impact of the campaigns could not be assessed: 1. In the absence of baseline studies against which to measure levels of awareness before and after the campaigns, and 2. Events were conducted at sites with difficult-to-track transitory traffic.

## Relevance

### ***The Needs of Target Groups***

The project is entirely relevant to the needs of target groups and fits within Government plans and policy commitments. The extremely high levels of domestic and sexual violence in South Africa that make the country the 'rape capital of the world' and the 'most violent country not at war' only serve to underpin these realities. In addition, the widely acknowledged reality of the severe under-reporting of GBV crimes (statistics vary from between 1 in 9 and 1 in 25 rapes being reported) illustrates the magnitude of the problem.

At the same time, several initiatives by CSOs offering support to survivors of GBV are being severely affected by reduced donor support and are under threat of closure. This makes sustaining and maximising the effectiveness of the existing Centres ever more urgent as fewer and fewer facilities offer such services while the levels of violence against women and children continue at alarmingly high rates.

The extent of the GBV challenge in South Africa also highlights the vital need for citizen awareness of the existence of such services and their availability to all who need it.

### ***Priority Needs of Beneficiaries***

The comprehensive range of services as envisaged in the plan speaks directly to the priority needs of beneficiaries. Sensitising service providers to the needs of survivors on an on-going, integrated basis, towards providing appropriately sensitive services, would go a long way to reducing the levels of secondary

victimisation and trauma faced by many survivors, when they attempt to access police, health care, criminal justice and other legal and support services.

Furthermore, working at the judicial level to highlight how survivors are routinely victimised and traumatised by the criminal justice system towards more sensitive responses could lead to improved practices and behaviour that reflects an understanding of the experience of women and child survivors of violence, towards institutional behaviour change.

### ***Physical Positioning of Centres***

At Sunnyside, the importance of the Centre being accessible to the community of Sunnyside, given the nature of the area's development (high-rise apartment blocks) and high density, made it near impossible to find appropriate free-standing premises that could include safe accommodation and meet the 24 hour security requirements of an emergency shelter.

The search to find suitable accommodation caused significant delays in implementation. Under the circumstances, greater flexibility of location should have received Government and UNODC's serious consideration to avoid delays to service provision.

In Vryburg, the temporary venue was situated at the heart of an under-resourced community (Huhudi) with easy access to police and healthcare services, but lacking accommodation provision. The new site is located adjacent to a newly built state hospital, and is at a distance from the communities in need of the services. While its remote location may contribute to safety in the sense of taking women and children away from the centre of their trauma, the fact of the new facility being difficult to access due to a lack of public transport to the area and poor road infrastructure is a problem in the short-term.

While staff, including a social worker, counsellors, and a security guard, were at the Centre at the time of the site visit, it was largely deserted. The junior social worker advised that they were trying to set things up to become functional. Given that Government had had access to the Centre from 1 June until the time the evaluation was conducted in August (nearly three months later) it appeared that very little had been done since handover. It is of concern that key community and stakeholder service providers are unaware of the Centre's existence, or when they were aware, were uncertain as to whether it was still in operation.

There is a desperate need for regular public outreach and awareness raising among all communities and among all stakeholders to ensure that the Centre serves the purposes for which it was created.

### **Efficiency**

At the level of assessing whether and to what extent the outputs and their related indicators were completed/achieved, results are highlighted below, measured per indicator.

### ***Fully functional and operational One-Stop Centres***

Operational and management plans for the establishment of the two Centres were prepared, premises identified, staff recruited and trained (including the establishment of volunteer programmes) and equipment procured as required, but there were a number of planning and implementation challenges which negatively impacted on the efficiency of the project.

Although both Centres are set up and counselling, referrals and medico-legal services are available, both are underutilised, despite awareness raising efforts of the Centres' existence through the placement of a billboard at the taxi rank (Vryburg), and the distribution of pamphlets and brochures with information on the Centres, radio and local print media exposure around the launch periods and in the case of Sunnyside, around specific campaigns.

Both Centres encountered problems of under-utilisation due to lack of referrals which points to the need for on-going interaction between the Centres and potential referring institutions including the police, public healthcare facilities and the criminal justice system.

#### ***Sunnyside***

Locating and securing an appropriate building to house the Centre delayed the start of project activities considerably. When a building was identified, it required significant refurbishments to render it suitable, despite being privately owned. Among other efforts, security systems, closed circuit television (CCTV) and a security guard were installed. The staffing requirements of a 24hr accommodation service had not been fully considered in planning and budgeting. While furniture and other requirements were procured for the provision of emergency shelter, there were further problems as the owner had let outbuildings on the premises to other tenants. Agreement then had to be reached for the Centre to occupy the entire property. Later a rental dispute arose when the owner implemented a rental increase far beyond levels allowed by government stipulations, resulting in a lock out after the Centre services had been advertised along with its address and telephone number. At the time of the evaluation neither of the two Centre's advertised telephone numbers was operational due to non-payment of bills.

Public awareness of the existence of the Centre was raised through the production and distribution of pamphlets, brochures, T-shirts, hats and the telephone number of the Centre advertised. A notice was also placed at the Sunnyside police station.

The Centre was promoted through a range of community awareness raising activities, including advertising the centre services and telephone number on a local bus, these efforts were considerably undermined by the lock-out period, and the telephone line being disconnected following handover.

Logistical challenges clearly hampered service provision and the operation of the Centres.

## *Vryburg*

In Huhudi township, the temporary centre was situated close to a police station, clinic and CSOs housed at the Huhudi community centre. These premises were not suitable for providing emergency accommodation, and a special-purpose facility was constructed as an in-kind contribution by Government, behind the newly built Vryburg hospital, in a sparsely populated and largely underdeveloped area.

The new facility, while situated behind the new hospital, currently has no adequate direct route to it. It is largely fitted out with the necessary equipment, and is on the outskirts of town, but lacks adequate security and is severely underutilised.

### ***Collaboration mechanisms established***

Two multi-sectoral local Project Advisory Committees were established in Sunnyside and Vryburg to guide project implementation and cooperation at the local level (see notes at 2.1.3).

The Advisory Committees met regularly, with high levels of on-going commitment evident among several representatives. In some cases, due to lack of seniority some representatives did not have decision-making powers within their departments or organisations. Within the framework of the Advisory Committee, guidelines/protocols to direct assistance to survivors, including agreements for referral of survivors were developed.

Beyond providing regular progress updates and highlighting challenges identified, from meeting minutes and interviews it seems that the mandate of the Committees was not sufficiently optimised.

The Sunnyside Centre had a list of NGOs and providers of long-term shelters available to ensure that survivors were referred to long-term accommodation and protection if required. Agreements are also in place with the Department of Health to ensure that survivors receive forensic and medical assistance including post-exposure prophylaxis (PEP) and anti-retroviral (ARV) treatment when needed.

