USAID/South Africa

Umbrella Grants Management Project

End of Project Partner Evaluation

GREATER NELSPRUIT RAPE INTERVENTION PROGRAMME (GRIP)

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This publication was produced for the United States Agency for International Development. It was prepared by Celine Mazars, Nur Hidayati, and Tholoana Mofolo, of Results in Health, The Netherlands, and Health and Development Africa, South Africa.

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Gratitude must also be extended to the police officers and hospital and court personnel who gave their time to the evaluators.

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Finally, the team would like to greatly thank all of the women (and one man) who were survivors of sexual assault or domestic violence and who participated in this evaluation. The courage they displayed in answering questions that brought back difficult memories need to be commended. Nearly all of them indicated at the end of the interview that "it was good to talk", which is a great satisfaction for the research team, and they hope that their responses will be used to improve survivor empowerment and awareness services.

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ACRONYM LIST

CBO	Community-Based Organization
CEO	Chief Executive Officer
DoH	Department of Health
DoJ	Department of Justice
DSD	Department of Social Development
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GRIP	Greater Nelspruit Rape Intervention Programme
HCBC	Home and Community Based Care
HCT	HIV Counseling and Testing
HDA	Health and Development Africa
HWSETA	Health and Welfare Sector Education and Training Authority
ILO	International Labor Union
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
MSC	Most Significant Change
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
RiH	Results in Health, The Netherlands
SAPS	South African Police Service
TB	Tuberculosis
UGM	Umbrella Grants Management Project
USAID	U.S. Agency for International Development
VCT	Voluntary Counseling and Testing

EXECUTIVE SUMMARY

INTRODUCTION

UGM is a five year grants management program administered by FHI 360 with funding from the U.S. Agency for International Development (USAID). Through UGM, FHI 360 provides funding and technical assistance to USAID-selected NGO partners who provide HIV/AIDS services at local, provincial, and national levels in South Africa. FHI 360-UGM seeks to promote high quality service delivery in alignment with the priorities and goals of the South African government's HIV/AIDS framework.

FHI 360-UGM provides specialized capacity building and support services to build partners' skills and competencies in program management, governance, human resource development, budgeting and finance, and monitoring, evaluation, and reporting.

The FHI 360-UGM project objectives are to

1. Provide grants to USAID/PEPFAR partners that ensure an adequate resource flow to foster scale-up of activities
2. Implement effective monitoring, evaluation, and reporting systems to assess and document activities
3. Provide ongoing capacity building to support and enhance scale-up of activities, and sustainability of activities and partners

Since 2007, FHI 360-UGM has supported thirteen South African NGOs including the Greater Nelspruit Rape Intervention Programme (GRIP). The organization has received total funding through the UGM of R15,802,209.

The purpose of this evaluation was to assess whether the GRIP program achieved its objectives under the PEPFAR-funded program managed by the FHI 360-UGM. Results in Health and Health and Development Africa evaluated key program outcomes and impacts related to improving the well-being of survivors of sexual assault and domestic violence, which was the focus of this grant.

The evaluation sought to answer three main questions.

1. To what extent was GRIP able to meet the needs of survivors of rape, sexual assault, and domestic violence in their target areas?
   - How do stakeholders (survivors, law enforcement officials, court system) perceive the program, in terms of quality and ease of access?
2. What were the most significant changes brought about by the organization in improving the well-being of survivors of sexual assault, and domestic violence in their target areas?
3. What were the key enablers and barriers in meeting project objectives?

GRIP is a South African NGO established in 2000 in response to high levels of sexual violence and HIV in the Nelspruit area of Mpumalanga. Goals, sub-goals, and objectives of the program were defined as follows.

- **Overall Goal**
  Reduce secondary trauma for survivors of rape, domestic violence, and sexual assault entering and proceeding through the Criminal Justice System.
- **Sub-goals**
  - Contribute to conviction of perpetrators through collecting and processing viable medico-legal evidence through the Criminal Justice System.

  - Enhance rehabilitation and reintegration of survivors of gender-based violence (GBV) into societies/families.
  - Contribute to the national HIV/AIDS prevention strategy through provision of community and work-based prevention services.
- **Objectives towards achievement of goals**
  - Provide shelter and protection for survivors reporting their cases to police stations, on a 24 hour, seven days a week basis.
  - Strengthen the preservation of evidence during the medico-legal examination.
  - Preserve and strengthen evidence for court testimony against perpetrators through training survivors on court procedures.
  - Promote rehabilitation and reintegration of gender-based violence survivors into family settings and society (community).
  - Impact the community's awareness of GRIP's services and location of facilities.
  - Provide voluntary counseling and testing (VCT) services for community members in the Mpumalanga area.
  - Ensure organizational development, management, and good governance of all projects.

GRIP's main points of service provision are its 26 Care Rooms—located at police stations, hospitals, and courts—where volunteers provide immediate psychosocial support to survivors. Ongoing support is provided through follow-up home visits after the sexual assault incident, pre-court training sessions facilitated by GRIP volunteers, caregiver support workshops, HIV support groups, and counseling and support at the Domestic Violence Women's Shelter. In addition, GRIP has a mobile HIV counseling and testing (HCT) clinic and organizes gender-based violence awareness sessions for the community. Finally, GRIP participates in local multi-sectoral GBV platforms and, where needed, plays an advocacy and watchdog role with government service providers.

Results in Health (RiH, The Netherlands) and Health and Development Africa (HDA, South Africa) were selected to evaluate GRIP's program activities and impact. The purpose of this evaluation was to

- determine whether GRIP achieved its program objectives under the PEPFAR grant (2007-2012)
- evaluate key program outcomes and impacts related to improved health and well-being of survivors of sexual assault and domestic violence

The evaluation was organized around three main questions.

- To what extent was GRIP able to meet the needs of survivors of rape, sexual assault, and domestic violence in their target areas?
- What were the most significant changes brought about by the organization in improving the well-being of survivors of sexual assault and domestic violence in target areas?
- What were key enablers and barriers in meeting project objectives?

EVALUATION METHODS

A mixed qualitative approach was adopted, using a number of data collection methods: literature review; semi-structured interviews with survivors, GRIP staff and volunteers, and government stakeholders (including police officers, medical and court personnel); and focus group discussions (FGD) with GRIP staff, GRIP volunteers, and survivors. The Most Significant Change methodology was used to collect stories of most significant changes that had happened in the lives of individuals involved in the program.

Data from the different methods were triangulated. A total of 73 respondents participated in the evaluation across six sites.

FINDINGS

The evaluation detected that GRIP successfully met most of their program objectives. Detailed responses to the three key questions of this evaluation are included below.

Question 1: To What Extent was GRIP Able to Meet the Needs of the Beneficiaries in Their Target Areas?

In the Police Station

All survivors reported being satisfied by services received in the police stations and did not face any of the common challenges they might have faced in the absence of GRIP. The evaluators consider GRIP interventions to have met survivors' needs, notably by encouraging survivors of violence to open a case through the 24/7 presence of GRIP volunteers; guaranteeing confidentiality and offering counseling in the Care Room; increasing accountability of police officers by acting as watchdogs and reporting any inappropriate attitudes; and improving hospital referrals.

In the Hospital

Survivors reported being satisfied by the services received in hospital and none of the survivors reported experiencing any of the common challenges they might have faced in the absence of GRIP. The evaluators consider GRIP interventions to have met survivors' needs, notably by eliminating the need for the survivor to queue in the main reception; by providing confidentiality in the Care Room during the potentially long wait for medical attention; by maintaining 24/7 presence in the hospital; by strengthening follow-ups by visiting survivors at home and providing these individuals with transport money to return to the hospital for follow-up medical care; and by increasing efficiency by providing counsel while medical staff perform the examination.

In Court

All survivors, their parents, and court staff who commented on the court were very positive about GRIP interventions. Care Rooms in the courts prevent the survivor from sitting in the corridor with the accused and reduces the likelihood of potential intimidation. GRIP acts as a link between the court and the survivor and this connection decreases the number of cases that are lost or not filed. Pre-court training prepares the survivor for her appearance in court and helps her to feel more comfortable for the hearing.

The evaluation found that the percentage of cases withdrawn by the complainant decreased from 22.9% to 12.0% between 2008 and 2011. Although more research is needed to understand the reasons behind this drop, it can be taken as a positive sign and it is likely that the GRIP volunteers' support to survivors encouraged them to stay in the criminal justice system until the judgment day. However, GRIP's support to survivors has not led to a major increase in rape convictions and the rate of case attrition is still high, although lower than in national statistics.

Needs of Reintegration in the Family and Community

Through four home visits over a six month period, GRIP improves medical follow-up of survivors, including coping with the side effects of post-exposure prophylaxis (PEP) and facilitating HIV testing. Volunteers not only provide case information to the survivor, but also offer emotional support related to the GBV incident and its consequences, to anxieties caused by the release of the suspect on bail, to family issues as well as to any pre-existing social and family conditions. Social support is provided, mainly through referrals to the Department of Social Development (DSD).

However, some survivors reported that they had not received any home visits or had too few visits. The evaluation found this was due to challenges in locating survivors that were beyond GRIP's control such as an address that was difficult to locate or an incorrect phone number for the survivor.

Awareness Raising Needs of the Community

The evaluation found that GRIP's awareness activities in schools, crèches, farms, shopping malls, and churches helped encourage survivors to report cases. In 2010, additional PEPFAR funding of $100,000 enabled GRIP to scale-up its awareness activities and to develop a long-term awareness building component which has become part of its core program activities. An unexpected program result was that, as the organization increased its visibility and the number of survivors helped, volunteers and survivors played an indirect role in awareness-raising—not only helping more survivors to come forward, but also contributing to changes in social norms surrounding GBV.

HIV Counseling and Testing Needs

Through the program, GRIP increased the number of community members and survivors tested in the mobile clinic donated by PEPFAR, provided support to survivors on PEP, and organized HIV support groups for its survivors. However, GRIP did not receive any HIV/AIDS technical capacity building support and the quality of its HIV services needs to be strengthened. GRIP is also missing the opportunity to offer survivors long-term HIV prevention support, including strengthening condom use.

Question 2: What Were the Most Significant Changes Brought About by the Organization in Improving Well-being of Survivors of Sexual Assault and Domestic Violence in Target Areas?

GRIP's emotional and social support, court support, and health promotion related support meant a lot to survivors. Emotional support was frequently mentioned during the interviews and focus group discussions, and was perceived to be the most useful/valuable service provided by GRIP. It was often mentioned as having reduced survivors' secondary trauma. Key changes were also said to have occurred in the community, as community members started speaking up and reporting sexual assault and domestic cases to the police, and referring survivors to GRIP Care Rooms. The project contributed significantly to changing survivor's lives, in particular through GRIP's counseling services, home visits and companionship.

Question 3: What were the Key Enablers and Barriers in Meeting the Project Objectives?

The main programmatic enablers were: the UGM organizational development activities; good collaboration with government stakeholders at Care Room level; and functional networks with local stakeholders involved in GBV awareness. Other enablers relate to the organizational identity, such as staff dedication.

Programmatic barriers included being unprepared for organizational growth, that led to retrenchments as too many staff members were initially recruited; discontinuation of the activities that were not part of GRIP's core mandate, such as the prevention activities with sex workers; lack of FHI 360 HIV/AIDS technical support due to not having an HIV/TB/GBV Technical Advisor available; the two-year vacancy of GRIP's CEO position and its impact on sustainability planning. While GRIP had requested to add prevention activities with sex workers to the PEPFAR-funded program, the organization lacked the skills to do this work.

GRIP has also struggled to forge sustainable institutional partnerships with South African Police Service (SAPS) and provincial government departments for health, social development, and justice. Memoranda of Understanding (MOU) were drafted but have not been signed by government officials and GRIP does

not understand the reasons for this delay. The precarious status of volunteers (who receive a stipend and work without paid leave) as well as the lack of effective debriefing support mechanisms for volunteers has also hampered the smooth delivery of program activities.

One of the main enabling contextual factors for GRIP is the trust and recognition of local stakeholders in the police stations, hospitals, courts and schools where they work. In addition, the evaluation uncovered externally-driven positive changes in the police force, such as availability of GBV-related trainings and some police officers who act as dedicated change agents trying to influence their colleagues to better manage GBV cases. In hospitals the number of forensic nurses has increased.

Contextual barriers included difficulties formalizing service delivery level relationships with national and provincial government departments as well as the social context in which survivors live. For many survivors surveyed, GBV issues are embedded in difficult social and family contexts and their social and psychological support needs are huge, making it difficult for GRIP and its volunteers to bring significant change in the lives of survivors.

CONCLUSIONS

- GRIP contributed to the overall goal of reducing secondary trauma for survivors of rape, domestic violence, and sexual assault through the criminal justice system.
- In the lives of the survivors, emotional support was quoted as the most valued service provided by GRIP.
- The evaluation could not show that GRIP contributed to the sub-goal of increasing the conviction rate of perpetrators. However, GRIP's interventions in court had a positive impact on both survivors and government staff. This performance is highly appreciated by court staff and might have contributed to a decrease in the number of cases withdrawn before the judgment day.
- GRIP enhanced the rehabilitation and reintegration of survivors of GBV into society/families, within existing structural barriers.
- GRIP contributed to the National HIV Prevention Strategy to some extent, but it should strengthen its efforts towards that goal.
- GRIP achieved its program objectives and had an impact at several levels:
  - on the criminal justice system through improved case management
  - on communities through GBV prevention activities
  - on survivors by mitigating the impact of GBV and reducing secondary trauma
- Challenges included quality issues with HIV-related activities, problems developing institutional partnerships with government, issues with program sustainability, and difficulties to substantially reduce the attrition rate of cases.
- Overall, the holistic model adopted by GRIP is effective and responds to recommendations made by researchers (Vetten, 2008) towards reducing the attrition of cases in the criminal justice system.

RECOMMENDATIONS

To USAID (and Other International Donors)

- *Ensure Program Sustainability:* Provide GRIP with emergency/transition funding while a sustainability plan is implemented, in order to retain existing staff and volunteers, prevent discontinuation of services and avoid losing the positive gains resulting from this PEPFAR-funded program.

- *Fund Awareness Raising Activities:* Based on the positive impact of the reallocation of PEPFAR World Cup funds to fund awareness raising activities, PEPFAR should consider funding similar awareness raising activities on an ongoing basis.

To GRIP

- *Ensure Program Sustainability:* Improve internal communication on organizational change and alleviate staff anxiety related to funding uncertainties, and develop a resource mobilization strategy.
- *Strengthen Partnerships with Government Departments:* Pursue efforts to conclude MoUs with provincial and/or national government (health, justice, SAPS).
- *Strengthen Partnerships with Civil Society Partners:* Form partnerships to improve case management within the criminal justice system and decrease attrition rates, including
  - With Training Organizations: Explore the possibility to partner with training organizations or other NGOs to participate in designing and facilitating training sessions to capacitate government stakeholders to better understand the conditions in which rape occurs, and women's responses to rape.
  - With Research Organizations: Explore possibilities for GRIP to get involved in wide-scale research to identify causes of attrition of pursuing criminal cases against perpetrators.
  - With NGOs: Partner with national NGOs and other NGOs doing similar work to improve advocacy and national lobbying efforts, including lobbying for increased funding and additional staff.
- *Mainstream HIV in Activities of the Organization:*
  - Develop an HIV in the Workplace Policy and Program for staff and volunteers.
  - Strengthen HIV prevention with survivors.
  - Strengthen HIV prevention awareness activities with communities.
  - Develop volunteers' capacities to respond to long-term HIV prevention needs of survivors.
  - Strengthen HIV coordination mechanisms within GRIP by appointing a staff member responsible for coordinating and monitoring quality of all HIV-related activities.
  - Develop HIV and GBV information booklets.
  - Reinvigorate the HIV support groups by providing volunteer facilitators with training and guidance and by defining clear expected outcomes.
- *Expand Awareness Activities Aimed at Preventing GBV:* Train all staff members in GBV awareness-raising.
- *Strengthen GRIP's Response to Children:* Train all volunteers on child support and strengthen support to parents in partnership with other relevant NGOs.
- *Strengthen the Shelter:* Recruit a qualified manager to implement the existing strategy to enable the shelter to become a semi-autonomous entity.
- *Improve Staff and Volunteers' Working Conditions:* Address the issue of the status of long-term volunteers, notably by developing a staff capacity development strategy, which would seek to provide continued accredited training to volunteers. Organize monthly debriefing meetings in the local language, facilitated by a trained coordinator.
- *Develop Communication/Marketing Tools:* Develop a website and promotional tools such as a Newsletter and a UN Best Practice Case Study to raise awareness of GRIP's work and to encourage replication of its model elsewhere.

- *Expand Board Membership:* The Board Membership should be expanded, to include representatives of local authorities, of national and provincial businesses and of research organizations. GRIP should also explore the possibility of finding and recruiting influential patrons.

