



**AIDS Legal Network (ALN)**

**End-of-Project Evaluation Report**

**Documenting and addressing violence and other abuses as experienced by positive women**

**Name of the project:** Documenting and addressing violence and other rights abuses as experienced by positive women  
**Locations of the evaluation conducted:** South Africa; Specific areas in three provinces, namely New Brighton (Eastern Cape), Illovo (KwaZulu Natal), and Tafelsig and Beacon Valley (Western Cape)  
**Period of the project covered by the evaluation:** January 2012 - February 2015  
**Date of the final evaluation report:** April 2015  
**Name and organisation of the evaluators:** Jayne Arnett; Independent consultant  
**Name of the organisation(s) that commissioned the evaluation:** AIDS Legal Network (ALN)

## Table of Contents

List of acronyms and abbreviations .....	6
1. Executive Summary .....	7
<b>1.1 Brief description of the context and the project being evaluated</b> .....	7
<b>1.2 Purpose and objectives of evaluation</b> .....	8
<b>1.3 Intended audience</b> .....	9
<b>1.4 Short description of methodology</b> .....	9
<b>1.5 Most important findings with concrete evidence and conclusions</b> .....	10
<b>Introduction</b> .....	10
<b>The Major Findings</b> .....	12
Regarding overall effectiveness.....	12
Regarding the reach of the project .....	17
Regarding affecting positive and lasting change in the lives of women relation to the specific forms of violence addressed by the project .....	18
Regarding internal and external factors contributing to the achievement and/or failure of the project .....	19
Regarding Efficiency .....	20
Regarding Sustainability.....	21
Regarding Impact.....	22
Regarding Knowledge Generation: Key lessons Learnt.....	24
Knowledge Generation: Promising practices .....	27
Participation/Empowerment.....	29
Human Rights and Gender Equality .....	29
<b>1.6 Key recommendations</b> .....	30

2. Context of the project.....	32
<b>2.1 Description of critical social, economic, political, geographic and demographic factors within which the project operated.</b> .....	32
<b>2.2 An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.</b> .....	32
3. Description of the project.....	33
<b>3.1 Project duration</b> .....	33
<b>3.2 Description of the specific forms of violence addressed by the project</b> .....	33
<b>3.3 Main objectives of the project</b> .....	34
<b>3.4 Importance, scope and scale of the project, including geographic coverage</b> .....	34
<b>3.5 Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities</b> .....	35
<b>3.6 Key assumptions of the project</b> .....	35
<b>3.7 Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders</b> .....	36
<b>3.8 Budget and expenditure of the project</b> .....	37
4. Purpose of the evaluation.....	38
<b>4.1 Why the evaluation is being done</b> .....	38
<b>4.2 How the results of the evaluation will be used</b> .....	38
<b>4.3 What decisions will be taken after the evaluation is completed</b> .....	38
<b>4.4 The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place</b> .....	38
5. Evaluation objectives and scope.....	39
<b>5.1 A clear explanation of the objectives and scope of the evaluation</b> .....	39
<b>5.2 Key challenges and limits of the evaluation are acknowledged and described</b> .....	39

6. Evaluation Team .....	41
<b>6.1 Brief description of evaluation team</b> .....	41
<b>6.2 Brief description of each member’s roles and responsibilities in the evaluation.</b> .....	41
<b>6.3 Brief description of work plan of evaluation team with the specific timeline and deliverables</b> .....	41
7. Evaluation Questions .....	43
<b>7.1 The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation</b> .....	43
<b>7.2 A brief explanation of the evaluation criteria used is provided</b> .....	44
8. Evaluation Methodology .....	45
9. Findings and Analysis per Evaluation Question .....	50
<b>9.1 Effectiveness Question 1: Outcome 1</b> .....	50
<b>9.1 Effectiveness Question 1: Outcome 2</b> .....	55
<b>9.1 Effectiveness Question 1: Outcome 3</b> .....	61
<b>9.1 Effectiveness Question 1: Outcome 4</b> .....	69
<b>9.1 Effectiveness Question 1: Outcome 5</b> .....	76
<b>9.1 Effectiveness Question 1: Outcome 6</b> .....	83
<b>9.1 Effectiveness Question 2</b> .....	88
<b>9.1 Effectiveness Question 3</b> .....	90
<b>9.1 Effectiveness Question 4</b> .....	114
<b>9.2 Relevance Question 1</b> .....	122
<b>9.2 Relevance Question 2</b> .....	128
<b>9.3 Efficiency Question</b> .....	129
<b>9.4 Sustainability Question</b> .....	131
<b>9.5 Impact Question</b> .....	145

<b>9.6 Knowledge Generation Question</b> .....	150
<b>9.7 Participation/Empowerment Question</b> .....	167
<b>9.8 Human Rights and Gender Equality Question</b> .....	169
10. Conclusions .....	171
11. Key Recommendations .....	174

## List of acronyms and abbreviations

ALN:	AIDS Legal Network
ARV:	Antiretroviral
CBO:	Community- Based Organisation
DoH:	Department of Health
DVU:	Domestic Violence Unit
HIV:	Human Immunodeficiency Virus
NGO:	Non-Governmental Organisation
SANAC:	South African National AIDS Council
SAPS:	South African Police Services
SAPWA:	South African Positive Women Ambassadors
UNTF:	United Nations Trust Fund to eliminate violence against women

## Codes used in the evaluation

EC CW FGD:	Eastern Cape, Community Women, Focus Group Discussion
KZN CW FGD:	KwaZulu Natal, Community Women, Focus Group Discussion
WC CW FGD:	Western Cape, Community Women, Focus Group Discussion
EC SP FGD:	Eastern Cape, Service Providers, Focus Group Discussion
KZN SP FGD:	KwaZulu Natal, Service Providers, Focus Group Discussion
WC SP FGD:	Western Cape, Service Providers, Focus Group Discussion
KI EC:	Key Informant Interview, Eastern Cape
KI KZN:	Key Informant Interview, KwaZulu Natal
KI WC:	Key Informant Interview, Western Cape

## 1. Executive Summary

### 1.1 Brief description of the context and the project being evaluated

In January 2012, AIDS Legal Network (ALN) embarked on a project aimed at “documenting and addressing violence and other rights abuses as experienced by positive women” to address HIV-related violence and vulnerabilities among women living with HIV in three provinces of South Africa namely the Western Cape, Eastern Cape and KwaZulu Natal. Two of the areas within these provinces, Tafelsig in the Western Cape and New Brighton in the Eastern Cape, can be described as developing townships, whereas Illovo in KwaZulu Natal is more semi-rural. Characteristic to all areas are high levels of unemployment, gender violence, and HIV prevalence. ALN already had an established presence in these areas, engaging with women around promoting and protecting rights and addressing HIV-related discrimination and violence, more so in the Western Cape.

South Africa has an estimated 6.1 Million people living with HIV, 58% of whom are women. According to the 2012 National Antenatal Survey<sup>1</sup>, the national prevalence amongst antenatal women aged 15 to 49 years is calculated at 29.5%, with the highest recorded prevalence of 37.4% in KwaZulu Natal. HIV prevalence amongst antenatal women in the Eastern Cape and Western Cape has been recorded in 2012 as 29.1% and 16.9% respectively.<sup>2</sup> Both provinces, although below the national average, show great disparities in the prevalence at a district level, ranging from 23.5% to 30.7% in the Eastern Cape, and from 9.5% to 20.8% in the Western Cape.

This project was premised on scaling up the scope, reach and duration towards achieving more lasting and sustainable change related primarily to the extent to which women are in the position to access HIV prevention, testing, treatment, support and care services free of violence and other rights abuses, and to access redress mechanisms as and when rights violations occur.

The project therefore used a multi-pronged approach that sought to lobby policy makers and service providers, whilst at the same time ensuring enhanced levels of legal literacy and capacity to advocate for the protection of women’s rights in the context of HIV amongst women and their communities. To achieve this, the project encompassed various activities, ranging from building a knowledge and evidence base to awareness raising, capacity building, advocacy and lobbying, as well as the documentation of lessons learned and potentially emerging good and promising practices.

---

<sup>1</sup> Department of Health. 2012. National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2014. Pretoria, Department of Health.

<sup>2</sup> *Ibid*, p37.

In the proposal to the United Nations Trust Fund to Eliminate Violence Against Women (UNTF), ALN documented that rights abuses, especially within healthcare provision, occurred across the three provinces, that impacted not only on women's access to services, but also on women's HIV risks and vulnerabilities. The high levels of sexual and other forms of gender based violence that prevail across South Africa, together with exposure to the risks of HIV through coercive and unprotected sex and the impact of HIV-related stigma and discrimination, greatly impact on the extent to which women are in the position to make informed decisions whether or not to test for HIV and/or access HIV related services, as well as redress services without fear of violence and abuse.

The project sought essentially to address two-way linkages between violence against women and HIV, recognising that violence increases vulnerability to HIV and that an HIV positive diagnosis increases vulnerability to violence across a range of sites, including the household and intimate realm, the community at large, and institutional settings. Specifically, the project sought to raise women's awareness of both their rights in relation to gender violence and HIV, and of existing redress mechanisms in the event of rights violations. At the same time, it sought to strengthen institutional and community awareness of the particular vulnerabilities women face in relation to HIV transmission and acquisition, and to mitigate these through structural reform.

### **1.2 Purpose and objectives of evaluation**

This is a mandatory end-of-project evaluation required by UNTF. In addition, the evaluation will serve to document lessons learned, challenges and emerging good practice from the duration of the project, as well as final results and recommendations going forward. The evaluation will therefore also point to good and promising practice moving forward, thereby contributing to the sustainability of the project and a framework for replication.

The overall objectives of the evaluation are:

1. To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goal;
2. To generate key lessons and identify promising practices for learning;
3. To interrogate project assumptions and underlying theory of change in order to contribute to emerging good and promising practice for dissemination to policy implementers and programme developers as a resource base for replication / scale-up;
4. To further create space for community voices, especially those of women living with HIV and/or affected by gender violence, to platform realities, needs, priorities and visions for positive change; and
5. To institutionalise key learning from the project within AIDS Legal Network and the UN Trust Fund to Eliminate Violence Against Women.

### **1.3 Intended audience**

The evaluation results will comprise of an evaluation report, including key findings, lessons learnt and recommendations to diverse stakeholders. The evaluation report itself is intended for the UNTF and for internal use by ALN.