In Sunnyside, other collaborative relationships were set up largely during the last phase of project implementation to ensure delivery and maximise use of available resources. Ideally the Advisory Committees could have been utilised to provide gateways to longer-term cooperative and collaborative engagement and maximised use of available resources for programming, services and campaigns. This may still be possible going forward.

Given the delays and manner in which many project activities were carried out and the low levels of Centre utilisation due to obstacles noted, the need for liaising with income-generation programmes in the communities to ensure that survivors receive support for long-term empowerment has fallen between the cracks and neither Centre had reached this point by the time of handover. There are, however, broad ideas around possible future activities. From the ideas mentioned, it is important to note the imperative of skills-training activities based on marketable

competencies with the aim of providing building blocks for women's financial independence.

### ***Perpetrator programme for offenders***

Through the National Institute for Crime Prevention and Reintegration (NICRO) a perpetrator programme was set up at a separate location to the Centres, working in parallel with the two Centres and in collaboration with the criminal justice system.

NICRO has an existing programme and relationship with the Department of Justice (DoJ) in Pretoria where magistrates are acquainted with the organisation and its work. In the absence of a NICRO office in Vryburg, the organisation engaged the services of a social worker to conduct the perpetrator programme there. In addition, an auxiliary social worker was employed by NICRO and housed within the Centre to facilitate the process with perpetrators referred by the South African Police Service (SAPS) and the courts. NICRO directly liaised with magistrates to make them aware of the programme in terms of the process of restorative justice.

The agreement with NICRO was, however, a short term arrangement which relied heavily on the organisation's resources. Now that this contract had come to an end, it is not clear that the perpetrator programme will continue in relation to perpetrators linked to victims coming through the Centres.

Unless this programme is initiated by the state in partnership with the relevant service providers, it is unlikely to be carried forward.

### ***Public awareness events***

As a result of the unanticipated challenges encountered during the implementation of the project, all these activities will need to be reinitiated and sustained by the centres through regular community engagement, particularly in Vryburg.

No baseline study was conducted to assess levels of knowledge before such activities were carried out and as a result levels of understanding following the awareness-raising efforts could not be measured.<sup>12</sup>

A range of awareness-raising events (including in churches, on the street and in conjunction with the activities of other organisations around the 16 Days of Activism Against Violence against Women) were conducted. These were targeted at young people through educational programmes at schools and a tertiary educational institution in Pretoria and focused on GBV and gender stereotypes.

Additional training activities were conducted with service providers (SAPS, social services, health services, legal services, NGOs), but as in the case with the transitory groups, there was no baseline against which to measure levels of uptake and understanding in application to compare with pre-training knowledge.

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<sup>12</sup> Due to the potential difficulties with tracking those reached, and because of the limitations of scope, resources and timeframes of this evaluation, no random public survey could be conducted.

### ***Understanding of the needs of victims/survivors and the impact of services***

Data processing forms were drafted for the two Centres to collect information on what types of problems women and children who seek help at the Centre had encountered. While data was collected for the duration of the (interrupted) period during which the Centres were utilised by survivors, the data had not been analysed by the time of the evaluation.

Similarly, data collection forms exist for recording what type of assistance and follow-up victims/survivors received at the Centres but due to all of the interruptions it was substantial enough for meaningful analysis.

A study was conducted on the nature and extent of gender-based violence and responses provided by stakeholders during 2010, and a final report was produced in 2011. This report is informative and outlines potential challenges at both sites – attention to which would have smoothed some of the difficulties associated with underutilisation. For example, the report highlights issues of safety, the need for ongoing publicity of the services through community outreach programmes.<sup>13</sup> During interviews with stakeholders, from their own knowledge and assumptions of the knowledge of peers in SAPS, it is clear that the gap in gendered understanding and interpretation of the Domestic Violence Act and the Sexual Offences Act in terms of what constitutes sexual violence requires serious gender responsive attention. It is important that all service providers have a common understanding of these matters if efforts to change institutional behaviour change are to be relaxed.

A rapid assessment was done of the perpetrator programme<sup>14</sup> – a study that provides an overview of the grounding principles and goal of the programme conducted by NICRO. The study also draws some attention to the limitations of the voluntary aspects of the programme, and the lack of follow-through when the abused party withdraws her case against the perpetrator. Some additional detail is provided on the challenges experienced by the SAPS in particular in terms of a shortage of staff and the problematic interpretations of some police officers of the legislation.

### ***Efficiency of planning and implementation***

Planning and implementation was conducted as efficiently as possible in often less-than-ideal situations. Time delays and logistic challenges negatively impacted implementation. Efforts were also somewhat hampered by:

- (a) challenges in identifying suitable premises for the Centres;
- (b) high staff turnover of project staff, within UNODC, within Government, among other partners and stakeholders;

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<sup>13</sup> Amanda Dissel. Gender-based Violence in Vryburg and Sunnyside: A way forward for the establishment of a One-Stop Centre for Victims of Gender-based Violence - Integrated Report. 19 October 2011.

<sup>14</sup> Amelia Kleijn. Rapid Assessment of Perpetrator Programmes in Sunnyside and Vryburg. April 2012.

(c) relationship challenges between partners – some CSOs felt they were brought on board late and were not included as equal partners from the outset.

### Staffing challenges

In addition to staff turnover due to unforeseen circumstances, the initial Sunnyside Centre Manager's contract was terminated due to non-performance. A new Centre Manager, who was Centre Manager of an existing One Stop Centre in the Western Cape, was recruited to address the Sunnyside Centre's performance problems and to get the project back on track in December 2011.

The social worker at the Sunnyside Centre chose not to continue in her position following the termination of the prior Centre Manager's contract (in December 2011).

At the time of this evaluation, the Sunnyside Centre had a Centre Manager and administrator in place, but no social worker. This was due to financial problems within the provincial DSD that included a moratorium on new appointments.

In follow-up discussions, DSD advised that this situation would be resolved and that the lack of a social worker at Sunnyside would be addressed by Government, despite the moratorium.

### Partnerships and cooperation

In the best of circumstances developing and sustaining multi-stakeholder partnerships is complex and requires a significant investment in time, approach and human resources.

The approach to constituting the Advisory Committees took multi-sectoral, multi-stakeholder partnerships and cooperation into consideration with representation including relevant government departments, service providers and CSOs.

While it is a positive reflection of the programme that CSOs were actively involved, one of the key CSO partners, NICRO, responsible for implementing the perpetrator programme at both sites indicated that formalising partnership agreements should have taken place much earlier in the process rather than towards the end of the project. A formal partnership agreement with NICRO was only signed late in the project's lifecycle – in July 2011.

Relationship and partnership building was affected by delays and by staffing challenges including resignations and changes, and when matters were back on track, relationships were strained under the enormous pressure to deliver on all activities and outcomes in a very short period of time pre-handover.