I. INTRODUCTION

PURPOSE OF THE EVALUATION

The purpose of this evaluation is

- to determine whether GRIP achieved its program objectives under the PEPFAR grant (2007-2012)
- to evaluate key program outcomes and impacts related to the improved health and well-being of survivors of sexual assault and domestic violence

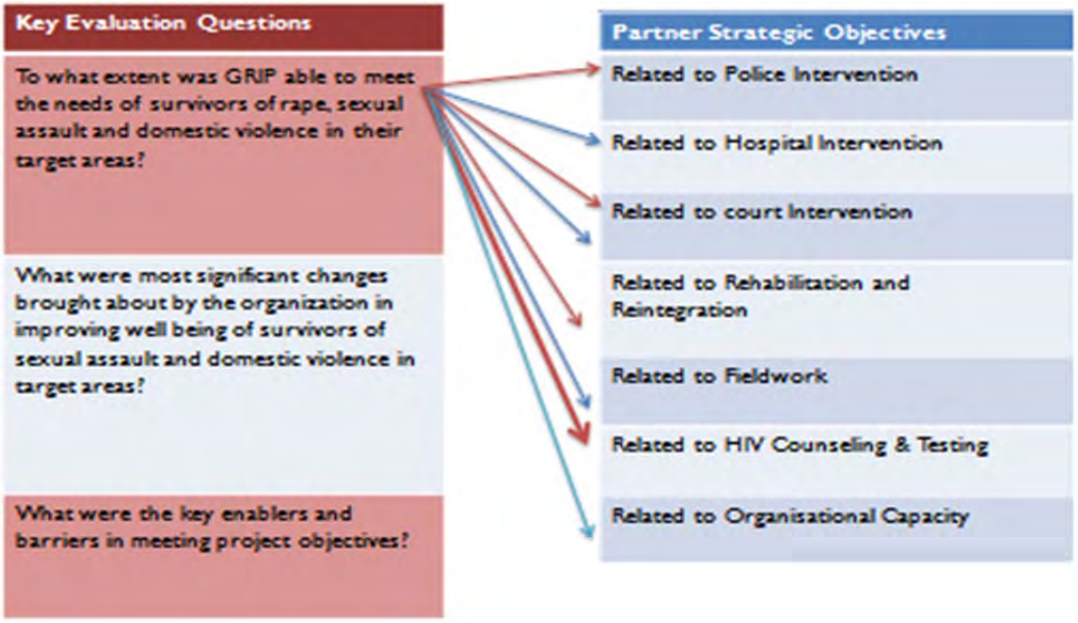
The evaluation aims to generate knowledge on how to better meet the needs of survivors – it is not intended to determine future funding. The evaluation takes a retrospective approach, looking back over the life of the program and uncovering what worked and what did not.

The evaluation was organized around three main questions.

1. To what extent was GRIP able to meet the needs of survivors of rape, sexual assault, and domestic violence in their target areas?
   - How do stakeholders (survivors, law enforcement officials, court system) perceive the program, in terms of quality and ease of access?
2. What were the most significant changes brought about by the organization in improving the well being of survivors of sexual assault, and domestic violence in their target areas?
3. What were the key enablers and barriers in meeting project objectives?

Each of the evaluation questions addressed the program's seven objectives, which are defined by the COP11 Partner Project Plan (see Figure 1. below).

Figure 1. Strategic Partner Objectives



KEY AUDIENCES OF THE REPORT

- The U.S. Agency for International Development
- The President's Emergency Program for Aids Relief
- GRIP
- FHI 360
- Various South African Government Departments (Health; Justice and Correctional Services; Education; Social Development)
- South African NGOs and research organizations working on similar issues

KEY COMPONENTS OF THE REPORT

- *Background:* This section describes the Umbrella Grants Management (UGM) project; GRIP as an organization; and the PEPFAR-funded activities.
- *Methods:* This section presents the evaluation design, data collection methods, sampling frame, ethical considerations, as well as study limitations.
- *Findings: T*his section is organized around the three guiding evaluation questions and assesses achievements against the program objectives, beneficiaries' perceptions of services rendered, and challenges. A section on program sustainability has been added, as this issue was raised by most GRIP staff and volunteers interviewed.
- *Conclusion:* This section assesses contribution of the program towards GRIP's goals and sub-goals and presents lessons learnt and challenges.
- *Recommendations:* This section contains practical recommendations based on the findings and conclusions.
- *Appendices:* These annexes present additional background information such as the composition of the evaluation team, the data collection tools used and list of sites visited and the report references.

II. BACKGROUND

THE UMBRELLA GRANTS MANAGEMENT PROJECT

UGM is a five year grants management program administered by FHI 360 with funding from the U.S. Agency for International Development (USAID). Through UGM, FHI 360 provides funding and technical assistance to USAID-selected NGO partners who provide HIV/AIDS services at local, provincial, and national levels in South Africa. FHI 360-UGM seeks to promote high quality service delivery in alignment with the priorities and goals of the South African government's HIV/AIDS framework.

FHI 360-UGM provides specialized capacity building and support services to build partners' skills and competencies in program management, governance, human resource development, budgeting and finance, and monitoring, evaluation, and reporting.

The FHI 360-UGM project objectives are to

4. Provide grants to USAID/PEPFAR partners that ensure an adequate resource flow to foster scale-up of activities
5. Implement effective monitoring, evaluation, and reporting systems to assess and document activities
6. Provide ongoing capacity building to support and enhance scale-up of activities, and sustainability of activities and partners

Since 2007, FHI 360-UGM has supported thirteen South African NGOs, including GRIP. The organization has received total funding through the UGM of R15,802,209, from 2007 through 2012.

GRIP: DESCRIPTION OF THE ORGANIZATION

GRIP was established in 2000 in response to the high levels of sexual violence and HIV in the Nelspruit area of South Africa's Mpumalanga Province. GRIP's initial focus was to give survivors access to immediate protection, security, and psychosocial support by opening up Care Rooms. The NGO was also involved in lobbying the Department of Health (DoH) to give survivors access to HIV treatment.

GRIP's Vision and Mission

Vision: to ensure the best possible service to all survivors of rape, domestic violence and sexual assault.

Mission: to reduce secondary trauma for survivors of rape, domestic violence and sexual assault.

GRIP UGM Program Strategic Goals and Objectives

The GRIP UGM program's overall goal is to reduce secondary trauma for survivors of rape, domestic violence, and sexual assault entering and proceeding through the criminal justice system.

Sub-goals

- Contribute to conviction of perpetrators through collecting and processing viable medico-legal evidence through the criminal justice system.
- Enhance rehabilitation and reintegration of survivors of gender based violence (GBV) into society/families.
- Contribute to the National HIV and AIDS prevention strategy through provision of community and work based prevention services.

Objectives towards Achievements of Goals

- To provide 24/7 shelter and protection for survivors reporting their cases to police stations
- To strengthen the preservation of evidence during the medico-legal examination
- To preserve and strengthen evidence for court testimony against perpetrators through training survivors on court procedures
- To promote rehabilitation and reintegration of GBV survivors into family settings and society
- To impact on the community's awareness of GRIP's services and location of facilities (as per work-plan 2011/2012)
- To provide voluntary counseling and testing services for community members in the Mpumalanga area
- Ensure organizational development, management and good governance of all projects

In order to achieve its goals, GRIP participates in local multi-sectoral platforms on GBV and, where needed, it plays an advocacy and watchdog role with government service providers.

Strategies

The three main strategies adopted by GRIP towards reaching these goals are

1. To strengthen awareness of GBV and change attitudes so that communities show more support for GBV survivors
2. To strengthen the quality of services provided by the criminal justice system (particularly DoH, Department of Justice [DoJ] and SAPS) to reduce secondary victimization and ensure that sufficient evidence is collected to present survivors with a fair trial
3. To provide sufficient psychosocial support to GBV survivors to adequately aid their rehabilitation. In this strategy, the survivors of GBV are targeted directly with GRIP's interventions[1]

Geographic Areas of Intervention

Table 1. Location and Geographical Coverage of GRIP in Mpumalanga

GRIP's Presence		
District	**Local Municipality or Sub-district**	**Care Rooms**
Ehlanzeni	Mbombela	– 27 Care Rooms – Care Rooms are located in hospitals, police stations and courts.
	Nkomazi	
	Bushbuckridge	
Gert Sibande	Piet Retief	

As seen in Table 1, GRIP's intervention project serves a mixture of rural, urban and peri-urban populations across Ehlanzeni and Gert Sibande districts.

[1] Extracted from *Program framework, program theory and results chain for the GRIP Program*, October 2011

Program Design and Theoretical Framework

Figure 2. GRIP Model: Theoretical Framework

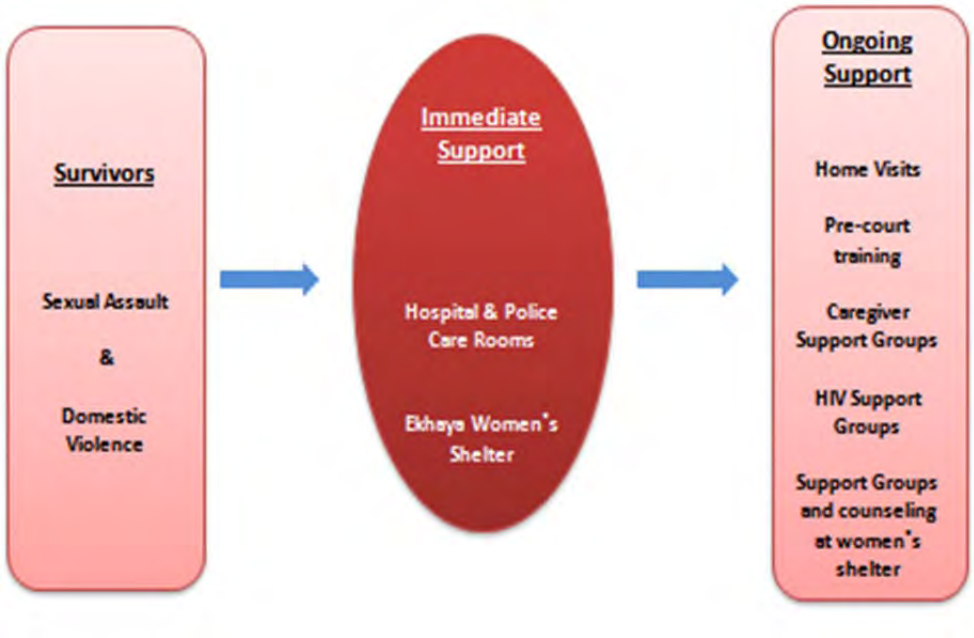


Figure 2 shows the model used to manage GRIP's PEPFAR-funded activities.

GRIP's main points of service provision are its 27 Care Rooms located at police stations, hospitals, and court rooms throughout Mpumalanga province. GRIP Volunteer Counselors are seated within these Care Rooms and ready to provide survivors with immediate psychosocial support.

Home visits are used to provide ongoing support four days, one month, three months and six months after the sexual assault incident. Similarly, GRIP volunteers provide pre-court training sessions for survivors (Friends of the Court,; caregiver support workshops, HIV support groups, and counseling and support at the Domestic Violence Women's Shelter.

GRIP Leadership and Funding Sources

GRIP has a CEO, senior and middle management staff located at the Head Office (in Nelspruit), and a Board that oversees the overall strategic vision of the organization. The Board is composed of eight members (three men and five women) including the founder of GRIP and representatives from the following sectors: business (three members), health, procurement, justice, therapeutic counseling. The members are Indian (2), black (2) and white (4).

Table 2. GRIP Funding Sources of GRIP

GRIP Funding Sources 2008 – 2012				
Organization	**2008/2009**	**2009/2010**	**2010/2011**	**2011/2012**
PEPFAR	30%	55%	65%	62%
Department of Social Development	16%	4%	5%	12%
UBS Optimus Foundation	45%	11%	--	--
First National Bank	1%	3%	--	--

First Rand Foundation	--	1%	4%	--
Joint Gender Fund	--	0%	7%	--
Nelson Mandela Children's Fund	--	12%	--	--
Raith Foundation	--	7%	--	--
Kinderfonds Mamas	--	--	3%	11%
National Lottery	--	--	6%	13%
UNODC	--	--	5%	
Other Donations	8%	7%	5%	2%
Total	**100%**	**100%**	**100%**	**100%**

Source: GRIP statistics

GRIP Achievements against PEPFAR Indicators

Table 3. GRIP Achievements against PEPFAR Indicators 2008-2011

Program Area Indicator	**Year 2 Oct 2008 - Sept 2009**		**Year 3 Oct 2009-Sept 2010**		**Year 4 Oct 2010 -Sept 2011**	
	Target	Achievements	Target	Achievements	Target	Achievements
Prevention: HIV Counseling and Testing	3000	1761	3000	1039	1000	1901
Individuals Attending HIV Support Groups	800/600	937	800	125	1200	223
Individuals Reached in the Care Rooms PEPFAR indicator: Individuals reached with interventions focused on gender-based violence and coercion	N/A	N/A	1000	1845	500	2766
Individuals Reached in Court PEPFAR indicator: Individuals reached with interventions focused on legal rights and protection of women and girls	N/A	N/A	1000	935	500	1045

Source: GRIP Statistics, revised by FHI 360

The data presented in Table 3 are aligned to PEPFAR indicators which have changed during the course of the project. Not all targets were met, and reasons why will be explored in the corresponding sections of the report.

III. EVALUATION METHODOLOGY

EVALUATION DESIGN AND METHODOLOGY

The evaluation used a mixed qualitative methodology, which was guided by the Evaluation Terms of Reference and information provided during the inception workshop held with FHI 360.

Sites Selection

Six research sites were selected for the evaluation: Nelspruit, Bushbuckridge, Kabokweni, Piet Retief, White River and Mhala. Each of these locations has three care rooms located in the police station, the hospital and the court. In total, we interviewed representatives of 18 Care Rooms (out of a total of 27) and survivors being serviced in the sites.

When sampling the sites, the evaluators used two criteria:

1. The selected sites are representative of various socio-economic profiles and are a mix of urban, rural and mining areas.
2. GRIP was asked to orientate the evaluation team towards the "best functioning sites"(sites that were working well) and "the worst performing sites" (sites where things were not working so well).

Respondents' Selection

- *Officials:* In each site, the GRIP volunteers selected the stakeholder officials they would work closely with. They included court officials, forensic hospital nurses and police officials from the various selected sites.
- *Survivors:* GRIP selected nine survivor respondents with whom they were still in contact, who were available and accepted to participate in the evaluation. The evaluation team selected a further eleven survivors randomly, using GRIP files.
- *Parents:* GRIP referred three parents of child survivors, and two were randomly selected by the evaluation team.
- *Focus Group Discussions (FGDs):* Participants were randomly selected.

Data Collection Methods

Data were collected using the following methods:

- *Literature Review:* The team consulted and analyzed reports, case studies and other organization documents.
- *Semi-Structured Interviews:*
  - GRIP staff at executive management level (Board Chairman and CEO), middle management (area managers and office staff members) and at junior staff levels (office staff members, volunteers)
  - Domestic violence and sexual assault survivors and caregivers – these interview were conducted in local languages by an experienced researcher who is also a psychologist
  - Representatives of government stakeholders that GRIP interact with including police officers, medical staff, and court personnel
- *FGDs:* Discussions held with GRIP staff, GRIP diffusers (volunteers), and survivors at the domestic violence shelter.

- *Triangulation of data:* Triangulation was used to cross-check results from various data collection methods and respondents (beneficiaries, staff, volunteers, and government stakeholders).
- *The Most Significant Change methodology (MSC):* MSC is a qualitative participatory methodology that was used to collect stories of most significant changes that had happened in the lives of individuals involved in the program. The main MSC question posed during the interviews were
  - To survivors: What is the best/most important change in your life/well-being since you met GRIP?
  - To police and hospital representatives and volunteers: What is the best/most significant change in your community since the existence of the Care Rooms for survivors of sexual assaults, rape, and domestic violence?

Most Significant Change

The process of conducting MSC involves:

• Defining the domains or themes of changes;

• Collecting stories through interviews and FGDs;

• Writing the stories using the main and probing questions as guidelines;

• Selecting the stories through a focus group gathering respondents involved in the data collection and program/management staff

• Analyzing the stories

The MSC story analysis involves:

• Thematic coding

• Analysis of positive and negative changes (if any)

• Analysis of changes happening at individual and community levels (if any)

• Analysis of the changes mentioned in MSC stories against a logic model complemented with findings from other tools;

• Analyzing differences between stories that are selected and those not selected.

As part of the Most Significant Change methodology, survivors, survivors' families, program staff, and representatives of the police and health sectors were interviewed.

DATA ANALYSIS

- *Preliminary content analysis:* Transcripts were analyzed by way of uncovering common themes coming out of the interviews and focus group discussions. These preliminary results were used to define categories.
- *Categorization:* Once defined, a qualitative data analysis software package, Atlas Ti was used to categorize, organize, and analyze the data.
- *Response to the evaluation questions:* The responses to the evaluation questions were further developed against each project objective and analyzed using the defined categories.

LIST OF RESPONDENTS INVOLVED IN THE EVALUATION

Table 4. Evaluation Respondents and Data Collection Tools

Respondents and Data Collection Tools	
Type of Respondents	**Data Collection Method & Number of Respondents**
Survivors	15 individual interviews 2 FGDs (10 participants) 3 individual MSC
Parents of Survivors	5 individual interviews
GRIP Management	10 individual interviews 1 FGD (9 participants)
Volunteers	5 individual interviews 1 FGD (10 participants)
Hospital staff (Nurses and Medical Doctors)	5 individual interviews 1 individual MSC
Police Officers	5 individual interviews
Court Staff	3 individual interviews
Total	73 respondents[2]

ETHICAL CONSIDERATIONS

Measures were taken to uphold ethical standards:

- Informed consent was sought and received from all study participants;
- Questions were carefully phrased to avoid any harm and were discussed with GRIP management and counselors to check their sensitivity. Questions focused on the support beneficiaries received from GRIP and other stakeholders after the GBV incident, but did not ask for a description of the incident itself.
- The questions were assessed against international protocols on GBV that define how to conduct interviews with survivors.
- The interviewers were trained by the Principal Researcher on how to conduct interviews and on key GBV issues, such as survivors coping mechanisms. Feedback from interviewers was used to strengthen interview guides.
- The evaluator who interviewed survivor respondents is a psychologist.
- As a final question, respondents were asked how they felt about the interview.