The results will be used by ALN and partners to share with project beneficiaries and other stakeholders, with an emphasis on feedback to the participating communities of women living with HIV and affected by gender violence. A summary of evaluation findings, with additional case studies and a model of good practice will be produced for broader public dissemination towards strengthening the institutional response to HIV. These will be disseminated to service providers; both at the public/state facility level and at the community level within community-based organisations; programme makers within non-governmental organisations and amongst policy makers.

### **1.4 Short description of methodology**

The overall evaluation design was a post-test<sup>3</sup> only without a comparison group, with a focus on qualitative collection methods, as the measurement of the intended outcomes of this project, that largely related to awareness raising, capacity building and development of personal agency and behavioural change amongst women were best measured through qualitative means. Similarly, awareness raising, capacity building, changes in attitude and practice by secondary beneficiaries was best measured through qualitative data collection. Focus group discussion guides were developed for both primary and secondary beneficiaries; and an interview guideline developed for key stakeholders. All these tools were developed with common themes that sought to gather information that related to the main goals and outcomes of the project. There was also a particular focus at an output level as well, that sought to surface information that would contribute to the area of lessons learnt and good and promising practice.

This evaluation did not attempt to answer the quantitative indicators beyond that of effectiveness related to the reach of the project, as it became evident during the course of the evaluation that some of the indicators that were quantitative in nature were not possible to answer within the scope and timescale of the evaluation. The evaluation did not attempt to identify women living with HIV and/or women who were survivors of violence as separate 'categories', following ALN's approach<sup>4</sup> in this regard.

### **Data sources**

Primary data sources were the women engaged in the three project areas; service providers (both government and non-government) engaged with the project; and partner organisations, both community-based and non-governmental and project implementers. Other main data sources were the proposal, all the reports and documentation on the project, and the research report and fact sheets.

---

<sup>3</sup> "Test" means project/intervention in this context.

<sup>4</sup> ALN never asks people to reveal their HIV status, or to discuss specific experiences of violence.

### **Data collection and analysis**

Data was collected through focus group discussions and individual interviews with key stakeholders, a desk review, sampling of media and feedback forms from workshops, as well as two interviews with programme implementers. The focus group discussions and individual interviews were taped with permission. The qualitative analysis was done by means of coding as per the themes of the focus group and interview guideline, namely reflections on working with ALN on the project, awareness and knowledge gain, moving from awareness and knowledge gain to action, and a reflection on the way forward and next steps. The themes related back to the overall goal and main outcomes and outputs of the project.

### **Major limitations**

Given the timeframe and resource constraints to this evaluation, a limitation is the relatively small number of primary beneficiaries who were reached within the focus group discussions. Lastly this project had been running over three years and this did pose some limitation in relation to participant's ability to recall their experiences in depth across the duration of the project.

## **1.5 Most important findings with concrete evidence and conclusions**

### **Introduction**

ALN set out to engage in an ambitious long-term project stretching over three years and reaching primarily women living with HIV in engaging them and other stakeholders in a multi-pronged approach with the overall goal of enhancing women's access to, and benefit from, available HIV prevention, testing, treatment, care and support services without fear of violence and other rights violations. Overall, the evidence that this goal was reached lies at the outcome level where a series of interlinked outcomes and outputs worked towards creating conditions where enhanced access was achieved and where steps have been put in place to sustain these achievements and work towards addressing the challenges and barriers that arose during the project towards increasing and sustaining access to responsive services free from violence and rights violations.

Before presenting the major findings it is important to highlight the core principles, values and approach that the project was premised on, as without these, the overall achievements of the project in particularly reaching, engaging and empowering women, partner organisations, and diverse stakeholders to address violence against women and the intersections of violence and HIV, within the home, within communities and when engaging with service provision, would not have been as significant as was found within this evaluation. The evaluation surfaced many examples, as well as recognition, that ALN engaged in an approach that allowed women to internalise knowledge and gain personal agency to act on their situations. The availability and diversity of services and/or activities within the project over an extended period of time was particularly relevant, and women did identify how participation in one activity, for example, the research, then led them to engage in, for example, 'door-to-door' information dissemination activities, and the capacity building

allowed them, together with confidence gains, to increasingly engage service providers in largely non-adversarial ways to address access to responsive services, as well as take forward advocacy actions. This inter-linkage of activities stood out as a crucial strategy towards addressing the overall goal of the project. The Community Dialogues stood out as the most relevant activity towards addressing rights violations within service provision and in seeking solutions.

## The Major Findings

### Regarding overall effectiveness

#### Summary

The project was highly effective in working towards the intended goal and over-achieving and exceeding in outcomes 1-3, namely developing a credible evidence base (research), engaging women and other stakeholders in capacity building, rights and legal literacy and addressing access to services. Lasting working relationships were facilitated between core groups of women and service providers across the project areas. The main limitations in achieving outcomes 4-5, related to the difficulties in effecting both structural and procedural reform at a service implementation level within government health facilities towards promoting and protecting women's rights within HIV related services, as well as to mobilise key policy makers in particular towards influencing national policy and programme in this regard.

Targeted beneficiaries were far exceeded at a level of engagement in project activities overall with respect to women living with HIV (1,500: 3,209), Service Providers (30: 1556) and the public at large (1,200: 8,056). The project attracted a diversity of stakeholders not originally planned for or anticipated and engaged in areas outside the original scope of the project due to demand.

The project was very effective in engaging and achieving positive changes in the lives of women across the project areas. Gains in relation to understanding of different forms of gender violence, understanding of their rights, what laws and policies say, as well as how culture and religion impacts on gender violence. There was evidence of personal change and growth related to feeling empowered and improving skills sets that facilitated speaking out, engaging and addressing challenges, as well as recognising how knowledge gain could be translated into action on realising rights. Within this were emerging themes of individual responsibility, respecting diversity, reflection before acting, and engaging in non-adversarial approaches towards claiming rights.

Internal factors that contributed to the achievement of the project included existing technical expertise, the strength of funding over a three year period ,as well as efficient monitoring and management of the project overall. Challenges emerged related to the degree that partner organisations could increase ownership and sustain core project activities going forward; these were largely due to funding constraints. Externally, the main factor slowing down achievement was that of existing relationships with national government departments towards influencing policy and programme changes being lost due to changes in their structures and, in one instance, the Ministry of Women, Children and People With Disabilities being dissolved in May 2014.

**Additional findings related to Effectiveness Question 1:** To what extent were the intended project goal, outcomes and outputs achieved and how?

**Outcome 1:** Improved knowledge, attitudes, and behaviour amongst community members and service providers on issues related to the intersection of HIV and violence against women

ALN utilised their established presence to further engage women, as well as partnering organisations, in capacity building and engaging in building an evidence base. A research report and four fact sheets that was province specific in context were produced and the findings widely disseminated within the project activities, the project communities as well as on a national, regional and international level by ALN.

**Outcome 2:** Increased access to and utilisation of redress mechanisms by women living with HIV as and when rights violations occur

Building levels of legal literacy and capacity regarding the links between gender violence and HIV was very effective in that there was significant knowledge gain evident among women of the existence of legal rights protections and redress mechanisms. The level of increasing demand by women and other stakeholders, as well as areas outside the project defines, led to logistical challenges at times as well as human resource constraints.

Women were increasingly able to identify forms of violence as well as how to access redress, but continued to display distrust in these mechanisms. There was an increase of reporting incidents of violence and rights violations to ALN as well as amongst women themselves and in the focus group discussions evidence of facilitating reporting and accessing redress for others. In year three women increasingly connected understanding of rights and agency to the social environment, including upbringing, social norms and family values and began to identify specific needs and to demand accountability and claim rights from service providers and institutional stakeholders.

Qualitative information from focus group discussions highlighted knowledge gain and empowerment, around themes of enlightenment, new ideas, gains in confidence, and knowledge gain around gender violence and rights, to access services free from rights violations, as well as information, support and active linking to service providers, particularly through community dialogue settings, and increased potential to access redress mechanisms. Women reported finding this engagement with the police, through community dialogues, as extremely valuable, and it appears to have engendered greater trust in the police and reporting mechanisms, and to a lesser extent within the government health facilities.

**Outcome 3:** Enhanced promotion and protection of women's rights within HIV-related services (e.g. private rooms for counselling;

signage or colour of form, etc that does not indicate HIV status; time allowed for consent forms to be signed)

Responses to the dialogues and trainings were largely positive, and women increasingly engaged with service providers around addressing systems, structures and processes towards the better promotion and protection of women's rights. Commitments by service providers were made across the duration of the project to address this, but these were difficult to monitor and track across the project. Some examples of commitments from the desk review included lengthening of service hours; service providers, specifically health and police, giving out personal contact details, and addressing folder policy to protect privacy in clinics.

In the evaluation there were concerns raised by women that there was not enough participation and engagement by the government health facilities and that clinic staff working on the ground needed to attend dialogues. ALN was particularly effective in reaching the community care services under the auspices of DoH, however they recognised the difficulties and constraints experienced in reaching government health facilities. This was partly due to time and work constraints on clinic staff that prevented attendance at capacity building events and dialogues.

The main barrier to affecting changes at a structural and procedural level, particularly in relation to governmental health facilities, was that these could only be addressed at a national level of government and needed national interventions. ALN and women participating in the project recognised this and there is evidence that both ALN and women in the participating communities are looking to take this forward within planned national advocacy activities. In addition, this is a core element of the work of ALN that preceded and will continue after the project cycle.

There were shifts reported in partner and other non-governmental and community-based organisation's programmes, reached by the project, that was indicative of increased rights based work, integration of the intersections between gender violence and HIV into their work programmes, being more aware of the needs and realities of women living with HIV, and adjusting their services to increase their accessibility and effectiveness.

The evaluation also surfaced the increasing advocacy and mobilisation of women across the project areas to demand changes and engage in constructive advocacy with service providers that created conditions conducive to addressing and keeping the needs and issues related to structural and procedural issues alive after the project cycle.

**Outcome 4:** Existing policies and laws that promote and protect women's rights in the context of HIV at community level are implemented

This outcome was effective in engaging service providers on a governmental and non-governmental level within a non-adversarial framework to increase their knowledge on how to protect women from rights violations and to respond to incidences of abuse. This relates back to affecting changes to systems, policies and processes that would enhance access to services and address discrimination and rights violations. This outcome exceeded targeted outputs and there was clear evidence of women utilising project spaces to advocate and lobby for exiting policies and laws to promote and protect women's rights in the context of HIV.

The actual change in this area has been reported as slow and incremental, but there is evidence within the reports and during the evaluation of positive steps being taken towards achieving the implementation of existing policies and laws that promote and protect women's rights, particularly in relation to health and police services.