The incumbent Centre Manager at Sunnyside, with the support of the incumbent Acting Project Manager (UNODC) and other UNODC-located staff, between February and May 2012, attempted to ensure that activities were carried out to meet project objectives and outcomes as far as possible within very tight timeframes. It is largely as a result of these two peoples' deep commitment, the support of CSO partners and the continuous and solution-oriented support from the Gauteng DSD (through Deputy Director for Social Crime Prevention and VE,

Gauteng DSD) that the project was able to report positively on activities being implemented in Sunnyside.

By the time a new Centre Manager was appointed to crisis manage the Sunnyside Centre, the limited time left for implementation meant developing deep and meaningful partnerships was no longer feasible. CSOs were approached to undertake related project activities that fell within the ambit of the project to implement activities or to support activities that CSOs had already planned; an efficient solution-oriented management mechanism in a challenging situation.

Possible difficulties in establishing quality partnerships between UN entities and the South African Government could be ascribed to the fact of the Government having its own set of established protocols and processes regarding procurement, while the UN too has its own protocols. On the UN side, reporting to *its* donors requires following its protocols as a condition of support.

Embedded in the UN support to this project is the developmentalist assumption that the host country lacks capacity that the UN can provide and/or build. In middle-income contexts such as South Africa, these assumptions can be cause for tensions. The fact of Overseas Development Assistance (ODA) being a minor portion of the country's overall budget weakens the UN's position in South Africa when compared with other developing countries that are heavily reliant on ODA, giving ODA partners far greater power and influence than in a country such as South Africa.

### ***Cooperation between UNODC and the Department of Social Development (DSD)***

Cooperation over the period reflected a continuum that varied at different points from productive and constructive cooperation to challenges, breaks in continuity and delays. Several dedicated and committed personnel within the various government and UNODC offices proved to be the driving forces ensuring that the project pushed ahead in the face of numerous challenges and that ultimately outcomes and outputs were achieved and a custom-built facility was launched in the case of Vryburg.

The incumbent Acting UNODC Project Manager, who previously had been involved in a less senior capacity, stepped in to fill gaps resulting from staffing challenges., together with UNODC colleagues and committed government representatives including DSD representative, having been involved with the project from the outset, and for the duration, in essence became the core driving team.

### ***Additional Project Constraints***

The decision to initiate this project was taken at the highest, executive levels. In agreeing to undertake the project, agreement took place at the political level but not at the administrative and implementation levels. This caused delays.

Letters of guarantee formalising the agreement between UNODC and the Government of South Africa (DSD) were only signed at the end of 2009, almost 18 months after project initiation. It was only at this point that a National Programme

Manager and staff could be recruited. The project started behind schedule at the outset, creating many time-pressure challenges.

At the level of Government, delegating leadership of implementation was not sufficiently clarified at the outset, and effective strategic decision-making and planning was hampered as a result.

#### Possible mechanisms for avoiding challenges in future

- Clearly documented Memoranda of Understanding or Agreement between various stakeholders and entities.
- Clearly identified lines of responsibility, delegation and leadership: both UN and Government.
- Clearly defined, documented and agreed upon trouble-shooting mechanisms for resolving challenges.
- Political will backed up at the outset with clearly identified leadership for implementation.
- Deeper levels of multi-stakeholder relationships and partnerships cultivated to ensure capacity, trust and commitment.
- Integrating learning from past experience, including the 'small details' like who pays telephone, water and electricity bills; requirements for 24hour security, cleaning and catering for emergency accommodation facilities.
- Protocols to ensure institutions responsible continue commitments regardless of staff and

#### Effectiveness

The tables below indicate whether or not a particular indicator was achieved, and provide a comparative overview of the activities completed at both Centres. Although it is clear that most of the activities were completed, the actual test of effectiveness lies in their reach of the target communities, the manner in which assistance was provided to those seeking assistance, and the extent to which the Centres are able to function satisfactorily in terms of mobilising their resources to effect the outcomes.

The fact that both Centres are grossly underutilised despite the infrastructure being in place has been mentioned above.

Some of the factors that could influence this underutilisation include:

- (a) Advertising services that became non-operational (telephone lines being down; interrupted service because of lock-out);
- (b) Non-referrals from SAPS, clinics, hospitals, courts – i.e. others dealing with survivors;
- (c) Vryburg: the lack of road infrastructure, and access to public transportation to the Centre;

- (d) Fear and stigma around domestic violence issues being a ‘private’ or ‘domestic’ matter to be resolved in the home;
- (e) Fear of visibility and that anonymity would not be maintained in a small town context;
- (f) Feelings of shame and self-stigma believing they ‘deserve it’;
- (g) Fear of further abuse on returning home because of action taken involving people outside the home;
- (h) Women withdrawing cases because they believe they have to return to abusive domestic situations for economic reasons or to maintain and sustain their families;
- (i) Preferring to confide in a friend than a stranger; and
- (j) Being aware of the low conviction rate when taking legal action as well as the likelihood of secondary victimisation by those meant to support and assist.<sup>15</sup>

While these factors are beyond the control of the Centres, they point toward a need for greater public awareness of both the legislation and the effects of GBV on individuals and communities. In addition to ensuring that sensitive services are available to women, broad-based, ongoing public education is required to change perceptions and behaviour in this regard.

What is clear from the tables below is that the minimum requirements were met in order to set up the Centres and achieve project outcomes. The fact that the Centres largely met these material stipulations did not, however, translate into effective, uninterrupted practical service provision to those who need it.

This is where the Centres miss their mark:

- (a) The structures have been put in place, but insufficient ongoing advocacy work has been undertaken to ensure that the relevant communities know about the available services in order to access and utilise them; and
- (b) Ongoing operational challenges and disruptions have seriously undermined the effectiveness of the Centres.

*Outcome 1: Enhanced referral capacity and the availability of effective services for women and children who have experienced GBV*

<b>Output</b>	<b>Indicator</b>	<b>Sunnyside</b>	<b>Vryburg</b>
Fully functioning centres	Operational and Management plans compiled and implemented	✓	✓
	Premises identified and used	✓	✓
	Staff recruited, trained and operational	✓	✓
	Equipment procured, installed and used	✓	✓
	Promotional materials distributed in	✓	✓

<sup>15</sup> See: <http://www.mrc.ac.za/gender/reports.htm> for research done by the Medical Research Council on intimate partner violence, among others; <http://www.oneinnine.org.za> – 1 in 9 women raped, report the rape

Output	Indicator	Sunnyside	Vryburg
	communities		
	Volunteer programme operational	✓	✓
	Trauma counselling, crisis intervention services rendered	✓	✓
Collaboration mechanisms for effective referral and access to all services	Project Advisory Committee established and operational	✓	✓
	Local project advisory committee established and operational	✓	✓
	Guidelines/protocols developed for direct assistance to survivors	✓	✓
	Agreements developed for referral of survivors	✓	✓
	NGOs and service providers identified for long term shelters	✓	Not applicable
	Survivors referred to long term accommodation and protection where required	✓	Not applicable
	Relationship with DoH established for medical assistance	✓	✓
	Forensic and medical assistance, including PEP and ARV treatment increased <sup>16</sup>	✓	✓

*Outcome 2: Access to programmes aimed at reducing levels of repeat violence for perpetrators of GBV*

Output	Indicator	Sunnyside	Vryburg
Perpetrator programme established	Education and training/awareness programme for perpetrators	✓	✓
	Number of perpetrators referred to programme by the courts	34	26
	Number of participants	Mandatory, through court ruling	

<sup>16</sup> The evaluators did not have access to statistics that revealed whether access to PEP and ARV treatment had increased due to the operations of the Centre. This is not a realistic statistic for the Centre to track as it relies on systems and institutions beyond its ambit.