LIMITATIONS OF THE EVALUATION

The evaluation's main limitation was that GRIP guided the selection of a significant portion of the respondents, including representatives of the court, hospitals, and police station as well as half of the survivors and caregivers. Selection of interview sites was also guided by GRIP.

2. Some of the representatives of GRIP management were interviewed individually and also participated in the focus group discussion. That is why the total number of the evaluation respondents is different from the addition of the number of respondents per tool.

This posed the risk that GRIP would only select well performing sites and respondents who would have a positive opinion about GRIP.

Evaluators mitigated this bias by randomly selecting half of the survivors. Evaluators also asked police and hospital respondents to comment on the attitudes of their colleagues and to evaluate the frequency of the various attitudes.

The scope of this evaluation did not allow the team to assess the impact of GRIP's awareness activities on the communities' perceptions of GBV; however, indirect information was collected in assessing respondents' perceptions of community support.

Additionally, some background documentation was not made available to the evaluators by GRIP or FHI 360 until after the first draft of the report was developed. This includes the targets and achievements per year.

IV. FINDINGS

TO WHAT EXTENT WAS GRIP ABLE TO MEET THE NEEDS OF THE BENEFICIARIES IN THEIR TARGET AREAS?

The evaluation assessed the extent to which the needs of the survivors were met in the police stations, in the hospitals, and in court, as specified by the program objectives 1, 2, and 3. It also assessed the extent to which community needs had been met by the program's activities around raising awareness and HIV testing activities, which are in line with objectives 5 and 6.

Needs of the Survivors in the Police Stations

The program's first objective was to respond to the needs of survivors in police stations:

"To provide shelter and protection to survivors reporting their cases to police stations, on a 24 hour, 7 day a week basis."

What Are The Existing Problems In The Police Force That Hamper Meeting The Needs Of The Survivors?

The interviews with police officers and GRIP staff and volunteers revealed a number of challenges that women may experience in police stations.

These challenges included

- An inappropriate attitude of police officers. This issue was mentioned 24 times, by all categories of respondents.

  "The police was not treating the young lady the way he was supposed to. He asked: what clothes were you wearing? This is not a good question to ask. I think they need to be educated in rural areas." (Police Officer, Key Informant Interview [KII])

- Poor investigation and irregular feedback given to survivors about their cases.

  "They arrest the perpetrators. But the police don't go back and explain to the survivors about the court procedures. Sometimes they come across the perpetrators in the streets and don't know what happened to their court cases. This puts us in difficult positions because we have to answer back to them". (GRIP Volunteer, KII)

- Cases where dockets were lost or not opened.

  "The family took Gogo[3] to hospital and the perpetrator to the police. But the day after, the family realized the case had not been registered and the perpetrator escaped. He had raped three other women in the past but the cases could not be found. The police commissioner intervened." (FGD, Survivors)

- Not enough attention is given to domestic violence cases in general.

  "The problem is that the police don't understand anything. Even when a girl comes to the police station to report that her boyfriend or husband slapped her, if there are no bruises the police say they can't open a case but can only go and talk to her boyfriend". (GRIP Volunteer, KII)

Other challenges reported by the interview respondents include: delays in taking the survivor's statement and in referring her to hospital with a police car; statements not taken properly and poorly

[3] Gogo is a common name for "grandmother" in South Africa.

translated; police staff turnover; crime kits that were either not available or could not be found in the police station.

These findings are consistent with other research on the same topic in South Africa, notably Vetten, 2008.

GRIP Response to the Needs in the Police Station

GRIP's activities in the police stations at the very least minimized the impact of these challenges on the survivors, and at best prevented them from happening.

The Care Room provides a place of confidentiality—a place where the woman can receive counseling while waiting for the police to take her statement. It is also a place of temporary shelter for women who need to spend the night in the police station.

> *"Before, there was no victim-friendly room; now, when the police is seeing a woman crying, she is taken aside."* (GRIP Management, KII)

The presence of GRIP in the police station encourages survivors to open up a case.

> *"Sometimes they don't want to open a case, then we tell them about GRIP and encourage them to open a case."* (Police Officer, KII)

GRIP volunteers act as a watchdog in the police station. They can lobby and report any police infringements of the *Charter of the Rights of Survivors,*[4] which can lead to sanctions of the police officers by the police commander. In addition, a station that has a GRIP Care Room receives extra points within the police internal rating system. These elements increase the accountability of police officers, allow for better follow-up of cases, and help improve attitudes and knowledge.

> *"We have reported the matter [misconduct of a police officer] to our manager. She met with the station commander. Since the meeting the police are now more responsive and attend and come timely."* (GRIP Volunteer, KII)

GRIP has also helped to improve referrals. Volunteers positioned at the police station will phone ahead to their colleagues stationed in the hospital to inform them about the arrival of a survivor.

> *"We are working ok with them [the police]. Before it was not good but now it's getting better. Before they would just bring the survivor without bringing the right documents."* (Nurse, KII)

Volunteers keep comprehensive files on each survivor, including copies of the police docket, medical forms (J88), and any other documents. They also record the survivor's contact details and identify her home address as precisely as possible in order to make follow-ups easier.

Respondents reported that the availability of GRIP volunteers 24 hours a day, 7 days a week had a positive impact.

Finally, GRIP volunteers were seen as a source of information and sensitization for police officers.

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[4] developed by the Gender Directorate in the Department of Justice and Constitutional Development, in co-operation with the Departments of Social Development, Correctional Services, Education, and Health, as well as with the National Prosecuting Authority, the South African Police Service, the South African Law Reform Commission, the South African Human Rights Commission, the Office of the Public Protector, the Independent Complaints Directorate, members of the Magistrates and Judicial Service Commissions and members of Tshwane Metro Police

Beneficiaries Perceptions of the Services in Police Stations

Twenty survivors commented on the services they had received in the police station. Fifteen had been assisted by GRIP volunteers and did not mention any problems. Five survivors, however, reported experiencing challenges while in the police stations where GRIP did not have a Care Room. For example, one survivor reported that the police woman who took her statement left the room before the survivor had finished describing the incident, as it was the end of her shift. The survivor had to wait for another police officer to arrive and as it took too long, the survivor left without finalizing the statement.

The survivors reported being satisfied by the services received in the police stations and did not experience any of the common challenges they might have faced in the absence of GRIP. As such, the evaluators consider that GRIP intervention met the needs of the survivors.

Needs of the Survivors in the Hospital

The program's second objective was to respond to the needs of the survivors in hospital: "Strengthen the preservation of evidence during the medico-legal examination."

What are the Existing Problems that Hamper Meeting the Needs of the Survivor in the Hospital?

Table 5. Problems Identified in the Hospital by Respondent

Problems	
Identified by Survivors	**Identified by Nurses And Volunteers**
• Attitudes/confidentiality (mentioned twice) • Waiting time up to 6 hours (mentioned four times)	• Hospital overly busy, long wait times • Unavailability of service at weekends • Scarcity of forensic competencies • Some doctors' attitudes

Two survivors reported that confidentiality was not respected by the clerk at the hospital reception. This can have long-term consequences, as shown in the testimony below.

> *"At the hospital I was treated badly. The clerk was speaking loud saying 'these were raped'. My husband did not know about the rape at that time. He heard from the clerk as he was sitting in the benches, because he was called to pick me up from the hospital. Because of negligence from the clerk he knew before I could tell him. It was supposed to be my choice whether to tell him or not."*
> (Survivor, KII)

Hospital waiting times were another problem highlighted by survivors. This is linked to the insufficient numbers of qualified staff, as identified by the nurses and volunteers interviewed. These challenges are embedded in the structural issues of the hospitals. In addition, unavailability some services at weekends—such as the pharmacy—means referrals cannot be performed at these times.

Doctors' attitudes were mentioned as a problem seven times. Some were said to be scared, others were not qualified to perform forensic examinations, and others would simply refuse to do the forensic examination. It was also reported that some doctors filled out the J88 form incorrectly. The J88 form is filled out by the medical staff that performs the forensic examination and presents a detailed medical record of the physical consequences of the rape, and improper completion can become an issue when the case goes to court.

GRIP Response to the Needs of the Survivors in Hospitals

The Care Rooms provide confidentiality, prevent the survivor from queuing at the main reception desk, and provide some comfort and distraction while the survivor waits for the forensic nurse or doctor. This waiting time can be used to counsel the survivor.

The constant availability of GRIP volunteers (they work in shifts) means survivors are always supported and helps to fill in the gap in the hospital system.

> *"The main difference is that GRIP is here 24/7."* (Nurse, KII)

It was reported that GRIP volunteers' home visits with the survivor and transport money given to the survivor for return visits to the hospital greatly strengthened the medical follow-ups of survivors.

> *"GRIP is very helpful to us because they are able to do follow-ups and give us feedback on cases. They tell us how survivors are doing and we also call them ourselves sometimes and refer them if need be. If follow-ups are not done by the volunteers, we would lose most of our patients. Here our survivors get services for free and GRIP helps them with money for transport. If there was no GRIP, this would be a problem."* (Nurse, KII)

Nurses reported efficiency gains brought about by the program; the GRIP volunteers' role in counseling the survivor, enabled nurses to concentrate on the medical examination.

> *"Before GRIP, I would take sometimes four hours or two hours with a survivor, but now it takes less time."* (Nurse, KII)

The evaluation found that knowledge levels had improved among hospital staff:

> *"Yes, I learnt about the way we are supposed to treat patients.... We have also learnt more about the cycle of abuse. We now understand a little bit why women stay in these abusive relationships. I don't judge anyone now."* (Nurse, KII)

Finally, the counselor's lobbying and watchdog role means that can address any dysfunctions in the case management and contribute to better preservation of evidence during the medico-legal examination.

Beneficiaries' Perceptions of Services in Hospitals

Out of the 16 survivors who commented on the services they received in the hospital, six mentioned challenges that were out of GRIP's control. For example, waiting times are a hospital management problem and confidentiality issues with the clerk can be attributed to a poorly handled police referral (the police officer could have taken the survivor directly to the Care Room).

The other survivors reported that they were "treated well in hospital" and one gave more detail stating: "What I liked the most is that I did not have to wait in the queue."

The survivors reported being satisfied with the services received in hospital and none had faced any of the common challenges they might have faced in the absence of GRIP. As such the evaluators consider that GRIP's intervention had survivors' needs and evidence had been better preserved.

Needs of the Survivors in Court

The program's third objective was to respond to the needs of the survivors in court: "To preserve and strengthen evidence for court testimony against perpetrators through training survivors on court procedures."

What are the Existing Problems in Court That Hamper Meeting the Needs of Survivors?

The interviews with court staff, GRIP staff and volunteers revealed the following challenges in court:

- As the court process is quite lengthy, following up cases is difficult. The court often loses touch with survivors whose phone numbers are invalid or whose address is difficult to locate.
- There are not enough court staff to handle cases; this is confirmed by Vetten, 2008.
- Long waiting times before cases are judged in court are an issue. This can be attributed to: delaying tactics from the accused's lawyers or the accused (who may decide to change his lawyer); unprepared attorneys; cases sent back for further investigation due to insufficient evidence; and the time it takes for DNA testing.
- Several respondents highlighted how traumatic the court experience is for the survivors, especially for children as they need to "prove beyond a reasonable doubt that the accused is guilty." In doing so, they have to provide details about the incident, often in front of the perpetrator. Cases were reported of the accused attempting to intimidate the survivor.
- Low conviction rates of perpetrators leads to survivors feeling insecure and can discourage them from going through the criminal justice system.

GRIP Response to the Needs of the Survivors in Court

The Care Rooms for survivors located in court prevent the survivor from sitting in the corridor with the accused and being subject to intimidation. In the Care Room, the survivor is also able to receive counseling.

GRIP keeps a file for each survivor that contains all the police and medical documents and the volunteer is able to update the survivor's contact details when they carry out home visits up to six months after the case was opened. As a result, GRIP acts as a link between the court and the survivor, thereby decreasing the number of cases that are lost before the judgment day.

GRIP's pre-court training prepares the survivor for her court appearance and the rehearsal helps the survivor to feel less intimidated. As the survivor's credibility is central to determining case outcomes, this training certainly increases the likelihood of a positive court outcome. By briefing the survivor on court processes, this also allows for efficiency gains.

> *"Most victims already come here with the knowledge of what happens here and what they should be expected. So it helps my work and cuts my work a lot."* (Court Staff, KII)

Respondents gave examples of GRIP's successful lobbying of court managers to increase numbers of court personnel.

GRIP presence in court provides survivors of domestic violence continuous support. This is instrumental in dissuading some women who may want to withdraw their case.

Perceptions about the Services in Court

Most of the survivors interviewed had not attended the court training yet, as their case was not ready to appear in court.

The few survivors and parents, as well as court staff who commented on the court were very positive about GRIP's intervention.

> *"We are one now. The community sees us as one."* (Parent, KII)

> *"In March 2012 went to Mala Court for pre-court training organized by GRIP. At the training they spoke about what happens in court, where everyone sits, and reassurance. I am not scared anymore I know exactly what to say during the court proceeding."* (Survivor, KII)

"They [GRIP] are making a difference, for example there was a case of child raped by a relative and the child had recurrent thoughts and nightmares. The family wanted to withdraw the case because they thought that the perpetrator was bewitching the child. GRIP intervened and the child was counseled. The family wanted to withdraw the case and the prosecutor refused. And the case was referred further." (Court Staff, KII)

Discussion

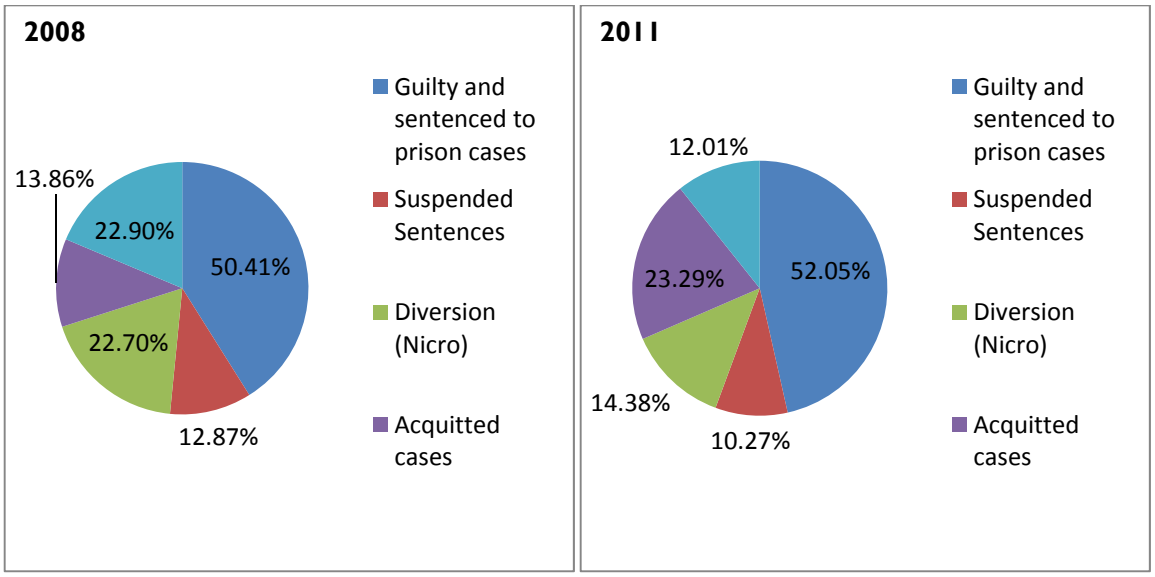
As indicated by the statistics below, GRIP's support to survivors has not translated into a major increase in the number of rape convictions.

Table 6. Comparison of the verdict of the Court Cases 2008/2011

Court Case Verdicts 2008 & 2011		
Verdict	**Year**	
	2008	**2009**
Guilty and sentenced to prison cases	51 (50.41%)	76 (52.05%)
Suspended Sentences	13 (12.87%)	15 (10.27%)
Diversion (NICRO)	23 (22.70%)	21 (14.38%)
Acquitted cases	14 (13.86%)	34 (23.29%)
Withdrawn by complainant	30 (22.9%)	20 (12.01%)

Source: GRIP Statistics

Figure 3. Outcomes of the Cases Opened in Police Stations in 2008 and 2011



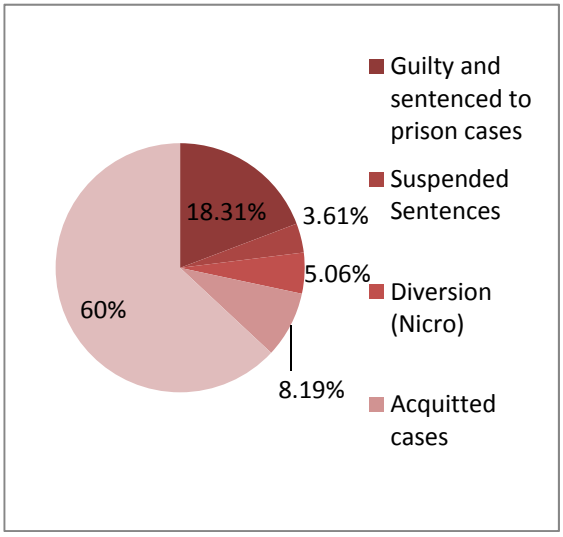
The comparison between the outcomes of the cases opened in police stations in 2008 and 2011 revealed several findings:

- The number of guilty sentences increased slightly from 50.4% to 52.1%.
- The percentage of cases withdrawn by the complainant decreased from 22.9% to 12.0%. Although more research is needed to understand the reasons behind this drop, it can be taken as a positive

sign and it is likely that the GRIP volunteers' support to survivors encouraged them to stay in the criminal justice system until the judgment day. This was confirmed by the interviews with court staff and diffusers.