In relation to advocacy actions, approximately 850 women engaged in marches and follow up strategy meetings across the project areas, with sets of concrete demands (advocacy materials) speaking to the implementation of laws and policies towards upholding and protecting women's rights. A collective decision was taken not to deliver women's advocacy demands directly to health and police services, but engage them in a non-adversarial manner through follow up activities

Women and other stakeholders that were engaged in the evaluation were clear that they would continue to advocate for change and will follow up with their advocacy messages in each province, a first step being to distribute and post these messages at clinics and police stations in all three project communities.

**Outcome 5: Policy and programme makers address HIV-related violence against women**

This outcome started ahead of schedule, due to the responsiveness of stakeholders to engage further with the project goal and meet with ALN on an 'institutional' level around engaging in addressing policy and programme issues, and institutional capacity building continued amongst police and extended to the courts and judiciary, as well as the Equality Courts. The majority of these institutional meetings were largely with stakeholders who were programme implementers as opposed to policy makers.

At a level of local influence with programme implementers, this outcome has been particularly effective in engaging, training and capacitating implementers to address programme areas towards increasing access to non-judgmental, safe and responsive services. The police and judiciary in particular became increasingly committed to, and engaged with, the project. Their ongoing participation in community dialogues has brought them closer to women's needs and realities in all three project areas and opened channels for changes to programmes, as well as access to services and to redress. The health services, at a decision making level, have been harder to reach but there was still a level of engagement and the beginnings of commitments to address programme and policy areas.

On influencing at a national policy level ALN, as a lead member within the SANAC Women's Sector, participated and contributed to the ongoing development and roll out of this sectors' discourse with findings from the research, as well as on-going emerging issues from the community. ALN continued to play a critical role in South African civil society as a leading human rights advocacy entity focusing on gender equality and women's rights within the HIV response, working across national, regional and international levels, with an increasingly visible profile. The evaluation was unable to track the effectiveness of influence at a national, regional and/or international level.

It was clear from the evaluation that influencing programme and policy changes is a long-term process, and ALN will continue with this work after the project cycle ends. There is a need to engage more at a national level with regards particularly to policy and programming within health services, especially on a level of structural change, for example around doing away a folder system that identifies persons living with HIV, as well as disaggregated services. The feedback from participants in the evaluation was that there is more work to be done on this level of influence. There was a clear commitment from women to engage further in this process

**Outcome 6:** Lessons learnt and good practice models on protecting and promoting women's rights in the context of HIV are adopted and adapted by policy and programme makers to increase the effectiveness of the HIV response

The relevant output here is a report relating to lessons learnt and emerging good and promising practices that will only be finalised after the project evaluation is complete, scheduled for end April 2015. An external report is planned, based on the evaluation and combining a series of case studies and documented lessons learnt to be finalised in May 2015

Evidence of the effectiveness of the strategies and methodologies employed in the project was the increasing engagement and demand for training and/or capacity building from all stakeholders. There are plans to divert institutional funding within ALN after the project ends to continue to address this demand, while ALN develops a staged exit / transition strategy.

On both a global and national level, policies and programmes around the linkages between HIV and gender violence are evolving and improving all the time. The research has already contributed to the body of existing evidence, and ALN hopes that the final report (lessons learnt and emerging good practice) will contribute to the evidence base of what works to address violence against women in the context of and the response to HIV. The direct uptake of these recommendations will be difficult to track, and direct attribution to ALN would pose a further challenge.

### Regarding the reach of the project

Overall the project exceeded its original targets by far in terms of engagement with a range of different stakeholders and in terms of delivery of specified activities towards reaching its defined outcomes. The total number engaged through project activities, excluding the research itself, launch events, M&E activities or advocacy events beyond the project communities, totals **12,946**.<sup>5</sup>

Precise breakdown of numbers is difficult to achieve, due to the fact that people attending community events, such as community dialogues and advocacy actions, as well as those reached through door-to-door dissemination, were not asked to identify by beneficiary 'category'. In addition, among women's specific activities, ALN never asks people to reveal their HIV status, or to discuss specific experiences of violence. The high number of 'general public' reached is approximately 60% women, of whom it is likely that a significant number are living with HIV and/or have experienced one or more forms of violence.

### Highlights reflecting how the project exceeded its reach

<b>Beneficiaries</b>	<b>Target Reach</b>	<b>Actual Reach attending activities</b>
Women living with HIV	1,500	3,209
Service Providers including health, police, judiciary, clergy and educators	30	1556
Government Officials/ Implementers	30	50
General Public	1200	8056
<b>Activities</b>	<b>Target number</b>	<b>Actual number</b>
Community Dialogues	12	34
Capacity Building Sessions	18	84
Door-to-door dissemination of research findings	Not planned for	64 reaching 7,600 persons in project communities

<sup>5</sup> It is possible that this number "double counts" a small number of individuals who have taken part in more than one project activity. However, the number also only counts people directly engaged through the activities, and not "secondary" engagement via sharing of reports, or discussions with friends, neighbours or family members following engagement in an activity. The project did not attempt to calculate the number of people reached through media broadcasts or articles.

### Regarding affecting positive and lasting change in the lives of women relation to the specific forms of violence addressed by the project

Women across the project areas spoke to increased knowledge gain in relation to understanding of different forms of gender violence, understanding of their rights, what laws and policies say, as well as how culture and religion impact on gender violence. Implicit in this knowledge gain were indications of learning how to assist 'victims' of gender violence.

There was evidence of personal change and growth related to feeling empowered and improving skills sets that facilitated speaking out, engaging and addressing challenges, as well as recognising how knowledge gain could be translated into action on realising rights. Within this were emerging themes of individual responsibility, respecting diversity, reflection before acting, and engaging in non-adversarial approaches to claiming rights.

In all three provinces participants spoke to knowledge gains around unequal gender relations, sexual orientation, as well as issues related to equality, knowledge gain and attitude change regarding gender roles and stereotyping, which were influencing their relationships with partners, children and extended family members. There was also discussion around changes in parenting styles, including ceasing corporal punishment, treating children as autonomous beings, and avoiding gender stereotyping, linking the potential to influence and decrease gender-based violence in the future.

Understanding and insights were reported by both women and men around equality rights, and around men gaining insights into roles and responsibilities of women and indications that men were beginning to question assumed dominant roles. Changes in relationships with partners were reported, indicating shifts in power dynamics, negotiating condom use with partners and encouraging partners to test. There was evidence of changes with how participants engaged in community relationships, and that the coming together and sharing of experiences amongst women in the community had led to changes as women were no longer afraid to speak out, access services and engage with their neighbours. This also speaks to the development of women's support structures, sense of community, and ability to access support and services.

There were vibrant discussions, questioning and exploration taking place regarding rights and responsibilities around disclosure of HIV status, around rights violations within PMTCT programmes and challenges experienced related to youth accessing contraception, as well as dominant discourses and attitudes violating one's rights to termination of pregnancy.

The increased knowledge gain, together with increased personal agency was evident in discussions related to being able to act at a level of advising service providers when accessing services that they were aware of their rights and what to expect from services. With regards to redress ALN was identified as a resource to which they could report rights violations and women identified a contact list

distributed by ALN that had other organisations included that could be contacted towards seeking redress. There were reports of taking action on behalf of others, laying complaints with health and/or police services and following through within a community dialogue setting to ensure that attitudinal and/or the need for procedural and structural changes were addressed.

In all three provinces participants noted challenges and lack of change within both health and police services. In these discussions it is clear that women were very aware of the breadth and complexity of rights violations that persist within services and the changes that need to be implemented, ranging from structural, policy and procedural, through to staff attitudes. There was also an understanding that there was a need for 'higher' (e.g., national) influence regarding policy changes within the health facilities towards integrating HIV services and addressing structural changes towards eliminating 'visual' discrimination, for example, separate queues and separate rooms for HIV treatment.

#### **Regarding internal and external factors contributing to the achievement and/or failure of the project**

Overall, the internal factors relating to high levels of technical expertise, sufficient organisational resources and the overall good management of the project, contributed greatly to the overall achievement of the project goal, outcomes and outputs. Regarding resources, ALN noted that the generous grant from UNTF allowed for the deployment of additional human resources, as well as once-off partnership fees that greatly assisted in the achievement of the research. Challenges related to financial resources did prevail later in the project, with ALN losing a core funder in 2014, and this put strain on the achievement of particularly the advocacy activities in year 3. The change in the UNTF reporting format in year 2 was also cited as a challenge in relation to time, resources and expertise to manage this unforeseen change.

Externally on a political level there were general elections in May 2014, which did impact on attendance of some stakeholders within activities, as well as ALN having to be cautious to ensure that they were not perceived to be supporting political party events when engaged in community based activities. Overall this influence was minimal. The dissolving of the Ministry of Women, Children and People with Disabilities after the election was more challenging (as this Ministry was one of ALN's stakeholders at a national level willing to engage). Also, the SANAC Women's Sector undergoing leadership changes in 2014 -- both impacting greatly on the consistency of engagement with policy makers at a national level.

The lack of funding and capacity among community-based organisations and structures working with ALN on this project adversely impacted on the extent to which existing and new 'partner' organisations in the three areas were in the position to follow through with commitments made and carry on with activities, without the support of ALN. The general lack of resources and funding among civil society organisations at a community level did therefore impact on the project, and has clear implications for partners taking ownership of project elements as well as issues related to sustainability.

### **Regarding Relevance**

#### **Summary**

Overall the project strategy and activities implemented were very relevant in responding to the needs of women and other stakeholders, with the strategy of engaging where the community was and tailoring services to meet identified needs. The increasing engagement of women and other stakeholders in the project, and the constant requests for more activities across the project areas, speaks directly to relevance.

There was evidence of ongoing relevance across the provinces with women wanting to continue with the project and the activities, noting that there was more work to be done. All the stakeholders that were engaged in the evaluation spoke to the ongoing relevance of the project.

The evaluation surfaced many examples of relevance related to the different needs and foci of the project areas, and these inter-linkages of activities stood out as a crucial strategy towards addressing the overall goal of the project. The Community Dialogues stood out as the most relevant activity towards addressing rights violations within service provision and collective seeking solutions.

With regards to ongoing relevance it was evident that women across the provinces wanted to continue with the project and the activities, noting that there was more work to be done. All the stakeholders that were engaged in the evaluation spoke to the ongoing relevance of the project.

### **Regarding Efficiency**

#### **Summary**

Overall the project was managed efficiently within the framework of a long-term intervention that was multi-pronged and community driven and based.