Output	Indicator	Sunnyside	Vryburg
	voluntarily registering for the programme		
	Number of participants successfully completing the programme	34 perpetrators 13 victims	26 perpetrators 26 victims
	Marked decrease of repeat offenders after participation in the programme	This indicator is not measurable through the One-Stop Centres. It assumes a relationship with the perpetrator after s/he has completed the programme. It also assumes an ability to collect and track data through multiple entities. The lack of control of the Centres over the required information made this an unrealistic indicator.	

*Outcome 3: a. Raised community awareness of GBV through public events and educational campaigns; b. Service providers' sensitivity and understanding of the specific needs of victims/survivors strengthened through training*

Output	Indicator	Sunnyside	Vryburg
Increased community awareness of GBV through public awareness raising events	Awareness of GBV and needs of women and children enhanced	✓	✓
Sensitivity of service providers towards victims/survivors increased through training and awareness raising	Wide range of service providers sensitised on the needs of victims/survivors of GBV	✓ 6 workshops held	✓ 8 workshops held
Educational programmes on GBV targeted at children and young people	Educational programmes in schools implemented	✓ 3 primary schools; 1 high school; 1 tertiary institution (1 570 learners)	✓ 3 schools (750 learners)
Understanding of needs of victims/survivors and impact of services strengthened through data collection, analysis and research	Monthly stats compiled and analysed by Centre staff	Given the relatively low levels of utilising the Centres, building a 'profile' of victims/survivors is something that would be possible over time. Protocols for data collection are already in place, and distinct resources would have to be allocated for on-going monitoring and analysis of these statistics.	
Performance indicators of the treatment of victims	Wider application of international standards and norms of treatment of	✓	✓

Output	Indicator	Sunnyside	Vryburg
	victims of GBV		
	Strengthened capacity of Government to implement victim assistance programmes	✓	✓
	Strengthened partnership between UNODC and CSOs that raise awareness of standards and norms and their application	✓	✓

## Impact

### ***Impact of project achievements on beneficiaries***

In the absence of having direct access to beneficiaries, the question of whether project achievements have had the desired impact on them specifically can only be answered through the fact of the Centres having been operational, having offered the relevant services and appropriate referrals, and survivors having made use of these services. Based on similar interventions around the country, it can be inferred that over time the impact of the project would have an empowering effect on women, that access to the services allow or facilitate the process of women taking control of the situation by seeking help, being listened to and respected as an individual, moving from being a victim (i.e. a person stripped of agency, having suffered harm at the hands of another) to survivor (a person with the capacity to make decisions and be able to continue on a path to healing despite harm done to them).

In terms of public awareness efforts, records (see tables above for figures) were kept of the numbers of people reached through each awareness raising activity, the nature of each activity, and informational and awareness materials distributed at events and gatherings. In addition, media coverage and media appearances towards greater awareness were monitored and recorded.

All awareness-raising activities that were planned for were undertaken. In addition, billboards advertising the Centres and services provided were placed in busy public spaces, such as at taxi ranks, and other branded materials were produced for specific events and specific target audiences including bags, notebooks, T-shirts and hats. It is unclear, however, whether these efforts have made an impact on perceptions of GBV, highlighted the issue, or have had some influence over the behaviour patterns of the communities in terms of reducing the occurrence of violence, increasing the reporting of violence or the number of women willing to seek help.

An impact study would require more focused interventions directed at a concentrated, less transitory audience and more focused direct community interventions that a community like Vryburg could lend itself to.

### ***Lessons for informing the implementation of victim empowerment services to women and children***

This project helps to highlight the important role of establishing effective and equal partnerships between UN agencies, CSOs and government departments for achieving common objectives and for effective service provision and implementation.

In situations where facilities are located at a distance to communities and public transportation, greater consideration should be given to:

- (a) Accessibility of the Centres to women survivors (including transport access);
- (b) Women's access to their workplaces should they be employed (transport);
- (c) Skills training (employable and marketable skills); and
- (d) Access to therapeutic, creative outlets for healing and empowerment.

In future, greater thought also needs to be given to the needs of children in such facilities, including:

- (a) Access to child-friendly spaces, and outdoor play areas;
- (b) Access to child-care;
- (c) Psycho-social counselling; and
- (d) Transport to and from school.

### ***Gender and human rights considerations in the planning and implementation of the project and its activities***

Human rights frameworks were considered in the planning and implementation of activities in the sense of GBV being seen as a human rights violation.

It appears that an understanding of gender is assumed within the project framework. Given the country context, an understanding of gender and its workings, and sensitivity to gender power relations should not be assumed.

On-going gender sensitivity training should be considered for all service providers.

Sustainability

### ***Objectives and Outcomes***

The key objective of this project was to strengthen South Africa's capacity to assist survivors of GBV by promoting their protection, empowering them through effective support, services and safety measures in Vryburg, North West province, and Sunnyside, Gauteng province.

The project aimed to achieve these objectives via three outcomes, summarised as: 1. enhanced availability of effective services in the respective communities, 2. access to offender programmes aimed at reducing levels of repeat violence in the communities, and 3. enhanced community awareness, educational campaigns, sensitivity of service providers through training to increase understanding of the

specific needs of victims. Outputs were achieved towards the achievement of stated outcomes.

The real test of sustainability lies in whether, in the post-handover period from UNODC to the Government of South Africa, the benefits of the project will continue. As per agreement, the Government of South Africa has taken over operations for at least three years.

Factors influencing the sustainability of the project objectives largely come down to what transpired post-handover, including levels of pro-activity at the Centres to ensure on an ongoing basis that communities and referring stakeholders are aware of, make use of, and refer those in need of the services of the Centres.

In interviews with government representatives there was a clear statement of intent to maintain and sustain the work of the Centres as per agreement. However, several post-handover logistical challenges were encountered that affected the smooth running of the Centres in the short-term. Once these challenges are resolved, the centres are likely to continue their work within the designated communities.

In the case of Vryburg, an entirely new government-appointed team was recruited at handover. The new staff had not been involved in the capacity-strengthening or sensitisation efforts of the UNODC-operated period.

In Sunnyside, a rental dispute at the Centre premises meant a lock-out, with Centre staff temporarily located at the administrative offices of the Department of Social Development causing a disruption in service provision.