The statistics presented above focus on cases that go to court only. The statistics below give a fuller picture of the levels of attrition between the opening of a case in the police station and the judgment in court.

Figure 4. Proportion of Sexual Violence Cases that Ended up in Court, 2011



Guilty and sentenced to prison cases	76 (18.31%)
Suspended Sentences	15 (3.61%)
Diversion (NICRO)	21 (5.06%)
Acquitted cases	34 (8.19%)
Total withdrawn cases	269 (60%)

The statistics presented in figure 4 reveal that 60% of cases are withdrawn, by either the State or by the complainant, which leaves a conviction rate of a mere18.3%.

Cases are withdrawn for different reasons including the request of the complainant; absence of the complainant; non-availability of the docket; or due to missing DNA evidence.

Nonetheless, these withdrawals are lower than the percentages presented by other South African research. According to the SAPS national statistics between December 2007 and June 2011, 79% cases were withdrawn in court or before reaching court (as quoted in M&G, 2012), which suggests that GRIP is having an impact, but further research is needed to confirm this fact.

Needs in the Family and in the Community

The program's fourth objective was to respond to the needs of the survivor once she goes back home: "To promote rehabilitation and reintegration of gender-based violence survivors into family settings and society."

GRIP Responses to the Needs Related to Rehabilitation and Reintegration

As part of its long term support to survivors, GRIP volunteers visit them in their home four days, one month, three months and six months after the incident.

During these home visits, the GRIP volunteer monitors the survivor's health and provides support to cope with the side effects of post-exposure prophylaxis (PEP). Volunteers also facilitate HIV testing three and six months after the incident, mainly through the mobile clinic.

GRIP helps improve follow-up of the case by providing the survivor with information, and answering questions on the case and the suspect. In doing so, GRIP compensates for the irregular feedback given by police officers, as described in the earlier section. It was reported that survivors are often not informed by the police that the survivor was released on bail and when they see him in the street, they may become anxious. Thanks to GRIP, survivors are also fully informed about the different steps of the criminal justice system.

The emotional support provided by GRIP is multifaceted and relates to

- *The GBV incident and its consequences:* While initial counseling on the day of the incident is important, GRIP can provide deeper emotional support later, at home. This enables the volunteer to better assess if the survivor's environment is supportive and to help the survivor find her own coping mechanisms. In addition, survivors are given the volunteer's cell phone number and can call if they need to be counseled.
- *Fear of the perpetrator:* GRIP provides counseling for any anxieties caused by the release of the suspect, if bail was granted.
- *Family issues:* GRIP volunteers sometimes intervene with family members, when they need to better understand some of the survivor's attitudes.
- *Pre-existing social and family conditions:* For most of the survivors interviewed, the rape incident adds to already difficult life conditions determined by poverty, and sometimes emotional abuse or alcoholism within the family.

GRIP offers some social support, mainly through referrals to the Department of Social Development to provide children with school bursaries, food, or clothes. In a few cases, direct social support was provided by GRIP volunteers in a personal capacity, in the form of food donations or shelter offered in their own homes. Cases in which children needed identity documents to enable grant receipt were also reported, and referred to DSD.

Family Visits: Challenges and Discussion

Visiting the survivor in her family environment can be challenging for the volunteer. Some volunteers reported that when visiting survivors of domestic violence, they were afraid of meeting the abusive partner. Others pointed to transport issues, as GRIP intervenes in deep rural areas and volunteers rely on public transport. Volunteers are sometimes forced to walk on the same road where a survivor was abducted and raped. Finally, it can also be difficult to deal with complex family issues.

The evaluation also observed that GRIP did not always make home visits. Three survivors mentioned that GRIP did not visit them in the family context, and one survivor reported that "they came twice and then disappeared."

The evaluation tried to assess the reasons behind this lack of home visits by conducting a random analysis of twenty survivors' files in the GRIP offices. The analysis revealed up to seven unsuccessful visit attempts per survivor by a volunteer. In most cases, it took the volunteer more than one attempt to reach the survivor.

The failure of some follow-ups can be explained by the combination of the unstable lifestyles of some survivors (who move frequently or are not reachable by phone) and the difficult geographic environment (such as a large rural catchment area or unclear street names and numbers).

Survivors' testimonies about the home visits were very positive. A bond seems to occur between the volunteer and the survivor—all the survivors interviewed called the volunteer by her first name.

> *"Even if they didn't come to my house they would call me and ask how she is doing at school. If my daughter sees the GRIP diffuser [volunteer] in the street, she wants to stop and greet her. Even now my*

husband has health problem after the incident and they counseled us and referred us to a psychologist as well." (Survivor's Parent, KII)

"GRIP enabled me to accept my home situation and to get up and study." (Survivor, KII)

"Even if I got a nightmare at night I would call GRIP and they would counsel me." (Survivor, KII)

"Survivors spend around six hours in the police station and hospital. There, diffusers act as caregivers in moments of shock. But the after-care visits are very important. The support in the home is what makes the difference to the survivor. The diffuser can check how they are coping, and if they are HIV positive, how they are dealing with it. The after-care is what can make the healing much better."
(GRIP Staff, KII)

The interviews with survivors and GRIP volunteers revealed that the survivors' need for ongoing support at home was met by GRIP through the home visits.

Needs of the Community: Awareness Activities

Program objective five was to respond to the community's need to be informed about GBV and GRIP services: "To impact on the community's awareness of GRIP's services and location of facilities."

Issue: Respondents' perceptions of who in the Community is Supportive to GBV Survivors?

"The way we have been brought up, we are not supposed to share our problems with outsiders". But we are creating a platform for community members to interact with one another, share their problems and provide solutions." (GRIP Staff, KII)

"My culture says that I must not talk about my personal issues with strangers and we are telling them 'don't start speaking when it is too late'." (Police Officer, KII)

The two quotes above reveal a general atmosphere of secrecy around GBV issues. The tendency to blame survivors was also mentioned.

The interviews tried to assess if there was any support within the community and the survivors' family environment by asking survivors and volunteers to rank community members in order of "being supportive or not."

Respondents perceived traditional leaders and family members as being the least supportive of a GBV survivor by discouraging the survivor from seeking help outside the family and from opening criminal cases.

School teachers and, to a lesser extent, churches were considered to be supportive. Cases of abused children are often identified and referred by school teachers and some churches were very keen to host GRIP awareness talks for their members.

It is important to note that most survivors can name at least one person in their social and/or family network who was supportive and accompanied them when they reported the domestic violence or sexual assault. These are signs that support exists within the community and could serve as the foundation to build a mass movement.

GRIP Community Awareness Activities

GRIP conducts community awareness activities in schools, crèches, farms, shopping malls, and churches. A staff member is responsible for organizing and leading these sessions, with the participation of volunteers who are mentored to conduct such initiatives.

As a recent initiative, every volunteer was asked to adopt four schools. They are now responsible for holding information and awareness sessions at these four schools and act as a reference point for teachers who find any suspected cases of abuse among the pupils.

Through running these community awareness activities, GRIP forges partnerships with SAPS, schools, and hospitals. GRIP staff and volunteers also attend Policy Forum Meetings organized by SAPS. GRIP is also invited by community stakeholders and local NGOs to attend other awareness events.

In 2010, addition PEPFAR funding of USD100,000 enabled GRIP to scale-up its awareness activities. Initially linked with the 2010 Football World Cup, this funding aimed at raising awareness on child trafficking and sexual violence during the World Cup events. Since no major added risk arose during the World Cup, GRIP used these additional funds to develop a long-term awareness component called *Asikhulume* (translated, "Let us talk") which has become part of its core program activities, with the approval of FHI 360.

Expected and Unexpected Impacts of GRIP in Terms of Awareness Raising

The scope of this evaluation did not allow the team to check GRIP's impact on general community members' perceptions of and response to GBV. However, anecdotal evidence showed that awareness activities help survivors to report cases that and volunteers and survivors play an indirect role in raising awareness.

> "*According to the xxx SAPS Care Room coordinator, three people reported their cases at the police station after a presentation done at xxx Plaza"* (Quarterly Report, 2012).

The large number and widespread presence of volunteers in the community increase the visibility of the organization, which helps survivors to come out. In addition, most of the survivors mentioned they would refer a friend to GRIP. One parent reported having stood up in a Police Community Forum Meeting and shared the story of her child.

> *"Communities are becoming supportive. And people now just walk in to our Care Room because they are referred by a community member. People are aware of GRIP and the services we offer. We also attend the Community Policing Forum. They phone us and also refer cases to us."* (GRIP Staff, KII)

Survivors reported having heard the same message from volunteers during the counseling sessions: "it is not your fault; you are not the only one". By relaying this message to survivors, their parents and volunteers, GRIP is helping to breakdown existing cultural barriers.

The evaluators consider that the increased visibility of the organization and its staff, and the increased number of survivors helped by GRIP, has not only helped more survivors to come out, but also contributed to changing social norms surrounding GBV. The reallocation of the additional PEPFAR funding to conduct awareness activities was instrumental in achieving this unexpected result.

HIV Counseling and Testing

The sixth objective of the program was: "To provide voluntary counseling and testing services for community members in the Mpumalanga area."

GRIP Response

GRIP has different ways of promoting HIV Counseling and Testing.

Initially, GRIP offered HCT in its office but discontinued this activity after PEPFAR donated a mobile clinic. GRIP uses the mobile clinic to provide HIV testing and awareness-raising activities to survivors and community members. GRIP recruited a nurse and a driver and organized weekly awareness

programs. As a result, the number of people tested by GRIP reached 1,901 (against a target of 1,000) in the fourth year of the program (2010/2011).

Through home visits, GRIP volunteers ensure that survivors are tested three months and six months after the incident.

Occasionally, GRIP also forges partnerships with HIV NGOs to run HIV prevention activities in community locations such as farms.

Challenges in the GRIP HIV Response

Quality of the Services Offered by the Mobile Unit

It was reported that many HIV positive young women who already know their status only get tested to receive one of the tee-shirts that GRIP gives to its testing clients.

GRIP also gives a certificate to individuals who get tested. Although this only certifies that a test was carried out, there were reports that some people misuse them to show that they are negative. This behavior carries a serious potential negative impact.

By triangulating a GRIP staff testimony and a nurse's perception on GRIP's mobile unit intervention on farms, the evaluators found that the services are lacking quality assurance, good preparation, and efficient referral.

HIV Support Groups

GRIP runs HIV support groups specifically for survivors. In addition to the traditional support providing in these groups, GRIP helps its members to deal with the double trauma of rape and HIV infection. Another advantage of these groups is that confidentiality is guaranteed—it was reported that traditional support groups often do not respect confidentiality about rape.

The support groups are also a means for GRIP volunteers to provide ongoing support to survivors who need it.

Since 2009, however, GRIP has not achieved the targets related to the HIV support groups. In 2010/2011, 223 people were reached, out of a target of 1,200.

The evaluation found that one GRIP support group had been discontinued but that not all the members were referred to other support groups. Six groups are still active but poorly attended, and members are encouraged to attend other existing support groups. To explain this situation, GRIP management pointed to their lack of staff capacity to facilitate, organize, and ensure tangible outcomes for the survivors. In addition, because the groups were not managed as they should be, some survivors were "using it as a clutch" (GRIP Staff KII) and were over-relying on them.

GRIP has taken measures to update the training manual for HIV support group facilitators but did not have sufficient budget to train them. GRIP aims to strengthen the support groups and reinstate the one that was closed once the volunteers are equipped with the right skills and tools. The discontinuation of one support group has reportedly created distress among the members and some volunteers and staff.

> *"I would have loved to have carried on. I learnt to cope, but when stress becomes too high, I go to the Care Room and speak to the diffuser there."* (Survivor, KII)

> *"They say to me, we are your children and now you are abandoning us."* (GRIP Volunteer, KII)

Partnerships

Respondents reported weak communication and coordination between GRIP and hospital management, which led to some duplication of services. A nurse and volunteer each reported cases of people getting

tested twice for HIV (by GRIP and the hospital) and cases of survivors attending two support groups. In addition, respondents mentioned GRIP's lack of feedback regarding the tests and the awareness campaigns they organize, but the evaluators could not get this data triangulated.

Issues Related to HIV Prevention

Most of the nurses interviewed (four out of five) said they would like volunteers to test survivors themselves rather than referring them to government clinics, hospitals, or the DoH mobile clinic. They were positive about GRIP's testing activities and saw it as a means of gaining time and efficiency. Only one nurse felt that testing was the role of the hospital.

The evaluators found the following challenges relating to HIV:

- HIV testing is not routinely offered to domestic violence survivors.
- Triangulation of GRIP volunteers and survivors' interviews showed that GRIP focuses on a therapeutic response to HIV (support related to PEP and testing after three and six months) and does not address the long-term prevention needs of survivors including condom use and negotiation. However, the home visits three and six months after the rape incident could constitute good opportunities to equip the survivors with the ability to negotiate condoms.
- GRIP has not developed an HIV Workplace Program targeting the prevention needs of its own staff and volunteers.

Discussion on the Challenges

Although most volunteers have basic counseling skills, no specific HIV capacity building activities and no quality assurance were conducted during the course of the project. This was because FHI 360 did not have an HIV/TB/GBV technical advisor in place that could have supported this component. The evaluators consider that the volunteers were not equipped to run good quality prevention activities.

The trauma of the GBV incident and the side effects of PEP supersede the long-term HIV prevention needs in the minds of both survivors and volunteers; this probably explains why GRIP has not developed its HIV prevention activities. In future, the volunteer's three and six month home visits would constitute good opportunities for GRIP to have a long-term HIV prevention impact.

GRIP met the needs of the survivors and community members to be tested for HIV—there was a substantial increase in the number of people tested. The service quality, however, needs to be strengthened and the long-term HIV prevention needs of the survivors need to be addressed.

WHAT WERE MOST SIGNIFICANT CHANGES BROUGHT ABOUT BY THE ORGANIZATION IN IMPROVING WELL-BEING OF SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE IN TARGET AREAS?

Types of Changes Attributed to GRIP

The types of changes in the lives of survivors (as described in previous sections) are categorized and summarized in table form in order to compare the changes related to the needs in hospitals, police stations, and court (see table 7 below).

The following categories were revealed:

- *Availability of Survivor Friendly Services:* The services refer to survivor friendly operation sites established at hospitals and police stations, which can be accessed 24/7.
- *Case Management:* The cases refer to sexual assaults and domestic violence cases which are managed by the hospital or the police station.