The project was efficiently and timely managed overall, after an initial delay in start-up of the project, due to a delay in funds transference. The grant from UNTF allowed for additional human resources to be deployed where needed and to support partner organisations to conduct some of the activities during the research phase. The project was well managed overall and the number and/or scope of activities was exceeded in the majority of the outcomes.

The logistics of managing the scope of the project, coupled with ALN's responsive and community based approach, did at times add up to less efficient organising and planning of activities. This was recognised as inevitable and did not detract from the engagement and carrying out of activities planned.

## Regarding Sustainability

### Summary

ALN made concerted efforts to capacitate and expand the partner organisation base that this project required to sustain itself beyond the project cycle. There were factors, such as a lack of funding and skills sets, within partner organisations that were beyond the ambit of ALN, with resulting losses to the project. Women themselves increasingly organised independently from ALN, particularly in the Western and Eastern Cape.

There were high levels of engagement and ownership by women evidenced within the evaluation. A new organisation was formed in the Eastern Cape as a direct result of the project, and support groups have formed, as well as small groups in KwaZulu Natal and Eastern Cape communicating through free communication channels. ALN has committed to sustaining core elements of the project across the project areas.

The central pillar for the sustainability of the project is the participatory nature it applied through all the activities that were in place to achieve the outcomes and to work towards the overall goal of the project. Women participating and leading within project activities facilitated a degree of ownership of the project that will sustain some elements after the project cycle ends.

Clear qualitative evidence emerged around women taking increasing ownership of processes and holding service providers accountable, particularly within the community dialogues. There was also evidence of women facilitating referrals to both information and formal redress, as well as complaints mechanisms for women whose rights have been violated, especially in the Western and Eastern Cape and these should continue.

ALN worked towards moving from directly implementing activities and processes to a more supportive role of community-based activities and processes, with a focus on facilitating sessions on request, as well as providing ongoing support and information pertaining to relevant legislative and policy changes. In 2014, capacity and resource constraints within partner organisations became an increasing concern, as the sustainability of activities and processes continued to require the ongoing direct involvement of ALN. ALN focused on capacity building with particularly community based organisations in the Western and Eastern Cape, in order to enhance the sustainability of project activities beyond the funding cycle. However, in KwaZulu Natal with members of SAPWA, the lack of funding has had an adverse impact on the sustainability of project processes and activities in this province.

Community-based structures were newly formed throughout the project and ranged from support groups for women living with and affected by gender violence in Illovo, to new organisations in New Brighton and Mitchell's Plain. In 2014, groups of women in both Illovo

and New Brighton began using 'social media' to support and assist women in seeking redress. These organisations and structures show potential for 'sustainability', especially as they are operating in partnership with ALN and are not dependent on them.

In the evaluation, women spoke of their plans to continue to meet and address issues, were clear about their rights and to access non-discriminatory services. Service providers, such as community caregivers noted lasting knowledge and practice gains. A strong and permanent relationship has been established between the SAPS Domestic Violence Unit in Mitchell's Plain, ALN, partner organisations and a core group of women who will sustain access to this service, as well as ongoing collaborative work, beyond the project cycle.

What has surfaced in the evaluation was the crucial role informational materials, fact sheets, toolkits and newsletters played, and continue to play, in raising awareness around violence against women and HIV, as well as where and how to seek redress. ALN distributed a range of its materials within this project, and this is an important tool to continue disseminating information and advocacy material towards sustaining the project going forward.

ALN has committed to continuing to seek partners to carry on with some of the activities, to follow up on commitments made as well as to ensure changes initiated during the project are sustained beyond the project, without the direct involvement of ALN. Additional funding is being sought by ALN towards continuing some of the activities and processes in the participating areas, as well as replicate project activities in other provinces and areas. This will not only ensure the sustainability of initiated activities and processes, but also broaden the reach of the project into other areas and provinces.

There is a recognition that the 'advocacy' component of the project is the most sustainable of all the activities, at a level of calling for non-violence and women's rights protections at a community level, as well as within service provision and through advocacy for rights-affirming policy and programme development and implementation. This advocacy, focusing on women and human rights to be at the centre of all aspects of the response to violence and HIV, is the core work of ALN and will continue.

### Regarding Impact

#### Summary

The main unintended consequence and/or result was the increasing willingness and preparedness of women, their communities and community-based stakeholders to engage with the project, that did put pressure on ALN to host more activities than planned. The positive impact partnering and collaboration had on some partner organisations that subsequently expanded their service provision was also highlighted.

An unintended result was that of women choosing to disclose their HIV status at ALN events, with concerns around possible exposure of women to further violence and abuse, after these events.

Another theme emerging was that of inter-generational relationships, with women reflecting that engagements with the project had led to positive changes in parenting styles that included avoiding gender stereotyping and ceasing corporal punishment. This was an unexpected area of focus for ALN, and one that will be followed up with and integrated into ALN's programme of work going forward.

The expansion of existing as well as development of new partner organisations through their collaboration and participation in events was an unintended result as was the diversity of unanticipated stakeholders engaging in the project, including the religious fraternity and educators/learners.

### ***Themes related to HIV disclosure***

An unanticipated result that had the potential to impact negatively was that of women disclosing their status at project events, with the resultant concerns that safety could only be provided at the event itself but there was no control over the potential risks women could face subsequent to disclosing at ALN events. Responding to this situation, ALN followed up, as and when possible, to ascertain that women's HIV status disclosure at the event did not expose women to further violence and abuse after the event.

Related themes were that of being asked to disclose ones HIV status when engaging in community education activities, as well as the project overall being perceived of as for HIV positive persons only emerged from focus group discussions and an individual interview. This nuanced and complex interplay related to HIV and disclosure, perceptions of the project, ALN's name, AIDS Legal Network, all contribute to potential exposure to discrimination and rights violations of the women engaging in the project. These more unexpected impacts related to HIV disclosure that emerged during the evaluation could be addressed through having strategies in place that participants can adopt if it suits them, to explore possible scenarios and prepare responses for them.

In an individual interview a respondent explained how she dealt with this situation.

*I hear you are from ALN and I said yes and she asked if I am HIV positive and I said it is not about whether you are HIV positive or not, it is about human rights. [KI WC]*

### ***Themes related to inter-generational relationships***

During the focus group discussions particularly in the Eastern Cape and KwaZulu Natal, the issue of inter-generational relationships surfaced. This was an unexpected area of focus for ALN, and one that will be followed up with and integrated into ALN's programme of work going forward.

Participants spoke around how engagement with the project had led to changes in parenting styles, including ceasing corporal punishment, treating children as autonomous beings and avoiding gender stereotyping. There was a discussion and recognition that this way of parenting has the potential to influence and decrease gender-based violence in the future. In the Eastern Cape, a participant spoke to sexual orientation and it seemed an acceptance that children had a right to determine this.

### Regarding Knowledge Generation: Key lessons Learnt

#### Summary

This project generated a number of key lessons learnt that can be shared with other practitioners on ending HIV-related violence and other rights abuses against women; a core lesson being that of women's pervasive lack of trust in the effectiveness of services, particularly redress mechanisms. Moreover, enhanced levels of legal literacy and greater capacity of the women involved in the project to identify rights violations and the 'know how' on various avenues for seeking redress only improves the potential of enhanced access to services and to the utilisation of redress mechanisms, with the lack of trust in the effectiveness and 'safety' of services remaining a barrier. Another key lesson learnt was that in order to ensure ongoing engagement with service providers, an approach was adopted of 'advocating for' the protection of women's rights within service provision and at a community level, as compared to 'advocating against' the occurrence and prevalence of rights violations experienced by women living with HIV.

Promising practices that arose that can be replicated in other projects and/or other countries around similar interventions included the ALN engagement and facilitation approach that is highly interactive and participatory. This facilitation style coupled with an approach of flexibility, meeting people where they are, ensures responsiveness to specific realities and needs of women (and other key stakeholders), facilitated greater ownership of processes and actions especially by women living with HIV and their communities.

In relation to activities, the Community Dialogue stood out in the evaluation as a promising practice that lends itself to replication across different interventions. The evaluation found that the Community Dialogue stood out as a practice that was unique to ALN and that was seen as an effective way of bringing service providers and service users together to address the needs and realities of especially HIV women. In the context of the project, these spaces were facilitated to further engage with the research findings, recommendations and implications for programming; decrease the gap between women's experiences of violence and communities' and service providers perceptions of violence against women; and collectively identify solutions advocating for women's rights protections and greater access

to services, including redress mechanisms as and when rights violations occur. Community Dialogues were safe spaces where issues and concerns could be raised without fear of blame or judgment with the aim of finding collective and workable ways forward.

**The key lessons learnt within this project that can be shared with other practitioners as well as funders are as follows:**

*1. Women's pervasive lack of trust in the effectiveness of services, particularly redress mechanisms*

The enhanced levels of legal literacy and greater capacity of the women involved in the project to identify rights violations and the 'know how' on various avenues for seeking redress only improves the potential of enhanced access to services and to the utilisation of redress mechanisms, with the lack of trust in the effectiveness and 'safety' of services remaining a barrier. Responding to this, there was evidence emerging in the project that women have formed 'support structures' to assist each other in seeking redress.

There is no natural progression and/or correlation between women's increased ownership, leadership and participation in project activities, including evidence building, advocacy and beginning to hold service providers accountable in public meetings, to greater trust in the effectiveness of services, including redress mechanisms. Women showed that they were however more prepared to 'demand' effective services and protection of their rights.

*2. Approach of 'advocating for' the protection of women's rights*

The evidence base this project generated (research report) contained detailed findings regarding a range of rights violations that could potentially lead to service providers becoming defensive and reactive within the project activities. In order to ensure ongoing engagement with service providers, ALN adopted the approach of 'advocating for' the protection of women's rights within service provision and at a community level, as compared to 'advocating against' the occurrence and prevalence of rights violations experienced by women living with HIV.

This was a highly successful approach, although not equally across all the project areas. Service providers were indeed willing and prepared to be part of the solution and to become agents of change so as to enhance women's access to and benefit from available services, including redress mechanisms as and when rights violations occur.

It was recognised that whilst the 'advocating for' approach was very effective for ALN to facilitate conversations and build bridges across various stakeholders, increasing the likelihoods for change, it did not necessarily lead to timely and efficient translation of such commitments into practice. This often led to frustration and anger, interpreted as a lack of urgency by women of their concerns which, at times, reverted women back into a sentiment of 'against'.