In terms of community awareness-raising and the perpetrator programme the project document notes the long-term effects these activities would have on the communities, service providers and stakeholders as part of sustainability mechanisms in place for the project. While it is true that the sustained work of this project will have lasting effects on the communities, survivors and perpetrators reached, the magnitude of the GBV challenge requires a significant investment in on-going outreach and awareness-raising work in the relevant communities to ensure that those who need the services are aware of them, have access to and make use of the services and facilities and to deepen awareness and understanding of GBV, its causes and consequences towards institutional and societal behaviour change.

While the benefits of the UNODC investment in sensitivity training is likely to be a lasting one for immediate beneficiaries, the reality of staff turnover, shift-work, institutional sexism, and the daily, stressed realities of those undertaking work with survivors of GBV means there is a need for sensitisation work to be reinforced through refresher training on an on-going basis for sustained positive change results. The magnitude of the problem demands a gender-mainstreamed response to be integrated into the training of all service providers including police, magistrates, prosecutors, social workers, medical personnel such as medical doctors and nurses at clinics and at hospitals.

In order for gains secured through the sensitivity training for service providers to be retained and sustained in practice, a specific and documented programme of support for incumbent staff and related service providers would need to be

implemented, and a regular programme for reaching all service providers at the various points of contact is required if real, institutional change in behaviour and practice is desired.

Similarly, the success of perpetrator programmes rests on referrals for rehabilitation by the criminal justice system and mainstreaming engagement on GBV within prison populations to engage with the causes of violent behaviour.

### ***Project Management***

Practical aspects of project management that were overlooked, and that may appear elementary have proven to be central in how they contributed to severely disrupting the services and functioning of the Centres. These include:

- (a) The rental in Sunnyside not being paid on time. In addition, the rental increase resulting in the lock out dispute;
- (b) The non-payment of electricity bills resulting in the Sunnyside Centre operating without electricity for three months;
- (c) The non-payment of telephone bills at both sites resulting in both facilities lacking operational telephone lines, the primary means of contact for victims/survivors;
- (d) Handover of the responsibility for maintenance of the buildings to Government (the Government departments responsible for building maintenance did not have the Centres registered as part of their responsibility).

In addition, there were several aspects of running a 24-hour facility with crisis accommodation that were overlooked. This included:

- (a) Staffing for 24 hour security (physical and electronic);
- (b) Cleaning staff;
- (c) Catering staff & catering budgets;
- (d) Night staff/shift staff at accommodation quarters;
- (e) Maintenance services.

In comparing the two Centres at the time of the evaluation, the Sunnyside Centre appears to have done as much as possible even with resource constraints and multiple challenges (including functioning without electricity for three months, and currently no social worker in that position). The Vryburg Centre, since handover had undertaken minimal outreach, awareness, promotional, referral awareness or public education work. Considering sustainability to include maximising the prudent use of existing resources (whatever their source) the continuing underutilisation of provided resources (including a full staff complement and fully-equipped facilities) in the context of great need in Vryburg, is cause for concern.

### III. CONCLUSIONS

This project resulted in the establishment of two multi-disciplinary One Stop Centres for survivors of GBV in Sunnyside and Vryburg, South Africa. A number of women and child survivors of violence received vital services and support including trauma counselling, legal, medical and other referral assistance and crisis accommodation through the Centres.

Relevant populations were reached in identified affected communities through a range of community level awareness and education efforts aimed at reducing GBV. Efforts were targeted at specific audiences and age groups, and supported by context-appropriate informational materials. Service providers that encounter survivors of GBV including police, social workers, criminal justice system staff and medical personnel received sensitisation training through this project. In order to achieve institutional behaviour this area needs ongoing attention. Perpetrators were also reached through specific targeted programmes aimed at breaking the cycle of violence towards their rehabilitation and reintegration into society.

A number of the challenges encountered by the project could not necessarily have been avoided, and many committed individuals from all stakeholders did their best to achieve the objectives and ensure the project outcomes, often under very difficult circumstances.

Risks and assumptions were appropriately identified at the outset and proved to be the source of most challenges encountered in project implementation, although the extent of the risks and assumptions and how they could affect project delivery and stability was under-estimated. However, many challenges affecting the project could not have been foreseen. Even using contingency planning and risk and assumption identification approaches to mitigate their effects in planning and implementation, some operational matters remained unresolved.

Having completed the practical aspects of setting up a building and ensuring that systems are in place, it is of concern that utilisation levels of the Centres are notably low.

The main challenges affecting the stability of the project related to substantial time delays in signing off and implementation, staffing challenges among all stakeholder entities, difficulties for the Centres in identifying premises in the case of Sunnyside, and lack of access to basic services such as electricity and water supply, telephone and internet connectivity, security, catering and cleaning services at the Centres, negatively affecting operations. Long delays in securing formal government sign-off of the Memorandum of Agreement meant that when the project was finally formally initiated it was already running significantly behind schedule. This put serious pressure on the available time for implementing activities, securing multi-stakeholder partnerships, meeting deliverables, and

achieving stated objectives, outcomes and outputs, much of which had to happen within the remaining timeframes towards the end of the project.

Despite the challenges encountered, government partners played a leading role in ensuring implementation and fulfilling commitments on an on-going basis throughout the project's lifespan. This took place at both a human resource level (several dedicated and committed civil servants at senior levels) and at the level of providing physical spaces for the Centres to operate.

Planning and implementation could have benefitted from:

(a) Earlier sign off by government and clear identification of designated lead officials with authority at the outset.

(b) A greater investment in developing quality, trusting and sustainable working relationships and partnerships between all of the stakeholders (including communities, CSOs and NGOs, government departments and UN agencies). It was often assumed that these relationships would work without consideration for the power dynamics within these relationships and the explicit valuing of the specific roles and strengths of participating partners, along with corresponding budget lines.

(c) Greater flexibility in securing appropriate premises for the Sunnyside Centre when the challenge of finding suitable premises and the reasons for this difficulty were made apparent. Lack of flexibility seriously delayed service provision and project implementation thereby affecting the project's reach.

(d) Formal inter-departmental agreements between government departments to avoid hitches and delays in the provision of operational services.

(e) Focused baseline studies of the understanding of GBV and related legislative frameworks in target communities in order to monitor changing levels and uptake after training.

(f) Research on understanding the cultural perceptions that veil perceptions on GBV and how to address these to enable women to seek help at the Centres (particularly in Vryburg).

(g) Greater ongoing public awareness campaigns regarding the existence of the Centres and the services they offer, particularly at clinics, hospitals, doctors' surgeries and CSOs working in the catchment areas in order to integrate the services into the communities more effectively.

(h) Heeding lessons from other Centres around the country.

## IV. RECOMMENDATIONS

The project concept is well informed and intentioned, and its goals entirely appropriate to the country context. Given the structural causes of gender inequality and how this inequality fuels GBV, UNODC and government are encouraged to continually work towards improving understanding of gender responsiveness and gender mainstreaming in project design and implementation.