- *Improved Knowledge, Attitudes, and Skills in Handling Cases:* Knowledge, attitudes, and skills refer to GBBV-related information and how to handle the cases including how to treat the survivors.
- *Quality of Services Provided:* This category provides examples of level of quality of different services provided for survivors at hospitals and police stations, as well as outcomes of the services.
- *Reduced Stigma and Discrimination against Survivors:* Changes of stigma and discrimination-related attitudes and behaviors have been shown in anecdotal examples from hospitals and police stations (quotes are displayed to describe the changes).
- *Referral:* Referral provided for survivors to other services and its impacts. The quotes below reveal reduced stigma and discriminations towards survivors:

> *"Before GRIP's intervention, patients would be queuing in the hospitals holding crime kits in their hand and everyone would then know that this is a rape case. Now the hospital provides a private room at the back. Before, this room was right in the front area of the hospital. So now there is no stigma attached to the survivor."* (Nurse, KII)

> *"Before… the dockets were lost on the way to court, now cases are taken to court. They [police] do not say anymore 'you have asked for it'. Also, before, they did not know the violence act and told women to go and resolve the problem in the family."* (GRIP Staff, KII)

Table 7: Types of changes that can be attributed to GRIP

Changes[5]	Hospital	Police Station	Court
Availability of survivor friendly services	• Care Room available in hospitals • Services for survivors provided 24/7	• Care Room available in police stations • Services for survivors provided 24/7 and volunteers reachable by cell phone	• Care Room available in court
Case management	• No more queuing with other patients • More comprehensive treatment including emotional support provided to survivors • GBV cases treated as emergencies • Better follow-up • Efficiency gains	• More cases are opened due to GRIP counseling • More cases are taken to court • More efficient in referring cases to hospital • Better collaboration with GRIP in handling traumatized survivors	• Better follow-up of cases • Survivors better prepared and supported, which seems to contribute to less attrition • Efficiency gains
Improved knowledge, attitudes and skills in handling cases by government stakeholders	• Improved sensitization among nurses in treating survivors • Better understanding in GBV	• Better attitude in handling survivors (not blaming women, more respect) • Improved knowledge on GBV issues	• More advanced knowledge on GBV • Change in perception of survivors
Quality of services provided	• In order to improve adherence to PEP or any other medical treatment, GRIP provided transport money to survivors • Lessen burdens of nurses/medical doctors in handling survivors • Patient's comfort improved • Intervention provided in the hospital is more structured and the division of roles is more clear	• Survivors have more privacy • More time for survivors to rest before taking statement • Availability of female police officer to put survivors at ease (lobbying from GRIP) • Availability of time slot for GRIP during awareness raising activities in community	• Information to survivors • Support during court process
Reduced in stigma and discrimination against survivors	• Anecdotal examples show improvements, but challenges still exist	• Changes happened in the attitudes, and they can be partially attributed to GRIP watchdog role	• "*My involvement of GRIP has also changed my perception of survivors. I now know how better to interact with the survivor so that they feel respected.*" (Court Staff, KII)
Referral	• Referral to psychologist/social worker provided to survivors.	• Systematic referral of survivor to GRIP Care Room • Improvement of referral to hospital (faster)	• GRIP role as an "intermediary" between the court and the survivor, the court and the police • Role of "mediation" • *"It helps that they are situated close by"*

[5] For more details on the changes in police stations, hospitals, and courts, see the related sections

The Most Significant Changes

Respondents repeatedly mentioned emotional support during the interviews and focus group discussions. Emotional support was perceived as the most useful/valuable service provided by GRIP, and has reduced survivors' secondary trauma. Below are quotes from various respondents showing the importance of emotional support provided by GRIP:

> *"What was helpful was the manner in which they spoke to me. I don't have someone that I am close to so they play that role. They are close and nice."* (Survivor, KII)

> *"Going through the medico-judicial system is a degrading experience, even with GRIP being to here. So the diffuser tries to make it better. They are showing the person that she is important when the police keep her waiting and the hospital is cold."* (GRIP Management, KII)

> *"It makes my work easier. They counsel the survivor and by the time I come, the survivor talks and understands."* (Nurse, KII)

> *"Sometimes we get cases of two year old children being raped and they can't even talk. Now, because of GRIP, by the time we need to take the statement, they are a bit calm. Sometimes the counselor can even assist."* (Police, KII)

An important change happened within the community, as community members started speaking up and reporting sexual assaults and domestic cases to the police. They also referred survivors to GRIP Care Rooms at the hospital.

> *"Before they never speak, they always keep silent inside. Sometimes if there are any problems or even violence at home, they think these things should be solved within their family, but now they report these things to GRIP."* (GRIP Volunteer, KII)

The table below details perceptions of the most valuable/useful service provided by GRIP.

Table 8: Perceptions of GRIP services

Perceptions of the Most Useful/Valuable Services		
Support by GRIP	**Survivors and Parents**	**GRIP Staff and Diffusers**
Emotional support	Cited 31 times, the emotional supports (including counseling) mentioned are provided at home, police station, and hospital	Mentioned eight times
Social support	Food, blankets, and financial support for transport (mentioned four times) as well as referral for accessing housing facility	Care packs (given by GRIP to survivors. they include a teddy bear and toiletries)
Court support	Protection order	Pre-court training and protection order
Health promotion related support	New knowledge on anatomy and HIV/AIDS and STI, and support to take PEP treatment	Availability of HIV-related services (including prophylaxis), improved knowledge and skills in managing GBV cases among diffusers, and improved awareness of GBV in the community, churches, and schools

The most significant change that the project brought about in the lives of survivors was reduced secondary trauma through the provision of emotional support in the form of counseling, home visits and companionship. This result was confirmed by findings obtained from the evaluation's different data collection tools: semi-structured interviews, focus group discussion and the MSC approach.

WHAT WERE THE KEY ENABLERS AND BARRIERS IN MEETING PROJECT OBJECTIVES?

Organizational Growth

During the course of the PEPFAR project, the number of volunteers employed by GRIP increased by 64.5%, and the number of survivors helped increased by 66.5%.

Table 9. GRIP Organization Changes Before and at the End of PEPFAR Funding

Group	September 2008	April 2012
Volunteers	60	93
Administrative Staff	15	17
Care Rooms	18 (including 2 courts)	27 (including 4 courts & shelter)
Survivors Supported in the Care Rooms (Police and Hospital)	1886	2836 (Statistic for 2011)

Source: GRIP Statistics

Key Programmatic Enablers

> *"The impact of PEPFAR on GRIP was amazing, both in positive and in negative. It is definitively leaving a legacy. We became a professional organization. The standards they require are very high and we want to keep it up that way."* (GRIP Staff, KII)

Organizational Development

UGM's support to develop GRIP's capacity to manage and expand its activities was quoted several times as a positive sustainable program outcome. Although several respondents mentioned that some training sessions were too complicated or specialized, such as the session on finance. In response, FHI 360 organized different sessions aimed at different staff levels.

GRIP's organizational development was made possible through direct technical assistance, staff training and mentoring, systems development (notably on monitoring and evaluation [M&E]), and networking opportunities. Senior and middle management staff benefited from training workshops on M&E, governance, and risk assessment. A sustainability strategy was developed and a capacity needs assessment was conducted.

As a result of these activities, organizational structures and processes are now in place and volunteers' performance was reported to have improved. M&E and reporting systems have greatly improved. Recording and filing systems are in place, and mechanisms for following and reporting on each Care Room have been developed and function well—this is quite an achievement considering GRIP's geographical coverage.

Some staff members benefited from significant professional growth, moving from lower positions to middle management. The skills and competencies they have acquired also make them more employable, should they wish to change jobs in the future.

It is important to note that the increase in activities created a snowball effect. Increases in the number of survivors supported, Care Rooms, and volunteers embedded within communities and the expansion of awareness activities and HIV testing created a critical mass of change agents who could improve prevention and contribute to changing social norms around GBV.

Collaboration with Government Stakeholders, Networks and Partnerships

GRIP has built effective coordination and linkages with the stakeholders they work with at Care Room level. GRIP has a functional network and is represented in various meetings including debriefing meetings with police and multi-stakeholder meetings such as the Community Police Forum. At these meetings, GRIP lobbies for survivors to receive the services to which they are entitled. GRIP also participates in local awareness events organized by other stakeholders.

Respondents were very positive about GRIP's role within these networks:

> *"GRIP can play an important role as intermediaries. It helps that they are situated close by... When we do outreach programs, the community is better sensitized/informed now."* (Court Staff, KII)

These good relationships have also led to two cases where SAPS or DoH recruited some of the volunteers.

Additional Key Enablers Attributable to the Organization's Identity

The dedication of staff and volunteers is quite remarkable and was confirmed by the positive feedback given by survivors. Volunteers reported offering shelter, giving money for food, and visiting a survivor in hospital.

> *"If victims need clothes, we give to them and sometimes I also contribute my own money to them."* (GRIP Volunteer, KII)

GRIP provides in-house training and mentoring to its volunteers and has tried to give opportunities for unqualified volunteers to grow in the organization. Several middle management staff started as volunteers in the Care Rooms.

The Board is active and provides concrete support to the organization's management. The Board Chairman acted as part-time CEO for two years, and some of the members' skills are used in the daily management of the organization, notably those of a professional counselor and a businessman.

GRIP's organizational culture is determined by its strong work ethic and high level of attention to quality. Finally, GRIP's capacity to innovate, generate new ideas, and catch new opportunities, as shown by its new sustainability strategy, is a significant and valuable feature.

Key Programmatic Barriers

Unplanned Organizational Growth

Although the organization's growth helped to multiply its impact and created a snowball effect, it brought with it some challenges.

> *"We had to put the structure together to spend the money and the expansion of posts was not well thought through and led to the retrenchment of 40% of the staff three years later."* (GRIP Staff, KII)

Several respondents mentioned that PEPFAR's reporting requirements initially shifted staff's focus away from programmatic requirements. Staff reported feeling "snowed down," until a decision was taken to employ someone who spent 80% of her time reporting for PEPFAR.

> *"We are so reliant on donors and funders, that the day to day work is not a priority in order to satisfy the donors… they expect a lot without worrying about the ground. They do not worry about pulling people out of fieldwork for four or five days, while for us it is a problem."* (GRIP Staff, KII)

Working on Activities That Were Not Part of GRIP Core Business

The activities that were not part of GRIP's core business were discontinued, such as HIV prevention activities with sex workers. Although GRIP asked to add this component to the PEPFAR-funded program, staff members reported that GRIP did not have the required skills to do quality work with this population, and it seems that the PEPFAR program did not strengthen them.

Management of the shelter is also problematic as the manager position has been vacant since 2011. Despite PEPFAR support through twinning and exchanges with other South African shelters and subsequent support to build an independent institutional model for the shelter, GRIP did not succeed in making the shelter sustainable.

Lack of Support Provided by FHI 360 on HIV Prevention

Technical training and quality control on HIV prevention activities was not conducted during the PEPFAR program, as mentioned above. Despite PEPFAR's efforts to strengthen the organization, GRIP did not develop an HIV in the Workplace Program targeting GRIP staff.

CEO Position Vacant for Two Years

During the PEPFAR program, GRIP's CEO position remained vacant for two years; before that, two consecutive CEOs stayed in post for less than two years. The post was filled in January 2011 by the founder of GRIP, a former CEO who had left in 2008.

Respondents stated that during the vacancy, the management team's focus was on the daily running of organization rather than on sustainability strategies.

This vacancy negatively impacted on the organization's ability to nurture and maintain national and international strategic partnerships, and on the way the organization prepared for the end of PEPFAR funding.

Network and Partnerships

Although PEPFAR gave GRIP the opportunity to partner and network with other NGOs, none of these partnerships were sustained. GRIP intended to use these new contacts to expand its model in other provinces, but this did not materialize either.

Despite GRIP's good relationship with government staff at service delivery level, GRIP has been battling to forge sustainable institutional partnerships with SAPS, and provincial departments such as DoH, DSD, or DoJ. Memoranda of Understanding were drafted but had not been signed by government officials yet, and GRIP does not understand the reason behind this delay.

Relationships between GRIP and Thuthuzela Centers (TTC) are good, as some of the Care Rooms are actually located in the centers. Both programs complement each other, as GRIP volunteers work on weekends while TTC staff do not. Here again, however, better complementarities could be cemented through institutional agreements.

Finally, strategic partnerships with national NGOs are currently not visible enough and do not lead to formalized partnerships.

Additional barriers attributable to the Organization's identity

Volunteers' Status

Volunteers receive a R110 stipend for a 12 hour-shift (including night shifts), transport money, and a R25 stipend for home visit or transport money and R15 when the volunteer has to deliver a message. However, visiting a survivor or delivering a message can take half a day. Although stipends are not considered a salary, several volunteers reported that it was their sole household income and complained about the absence of maternity or sick leave.

As mentioned above, GRIP has promoted some volunteers to management positions. However, it is not possible for management to absorb all the long-term volunteers and some staff members have been volunteering for more than five years.

> *"Because I'm a volunteer if I am sick, I don't get my stipend. No one cares. And if I don't go to work no one in my house will eat. How will my children live?"* (GRIP Volunteer, KII)

Debriefing Support Mechanisms for Counselors

All the volunteers reported experiencing emotional strain, mainly due to the hardship associated with handling rape cases. Other causes of anxiety included frustration related to delays in handling cases or a case lost in court.

The status of young volunteers who do not have any formal qualification can make collaboration with some police officers difficult.

> *"As counselors, we know that we are the voice of the survivor. But the police look down on us because they say we don't have qualifications. They don't take us seriously." (GRIP Volunteer, KII)*

A professional counselor, who is a member of the GRIP Board, offers free services to GRIP volunteers, staff, and survivors once a week. All of the volunteers interviewed knew this service was available; however very few staff and volunteers used it. On average, one survivor per month and less than one volunteer received this counseling. Possible explanations include language, as the counselor only speaks English. In addition, her location in Nelspruit constitutes a hampering factor for survivors and counselors living in rural areas because of the distance and time it would take to consult.

Respondents mentioned other informal debriefing mechanisms such as staff meetings, change of shift, and breathing techniques when the stress becomes too high; however, nothing is systematized.

The Board Membership is Not Representative of Certain Influential Stakeholders

The Board currently includes representatives from the business, health, and justice sectors, but it does not include representatives of local leaders or the research sector.

Local government representatives could be instrumental in supporting the implementation of GRIP sustainability strategy that seeks local government funding. Developing partnerships and networks with research organizations could also help GRIP to get involved in research programs.

Enablers in the Context

Trust and Recognition of Local Stakeholders

The trust and recognition of the police, hospitals, schools and court stakeholders at the service delivery point level is definitively an enabler for GRIP.

Externally Driven Positive Changes

> *"Some stakeholders are very helpful."* (GRIP Staff, KII)

SAPS has introduced several initiatives to improve the way police officers handle GBV cases. Training is offered to officers and incentives are given to police stations to have a Care Room (their internal rating system awards points for Care Rooms). In addition, the police officers interviewed for this evaluation were well informed, very supportive of survivors, and their career showed a continuous interest in GBV issues. In this context, the role of GRIP is central to strengthening the position of these government change agents and allows for the criminal justice system to improve.

> *"The stakeholders are ready but they still need GRIP as a motor, it would be difficult without GRIP to mobilize."* (GRIP Staff, KII)

> *I like to address small crowds because that is when I can see those people that are looking a bit disturbed. Then afterwards I'll ask the teacher to observe the particular child.* (Police Officer, KII)

> *"They [the police officers] do not know how bad domestic violence is. Sometimes I say 'Colonel, can you ask police officer so and so to attend a course on domestic violence?' After the training the police officer changes his attitude: he starts acting immediately after the survivor arrives, he knows how to talk about it, he can complete the relevant form and transfer the person to apply the protection order."* (Police Officer, KII)

In the hospital, the number of forensic nurses has increased and they have reportedly lobbied their administration for better management of GBV cases.

National GBV awareness campaigns can also be considered an enabling factor, which has facilitated GRIP's awareness activities.

All these positive changes show that the context in which GRIP operates is conducive to its expansion.

Contextual Barriers

The aforementioned difficulties GRIP faced in formalizing its good service delivery level relationships with national and provincial government departments can also be considered a contextual barrier.

In addition, the social context in which most of the survivors live constitutes a barrier. For many of the survivors surveyed, GBV issues are embedded in difficult social and family contexts. These survivors have huge social and psychological support needs and it was therefore difficult for GRIP and its volunteers to bring about any significant change in their lives.

Table 10. Social Background of the Survivors or the Survivors' Parents

Age Group (N=17)		Educational level (N=14)		Occupation (N=16)	
16-19	3				
20-25	6	**Primary**	1	**Unemployed**	4
26-35	4	**High School**	8	**Informal Sector**	4
36- 49	2	**Matric**	4	**Formal Sector (Farm Worker/ Cleaner)**	4
50 and above	2	**ABET**	1	**Student**	4 (matric or below)

Source: Survivors' Interviews

The highest qualification found among the surveyed survivors and survivors' parents was a Social Auxiliary Worker, however the woman was unemployed. The rest of the employed respondents were farm workers, cleaners, or had irregular jobs in the informal sector, such as selling vegetables in front of the school.

Finally, the geographical context also constituted a barrier to the smooth implementation of GRIP activities. These factors include a large and predominantly rural catchment area, great distances between towns and service centers, and irregularity of transport.

Sustainability Issues

As described in above, 62% of GRIP's budget comes from PEPFAR. GRIP's only national funding source is DSD; since 2009, this funding only supports the shelter.

All interviews mentioned uncertainties around sustainability beyond the end of PEPFAR grant and this clearly generated anxiety among staff and volunteers.

> *"The boat is already sinking."* (GRIP Staff, KII)

> *"I see people being retrenched. I think one day there will be no GRIP,"* (GRIP Volunteer, KII)

At the same time, GRIP partners indicated they were strongly in favor of sustaining GRIP activities.

> *"We are one now. The community sees us as one [this statement refers to Court and GRIP institutions]".* (Court staff KII)

> *"If government can employ them [GRIP staff] as government staff it would be good. There was a time we spoke to the hospital management about retaining GRIP but they said it would be a long process."* (Nurse, KII)

> *"We can maybe try and make an application that GRIP should be under the SAPS. I think it will end up there. GRIP is very supportive and working very closely with us."* (Police KII)

> *"If GRIP is no longer around, we will have big problems."* (Police, KII)

Management had already taken cost-cutting measures. In 2011, staff members were retrenched and pre-court training is now "limited to only survivors who are due to court" (Quarterly report, 2012). In addition, some activities are no longer being implemented due to lack of funding, such as HIV training for staff.

PEPFAR Provided Support to Ensure Sustainability

PEPFAR organized a sustainability workshop and a symposium for UGM beneficiaries and government departments, the aim was to inform and link up grant beneficiaries with other possible funders. These activities were in addition to the networking and mentoring activities conducted during the UGM

program that also aimed at ensuring GRIP sustainability. However, none of these sustainability initiatives bore any fruit.

GRIP developed a sustainability strategy with PEPFAR support. However, the strategy was not developed until February 2011, and it only focuses on organizational sustainability and does not explore financial sustainability or resource mobilization strategies. The strategy only defines sustainability indicators that

> "…*serve to examine trends, assist in determining whether organizational objectives are being met assist in evaluating program effectiveness and in signaling the need for change.*"(GRIP Sustainability Strategy)

GRIP Management Has Developed a Concept That Should Lead to GRIP Financial Autonomy.