### *3. Barriers to partner and community ownership of the project.*

ALN was seen very much by partners and other stakeholders as 'in charge' of the project, and partners and participating communities tended to look to ALN for direction moving forward. Early in the project, ALN recognised the need for greater partner and community ownership to develop towards ensuring ownership and sustainability of the project. There was a focus on engaging and addressing institutional capacity needs and efforts made towards increasing voluntarism in terms of people and time.

The lack of funding and capacity among community-based organisations and structures had a definite adverse impact on the extent to which existing and emerging partner organisations were in the position to follow through with commitments made to the project. These included following through with activities initiated, such as the 'door-to-door' awareness raising, as well as addressing issues as and when they arose, without necessarily falling back on the support of ALN.

ALN was very good at capacitating partner organisations, as well as groups of core women, to take the work forward, however there could have been more focus on imparting the 'softer skills' such as how to facilitate a session, and how to engage people in discussion that were mentioned and called for in the evaluation. The effectiveness of the ALN approach lies very much with the facilitation skills and ALN should consider a 'train the trainer approach' in future capacity building work.

### *4. Change happens very slowly*

Lasting change happens very slowly, and needs to begin from where people find themselves, within the complex inter-relations in people's lives, including geographical, cultural, as well as intellectual. This project, given its duration over three years, provided an opportunity to engage on a deeper and ongoing level utilising a methodology that is based on meeting people where they are, with the understanding that for people to internalise new information, attitudes and practices, it has to originate with them.

This was a lesson learnt in being clear from the outset of the slowness of change, building this into the project design, and managing expectations from multiple stakeholders, including staff, partners, donors and project participants, towards avoiding frustrations arising from the perceived slowness of longer-term change.

### *5. Engagement with the media*

Media coverage in general within this project has been isolated and difficult to maintain. ALN has learnt that going forward, they need to put more focus on utilising social media, as well as explore entry points towards developing a deeper and more sustained media engagement, for example, through partnership with community radio/press in the target communities. A promising development has been the sustained local media engagement in community dialogues, particularly in Mitchells Plain.

A partner organisation also noted difficulties with media misrepresenting the research findings and subsequently having to correct these to colleagues questioning this. However, a positive experience was the march for non-violence whereby the media sent a preview for them to check. This points to the need for capacity building amongst partner organisations in managing and engaging with the media.

#### *6. Lessons learnt around addressing structural changes within service provision*

Initiating structural changes within particularly the health facilities towards enhancing women's rights protections within service provision takes time, as some of these changes require ongoing provincial and national advocacy for national policies to be changed. The lesson learnt was that to affect change at this structural level, ALN needed to engage in wider mobilisation beyond the project areas and provinces, as well as engaging wider support from state and non-state actors towards increasing community mobilisation and exert influence at a national level towards structural change within service delivery.

Other lessons learnt that are further defined in the report were around:

- Different partners are needed to implement different phases of the work
- Constraints regarding the engagement of diverse stakeholders
- Generation of information and knowledge through engagement with women

### **Knowledge Generation: Promising practices**

#### **1. Interactive and participatory methodology**

ALN has developed a highly interactive and participatory methodology within capacity building activities whereby facilitators present a range of scenarios to introduce concepts of equality and rights, without giving much input but allowing participants to process and reach their own conclusions. This 'unique' facilitation style was highlighted by evaluation participants as being 'different', and these session's facilitated processes of understanding and realisation in the context of participants' lives, as compared to giving information in a vacuum.

This facilitation style coupled with an approach of flexibility, meeting people where they are, ensures responsiveness to specific realities and needs of women (and other key stakeholders), facilitated greater ownership of processes and actions especially by women living with HIV and their communities. It allowed for the flow of activities to largely be defined by women and other key stakeholders, and not ALN, which in turn enhanced ownership of not only, for example, the research findings and its recommendations, but also of the solutions to address violence against women living with HIV both at a community level and within service provision. Lastly community-specific 'problems' and 'solutions' were identified and implemented, as compared to the same approach being followed and applied in all the participating communities.

## **2. The integration of project-specific advocacy material and messages into organisational activities**

ALN scaled up another existing methodology, namely the integration of project-specific advocacy materials and messages into organisational activities and organisational advocacy material and messages into project activities. This meant that materials specifically generated within the project were utilised across the organisations work programmes and similarly organisational materials such as the newsletter on women's rights and HIV (Mujeres Adelante), were distributed through project activities.

## **3. The Community Dialogue**

The evaluation found that the Community Dialogue stood out as a practice that was unique to ALN and that was seen as an effective way of bringing service providers and service users together to address the needs and realities of especially women living with HIV. In the context of the project, these spaces were facilitated to:

- Further engage with the research findings, recommendations and implications for programming;
- Decrease the gap between women's experiences of HIV-related violence and communities' and service providers' perceptions of violence against women living with HIV; and
- Collectively identify solutions advocating for women's rights protections and greater access to services, including redress mechanisms as and when rights violations occur. Community Dialogues are felt to be safe spaces where issues and concerns can be raised without fear of blame or judgment. The aim is not to hold someone responsible for failing, but to find collective and workable ways forward.

Within this project the Community Dialogues evolved as 'safe spaces' where issues and concerns could be raised without fear of blame or judgment, and find collective and workable ways forward. These were 'safe spaces' for engagement and discourse between women, their communities and service providers. They increasingly became 'unique spaces' for women to hold service providers accountable for the lack of quality services and the lack of human rights protections both at a community level and within service provision. As such they evolved from primarily awareness raising and capacity building spaces to advocacy spaces for the women engaged in the project. This included calls for direct actions such as marches, petitions and protests at a community level demanding rights protections and quality health services across the project areas.

There was evidence from the evaluation that the community dialogue model is transferable and can be introduced into other organisation's work programmes, with a partner organisations having adapted them into their work and service providers calling for other non-government organisations to utilise this practice. The community dialogues were also reported as a space in which service provision in an area could be mapped out as it were by the diversity of stakeholders attending, this allowed both the community and service

providers to know what was available, how each one operated and who to go to for what. So if a women needed a service she knew her options likewise if a service provider wasn't equipped to provide the particular service they also had more awareness of options for referral.

### **Participation/Empowerment**

This project was grounded in the participation of women living with HIV and/or affected by gender violence with the core aim of engaging and empowering women to take ownership of the project processes and affect real positive change in their lives on a personal, family, community and access to services level. From the outset activities were planned to maximise participation and empower women to take other activities forward, thus the research led to community awareness work, led to women engaging in further learning and development of personal agency that increasingly led women, individually and collectively, to assert themselves and advocate for positive change. Levels of participation increased as the project progressed.

The capacity building sessions, women's sessions and follow up sessions were informed by the issues and needs that women raised, these activities are highly interactive and participatory, whereby facilitators present a range of scenarios to introduce concepts of equality and rights, without giving much input but allowing participants to process and reach their own conclusions. This approach allowed for optimum engagement with the issues most relevant to the participants concerned.

The bringing together of women within different fora also allowed for the development of support structures, common identification of needs, priorities and visions for affecting change. This also resulted in women increasingly supporting each other to access services as well as redress when their rights were violated. Lastly the level of participation and empowerment was clearly evident across the project areas within focus group discussions in relation to women requesting that the work continue, mostly with ALN but some indicating independent work without ALN.

### **Human Rights and Gender Equality**

ALN's approach ensured that activities focussing on rights and legal literacy capacitated women with the knowledge, understanding and agency to act to promote and protect their rights. In the evaluation women reported, for example, increased knowledge of the diverse forms of gender violence, and spoke to instances where they no longer accepted violence as the norm. They spoke to increased levels of engagement with the concept of gender equality and related incidences where they were trying to exert increased levels of equality within their homes.

Women increasingly supported each other and mobilised around demands to be treated with dignity and respect and to be free from violence and other rights violations within the home, the community and within services they utilised. As the project progressed there were clear signs that women had developed confidence and personal agency to act on their situations and promote and protect their

rights in a manner that engaged stakeholders in addressing and reducing rights violations within their services.

The capacity building activities and direct engagement of partner organisations in project activities resulted in increased understanding of the breadth and scope of rights violations as well as the linkages between violence against women and HIV, hence raised rights literacy as well as facilitating the incorporation of rights based approaches into their work. Similarly there were reports that organisations beyond those of direct partners were capacitated and exposed to rights-based approaches that included integration of the needs of positive women within their work programmes and expanding their services to engage more in advocacy and promotion of women's rights.

Government stakeholders including health and police services, and particularly police services, were likewise increasingly engaged and receptive to the issues raised by women around services that protected, promoted and respected rights, and in addressing this within service provision. The police services engagement, particularly in Mitchells Plain, went beyond their initial scope of engagement, engaging, for example, in door-to-door work with ALN and addressing gender violence and promoting women's rights.

At a level of influencing policy makers the body of evidence produced within this project has been given a high level of visibility with particularly the SANAC Women's Sector and has been inputted in the development of provincial level advocacy agendas towards ensuring women's rights protections are included in provincial level strategic plans on HIV and AIDS. ALN has and will continue to play a critical role in South African civil society as a leading human rights advocacy entity focusing on gender equality and women's rights within the HIV response, working across national, regional and international levels.

## **1.6 Key recommendations**

- It is recommended that the National Department of Health be held to account and align their internal structures, procedures and processes to comply with the relevant policy regulations that are in place towards ending rights violations and abuse against women living with HIV within health facilities
- It is recommended that ALN develops a stronger advocacy strategy that identifies partners and other sites of influence that can increase national advocacy efforts related to achieving structural and procedural reform within particularly government healthcare facilities
- It is recommended that donors and practitioners alike support, promote and resource participatory and community based multi-pronged projects that run over a long-term period as these do yield significant results at a level of addressing violence against women and HIV.

- It is recommended that civil society and practitioners nationally, regionally as well as internationally that are engaged in addressing violence against women engage with and consider the uptake and replication of ALN approaches and promising practices
- It is recommended that ALN and partners engage in further exploration and/or research regarding the key lesson learnt related to women's pervasive mistrust of particularly redress services within this project.

## 2. Context of the project

### **2.1 Description of critical social, economic, political, geographic and demographic factors within which the project operated**

The project was conducted in four areas, namely New Brighton (Eastern Cape), Illovo (KwaZulu Natal) and Tafelsig and Beacon Valley (Western Cape). While Illovo could be described as a semi-rural area, New Brighton, Tafelsig and Beacon Valley are developing townships. New Brighton forms part of the Nelson Mandela Bay Municipality in Port Elizabeth, Eastern Cape, and Tafelsig and Beacon Valley are part of Mitchell's Plain, situated approximately 30km from the City of Cape Town (Western Cape).