### UNODC

UNODC is encouraged to continue to invest in and support initiatives aimed at reducing levels of GBV, and to advocate for the establishment of multi-disciplinary services to support survivors of GBV in contexts of high levels of GBV.

With experience in supporting the establishment of 5 One Stop Centres in South Africa and substantial interest in the model, an on-going investment in this modality should integrate lessons learned, including learning from what has not worked, and strengthening what works.

### ***Project Design***

A Mid-Term Review for a project of this nature would have strengthened on-going M&E of the project, identified challenges encountered, highlighted areas requiring high-level action and intervention, and could have ensured action was taken to resolve problems more timeously.

Handover mechanisms and arrangements from UNODC to Government should be more explicit and detailed in project design and implementation to ensure services are not interrupted during this process. Developing and agreeing on mechanisms for a smooth handover should receive greater attention in project design in the future. This could include more detailed, explicit handover commitments and provisions in agreements between governments and UNODC. Lessons learned from experience to date should inform the identification and articulation of strengthened handover mechanisms.

### *Budgeting*

Certain positions and services that should be included in planning and budgeting were not included in the budget of this project. Explicit provision for 24 hour security services, the cleaning, catering and maintenance implications of a 24 hour crisis accommodation service, and the basic services required for operating a One Stop Centre, such as electricity, water, telephone and internet access and service costs should be included in future budgets.

### ***Working with CSO partners from the outset***

CSOs and NGOs play a leading role in working with survivors of GBV and service providers in South Africa and in other contexts. Respectful recognition of this expertise should be built into programme design to optimise CSO and NGO roles in programme implementation.

Equal participation of CSOs and NGOs should be sought in the planning, consultative and development phases of the project, as well as during implementation – for building trusting, sustainable relationships with such partners, and towards ensuring effective implementation.

All collaborating entities should agree to and sign off on Memoranda of Understanding or Agreement – including CSOs and NGO partners early in the process of partnering, with lines of responsibility, mutual expectations and agreements made explicit.

### ***Documenting***

UNODC has garnered substantial experience in the establishment of One Stop Centres for survivors of GBV. The development of a ‘how to’ resource for governments: a step-by-step guide based on experience to date (including practical, political and conceptual considerations; relationship and partnership building) for setting up a survivor oriented service centre that includes Government and CSOs is encouraged.

UNODC is also prompted to intentionally reflect on and document lessons learned from this project towards continual improvement of the One Stop Centre model and enhanced context-appropriate programming and service provision for survivors of GBV in South Africa and beyond.

### **UNODC and Government**

### ***The Relationship between UNODC and Government***

Project planning requires greater consideration of the political, administrative and implementing aspects of partnerships with the Government of South Africa in order to ensure clear lines of accountability and responsibility. This should assist in avoiding unnecessary delays resulting from gaps between political commitment and the executive designation of leadership responsibility on crucial administrative and implementation aspects of agreements made at a political level.

### ***Sustainability***

In striving to achieve sustainable institutional change in service provision to survivors of GBV, both UNODC and the Government of South Africa are encouraged to invest in integrated service provider sensitivity training with clear gender responsive content. This can be accomplished through integrated curriculum reform in the formal training of all service providers (medical, police, criminal justice, legal, counselling), and the on-going training of incumbent service providers in sensitivity training that includes an

understanding of the structural and societal effects of gender inequality, and includes gender and human rights based approaches in the practice of delivering services. In this regard, once-off training, while a valuable eye-opener, with potential for creating powerful change at the individual level is insufficient for the creating the kind of institutional behaviour and practice change required to address the enormity of the challenge of widespread GBV. A continuous cycle of training for service providers is highly recommended.

### ***Government***

Greater effort needs to be exercised in ensuring that local communities are aware of the services of the Centres and how to access them. Ensuring that the Centres are utilised optimally by surrounding communities requires multi-pronged on-going information, public education and awareness-raising of the issues surrounding GBV and the services available at the Centres. These activities should be core elements of the work of the Centres and the staff employed at the Centres.

Perpetrator programmes need to be on-going through referral via the criminal justice system and monitoring reintegration and repeat offences. This requires working relationships between the Centres and criminal justice system personnel including magistrates and prosecutors. NICRO's expertise in the design and implementation of such programmes should be drawn upon.

## V. LESSONS LEARNED

There is a greater chance of securing multi-stakeholder buy-in and commitment when all implementing partners are part of the planning process, securing greater ownership and sustainability of efforts and investments made.

Memoranda of Agreement should be signed with all stakeholders early in partnership-based relationships.

In securing partnerships with government, it is necessary for political commitment to be matched with executive, implementation-level leadership identification at an early stage to translate commitments into practice for smooth implementation.

While the project goals and objectives are designed to have long-term, broader social impact, on-going community awareness-raising, service provider sensitisation and perpetrator rehabilitation programmes are required to ensure gender transformative institutional and behaviour change.

Ensuring that the physical facilities for a Centre are identified, prepared for occupation and service delivery from the outset, would result in a smoother transition from UNODC to Government, without interruptions in service provision.

Handover systems, need to be explicit, well-planned and follow a step-by-step process that includes consideration for all necessary logistical arrangements and agreements.

# ANNEX I. TERMS OF REFERENCE OF THE EVALUATION

## Terms of Reference

The establishment of the Sunnyside (Gauteng) and Vryburg (North West) One-Stop is a joint initiative between the United Nations Office on Drugs and Crime (UNODC) and the Department of Social Development (DSD) in the Province of Gauteng and the Department of Women, Children and People with Disabilities (DSDWCPD) in North West.

The project received funding of \$1,458,945 from the United Nations Trust Fund for Human Security to implement the Centres as one-stop facilities providing a range of services to victims of abuse. The project started in August 2008 and will be handed over to the Department of Social Development in the Province of Gauteng and the Department of Women, Children and People with Disabilities in North West province in May 2012. The initial project document foresaw the project to be concluded by the beginning of 2010. The project was however revised in May 2010 with no substantial changes but amendment to the project duration until May 2012.

The purpose of the Centres is to provide counselling and support, particularly for women and children exposed to gender-based violence, to raise awareness on issues of gender-based violence in the community through workshops and educational programmes, and to provide sensitivity training to service providers such as the South African Police Service (SAPS), social workers, health workers as well as members of the community, on how to work with and support those who are victims of violence and abuse. In addition, the project includes perpetrator programmes, implemented in cooperation with National Institute for Crime Prevention and Reintegration of Offenders.

## Objectives of the project

The main objective of the project is to:

- Promote the protection of survivors of gender-based violence and to empower them through effective support, services and safety measures in Vryburg, North West province, and in Sunnyside, Gauteng province.

The objective is expected to be achieved by the Centres through the provision of a wide range of services (counselling, medical services, legal advice, support and overnight crisis accommodation) to the victims/ survivors of violence, specifically women and children, rehabilitation services and counselling for male perpetrators and sensitization of males in order to break the cycle of violence.