The idea is to break up GRIP sites into semi-independent community-based organizations (CBOs) that would seek local government funding. GRIP headquarters would then provide these new CBOs with training and support services. As of now, no MoU has been signed with any government department nor has any agreement been made with local governments. It is likely that it could take up to two years to realize this sustainability solution as negotiations with government departments take time and consultations with local government authorities have not yet started. Other income generating strategies for reaching financial independence and sustainability have also been explored.

V. CONCLUSIONS

ACHIEVEMENT OF THE PROGRAM GOAL, SUB-GOALS AND OBJECTIVES

Goals

GRIP contributed to the overall goal of reducing secondary trauma for survivors of rape, domestic violence, and sexual assault through the criminal justice system. Emotional support was quoted as the most significant change that GRIP brought about in the lives of the survivors.

Sub-goals

- The evaluation could not prove that GRIP contributed to the conviction rate of perpetrators; however, the number of cases withdrawn by the complainant decreased between 2008 and 2011. GRIP interventions in court also had a positive impact on both survivors and government staff performance, and these were highly appreciated by court staff. It is worth noting that GRIP alone does not have the power to remove barriers embedded in the criminal justice system.
- GRIP enhanced the rehabilitation and reintegration of GBV survivors into society/families within existing structural barriers.
- GRIP contributed to the National HIV Prevention Strategy to some extent but should strengthen its efforts towards that goal.

Objectives

The program objectives were achieved. The needs of survivors were met in hospital, courts, and police stations, and the evaluation showed that survivors did not face any of the common challenges they might have seen in the absence of GRIP support.

In addition, the organizational development activities conducted by FHI 360 increased the efficiency and the quality of services provided to survivors.

GRIP'S IMPACT ON THE GOVERNMENT CRIMINAL JUSTICE SYSTEM

Although GRIP alone cannot remove internal barriers within government systems, this evaluation found that GRIP improved the management of cases through

- improved record keeping in dockets and information to survivors
- improved traceability of survivors
- improved understanding of GBV survivors among government stakeholders
- efficiency gains in managing cases in hospital, court and police stations
- improved support to government officials who act as agents of change and try to remove existing barriers from within

GRIP interventions were greatly appreciated by government stakeholders at service delivery level and efficient partnerships had been put in place.

GRIP IMPACTS ON GBV PREVENTION AND MITIGATING IMPACT

GRIP has raised community awareness of GBV. The increased visibility of both the organization and its staff and the increased number of survivors helped by GRIP has not only encouraged more survivors to come out, but has also contributed to a change in social norms surrounding GBV.

The reallocation of PEPFAR's additional Football World Cup funding to conduct awareness activities was instrumental in achieving this unexpected result.

GRIP mitigates the impact of GBV through emotional support. This impact was multiplied by the increased volume of survivors who received support.

CHALLENGES

- *GRIP's HIV Intervention:* Although GRIP increased the number of community members and survivors tested for HIV and provided support to the survivors while on PEP, GRIP did not receive any HIV capacity building support. The quality of HIV services needs to be strengthened. GRIP also missed the opportunity to address survivors' long-term HIV prevention needs, including condom use.
- *Attrition of Cases:* The level of attrition of cases remains high, and the number of perpetrators sentenced to prison is still low. The causes of attrition need to be more clearly identified and action should be taken. GRIP alone cannot have an impact on conviction rate; however, through strategic partnerships with the government and civil society, GRIP could contribute to the improvement of the criminal justice system.
- *Institutional Partnerships:* GRIP's institutional partnerships with government departments are still weak.
- *Sustainability:* GRIP did not adequately prepare for sustainability of the program and no alternative funding has been found yet.

Overall the holistic model adopted by GRIP is effective and meets the recommendations made by previous researchers (Vetten, 2008) towards reducing the attrition of cases in the criminal justice system.

VI. RECOMMENDATIONS

ENSURE PROGRAM SUSTAINABILITY

To USAID and Other International Donors

Grant GRIP emergency/transition funding while a sustainability plan is put into place in partnership with national, provincial, and local governments. This would enable GRIP to

- retain its existing staff and volunteers
- avoid discontinuity in its services
- avoid losing the positive gains related to the PEPFAR program.

To GRIP

- Improve internal communication on organizational changes to alleviate staff anxiety due to funding uncertainties and the retrenchments in 2011. This could be done by organizing team building exercises and holding regular feedback meetings.
- Develop a Resource Mobilization Strategy that would diversify funding streams and identify long-term funding opportunities at international, national, provincial, and local levels.
  - Pursue contacts with local government authorities to present GRIP's sustainability strategy.
  - Pursue contacts with International donors and proposal writings efforts.

STRENGTHEN PARTNERSHIPS WITH GOVERNMENT DEPARTMENTS

- Pursue efforts to conclude MoUs with provincial and/or national government (DoH, DoJ, and SAPS) that would acknowledge the presence and contribution of GRIP in hospital, courts, and police stations.
  - This would formalize the good relationships between GRIP and local service delivery points.
  - As a second step, the scope of these MoUs could be expanded to include strategies for government departments to encourage local hospitals, police stations and courts to retain GRIP volunteers and include them on their payroll.

STRENGTHEN PARTNERSHIPS WITH CIVIL SOCIETY PARTNERS TO IMPROVE CASE MANAGEMENT WITHIN THE CRIMINAL JUSTICE SYSTEM AND DECREASE ATTRITION RATES

Partnerships with Training Organizations

Draw on the knowledge of GRIP staff and volunteers to explore possible partnerships with training organizations or other NGOs. Use these partnerships to design and facilitate training sessions to help government stakeholders to better understand the conditions in which rape occurs and women's reactions.

Partnerships with Research Organizations

Explore the possibility for GRIP to get involved in wide-scale research to identify causes of case attrition. GRIP is a valuable source of data. It supports 3,000 survivors per year and has a reliable system

in place to record and follow-up with cases, including detailed files for each survivor which contain copies of all police, hospital, and court documents as well as the steps taken to support the survivor through the criminal justice system. Provided that they are accepted by a research equity committee, these files could be used as a basis for research.

Taking part in research would allow GRIP to capitalize on the knowledge it has accumulated over ten years. Research participation would generate some income as well as provide a good opportunity to value the experience of long-term volunteers and staff as they would be involved in developing training materials and facilitating training sessions.

Finally, and most importantly, this research would allow GRIP to build on its strengths, multiply its impact on the criminal justice system, and contribute to an improved conviction rate of perpetrators.

Partnerships with National NGOs on Advocacy and Other NGOs Doing Similar Work

Partnering with other NGOs would allow GRIP to participate in national lobbying efforts aimed at increasing the conviction of perpetrators. Lobbying activities could be directed at government departments and could be used to raise funds and increase numbers of government staff dedicated to Victim Empowerment Programs, especially in court and hospitals (forensic nurses).

MAINSTREAM HIV IN THE ACTIVITIES OF THE ORGANIZATION

GRIP should develop an HIV mainstreaming strategy that would include:

- *Developing an HIV Workplace Policy and Program:* The International Labor Organization (ILO) defines this program for staff and volunteers as providing "the framework for action to reduce the spread of HIV/AIDS and manage its impact". Specifically, it would
  - make an explicit commitment to corporate action
  - give guidance to supervisors and managers
  - help employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing
  - help to stop the spread of the virus through prevention activities organized within the organization, such as condom distribution at readily accessible points around the workplace, STI diagnosis and treatment, and other possible interventions
- *Strengthening HIV Prevention among Survivors:* GRIP could strengthen HIV prevention among survivors by empowering women to negotiate condoms. This could be done during the follow-up visits to survivors three months and six months after the rape incident.
- *Strengthening HIV Prevention Awareness Raising Activities:* GRIP should raise awareness among communities by disseminating clear HIV prevention messages and developing awareness materials.
- *Developing Volunteers' Capacities:* Volunteers should be trained to respond to the long-term HIV prevention needs of sexual violence survivors – training could use the National Curriculum for Post-Rape Care developed by the Medical Research Council.
- *Strengthening HIV coordination Mechanisms:* GRIP should appoint and capacitate a staff member to coordinate its HIV-related activities and to ensure quality control.

- *Developing HIV and GBV Information Booklets:* These booklets would outline prevention messages and give useful contacts for referrals.
- *Reinvigorating the HIV Support Groups:* GRIP's HIV support groups could be reinvigorated through training and guidance for the volunteers who facilitate them and by defining clear expected outcomes.

GRIP could also use partnerships with HIV organizations and research institutes. Staff mentoring and short-term technical assistance could to develop and implement GRIP's HIV mainstreaming strategy.

EXPAND AWARENESS ACTIVITIES AIMED AT PREVENTING GBV

In light of the positive impact of GRIP's awareness activities, GRIP could strengthen this component of its work, especially in partnership with schools and churches.

The positive impact of the reallocation of PEPFAR World Cup funds suggests that PEPFAR may fund such awareness activities on an ongoing basis.

- Train all staff members in awareness-raising, including how to run public campaigns using the radio or intervening in schools (as indicated in the GRIP Sustainability Plan).
- Build partnerships with local government community services and communication departments to develop joint public awareness campaigns at local level.

STRENGTHEN GRIP'S RESPONSE TO CHILDREN

As 40% of GRIP survivors are children and youth, the organization should pursue its efforts to strengthen support to minor survivors through

- training all the volunteers on child support
- strengthening support to parents, including by building partnership with NGOs working with children

STRENGTHEN THE SHELTER

- Recruit a manager for the shelter.
- Implement the existing strategy to enable the shelter to become a semi-autonomous entity.
- Propose activities and provide individual support to women using the service.

IMPROVE STAFF AND VOLUNTEERS' WORKING CONDITIONS

- *Address the issue of the status of long-term volunteers.*
- *Develop a staff capacity development strategy*, to "fill gaps in experience through appropriate training" (as quoted from the sustainability strategy), equip volunteers with skills to better answer the needs of survivors, and enable volunteers to formalize the skills gained through experience and make them more employable. The strategy would seek to
    - Provide continued accredited training, in line with the National Norms and Minimum Standards for Home and Community Based Care (HCBC) and Support Programs. This was developed by DSD and states that "all community caregivers undergo accredited training within 12 months of joining the HCBC organization" and should "receive at least 24 days of training per annum".

- Explore possibilities for volunteers to benefit from the learnership proposed by the Health and Welfare Sector Education and Training Authority (HWSETA). Through this program, volunteers could benefit from a training allowance and get accredited training, notably in community health work, survivor empowerment, counseling, HIV prevention, and auxiliary social work.
- If GRIP implements its sustainability plan and seeks to create independent CBOs, some volunteers will have a managerial role and would need to be trained as in tasks such as report writing, management, proposal writing, networking, and advocacy.
- Strengthen in-house and refresher training as well as existing mentoring in addition to regularly updating the GRIP training manual for volunteers.

- *Organize monthly debriefing meetings* in the local language, facilitated by a trained coordinator to alleviate volunteers, emotional strain, in line with DSD's National Norms and Minimum Standards that states that "all community care givers should receive at least two hours of debriefing monthly". This would alleviate the emotional strain associated with the volunteers' function as well as guaranteeing that confidentiality on GBV cases is respected, because they would be discussed with colleagues and not with family or friends.

DEVELOP COMMUNICATION/MARKETING TOOLS AND STRATEGIES FOR GRIP

- Develop a website that could include the possibility to make one-off online donations and/or to register for monthly bank transfers to GRIP.
- Develop promotional tools, including a newsletter and pamphlets.
- Develop relationships with UN organizations (UNAIDS/UNFPA/UNICEF/UN Women) with a goal to being included in one of their Best Practice Documents. This action would
  - increase GRIP's visibility and possibly increase its fundraising capacity
  - allow GRIP's model to be formalized and possibly replicated elsewhere
  - enable GRIP to profile and value its experience with a wide range of possible donors

EXPAND BOARD MEMBERSHIP

- Include representatives of local authorities, national and provincial businesses, and research organizations in the Board.
- Explore the possibility of finding and recruiting influential patrons to the Board.

VII. APPENDICES

APPENDIX 1: COMPOSITION OF THE EVALUATION TEAM

GRIP Evaluation Team		
Name	**Role**	**Organization**
Dr. Hilbrand Haak	Senior Technical Advisor	Results in Health, The Netherlands
Nur Hidayati	Senior Research Coordinator	
Dr. Saul Johnson	Senior Technical Advisor	Health and Development Africa, South Africa
Celine Mazars	Principal Senior Researcher	
Siyabulela Zondi	Research Analyst and Psychologist	
Tholoana Mofolo	Research Analyst and Project Manager	

APPENDIX 2: DATA COLLECTION TOOLS

Focus Group Discussion with GRIP Staff

What are the SWOT (strengths, weaknesses, opportunities, threats) in meeting the project objectives?

Group 1

Objectives related to the criminal justice system
Police
Hospital
Court

Group 2

Objectives related to:
Community Awareness
HIV/AIDS Prevention
Rehabilitation and reintegration
Activities with sex workers

STRENGTHS Internal environment: GRIP	WEAKNESSES Internal environment: GRIP
Identify the strengths of GRIP that have helped meeting the project objectives[6] What were the key enablers in meeting the project objectives? What positive change(s) in the organization did capacity development activities funded by the project bring?	*Identify GRIP weaknesses that hampered the achievement of the objectives* What were the key barriers within GRIP? What weaknesses within GRIP still need to be resolved?
OPPORTUNITIES External environment: *other service providers (police or court or hospital etc...)*[7]*, community*	THREATS External environment
What were the key enablers in meeting the key objectives? What opportunities did the project create in the external environment? • What positive change was brought by the project in the lives of the survivors/in the community? • According to you, what is the support GRIP is providing to Survivors that really makes a difference in their lives?	What were the key barriers in meeting the project objectives? What activities did not work so well?

[6] Focus your response on the area that was allocated to your group
[7] Focus your response on the area that was allocated to your group

Focus Group Discussion with GRIP Diffusers

Hello, my name is X. I am conducting research for FHI and HDA/RIH. We are trying to evaluate the support GRIP is providing to victims of rape, sexual assault and domestic violence.

This evaluation:

- Was commissioned by USAID through FHI 360
- It is a knowledge generation evaluation that will not be used to determine future funding.
- The findings from the evaluation will be used by GRIP, FHI360 and USAID to improve efforts to meet the needs of communities they serve. In this case, the information will be used to improve programs addressing GBV and HIV.
- The information gathered from the evaluation will be fed into government knowledge sharing forums on how to address GBV in South Africa.

The information that we obtain from you will be used to improve the support provided by GRIP to survivors.
Any personal information that you reveal will be kept confidential and you can change your mind about participating at any time.
Do you have any questions before we begin?

	Biographical Information (researcher to complete this section)	
1	Date of interview	
2	Time interview began	
3	Time interview ended	
5	Area/Town and place of the FGD	
6	Focus Group Respondents	
7	Interpreter name (where relevant)	
8	Any other important information	

Introduction
Go around, ask participants to give their name.
Ask them to say one thing about themselves in general and one thing about themselves today: "today, I feel..."

Who in the community do you consider the most and the least supportive to survivors?
Present cards/pictures of the stakeholders who are part of the social support system supported by GRIP (nurse, police, counselor, community, family).

Ask the participants to rank them in order of being supportive and stick them on the wall.
Say that the question is not looking at things as they should be, but at things as they are in reality.
Once all cards are on the wall, *start with the stakeholder that is considered the least supportive and ask:*

Questions:

Why would you say he/she is supportive? Not supportive? Do you trust him/her?
Have you seen any problems in the way she/he is providing services to women?
Have YOU had any problems in dealing with some of these group members? Which ones?
Did you have to do some strong lobbying to get things moving?
Could you give concrete examples?
Is it all negative?
Would you say the majority of them is behaving negatively or is it just a minority?
Can you give examples of concrete changes that happened in the attitudes of XXX?

1. According to you, what is the support GRIP is providing to Survivors that really makes a difference in their lives?

Prompt: in the police (shelter, counseling, mediation), in the hospital, in court, in the community/support groups, HIV services
Why?

2 According to you, what is the support GRIP is providing to Survivors that is not making such a difference in their lives?

Why? In the police station; in the hospital; in court

3 If time allows, ask: How supportive are the other members of the community?

Ask participants to rank the rest of community (traditional leader, traditional healer, school, church).

Thank you for participating in this evaluation. After we have spoken to other service providers GRIP are working with, as well as survivors and diffusers, we will finalize the evaluation report and we will take into consideration what you said so that GRIP can improve its support to survivors. I admire your strength. I know it is not easy to go through the whole system and you are strong. Thank you again.

Semi-Structured Interview Guide – Survivors (Adults above 16)

Introduction

Hello, my name is XXXX. I am conducting research for FHI and HDA/RIH. We are trying to evaluate the support GRIP is providing to women. I am aware you are a survivor of gender-based violence, but this interview is focusing on the services provided by GRIP. It is not a counseling session.

This evaluation:

- Was commissioned by USAID through FHI 360
- It is a knowledge generation evaluation that will not be used to determine future funding.
- The findings from the evaluation will be used by GRIP, FHI360 and USAID to improve efforts to meet the needs of communities they serve. In this case, the information will be used to improve programs addressing GBV and HIV.
- The information gathered from the evaluation will be fed into government knowledge sharing forums on how to address GBV in South Africa.

The discussion will last for about one hour and a half.