Tafelsig, the most densely populated and low income area of Mitchell's Plain, and Beacon Valley, a low to middle income area, experience high levels of violent crimes, gang-related violence, and substance abuse. Illovo forms part of the eThekweni municipality in KwaZulu Natal (situated approximately 35 kilometres south of Durban), and as a semi-rural area faces many challenges in accessing inadequate access to basic services, including healthcare.

Characteristic to all areas are high levels of unemployment, gender violence, and HIV prevalence. Moreover, all the areas are located in provinces, which at the onset of the project had shown an increase in HIV prevalence from 2009 to 2010. According to latest available statistics published by the Department of Health, HIV prevalence among antenatal women in the study areas were estimated to be 41.1% in Illovo (eThekweni District), 29% in New Brighton (Nelson Mandela Metro District), and 20.2% in Tafelsig and Beacon Valley (Cape Town Metro District).<sup>6</sup>

### **2.2 An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.**

The utility and accuracy of the evaluation was facilitated by the clear commitment of women and other stakeholders in the project areas to the work they are engaged in and being invested in the evaluation process thereof.

---

<sup>6</sup> Taken directly from ALN proposal

### 3. Description of the project

#### 3.1 Project duration.

The project ran over three and a half years with a start date of September 2011 and a finish date of February 2015.

#### 3.2 Description of the specific forms of violence addressed by the project

In South Africa the protection and advancement of women's rights, including women's sexual and reproductive rights, and the protection of people living with HIV, are fully enshrined in the legislative and policy framework. However women living with HIV continue to be subjected to a continuum of violence, abuse and discrimination based on their HIV positive diagnosis within their homes, communities and when accessing service provision. The causalities and links between gender violence and HIV is recognised within the national response to HIV, with programmes and interventions designed to address this, however, gender violence against women prevails and is experienced as much a cause of women's greater risks to HIV exposure and transmission, as an effect of women's HIV positive status.

The definition of violence used in the research and all other elements of the project is broad, incorporating structural, institutional and systemic violence as key aspects of violence experienced by women living with HIV. Thus, violence is recognised as achieving and asserting power and control over others, and thereby, perpetuating and further manifesting a gendered and unequal societal context. This understanding of violence also implies that violence, to an extent, is accepted and condoned '*as part of normal social structures*'.<sup>7</sup> As such, violence is defined as

*...any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV.*<sup>8</sup>

The project therefore set out to address violence in the home, including physical, sexual and emotional violence, as well as controlling behaviours by partners, coercion and financial deprivation. At a level of community, the project explored violence related to discrimination, gossiping and name-calling by neighbours. At a level of accessing particularly HIV-related health services the particular forms of violence addressed were coercion into, or denial of specific treatments, as well as unintended or involuntary disclosure brought about by specific structural or procedural practices within healthcare facilities, including separate waiting areas, separate medicine

---

<sup>7</sup> Report, p16, REF to Hale & Vazques

<sup>8</sup> Hale, F and Vazquez M, 2011, Violence Against Women Living with HIV/AIDS: A Background Paper, Development Connections, Washington, DC, p15

dispensing areas, separate coloured folders, as well as discrimination and verbal abuse and deliberate breaches of confidentiality on the part of service providers.

### **3.3 Main objectives of the project**

The overarching project objectives are to:

1. Facilitate the creation of enabling, supportive and safe environments for women to access and benefit from available HIV prevention, testing, treatment, care and support services that are free from violence and other rights abuses;
2. Build/enhance capacity on the various links between gender violence and HIV and its implications for the effectiveness of the responses to HIV and AIDS amongst all relevant stakeholders, including service providers and service users;
3. Build/enhance legal literacy on women's human rights, as well as specific legislative and policy provisions addressing HIV-related violence and abuse;
4. Enhance women's access to legislative and policy provisions addressing HIV-related violence and abuse; and
5. Facilitate a process in which positive women's experiences of HIV-related violence and other rights abuses inform programmes and initiatives addressing the links between gender violence and HIV.

### **3.4 Importance, scope and scale of the project, including geographic coverage**

This project was implemented over a three and a half year period within three communities in three provinces of South Africa, namely the Eastern and Western Cape and KwaZulu Natal respectively. According to the 2012 National Antenatal Survey<sup>9</sup>, the highest recorded prevalence amongst antenatal women aged 15-49 years, that of 37.4%, was in KwaZulu Natal. HIV prevalence amongst antenatal women in the Eastern Cape and Western Cape has been recorded in 2012 as 29.1% and 16.9% respectively.<sup>10</sup> Both provinces, although below the national average, show great disparities in the prevalence at a district level, ranging from 23.5% to 30.7% in the Eastern Cape, and from 9.5% to 20.8% in the Western Cape. ALN therefore selected these provinces and areas within them based on prevalence levels.

These provinces are far apart and ALN implementers were therefore engaged in extensive travel to implement the project, with ALN being based in Cape Town in the Western Cape. The project engaged with a diversity of stakeholders with the primary beneficiaries being women living with HIV and affected by gender violence across a range of activities towards reaching its goal. It required extensive

---

<sup>9</sup> Department of Health. 2012. National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2014. Pretoria, Department of Health.

<sup>10</sup> *Ibid*, p37.

logistical planning as the project activities took place within the respective communities where the project activities were located. Given the increased engagement by all stakeholders in the project as the project proceeded, the scale and scope of this project grew as it progressed.

### **3.5 Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities**

The overall goal of the project was to enhance women's access to, and benefit from, available HIV prevention, testing, treatment, care and support services without fear of violence and other rights violations.

The project used a multi-pronged approach that sought to lobby policy makers and service providers, whilst at the same time ensuring enhanced levels of legal literacy and capacity to advocate for the protection of women's rights in the context of HIV amongst women and their communities. In this way, the project sought to facilitate a change in the societal context that perpetuates HIV-related violence and other rights abuses as experienced by positive women and as such increased the extent to which women are in the position to access HIV prevention, testing, treatment, support and care services free of violence and other rights abuses, and to access redress mechanisms as and when rights violations occurred. To do this, the project encompassed various activities, ranging from building a knowledge and evidence base to awareness raising, capacity building, advocacy and lobbying, as well as the documentation of lessons learned and potentially emerging best practices.

Key project activities were research, capacity building and legal literacy training sessions with women and other key stakeholders, community dialogues, institutional meetings with service providers and advocacy activities.

### **3.6 Key assumptions of the project** ***Around building a knowledge base***

Women are willing to share experiences and/or participate in the research, there is broad-based stakeholder and media engagement with the research findings and understanding and awareness of an issue prompts action at the level of individual behaviour, service delivery, programme development and policy design and implementation.

### ***Around building legal literacy and capacity towards accessing services and redress***

Assumption that women currently do not know of and use mechanisms of redress, therefore an early outcome should be a rise in the amount of reporting of rights abuses (even though in the longer term it is hoped that rights abuses would be reduced). Complaints procedures / redress mechanisms exist and are effective and women living with HIV do not face additional perceived or actual threats to

those addressed through the project activities that continue to act as a barrier to accessing redress mechanisms. Community members will trust the information they have received through meetings and material distribution.

***Around promotion and protection of women's rights within HIV-related services***

Service providers are willing and available to participate in the process, and supportive of women's rights and services and have the resources to make infrastructural or procedural changes on the basis of imparted information.

***Around knowledge gain towards protecting women from rights violations***

There is broad-based community support for, and engagement with, the key issue identified in the research in each event site and community based organisations are willing to take the lead. Service providers and government stakeholders take advocacy petition/demands seriously and effective accountability mechanisms are in place.

***Around influencing policy and programme makers***

Key policy makers and implementers are willing to engage and able to mobilise political will and necessary resources for policy change and/or implementation. Adverse policy changes in the response to HIV, such as criminalisation will impact negatively on gender violence and HIV.

***Around knowledge generation***

Research and advocacy on the linkages between HIV and violence against women forms part of a growing body of work to which this project aims to contribute and funding for HIV prevention, care, treatment and support remains stable.

**3.7 Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders**

The primary beneficiaries were women, particularly women living with or affected by HIV and gender violence in the three project areas. Secondary beneficiaries were non-governmental and community-based organisations primarily working around the issues of violence against women and HIV, who have partnered on some level with ALN on this project and service providers at state and community level, as well as policy and programme makers who have been engaged with the project on various levels.

Key implementing partners include:

- Her Rights Initiative (HRI) in KwaZulu Natal
- South African Partners in the Eastern Cape
- South African Positive Women Ambassadors (SAPWA) in KwaZulu Natal
- Mitchells Plain Network Opposing Abuse in the Western Cape

Key stakeholders include:

- Healthcare providers;
- Police, including Domestic Violence Units;
- Judiciary, including magistrates and representatives from the Equality Court courts;
- Educators and learners;
- Clergy; and
- Home-based care providers, both state and non-state.

### **3.8 Budget and expenditure of the project**

The budget and expenditure of the project was US\$ 576 800.

## **4. Purpose of the evaluation**

### **4.1 Why the evaluation is being done**

This is a mandatory final project evaluation required by the UN Trust Fund to End Violence against Women. In addition, the evaluation will serve to document lessons learned, challenges and emerging good practice from the duration of the project, as well as final results and recommendations going forward. The evaluation will therefore contribute to emerging good and promising practices moving forward, thereby contributing to the sustainability of the project and a framework for replication.

### **4.2 How the results of the evaluation will be used**

The evaluation report in its entirety is intended for UNTF and for internal use by ALN, as well as to share with new potential funders.

ALN and partner organisations on this project will prioritise adapting and sharing a summary of the evaluation findings, including additional case studies and a model of good practice with project beneficiaries and other stakeholders, with an emphasis on feedback to the participating communities of women living with HIV and affected by gender violence.

In addition, these findings will be produced for broader public dissemination towards strengthening the institutional response to HIV and will be disseminated to service providers; both at the public / state facility level and at the community level within community based organisations; programme makers within non-governmental organisations and amongst policy makers.

### **4.3 What decisions will be taken after the evaluation is completed**

The evaluation will be used to influence the work of AIDS Legal Network moving forward, on the basis of lessons learnt and challenges observed throughout the project, in conjunction with final evaluation findings and recommendations. While there are no current options for extending the life of the project per se, the organisation engages a similar strategic approach in the implementation of other areas of its work, and thus there is ample scope for application of evaluation findings across the ambit of the organisational remit.