The Government has undertaken a commitment to sustain the Centres for a minimum of 3 years following the termination of UNODC support.

### Disbursement History

Overall Budget (Aug 2008 – May 2012)	Total Approved Budget (Aug 2008 – May 2012)	Expenditure (Aug 2008 – 05 April 2012)	Expenditure in % (Aug 2006 – 5 April 2012)
US\$1,458,945	US\$1,458,945	US\$916,508	62.8%

### Purpose of the Evaluation

This evaluation, initiated by UNODC Southern Africa in complying with the project document and the donor agreement, is to determine whether the project has achieved its intended objective as outlined in the relevant project document. The evaluation should measure achievements and outcomes using the following performance indicators:

- Assess the impact of the activities which were carried out
- Assess whether the project is meeting the intended objectives and outputs as set out the project document
- Assess the constraints, if any, which have affected successful project implementation and propose corrective actions for further sustainability of the project
- Assess the perceived impact of the project and the role so far played or, to be played, by relevant partners in the achievement of the ultimate impact
- Compile recommendations for the Government counterpart with regard to achieving sustainable impact after the project hand-over
- Compile lessons learned and best practices emanating from the project evaluation

The evaluation will inform the Core Learning Partners, selected key stakeholders of the project, on lessons learned through this project. This is particularly relevant in light of UNODC's possible further expansion of the one-stop centre model in other regions.

### Scope of the Evaluation

The evaluation should focus on the outputs, outcomes and impact of the project activities as outlined in the project document.

Identifying the lessons learnt and providing recommendations and other findings in the following areas should form the priority for the evaluation:

- a. An analysis of how efficiently programme planning and implementation were carried out, as well as assessing the managerial support and coordination mechanisms used by UNODC to support the project.
- b. Assess the role played by the Project Steering Committee in the implementation of the project.
- c. Assess the role played by the Advisory Committee in the implementation of the project.
- d. Assess any challenges and constraints encountered during implementation of the project.
- e. Assess whether the project activities/programmes are aligned with the identified priority needs of beneficiaries (relevance).
- f. Assess whether the project achieved its foreseen results (i.e. outputs, outcomes) and if not, what progress has been made towards achieving them.
- g. Assess to what extent the project has had an intended or unintended impact on beneficiaries, particularly women and children (impact).
- h. Assess the extent to which the project activities are likely to continue without future donor funding (sustainability).
- i. Assess to what extent have gender and human rights been taken into consideration as cross-cutting issues during the project planning and implementation.
- j. Recommend possible best practices and lessons learned from the project for replication to future or on-going projects with the UNODC or other actors, with or without modifications.

### The time to be covered by the evaluation

The period to be covered is from August 2008 up to May 2012. This period is from the start to the completion of the project. The evaluation will take place in the last months of the project, towards the completion of project activities.

### The geographical coverage of the evaluation

The One-Stop Centres are located in Sunnyside, Gauteng province and Vryburg, North West. The evaluation should cover the respective areas where the centres are located and its surrounding areas.

### Evaluation criteria and key evaluation questions

The purpose of the final evaluation is to analyse the relevance of the project, its effectiveness, efficiency, impact, sustainability and design in terms of:

- a. The project concept;
- b. Project implementation modality;
- c. Outputs, outcomes and impact of the project;
- d. Project coordination and management;
- e. Sustainability

The evaluation will help to analyse the relevance of the project concept with the focus on victims of gender-based violence. The evaluation should encompass an assessment of the appropriateness of the project and how the project purpose,

planned outcomes, outputs, activities and inputs were achieved. The evaluation will also aim at assessing the appropriateness, quality and cost effectiveness of results, planned duration of and budget for the project. Finally, the evaluation should include an analysis of the clarity, logic and relevance of the project to the needs of victims, development priorities and of the Government of South Africa.

The evaluation will aim at assessing the project implementation modality in terms of project purpose, quality and timeliness of inputs and efficiency and effectiveness of activities carried out. Also, the effectiveness of management, as well as the quality and timeliness of monitoring and backstopping by all stakeholders to the project, will be evaluated.

The evaluation will assess the relevance of the outputs vis-à-vis with outcomes achieved and their impact in terms of contribution to long-term social, economic, technical and environmental changes for individuals, communities and institutions. The evaluation will also assess if the project has had significant unexpected effects, whether of beneficial or detrimental character.

Key evaluation questions are

#### Relevance

- How relevant is the project to target groups', including Governments', needs and priorities?
- Were the project activities/programmes in line with the priority needs of beneficiaries?
- How successful was the physical positioning of the two centres in relation to the objectives of the project?

#### Efficiency

- Were the resources converted to outputs in a timely and cost-effective manner?
- How efficiently was project planning and implementation carried out?

#### Partnerships and cooperation

- To what extent have partnerships been sought and established (including UN agencies) and synergies created in project implementation?
- How did cooperation between UNODC and Department of Social Development (at national, provincial and district levels) work, were there any constraints and if so, how they could be avoided in the future?

#### Effectiveness

- Were the planned objectives and outcomes in the project document achieved, and if not, what progress has been made towards achieving them?
- Were the project activities and structure (managerial support, Project Committee, Advisory Committee etc.) effectively planned and used to attain project outcomes and project objectives?
- Were the centres' infrastructures appropriate and efficiently planned to be in line with the services provided by the centres?

### Impact

- Did project achievements, as far as can be observed at the time of evaluation, have the desired impact on project beneficiaries, particularly on women and children?
- To what extent can the project inform further implementation of victim empowerment services to women and children in South Africa?
- Were gender and human rights taken into consideration as cross-cutting issues in the planning and implementation of the project and its activities?
- Was gender-based violence promoted human rights violation in the implementation of the project activities?

### Sustainability

- Are the project activities likely to continue after the project? Are the centres likely to be sustained and used after the donor funding?
- Were the objectives and outcomes in the project document planned in a sustainable manner?

### Evaluation Methodology

The methods to be used to collect and analyse data

The evaluator will prepare an evaluation methodology and share it with the Project Manager as well as with the Independent Evaluation Unit (IEU) based at the UNODC Headquarters. The evaluator will finalise the evaluation methodology, incorporating the substantive comments of the relevant offices.

This methodology will include:

- Document review, including all major documents such as the project document, progress and monitoring reports as well as any printed output produced as part of project activities
- Interviews with project staff members
- Interviews with representatives of national and provincial government counterparts
- Interviews with Steering Committee members
- Interviews with Advisory Committee members
- Interviews with other service providers in both Sunnyside and Vryburg areas
- Interviews with beneficiaries of services provided by One-Stop Centres
- Field visits to Sunnyside and Vryburg, including outreach sites (schools, clinics, stakeholders) where project implementation has taken place

Prospective evaluator is expected to provide a detailed statement of the evaluation plan, including a proposed evaluation methodology and sampling strategy.