You will not receive any rewards, gifts or other compensation for participating in this research, but the answers you provide will be used to improve the help GRIP is trying give to people who go through the same type of problem as you did. The information you will share with me will only be used for this evaluation, it cannot be used in any other way and cannot be used during the court processes, if any.

The information you provide is strictly in confidence, and **no names will ever be reported***. The interview will be anonymous. But you can choose to give me your first name or any other name you would like me to use during the interview. Please tell me what you prefer.*

Your answers will be kept private. *Please feel free to answer the questions based on what you really do, feel, think and experience. If you do not understand any of the questions or how to answer them, please ask me to clarify. You can decide to not discuss a particular topic, or, if you choose, you can stop the discussion at any point.*

Diffuser XXX will be next door to support you if you need her to come.

Do you mind if we record the interview? We are doing this to make sure we are not missing any critical information when you speak.

Do you have any questions before we begin?

Do you agree to participate in this discussion?

Discussions should be semi-structured, based on non-directive questions written in bold, but you can use the other questions under them as prompts.

Biographical Information			
1	Date of interview		
2	Time interview began		
3	Time interview ended		
4	Area/Town and place		
5	Interviewee chosen name or anonymous		
6	Age		
7	Interpreter/counselor name		
8	Interview number		
9	Type of violence (tick one) (ASK THE COUNSELOR, preferably before the interview)	Domestic violence	Sexual violence
10	Age		
11	Any other important information (it can come from the counselor or the respondent)		

1. Tell me about yourself

If the GBV issue comes up, that is ok, but if not, do not bring it up.

1.1 Ice breaker: Tell me whatever you want, for example, are you working? Where are you living? What do you like the most in your life at the moment?

1.2 What is your school level?

1.3 Tell me about the people around you

Who do you live with?

Do you have children?

Do you have a boyfriend/girlfriend? Are you happy with him/her?

If yes, may I ask if he is a regular partner?

How old is he?
If appropriate, ask: Do you sometimes fear that you partner may become violent?

1.4 If appropriate, ask: What do you consider being a healthy relationship between a man and a woman? I am asking in general (If not appropriate, ask later in the interview)

First, let her answer.
Second, use the following prompts:
If you are in a relationship, would you consider you are treated well? Tell me more...
Do you sometimes fear that you partner may become violent?

1.5 How close do you feel to others in this community?

Would you say that you have a strong network of friends supporting you?
Do you belong to a church? To a support group? Self-help group?

2. When did you first get in touch with GRIP?

3. Tell me about the support GRIP provided to you at the police station

Did you face any problem in the police station?
Was the police officer nice and respectful? Was he a man or a woman?
How were the problems resolved?
Did GRIP help? What did the diffuser do to resolve the problem(s) and to make things easier for you in the police station?

4. Did you go to Hospital?

If yes, how did it go?
How did you go to hospital?
Where did they take you? (Note: the police accompanying the survivor is supposed to take her to the Care Room directly and not to reception).
Did you face any problem in the hospital?
Who helped you there? (Clerk/receptionist, nurse, forensic nurse, doctor)
Was the nurse/forensic nurse/doctor nice and respectful? Was he a man or a woman?
How were the problems resolved?
What did the diffuser do to resolve the problem(s) and to make things easier for you in the hospital?

5. Tell me about the support GRIP provided after you went back home

What type of support did GRIP provide?
How many visits?
What did the diffuser do during these visits?

- Prompts: did GRIP offer individual counseling, family counseling, help to define a professional plan for the future, referred you to a support group?

Were there any problems in the family when you came back? What problems? With the other family members?
Did GRIP help them to understand what happened to you and were helpful?

6. Did you lay charges against the perpetrator?

If yes:
How far is the process? Was he prosecuted already?
Was the perpetrator convicted?
What type of support did GRIP provide to you?

- Did you attend the pre-court training? How was it?
- Did you use the Care Room and spoke with GRIP diffuser? How was it?

If judgment not happened yet:
How long have you been waiting?
Did you attend the pre-court training? How was it?

If you did not lay charges, may we ask why?
Do you think GRIP could have helped you with this?
How?

7. Did GRIP refer you to other service providers?

Which ones?

8. So in the end, could you tell us what GRIP did that was really helpful?

9. What could they do better?

10. Who in the community do you consider the most and the least supportive to survivors?

Depending on respondent, the cards could be used, especially for cases of domestic violence.
Show the cards showing the community members (church, school, traditional chief, etc...) and not police/health/court at this stage as it was already spoken about earlier).
Ask to rank them in order of being supportive and discuss why?
If there were issues with some of the stakeholders, check if GRIP helped resolving them.

11. If you hear of a friend suffering the same type of problems as you had, what would you recommend to her/him?

Prompts: go and seek help from GRIP, go to police

12. What do you consider being a healthy intimate relationship between a man and a woman?

Second, use the following prompts:
If you are in a relationship, would you consider you are treated well? Tell me more...
Do you sometimes fear that you partner may become violent?

We are now going to talk about HIV/AIDS as it is an important issue for women in Mpumalanga. Some of the questions might be a bit private, so if you do not want to answer, please tell me.

13. If a friend of yours wants to do an HIV test, what advice would you give to him/her?

Prompt: do you know a nice place where to receive a test?

14. Which sources have you personally found useful for information about HIV/AIDS?

Prompts: Teacher/parents/friends and peers/health worker, nurse/TV/radio, newspapers, posters, GRIP, community center, other NGO/CBO

15. Did you talk about HIV with GRIP? When and what was discussed?

16. Otherwise, who have you ever talked to about HIV/AIDS issues?

Prompts: care giver/mother, sisters, friends, GRIP, health, religious leader

17. IF THE RESPONDENT IS IN A RELATIONSHIP ONLY:

With your partner, do you use condoms always, sometimes or never?
Are you able to talk about using a condom with your partner?
Would you be able to refuse to have sex if your partner will not use a condom?

18. Who decides when to have sex in general?

Do you find acceptable to have sex with your partner if you do not want to?

19. How easy is it for you to get condom if you need to?

Where do you get them?

20. Do you know what women's rights are? Can you quote some?

21. Is there anything else you would like to share with us regarding your experience with GRIP?

22. May I ask how you feel about this interview?

If not well: *If this interview made you feel uncomfortable, the diffuser XXX is here on the other side of the door and she can talk with you now.*

Thank you for participating in this research project. I see you are very strong now/you are in the recovery path and making good progress and I admire it.
After we have spoken to others like you and also the service providers GRIP are working with, we will finalize the evaluation report and we will take into consideration what you said so that GRIP can improve its support to people like you. Thank you again.

Semi-Structured Interview Guide - GRIP Management

Hello, my name is X. I am conducting research for FHI and HDA/RIH. We are trying to evaluate the support GRIP is providing to victims of rape, sexual assault and domestic violence.

This evaluation:

- Was commissioned by USAID
- It is a knowledge generation evaluation that will not be used to determine future funding.
- The findings from the evaluation will be used by GRIP, FHI360 and USAID to improve efforts to meet the needs of communities they serve. In this case, the information will be used to improve programs addressing GBV and HIV.
- The information gathered from the evaluation will be fed into government knowledge sharing forums on how to address GBV in South Africa.

The information that we obtain from you will be used to improve the support provided by GRIP to survivors.
Any personal information that you reveal will be kept confidential and you can change your mind about participating at any time.
Do you have any questions before we begin?

	Biographical Information	
1	Date of interview	
2	Time interview began	
3	Time interview ended	
4	Area/Town	
5	Interviewee name	
6	Age	
7	Function	
8	Interview number	
9	Age	
10	Any other important information	

1. Introduction: Tell me about you.

What is your role in GRIP?
How long have you been working for GRIP?

2. What do you like and do not like in your job?

What would make it easier?

3. According to you, what is the support GRIP is providing to Survivors that really makes a difference in their lives?

Prompt: in the police (shelter, counseling, mediation), in the hospital, in court, in the community/support groups, HIV services, ensuring a continuum of care.
Why?
What are the key enablers?

4. According to you, what is the support GRIP is providing to Survivors that is not making such a difference in their lives?

Why?
What are the key barriers that prevent reaching the project objectives?

5. According to you, what has changed in the service providers' response since GRIP's intervention?

In the police station
In the hospital
In court
What enabled these changes?

6. According to you, has GRIP's intervention facilitated the rehabilitation of the survivor in the family? What enabled it? /How?
7. Who in the community do you consider the most and the least supportive to survivors?

Present cards/pictures of the stakeholders who are part of the social support system supported by GRIP (nurse, police, counselor, community, family).
Ask the respondent to rank them in order of being supportive

Discuss the results and ask why
Do you trust the police and the hospital to do justice and help women and children? Why?
Did you notice any change in:

- The knowledge the community has on GBV, its causes and effects, the myths
- The attitude/perception community members have about gender and GBV?
- The support community members give to Survivors?

How do you measure these changes?
Can you give us examples?

8. Have you had any problems in your working relationships with the stakeholders/service providers?

With the police?
What were the problems? How did you respond?

With the hospital?
What were the problems? How did you respond?

In court?
What were the problems? How did you respond?

In the family?
What were the problems? How did you respond?

9. What type of capacity building or organizational activity did the PEPFAR project provide to the organization over the past 5 years?

10. What has changed in GRIP since you had organizational development activities?

What was the OD activity that had the biggest impact on the organization?
To what extent did it help building the capacities of counselors who were promoted to management functions?
What was the CD/OD activity that did not work so well?
What could have been done differently?
If nothing has changed in the organization since OD/CD activities took place, can you tell us why?
What are the main organizational challenges that still exist?
What could be done about it/them?
Would you say there are still "cohesion issues" among Volunteers and Staff? *(As written in the case study done last year).*

11. Is there anything else you would like to share with us regarding your experience in GRIP?

Thank you for participating in this evaluation. After we have spoken to other service providers GRIP are working with, as well as survivors and diffusers, we will finalize the evaluation report and we will take into consideration what you said so that GRIP can improve its support to survivors. Thank you again.

Semi-Structured Interview Guide- GRIP Diffusers

Hello, my name is X. I am conducting research for FHI and HDA/RIH. We are trying to evaluate the support GRIP is providing to victims of rape, sexual assault and domestic violence.

This evaluation:

- Was commissioned by USAID (you may need to explain USAID's relationship to the project)
- It is a knowledge generation evaluation that will not be used to determine future funding.
- The findings from the evaluation will be used by GRIP, FHI360 and USAID to improve efforts to meet the needs of communities they serve. In this case, the information will be used to improve programs addressing GBV and HIV.
- The information gathered from the evaluation will be fed into government knowledge sharing forums on how to address GBV in South Africa.

The information that we obtain from you will be used to improve the support provided by GRIP to survivors.
Any personal information that you reveal will be kept confidential and you can change your mind about participating at any time.
Do you have any questions before we begin?

Biographical Information (researcher to complete this section)		
1	Date of interview	
2	Time interview began	
3	Time interview ended	
5	Area/Town and place of the FGD	
6	Focus Group Respondents	
7	Interpreter name (where relevant)	
8	Any other important information	

1. Introduction: let us talk about you

How long have you been working for GRIP?
What are your exact functions?
Check if they occupied other functions in the past and they were.

2. Would you consider that police officers/medical staff/court personnel are supportive to survivors, in general? (focus on the sector the diffuser works with)

Why would you say he/she is supportive? Not supportive? Do you trust him/her?
Have you seen any problems in the way she/he is providing services to women?
Have YOU had any problems in dealing with police officers/medical/court? Which ones?

Did you have to do some strong lobbying to get things moving?

Could you give concrete examples?
Would you say the majority of them is behaving negatively or is it just a minority?
Can you give examples of concrete changes that happened in the attitudes of XXX thanks to GRIP Intervention?

3. According to you, what is the support GRIP is providing to Survivors that really makes a difference in their lives?

Prompt: in the police (shelter, counseling, mediation), in the hospital, in court, in the community/support groups, HIV services
Why?

4. According to you, what is the support GRIP is providing to Survivors that is not making such a difference in their lives?

Why?
In the police station
In the hospital
In court

5. What could GRIP do better?

6. Referrals

Do you sometimes refer survivors to other service providers?
To whom? (Social Department – for what?, HIV related services, etc.)

Do these referral function well and meet the needs of the survivors?

7. HIV/AIDS

Do you talk about HIV/AIDS with the survivors?
On which occasions? What are you talking about?
Have you ever referred survivors to HIV/AIDS support groups? To the GRIP support group?
Would you say survivors need a specific support group with other GBV victims or do you consider they can attend any HIV support group, why?

8. If time allows, ask: How supportive are the other members of the community?

Ask participants to rank the rest of community (traditional leader, traditional healer, school, church).

Thank you for participating in this evaluation. After we have spoken to other service providers GRIP are working with, as well as survivors and diffusers, we will finalize the evaluation report and we will take into consideration what you said so that GRIP can improve its support to survivors. Thank you again.

Semi-Structured Interview Guide –Medical Staff

Hello, my name is X. I am conducting research for FHI and HDA/RIH. We are trying to evaluate the support GRIP is providing to victims of rape, sexual assault and domestic violence.

This evaluation:

- *Was commissioned by USAID (you may need to explain USAID's relationship to the project)*
- *It is a knowledge generation evaluation that will not be used to determine future funding.*
- *The findings from the evaluation will be used by GRIP, FHI360 and USAID to improve efforts to meet the needs of communities they serve. In this case, the information will be used to improve programs addressing GBV and HIV.*
- *The information gathered from the evaluation will be fed into government knowledge sharing forums on how to address GBV in South Africa.*

The information that we obtain from you will be used to improve the support provided by GRIP to survivors.
Any personal information that you reveal will be kept confidential and you can change your mind about participating at any time.
Do you have any questions before we begin?

	Biographical Information	
1	Date of interview	
2	Time interview began	
3	Time interview ended	
4	Area/Town and name of police station	
5	Interviewee name	
6	Age	
7	Function	
8	Interview number	
9	Any other important information	

1. Let us first talk about you

Cover all topics under
How long have you been working as a forensic nurse/nurse/doctor?
What are your exact functions here?
Since when?
And before? (See if there is a special interest or long experience on GBV)

Have you received a specific training to deal with GBV victims?
When? How long?
What topics did the training cover?

Do you feel you would need additional training? On which topic?

2. Would you consider that the needs of the survivor in hospital are met?

Are you happy about the referral from the police? Are processes respected better than in the past? Do you know why it is better now?

Which survivors' needs are not met?
Did someone try to resolve this problem?
What was done?

Has GRIP tried to do something about it? What?
Could they do something else?

3. Let us now talk about your collaboration with GRIP:

When did you first get in touch with GRIP?
Pease describe how you are collaborating with GRIP

IMPORTANT: What about the collaboration on HIV related issues?
What do you think about the mobile testing center?
Their awareness sessions?
The HIV testing by diffusers in the hospital?
The HIV support groups for survivors?

4. What has changed in the hospital response since GRIP intervention?

Cover all topics:

What has changed for the survivor's experience?
What has changed in the work of the medical staff?
Have evidence been preserved more consistently since GRIP intervention?

Did you learn something new? What?

Possible prompts:

- *Do you know the Chart of the Rights of Survivors?*
- *Do you understand gender roles and women rights differently?*
- *Has your perception of GBV and of survivors changed? How?*

Are you looking at survivors differently now?
Are you doing things differently?

Do you have any concrete example(s) when you saw GRIP helped lobbying hard to get something changed/done about a case?

5. Have you faced any problems in your collaboration with GRIP? Which ones?

How would you qualify the collaboration with the counselor?

6. What could GRIP do better?

7. How do you think the services provided by GRIP in the hospital can be sustained?

Explore use of existing funds, i.e. community health workers.

8. *There may be many barriers that make it difficult to ask women about violence. In your own experience, what are the barriers?*

Prompts: time limitations, check barriers within community, within hospital environment.
What could be done about this?
Could GRIP do something?

9. If issues of gender perception and culture have not been discussed

Say:

In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women in women. It depends on the values and the way they interpret their culture.
I am going to read a list of statements and I would like to tell me if you agree or disagree. There is no right or wrong answer.

Read the statements, and try to probe when possible.

Would you say that?

- Family problems should only be discussed with people in the family
- It is important for a man to show his wife/partner who is the boss.
- Some women are to blame for domestic violence because their inappropriate provocative behavior provokes their partners' aggression.
- It is very difficult for men to control their sexual behavior
- In most cases, if a woman defends herself, she can avoid being raped.
- Do you think it could be ok for a husband to hit his wife in some situations?

Which ones?
Prompts: if she refuses to have sex with him, the man suspects she is being unfaithful, she disobeyed

10. Who in the community do you consider the most and the least supportive to survivors?

Why?

11. If you hear of a friend suffering GBV, what would you recommend to her/him?

Prompts: go and seek help from GRIP, go to police
If the answer is GRIP, ask why
If GRIP is not mentioned, ask why

12. Is there anything else you would like to share with us regarding your collaboration with GRIP and how to improve it?

Thank you for participating in this evaluation. After we have spoken to other service providers GRIP are working with, as well as survivors and diffusers, we will finalize the evaluation report and we will take into consideration what you said so that GRIP can improve its support to survivors. Thank you again.

Semi-structured Interview Guide - Justice System Representatives

Hello, my name is X. I am conducting research for FHI and HDA/RIH. We are trying to evaluate the support GRIP is providing to victims of rape, sexual assault and domestic violence.