### **4.4 The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place**

This was an end-of-project evaluation and the evaluator conducted the focus group discussions and the key informant interviews in the respective project areas.

## 5. Evaluation objectives and scope

### 5.1 A clear explanation of the objectives and scope of the evaluation

#### *Objectives*

- To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goals;
- To generate key lessons and identify promising practices for learning;
- To interrogate project assumptions and underlying theory of change toward contributing to emerging good and promising practices for dissemination to policy implementers and programme developers as a resource base for replication / scale-up;
- To further create space for community voices, especially those of women living with HIV and/or affected by gender violence, to platform realities, needs, priorities and visions for positive change; and
- To institutionalise key learning from the project within AIDS Legal Network and the UN Trust Fund to Eliminate Violence Against Women.

#### *Scope*

The evaluation focussed on one participating community in each of the three provinces of the project implementation, namely:

- Tafelsig, Mitchell's Plain, Western Cape
- Illovo, KwaZulu Natal
- New Brighton, Eastern Cape

#### *Groups participating*

- Women, including women living with or affected by HIV and gender violence who have been engaged with the project;
- Non-governmental and community-based organisations working to address the twin pandemics of gender violence and HIV who have partnered on some level with ALN on this project;
- Service providers at state and community level, including health providers, police, magistrates/courts, educators, pastors, home-based care providers etc, who have, on some level, been engaged with the project; and
- Policy and programme makers who have been engaged with the project on some level.

### 5.2 Key challenges and limits of the evaluation are acknowledged and described

The length and scope of this project, as well as the different reporting formats meant that there was a large body of information to process related to the desk review.

With regards to conducting the focus group discussions, there was not the scope to pilot the guideline so the first focus group discussions in the Eastern Cape revealed areas that needed to be slightly addressed in order to surface information and was adapted accordingly.

Language was a barrier in KwaZulu Natal and to a lesser extent in the Eastern Cape and participants assisted with translation, this did inhibit the discussion and information could have been lost in translation. In addition it was reported in KwaZulu Natal that participants were inhibited from contributing, as they did not want to show that they were not proficient in English.

Given that focus group discussions took place within the communities in the respective areas there were limitations around participants coming late, joining in and leaving, and some venues were noisy. Overall these practical limitations did not detract from the willingness, participation and discussion evident within the discussions.

Given the timeframe and resource constraints to this evaluation, a limitation is the relatively small number of primary beneficiaries that were reached within the focus group discussions. Lastly this project had been running over three years and this did pose some limitation in relation to participant's ability to recall their experiences in depth across the duration of the project.

## 6. Evaluation Team

### 6.1 Brief description of evaluation team

One independent consultant, Jayne Arnott, was tasked with completing this evaluation. She has over ten years of experience working within rights based non-governmental organisations. She knows the work of ALN well, having engaged in some social research work with them in 2010, and partnered, as well as kept up to date with their work, when working in various positions within the human rights based sector in Cape Town. Additional research experience includes research on barriers to access to health services by sex workers undertaken in 2009 that was commissioned by the Sexual Health and Rights Project (SHARP) under the Open Society Institute of Southern Africa (OSISA) and resulted in a publication titled 'Rights not Rescue'.

Areas of experience and expertise

- ❖ Women and gender rights
- ❖ Human rights
- ❖ Sexual health and rights
- ❖ Sexual orientation and gender identity
- ❖ Sex work
- ❖ HIV and AIDS

### 6.2 Brief description of each member's roles and responsibilities in the evaluation

As a sole evaluator, the evaluator was responsible for all aspects of the evaluation, and being responsible for preparing an inception report including a proposed schedule of tasks, activities and deliverables and data collection tools, a desk review, analysing documentation related to the project against the evaluation questions as per outcome. Field visits to the respective areas to collect data and subsequent analysis of findings and the preparation of a draft and final evaluation report.

### 6.3 Brief description of work plan of evaluation team with the specific timeline and deliverables

Stage of Evaluation	Key Task	Timeframe
---------------------	----------	-----------

<b>Stage of Evaluation</b>	<b>Key Task</b>	<b>Timeframe</b>
<b>Inception</b>	Finalising the evaluation design and methods in consultation with the Reference Group	20 <sup>th</sup> – 24 <sup>th</sup> November 2014
	Preparing an inception report	24 <sup>th</sup> November – 5 <sup>th</sup> December 2014
	Draft to be reviewed by Evaluation Task Manager, Reference Group and Advisory Group and feedback given to Evaluator	8-10 <sup>th</sup> December
	Submitting final version of inception report	12 <sup>th</sup> December 2014
<b>Data collection and analysis stage</b>	Desk research	15 <sup>th</sup> January - 13 <sup>th</sup> February
	In-country technical mission for data collection. Areas to visit: Illovo in KwaZulu Natal; New Brighton in the Eastern Cape and Tafelsig, Mitchell's Plain in the Western Cape.	1 <sup>st</sup> February-13 <sup>th</sup> March 2015
<b>Synthesis and reporting stage</b>	Analysis and interpretation of findings.	9 <sup>th</sup> -27 <sup>th</sup> March 2015
	Preparing a draft report.	30 <sup>th</sup> March-7 <sup>th</sup> April 2015
	Review of the draft report with key stakeholders for quality assurance.	8 <sup>th</sup> -14 <sup>th</sup> April
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team by the Evaluation Task Manager.	15 <sup>th</sup> -21 <sup>st</sup> April 2015
	Incorporating comments and revising the evaluation report.	22 <sup>nd</sup> -29 <sup>th</sup> April 2015
	Submission of the final report.	29 <sup>th</sup> April 2015
	Final review and approval of report by Evaluation Task Manger, Reference Group, the Director and Board of ALN and the Advisory Group.	4 <sup>th</sup> -8 <sup>th</sup> May 2015

## 7. Evaluation Questions

### 7.1 The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation

The evaluation questions below will be used to analyse each of the six outcomes of the project.

Evaluation Criteria	Mandatory Evaluation Questions
<b>Effectiveness</b>	1) To what extent were the intended project goal, outcomes and outputs achieved and how? 2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 3) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes. 4) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
<b>Relevance</b>	1) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls? 2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
<b>Efficiency</b>	1) How efficiently and timely has this project been implemented and managed in accordance with the Project Document?
<b>Sustainability</b>	1) How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
<b>Impact</b>	1) What are the unintended consequences (positive and negative) resulted from the project?
<b>Knowledge Generation</b>	1) What are the key lessons learned that could be shared with other practitioners on Ending

Evaluation Criteria	Mandatory Evaluation Questions
	Violence against Women and Girls? 2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?
	<b>Additional Evaluation Questions</b>
<b>Participation/ Empowerment</b>	1) How have the project activities been informed and led by the realities, needs, priorities and visions of women living with HIV and/or affected by gender violence?
<b>Human rights and gender equality</b>	1) How has the project advanced the promotion, protection and respect for the human rights of the target community, and advanced gender equality among all stakeholders?

## 7.2 A brief explanation of the evaluation criteria used is provided

With regards to effectiveness, essentially one is evaluating if the project achieved what it originally set out to do, with regard to efficiency of achievement, reach and affecting lasting change in relation to what the project set out to address, as well as surfacing internal and external contributory factors to the overall effectiveness of the project. The question of relevance is directly linked to primary beneficiaries benefitting and continuing to benefit from their engagement in the project. Efficiency explored how efficiently and timely the project was implemented and sustainability spoke to the achieved results, specifically the changes generated, being sustained after the project ended. Lastly impact in the context of this evaluation speaks to unintended consequences.

The questions related to knowledge generation, participation/ empowerment, and human rights and gender equality speak largely to the area of key lessons learnt and promising practices. These questions have been a focus area in the focus group discussions with primary beneficiaries and focused on innovative and catalytic methodologies and/or approaches and look at how lessons and promising practices can be applied to different contexts and/or different actors.

## 8. Evaluation Methodology

Sub-sections	Inputs by the evaluator
<b>Description of evaluation design</b>	The overall evaluation design was a post-test <sup>11</sup> only without a comparison group, using a mixture of mainly qualitative and quantitative data collection methods.
<b>Data sources</b>	<p><b>Primary sources of data:</b></p> <ul style="list-style-type: none"> <li>❖ Women who are/were engaged with the project.</li> <li>❖ Service providers, both government and non-government engaged with project.</li> <li>❖ Partner organisations on the project, both community-based and non-governmental.</li> <li>❖ Project Implementers.</li> <li>❖ Evaluation Reference Group ((comprised of partners and primary beneficiaries).</li> </ul> <p><b>Project documentation including:</b></p> <ul style="list-style-type: none"> <li>❖ ALN Project Proposal to the UN Trust Fund to Eliminate Violence Against Women (UNTF).</li> <li>❖ Progress and Annual Reports of the project.</li> <li>❖ Mid-term review of project.</li> <li>❖ Feedback to reports from UNTF.</li> <li>❖ “If I would have known” full research report, summary report and fact sheets.</li> <li>❖ Other documentation related to the research component (e.g. questionnaire, samples of raw data).</li> <li>❖ Indicators, monitoring tools and summary of monitoring data.</li> <li>❖ Sample of evaluation/feedback forms (from workshops, women’s groups, etc).</li> </ul>

<sup>11</sup> “Test” means project/intervention in this context.

	<ul style="list-style-type: none"> <li>❖ Sample of print media coverage (e.g. from report launch, community dialogues, advocacy events).<sup>12</sup></li> </ul>
<p><b>Description of data collection methods and analysis</b> (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process, etc.)</p>	<p>Data was collected through the following methods:</p> <ol style="list-style-type: none"> <li>1. Desk review.</li> <li>2. Focus Group Discussions.</li> <li>3. Key Informant Interviews.</li> </ol> <p><b>Qualitative analysis</b></p> <p>This evaluation was primarily focussed on qualitative data collection through focus group discussions and individual interviews with primary and secondary beneficiaries. The qualitative data was collected as per ‘themes’ with the guiding questions having been drawn up to link to the ‘cycle’ of the project overall and should then speak to the key analysis questions related to effectiveness, relevance, sustainability, and impact as well as the questions related to knowledge generation, participation/empowerment and human rights and gender equality.</p> <p>Both the Focus Group Discussion Guides and the Interview Guide followed the same format and were designed to capture qualitative data related to:</p> <ul style="list-style-type: none"> <li>❖ Reflections of working on the project with ALN;</li> <li>❖ Relating experience of engagement with the project to ones own life and/or work/practice;</li> <li>❖ Translating knowledge and awareness to action within own life/practice/work; and</li> <li>❖ What this means for the way forward within own life and/or practice/work and next steps.</li> </ul>

<sup>12</sup> See Annexure 6 for a comprehensive list of supporting documents reviewed.