In conducting the evaluation, the evaluator needs to take into account the relevant international standards as well as UNODC specific requirements, including UNODC Evaluation Policy and Guidelines, and the United Nations Evaluation Group (UNEG) Norms and Standards.

## The sources of data

Prior to undertaking the evaluation, the project management at ROSAF will provide the evaluator with relevant documentation pertaining to the project. This includes the project document, semi-annual and annual project progress reports, project-related assessments, as well as other relevant correspondence deemed necessary for the overall assessment of the current project status.

## Timeframe for the evaluation

The evaluation process should start 1 of May and be completed by 31 May 2012. Prospective candidates are requested to provide a detailed implementation work plan, including an evaluation timeframe and budget. Prior to undertaking the evaluation, the evaluator will visit ROSAF for a briefing on the project management and the status of its execution. The exact timelines will be finalised within five days following the inception meeting.

The Project Manager and support staff at ROSAF will ensure that adequate logistical arrangements and support is provided in the places to be visited. Field missions will be undertaken after finalisation of the desk review. The evaluator will establish contacts, as deemed necessary, for the smooth progress of the evaluation. The evaluator will not have the authority to make any commitment, monetary and/or otherwise, on behalf of UNODC and/or any of the project parties i.e. the recipient country and donor partners

Expected deliverables for this consultancy are as follows:

1. Inception Report
  - a. Evaluation Methodology
  - b. Evaluation Timeframe
  - c. Evaluation Budget
2. Mid-term report
3. Draft Final report
4. Presentation of findings and analysis
5. Final report

The draft report is to be submitted by 21 May 2012. A copy of the draft report will be circulated for comments to UNODC Pretoria office as well as to the Independent Evaluation Unit (IEU), UNODC Headquarters in Vienna, prior to its finalization. The evaluator will maintain his/her impartiality and independence in finalising the report as well as in making his/her final conclusions and recommendations, while considering the comments provided to the draft, especially when related to factual issues. IEU will serve to provide quality assurance throughout the process by providing comments on the evaluation tools, the draft report and will provide final clearance for the final evaluation report. The report should follow the UNODC Standard Format and Guidelines for Evaluation Reports which are included in Annex 4.

The final evaluation report should be completed by 31 May 2012. Evaluator will be requested to make a presentation with recommendations, at the Terminal

Review meeting at the UNODC Regional Office, in Pretoria no later than 31 MAY 2012.

### Evaluation team composition

The evaluation will be conducted by an independent national expert with the following qualifications

- 3 years of professional experience in project evaluation and in developing methodologies, including both quantitative and qualitative data collection techniques, ideally in projects of similar nature and scope
- Expertise in project management and the project cycle principles
- Thorough knowledge of the thematic area of violence against women and children on a national level (South Africa)
- Expert should hold an advanced degree related to evaluation
- Proven track record in assessments of similar nature (samples of work may be requested)

The service provider/consultant shall act independently in his/her individual capacity, and not as a representative of the government or organization. He/she should adhere to the independence and impartiality of the evaluation process discussed in the UNODC Evaluation Policy and Guidelines.

### Management of evaluation process

The Independent Evaluation Unit (IEU) based at the UNODC Headquarters in Vienna will guide the process of this evaluation as per the UNODC's evaluation policy and the United Nations Evaluation Group (UNEG) Norms and Standards. The IEU will be consulted from the beginning of the evaluation process and will clear the Terms of Reference of the evaluation and validate the selection of the evaluation team after it has been provided with a documented selection process record. It will also provide comments on the draft report and the final report as well to ensure that a proper evaluation process was followed.

The staff based in Pretoria at UNODC Regional Office for Southern Africa (ROSAF) and the centre staff based at the two centres (Sunnyside and Vryburg) will be responsible for the provision of desk review materials to the evaluator, the UNODC's standard format and guidelines for the preparation of project evaluation report, the UNODC evaluation policy documents, the UNEG's evaluation Norms and Standards and the Terms of Reference for the evaluation. The UNODC ROSAF will review the evaluation methodology liaising with the Core Learning Partners (CLP), the draft and the final report. It will also brief the evaluation team on the status of project implementation and finalization of the activities. The UNODC ROSAF will prepare in advance the suggested list of all key representatives of institutions that should be part of the evaluation process and will be in charge of providing logistical support *to* the evaluation team including arranging their missions to the provinces. The UNODC ROSAF will disseminate the final report to all key stakeholders as well as to the Core Learning Team.

The Core Learning Partners (CLP) include the key stakeholders like Department of Social Development as the main key stakeholder of the subject evaluated (project, programme, policy etc.) who have an interest in the evaluation.

For this evaluation the CLP members are: the Advisory Committee members at the two sites; DSD representatives from the two provinces where the centres are located and the representatives of national DSD, schools and participants who benefited through programmes and trainings conducted. The members of CLP will be requested to facilitate the evaluation process by providing all relevant information to the consultant. At the same time the CLP will be requested to comment the key steps of the evaluation.

## ANNEX II. LIST OF PERSONS CONTACTED DURING THE EVALUATION

(In-person, telephonically, via email)

Adriaan Lamprecht, Vryburg One-Stop Centre  
Adri Strauss, North West provincial government  
Alida Boshoff, NICRO  
Anna Logun, UNODC  
Betzi Pierce, NICRO  
Bontle Loabile, Department of Home Affairs, Vryburg  
Dineo Komane, North West provincial government  
Diniwe Mhlanga, NICRO  
Elisabeth Bayer, UNODC  
Harriet Mosiapo-Retlaadira, Home Based Care, Vryburg  
Henna Mustonen, UNODC  
Ida Strydom, Department of Social Development  
Juliet Sambo, Potter's House Shelter  
Kevin Bareki, Municipal Councillor, Vryburg  
Myrtle Morris, Department of Social Development, Gauteng  
Thea Geldenhuys, NICRO  
Thembi Mdimdimba, North-West provincial government  
Thobeka Gankase, Vryburg One-Stop Centre/Lifeline  
Tumi Moche, Acting Project Manager, UNODC  
Ursula Jephta, Centre Manager, Sunnyside

## ANNEX III. DESK REVIEW LIST

Project document

Progress reports

Assessment reports

Advisory committee meeting minutes

Awareness raising materials developed

Research studies conducted as part of the project

Online materials: research studies, media articles on the centres, newsletters

Gender-based Violence in Vryburg and Sunnyside: a way forward for the establishment of a One-Stop Centre for victims of gender-based violence (A Dissel, 2011)

Online materials: research studies, media articles on the centres, newsletters

POWA training report

Project document (2008)

Project progress reports – NICRO

Promotional materials

Protocols and policies (intake forms, codes of conduct, indemnity forms, volunteer recruitment policy, rules for emergency accommodation)

Rapid Assessment of Perpetrator Programmes in Sunnyside and Vryburg (A Kleijn, 2012)