This evaluation:

- Was commissioned by USAID
- It is a knowledge generation evaluation that will not be used to determine future funding.
- The findings from the evaluation will be used by GRIP, FHI360 and USAID to improve efforts to meet the needs of communities they serve. In this case, the information will be used to improve programs addressing GBV and HIV.
- The information gathered from the evaluation will be fed into government knowledge sharing forums on how to address GBV in South Africa.

The information that we obtain from you will be used to improve the support provided by GRIP to survivors.
Any personal information that you reveal will be kept confidential and you can change your mind about participating at any time.
Do you have any questions before we begin?

	Biographical Information	
1	Date of interview	
2	Time interview began	
3	Time interview ended	
4	Area/Town and name of court	
5	Interviewee name	
6	Age	
7	Function	
8	Interview number	
9	Any other important information	

13. How long have you been working as a xxx?

14. How have trends in judging cases of GBV looked in the past years according to you?

15. Do you know the number of cases of sexual violence in your area?

16. Have you noticed an increased rate of conviction of perpetrators, or a shorter timeframe to instruct GBV cases?

Do you think GRIP played a role in this?
Could you kindly give us more details?

17. According to you, are there still barriers in the justice system to increase the conviction of GBV perpetrators?

What are they?
Could GRIP help removing them?
How?

As a whole, would you consider that the Court has the means to respond to the needs of the survivors?

Prompts: relevant information given to victim, witness assistance, information to survivor,
If yes, did GRIP play a role in helping you meeting these needs?
If not, which ones is the court not meeting?
Why not? What are the barriers?
Could GRIP help with this?

18. What has changed in the justice system response since GRIP intervention?

Did you learn something new? What?
Do you understand gender roles and women rights differently?
Has your own perception of GBV and of Survivors changed? How?
Do you do things differently now? What?

19. Have you faced any problems in your collaboration with GRIP? Which ones?

20. What could GRIP do better?

21. How do you think the services provided by GRIP during the court process can be sustained?

22. Who in the community do you consider the most and the least supportive to survivors?

Exercise with the cards: rank the community members in terms of being supportive or not.
Do you consider the community is aware of GBV and gives appropriate support to survivors?
Why?

23. If you hear of a friend suffering GBV, what would you recommend to her/him?

Prompts: go and seek help from GRIP, go to police.
If the answer is GRIP, ask why.
If GRIP is not mentioned, ask why.

24. Is there anything else you would like to share with us regarding your experience with GRIP?

Thank you for participating in this evaluation. After we have spoken to other service providers GRIP are working with, as well as survivors and diffusers, we will finalize the evaluation report and we will take into consideration what you said so that GRIP can improve its support to survivors. Thank you again.

Semi-structured Interview Guide – Police Officers

Note: check that the sample is representative and that not only knowledgeable police officers are interviewed.

Hello, my name is X. I am conducting research for FHI and HDA/RIH. We are trying to evaluate the support GRIP is providing to victims of rape, sexual assault and domestic violence.

This evaluation:

- Was commissioned by USAID (you may need to explain USAID's relationship to the project)
- It is a knowledge generation evaluation that will not be used to determine future funding.
- The findings from the evaluation will be used by GRIP, FHI360 and USAID to improve efforts to meet the needs of communities they serve. In this case, the information will be used to improve programs addressing GBV and HIV.
- The information gathered from the evaluation will be fed into government knowledge sharing forums on how to address GBV in South Africa.

The information that we obtain from you will be used to improve the support provided by GRIP to survivors.
Any personal information that you reveal will be kept confidential and you can change your mind about participating at any time.
Do you have any questions before we begin?

	Biographical Information	
1	Date of interview	
2	Time interview began	
3	Time interview ended	
4	Area/Town and name of police station	
5	Interviewee name	
6	Age	
7	Function	
8	Interview number	
9	Any other important information	

1. Let us first talk about you

Cover all topics under

How long have you been working as a police officer?
What are your exact functions here?
Since when?
And before? (See if there is a special interest or long experience on GBV)

Have you received training on GBV?
When? How long?
What topics did the training cover?

Do you feel you would need additional training? On which topic?

2. Do you know how have trends in reporting cases of GBV looked in the past years?

Do you know the number of cases of domestic violence and sexual violence in your police station?

3. Are the survivors usually accompanied when they come to report? By whom?

Prompt: family, community member

4. According to you, what is the survivor expecting from the police when she/he visits?

Prompts: protection, shelter, counseling, be treated with respect and dignity

5. Would you say this/these expectations are met?

Cover all topics:

By all the other police officers?
Prompt to ask to give examples and of attitudes and actions that were not appropriate.

According to you, why did they act like this?

Did someone try to resolve this problem?
What was done?

Has GRIP tried to do something about it? What?
Could they do something else?

Then ask if there are there other survivors' expectations/needs that are not met and should be met in the police station.
Ask same questions as before if there are more unmet survivors' needs.

6. Let us now talk about your collaboration with GRIP:

When did you first get in touch with GRIP?
Pease describe how you are collaborating with GRIP

7. What has changed in the police response since GRIP intervention?

Cover all topics:

What has changed for the survivor's experience?

What has changed in the work of the police officers?

Did you learn something new? What?

Possible prompts:

- *Do you know the Chart of the Rights of Survivors?*
- *Do you understand gender roles and women rights differently?*
- *Has your perception of GBV and of survivors changed? How?*

Are you looking at survivors differently now?

Are you doing things differently?

8. Have you faced any problems in your collaboration with GRIP? Which ones?

How would you qualify the collaboration with the counselor?

9. What could GRIP do better?

What suggestions would you have for improving services for victims of GBV in your police station?

10. How do you think the services provided by GRIP in the police station can be sustained?

11. If appropriate, according to function and answers to question1: How well trained or prepared do you feel to detect cases of physical, psychological, sexual violence?

Prompts:
Do you feel comfortable asking women about domestic violence?
About rape?
About sexual abuse during childhood?

Why not?
Could GRIP help with this?

12. If issues of gender perception and culture have not been discussed;

Say:
In this community and elsewhere, people have different ideas about families and what is acceptable behavior for men and women in women. It depends on the values and the way they interpret their culture.
I am going to read a list of statements and I would like to tell me if you agree or disagree. There is no right or wrong answer.
Read the statements, and try to probe when possible.

Would you say that?

- Family problems should only be discussed with people in the family
- It is important for a man to show his wife/partner who is the boss.
- Some women are to blame for domestic violence because their inappropriate provocative behavior provokes their partners' aggression
- It is very difficult for men to control their sexual behavior

- In most cases, if a woman defends herself, she can avoid being raped.
- Do you think it could be ok for a husband to hit his wife in some situations?

Which ones?
Prompts: if she refuses to have sex with him, the man suspects she is being unfaithful, she disobeyed

13. Who in the community do you consider the most and the least supportive to survivors?

Why?

14. If you hear of a friend suffering GBV, what would you recommend to her/him?

Prompts: go and seek help from GRIP, go to police
If the answer is GRIP, ask why?
If GRIP is not mentioned, ask why?

15. Is there anything else you would like to share with us regarding your collaboration with GRIP and how to improve it?

Thank you for participating in this evaluation. After we have spoken to other service providers GRIP are working with, as well as survivors and diffusers, we will finalize the evaluation report and we will take into consideration what you said so that GRIP can improve its support to survivors. Thank you again.

Most Significant Change Story Collection Form

Name of Interviewer	
Date and time of Interview	
Identity of Respondent	Code ….
Age	
Village	

QUESTIONS

1. What is the best (most significant) change in your (quality of) life/well-being since you are involved in the GRIP Program (received supports and services from GRIP)?	
a. What happened?	
b. When did the change happen?	
c. How did the change happen?	
d. Why is it the most significant change to you?	
e. Why do you think the change happened?	
2. What is the best (most significant) change in your community since the existence of supports and services related facilities for survivors of sexual assault, rape, and domestic violence, including HIV related services?	
a. What happened?	
b. When did the change happen?	
c. How did the change happen?	
d. Why is it the most significant change to you?	
e. Why do you think the change happened?	
3. What is the best (most significant) change in your capacity related to organizational management?	
a. What happened?	
b. When did the change happen?	
c. How did the change happen?	
d. Why is it the most significant change to you?	
e. Why do you think the change happened?	

APPENDIX 3: INTERVIEW CONSENT FORMS

INFORMED CONSENT

I,_____ hereby confirm that:

I have been informed about the objectives of the evaluation; and the reason, benefits and risk of my participation in this interview.

I am aware that the information I provide in the interview will be anonymously processed into the evaluation report and cannot be used for any other purpose. In view of the requirements of the evaluation, I agree that the data collected during this study can be processed by the researcher.

I may, at any stage, without prejudice, withdraw my consent and participation in the study.

I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the interview.

In view of the requirements of research, I agree that:

A tape recorder can be used for the purpose of data collection and analysis during this study

That all of the above has been explained to me in a language that I am comfortable with

Full name of Participant: _____ _____

Signature / Thumbprint: **Date:** _____

Full Name of the Interviewer: _____ _____

Signature: **Date:** _____

GUARDIAN: INFORMED CONSENT

I,_____ hereby give permission for my child_____ to participate in the research study about GRIP.

I have been informed that:

I have been informed about the objectives of the evaluation; and the reason, benefits and risk of my participation in this interview.

I am aware that the results of the evaluation, including personal details regarding my child's sex, age, date of birth, initials and inputs will be anonymously processed into the study report.

My child will not be forced to take part in the evaluation. He/she will be able to stop at any time and does not have to answer any questions if he/she doesn't want to. The child will not be affected negatively if he/she doesn't want to take part or continue.

The information given by my child will be kept confidential and his/her name will not be mentioned during the report writing.

If my child gets sad or upset, the interview will be stopped and resumed if the child is ready and willing to carry on.

My child will not be harmed in any way as a result of participating in this evaluation.

In view of the requirements of research, I agree that a tape recorder is used for the purpose of data collection and analysis during this study

Full name of Participants:

Signature / Thumbprint: **Date:** _____

Full Name of the Interviewer:

Signature **Date:**_____

APPENDIX 4: LIST OF SITES VISITED AND DATES OF VISITS

Date	Activities	Respondents	Location
Wednesday 18 April 2012	Focus Group 4 Interviews	GRIP staff Area Manager 1 Area Manager 2 HIV Mobile Facility Nurse and Driver	GRIP Offices, Nelspruit
Thursday 19April 2012	5 Interviews	GRIP CEO Community Mobilization Manager GRIP M&E Nelspruit Magistrate Friend of the Court	GRIP Offices, Nelspruit Nelspruit Magistrate Court
Friday 20 April 2012	4 Interviews	Medical Staff Medical Staff Police officers Survivor 1 Survivor 2	Rob Ferreira Hospital Nelspruit Police station Nelspruit Police station (Care Room) Nelspruit Police station (Care Room)
Saturday 21 April 2012	Observation of Court Training	Group of 6-10 Survivors	Nelspruit Magistrate Court
Monday 23 April 2012	5 Interviews 1 MSC	Survivor 1 Survivor 2 Diffuser Police Medical staff Court	Kabokweni
Tuesday 24 April 2012	6 Interviews 1 MSC	Survivor 1 Survivor 2 Diffuser Police Medical staff Court	Bushbuckridge Mhala
Wednesday 25 April 2012	4 Interviews 2 MSC	Survivor 1 Survivor 2 Police Medical staff	Schoemansdaal
Thursday 26 April	Focus Group Random selection of new survivors from GRIP database 2 Interviews	GRIP Management Staff and Counsellors (Most Significant Change Story Selection) Parent of a Survivor Parent of a Survivor	GRIP Office, Nelspruit Nelspruit Police Station
Thursday 3 May 2012	6 Interviews	Survivor 1 Survivor 2 Diffuser Police Medical staff Court	Piet Retief
Tuesday 8 May 2012	1 Focus Group 2 interviews	Ekhaya Women's Shelter Shelter volunteers	Ekhaya Women's Shelter Nelspruit

	Assessment of GRIP Files (containing information on cases of survivors and services provided by GRIP)		
Wednesday 9 May 2012	1 Interview Assessment of GRIP Files (containing information on cases of survivors and services provided by GRIP)	Board Member	GRIP Offices Nelspruit
Thursday 10 May 2012	2 Interviews Assessment of GRIP Files (containing information on cases of survivors and services provided by GRIP)	GRIP Staff and board member	GRIP Offices Nelspruit

APPENDIX 5: SCOPE OF WORK

Now in the fifth and final year of the project, FHI 360-UGM, at the request of USAID, is commissioning an external evaluation of our grantees. Partner organizations are non-governmental organizations (NGOs) working at national, provincial and local levels in South Africa, primarily implementing services related to services for orphans and vulnerable children (OVC), HIV care and support, HIV counseling and testing, and HIV prevention. These partners have received funding for a period of three to five years under PEFPAR, as well as both organizational and technical capacity building support.

RIH/HDA is being contracted to execute evaluations for two of the UGM Partners: GRIP and Hands at Work.

The focus of the each partner evaluation will be to:

- Determine whether the program objectives under each partner's program were achieved
- Evaluate the key program outcomes and impacts related to improved health and well-being of the targeted beneficiaries

Most specifically, RIH/HDA will seek to answer the following key evaluation questions for GRIP, utilizing tools, methods, and sub-questions approved reviewed and approved by FHI 360: To

- To what extent was GRIP able to meet the needs of survivors of rape, sexual assault, and domestic violence in their target areas?
  - How do stakeholders (survivors, law enforcement officials, court system) perceive the program, in terms of quality and ease of access?
- What were the most significant changes brought about by the organization in improving the well being of survivors of sexual assault, and domestic violence in their target areas?
- What were the key enablers and barriers in meeting project objectives?

The focus of the evaluation is to assess effectiveness of the partner organizations in addressing the needs of beneficiaries in targeted communities. The evaluators will be required to carefully consider the suitability and feasibility of design options that are likely to offer the best chance of establishing the value of the program in responding to the needs of targeted beneficiaries and communities.

Both qualitative and quantitative data collection techniques should be employed. Data will be collected from various sources using appropriate data collection methods and tools for any given evaluation question.

The final design to be employed will be determined after the contractor has had a chance to undertake a front-end analysis and is therefore able to select the best design option that specifies; which people or units will be studied; how they will be selected and the kinds of comparison that should be made. Data will be collected from various program sites for each partner.

Evaluations will be undertaken in two stages and with expected outcomes for each stage as expressed below:

Stage 1: Finalization of Evaluation Protocol

Contractor will refine an evaluation protocol which demonstrates:

- Understanding the relationship between program stages and the proposed broad evaluation question

- Understanding the context for program delivery and key factors that influence program implementation
- Understanding the existing theoretical and empirical knowledge about the program and examining program theory
- A comprehensive stakeholder analysis and determination of roles of key stakeholders in the evaluation
- Balancing costs and benefits of the evaluation and advising on the most strategic questions to include in the evaluation
- Developing the Finalized Implementation Strategy and Methodology Report

Stage 2: Implementation of the Evaluation

Contractor will implement the partner evaluation following submission and approval of the Implementation Strategy and Methodology Report:

- Pre-test instruments
- Train data collectors
- Undertake the evaluation data gathering process
- Prepare data for analysis
- Clean data
- Enter data into electronic data analysis systems
- Undertake comprehensive data analysis
- Formulate the findings

During the period of performance of April 9, 2012 –July 20, 2012, payment to RIH/HAD will be fixed price based on the payment schedule determined by the deliverables below:

MILESTONE	DELIVERABLE	DUE DATE
Data collection (April 9 – May 11)	1. Finalized Implementation Strategy and Methodology Report submitted to FHI 360 (GRIP)	April 13
	2. Evaluation Workplan, including key activities and timeframes submitted to FHI 360 (GRIP)	April 13
	3. Data Analysis Plan, including dummy table/graphs for presenting data submitted to FHI 360 (GRIP)	May 4
Data analysis and development of PowerPoint Presentation, including summary of evaluation process and results (May 14 – June 1)	1. Oral and PowerPoint Presentation (half- day)of preliminary findings to USAID, FHI 360, and partner (May 28-June 1, 2012) (GRIP)	Presentations completed by June 1
Development of final written report, including	2. Draft written report submitted to FHI 360 (GRIP)	June 15

an executive summary with highlights of the evaluation and key findings (June 1 – July 20)	3. Final report submitted to FHI 360 (GRIP)	July 20
Development of brief paper (two-pager) for each partner, targeting community audiences on key findings from the evaluation (June 1 – July 20)	4. Two-page papers submitted to FHI 360 (GRIP)	July 20

APPENDIX 6: REFERENCES

GRIP Documents

GRIP Sustainability Strategy, 23/02/2011

Capacity Building Assessment Tool, Draft Assessment, 2009

Quarterly reports for year 2011and 2012

GRIP annual work-plans, 2008-2009, 2010-2011, 2011-2012

COP11 Project Partner Plan

Program framework, program theory and results chain for The Greater Nelspruit Rape Intervention Program (GRIP) Program, Prepared by Wilma Wessels-Ziervogel of Southern Hemisphere Consultants for FHI 360 on behalf of USAID and PEPFAR, October 2011

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Vetten, L., R. Jewkes, R. Sigsworth, N. Christofides, L. Loots and O. Dunseith. *Tracking Justice: The Attrition of Rape Cases Through the Criminal Justice System in Gauteng.* Johannesburg: Tshwaranang Legal Advocacy Centre, the South African Medical Research Council and the Centre for the Study of Violence and Reconciliation, 2008