	<p>An evaluation matrix has been drawn up that outlines the evaluation criteria, the evaluation questions, where and how these questions will be addressed and the related guiding indicators<sup>13</sup>.</p> <p><b>Quantitative analysis</b>  There were prescribed formats for this evaluation where the quantitative data was inputted in relation to essentially the reach of the project related to primary and secondary beneficiaries. This data was sourced directly from progress reports and analysed against outcome indicators related to calculated reach across the planned timeframe of the project.</p>
<p><b>Description of sampling</b></p> <ul style="list-style-type: none"> <li>• Area and population to be represented</li> <li>• Rationale for selection</li> <li>• Mechanics of selection limitations to sample</li> <li>• Reference indicators and benchmarks/baseline, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)</li> </ul>	<p>The participants in this evaluation were drawn from primary and secondary beneficiaries that were/are engaged with the project.</p> <p>In relation to the primary beneficiaries of the project, the sampling was restricted to the geographical areas the project operated in within the three provinces and the specific sites within these provinces where the primary beneficiaries were engaged within the project.</p> <p>In relation to secondary beneficiaries, the sample was restricted to those who have been engaged on some level with the project activities and/or outcomes level.</p> <p>As such ALN facilitated access to a sample of primary and secondary beneficiaries and assisted with the organisation and facilitation of access to participants in relation to focus group discussions and key informant interviews. In relation to participants in the focus group discussion the sampling can be described as purposive with snow-balling as ALN, in partnership with partner community based and non-governmental organisations, recruited women who had been actively engaged with the project, to be part of the discussions.</p>

---

<sup>13</sup> See Appendix 2.

	Written evaluations by participants of events as well as media coverage related to the project was subject to random sampling as well.
--	--

Sub-sections	Inputs by the evaluator
<p><b>Description of ethical considerations in the evaluation</b></p> <ul style="list-style-type: none"> <li>• Actions taken to ensure the safety of respondents and research team</li> <li>• Referral to local services or sources of support</li> <li>• Confidentiality and anonymity protocols</li> <li>• Protocols for research on children, if required.</li> </ul>	<p>The primary ethical consideration centred on the safety and security of the participants and the evaluation team. The evaluator was thus responsible for ensuring that:</p> <ul style="list-style-type: none"> <li>❖ Informed consent was obtained from all participants in writing.</li> <li>❖ Confidentiality was assured.</li> <li>❖ Permission was sought up front to tape the focus group discussions and the interviews.</li> <li>❖ The focus group discussions and interview process were well managed by the evaluator and every attempt was made to ensure that all participants are comfortable and supported to engage in the discussions.</li> <li>❖ The venues for the focus group discussions were accessible and secure for the participants.</li> <li>❖ The timing of the discussions was convenient and safe for participants and transport to and from the venue, where necessary, was arranged.</li> <li>❖ All data collected will be stored securely during and after the data collection phase.</li> </ul> <p><b>Contention strategy and follow up</b></p> <p>The main component of a contention strategy is to be very clear from the outset regarding the objective of the evaluation and how this translates into benefits for all participants and for ALN. A clear and concise introduction was prepared and discussed and distributed, that stated the parameters of the discussion and/or interview as well as elicited norms for conducting the discussion from participants.</p> <p>There was disagreement at times within focus group discussions but this was well managed by the participants themselves and there was never a situation where any conflict situation arose. The focus group question guideline was</p>

	<p>analysed for the potential to elicit emotional responses that could lead to disagreement and/or conflict before finalising them.</p> <p><b>Follow up Support</b>  Given that the discussions explored areas related to the linkages of gender violence and HIV, rights infringements, barriers to accessing services and other very personal and emotional areas, it was crucial that information was provided on, and referrals made, to local services and sources of support for women who might ask for them. This would also entail pointing them to existing redress mechanisms and procedures in the event of women disclosing rights violations.</p> <p>There were no instances where participants needed support or referral from the evaluator. In the Western Cape some of the participants did become emotional when sharing in the discussions but were supported by other participants. The evaluator checked in with them but they indicated they were fine to carry on.</p>
<p><b>Limitations of the evaluation methodology used</b></p>	<p>Given the timeframe and resource constraints to this evaluation, a limitation was the relatively small number of primary beneficiaries that will be reached within the focus group discussions.</p> <p>This project had been running over three years and this does pose some limitation in relation to participant's ability to recall their experiences in depth across the duration of the project.</p>

## 9. Findings and Analysis per Evaluation Question

### 9.1 Effectiveness Question 1: Outcome 1

Improved knowledge, attitudes, and behaviour amongst community members and service providers on issues related to the intersection of HIV and Violence Against Women (VAW)

<b>Evaluation Criteria</b>	Effectiveness
<b>Evaluation Question 1</b>	To what extent were the intended project goal, outcomes and outputs achieved and how?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	<p><b>Output 1: Evidence base on incidences of HIV-related violence and other rights abuses as experienced by positive women in three provinces of South Africa (including baseline data on perceptions around violence against women in the context of HIV) created.</b></p> <p>Building an evidence base of HIV-related violence and other rights abuses as experienced by positive women was undertaken in year one of the project by means of social research that actively engaged women in the participating communities as well as partner organisations in all three provinces. ALN had already built a presence in the respective communities and was able to identify community members and partner organisations that could lead in collecting the information. Capacity building on content and research administration was facilitated with 31 partner organisation staff in KwaZulu Natal and Western Cape between March and May 2012. ALN also hosted and facilitated a meeting on 29 October 2012 with organisations collaborating in the research phase of the project to discuss the data and its implications, as well as to collectively concretise the advocacy responses drawn from the findings of the research.</p> <p>As part of this process, levels of awareness and knowledge of community members' attitudes, perceptions, and insights on violence against women in the context of HIV improved for research participants, including partner organisations assisting in the development, validation and administration of questionnaires. The far greater number of questionnaires administered to assess communities' perceptions of violence against women living with HIV greatly enhanced</p>

the evidence and knowledge base on gender violence and HIV.

**Output 2:** Research Report and Fact Sheets on the linkages between HIV and violence against women in the South African context produced and disseminated.

The Report and 4 Fact Sheets, with three relating specifically to the findings in each of the project areas, were launched and disseminated in each of the respective communities participating in the research during the 2012 16 Days of Activism.

In the second half of year two the development and distribution of the research-based advocacy material (Information Cards) in English, Xhosa, Zulu and Afrikaans with key research findings and quotes highlighted was reported to have increased access to redress mechanisms, an example being increased calls to the ALN helpline as well women utilising the cards as a reference for rights information in relation to accessing services.

In each area the study findings and recommendations were well received by women, their communities and service providers who attended the launch events. Women participating in the study felt that their voices were heard and that the report truly reflected their experiences as women living with HIV. Women took ownership of the report and actively engaged in debates of how to take these findings and recommendations forward.

The launch in the Western Cape also received media attention from national and regional television news channels, as well as local and provincial radio stations, and the footage about the study was aired throughout the 2012 World AIDS Day weekend.

A two-day roundtable discussion was held in February 2013 with women participating in the research, partner organisations, and community-based structures from each of the respective areas. This event was a safe space for women living with HIV to share their experiences and for civil society organisations to share and reflect on some of the strategies applied in addressing HIV-related violence against women. Action points were identified regarding taking the research findings forward, ranging from spreading the research findings into communities and engaging local service providers, especially the clinics and police stations to address rights violations with a focus on the risks of involuntary disclosure of women's HIV positive status

	<p>while accessing services.</p> <p>ALN also co-hosted a Consultative Meeting on violence against women living with HIV with Her Rights Initiative (HRI) in February 2013. The meeting was supported by the UNDP where research findings were shared and facilitated the development of an advocacy agenda for addressing gender violence and its impact on women living with HIV by women living with HIV.</p> <p>ALN's ongoing engagement on a provincial and national level allowed for the research findings to be disseminated and was used as an advocacy tool by ALN in various advocacy and networking activities, particularly with the SANAC Women's Sector. At a regional and global level, ALN presented on the findings and its implications for policy and programming at regional and global meetings, such as the ATHENA, UNAIDS and HEARD regional Consultation on gender-based violence and HIV held in December 2012, CSW in March 2013, and the Durban AIDS Conference in June 2013. ALN continued to engage on a provincial, national regional and global level throughout the duration of the project in relation to dissemination of the research findings and to advocate for women's rights protections in all aspect of the AIDS response.<sup>14</sup></p> <p>The evidence base on women's experiences of HIV-related violence and communities' perceptions of violence against women living with HIV has informed follow up project activities, and has provided a point of entry into facilitating dialogue and processes aimed at narrowing the gap between communities' perceptions and women's realities, as well as improving attitudes and behaviours among all relevant stakeholders. As the project progressed there was clear evidence from the reports that women had taken ownership of the research findings and the recommendations, organising into core groups and mobilising at a level of community, and expanding into new areas. Examples cited in the report included that women identifying as 'ALN volunteers' was expanding, that the core group of women in Mitchells Plain was now inclusive of three new areas and in New Brighton activities were reaching two additional areas. An additional 'support group' of women living with HIV and survivors of sexual violence was formed in Illovo.</p>
--	---

---

<sup>14</sup> Please refer to ALN narrative reports 2013/14 and 2014/5 for more detail in this regard.

	<p>The dissemination of the research findings continues as an activity within ALN with the report and fact sheets forming part of overall organisational advocacy and capacity enhancement activities at a provincial, national and global level. The research report and fact sheets are also being widely distributed through list serves and organisational websites.</p>
<p><b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b></p>	<p>Partner organisations and women from the respective communities were capacitated and actively involved in the research and the analysis of the data from the respective areas. In addition, ALN hosted and facilitated a meeting on 29 October 2012 with organisations collaborating in the research phase of the project to discuss the data and its implications, as well as to collectively concretise the advocacy responses drawn from the findings of the research.</p> <p>In total, 2354 community questionnaires were administered; six focus group discussions with women living with HIV, as well as service providers, were facilitated; 41 women were interviewed; and 80 incidents forms were collated in KwaZulu Natal, Eastern Cape and Western Cape provinces in South Africa between April and September 2012.</p> <p>A 60-page Research Report and four Fact Sheets, documenting perceptions and experiences of violence against women living with HIV, were developed and produced. The fact sheets highlighted the rights violations as well as recommendations that were specific to each area.</p> <p>The engagement and capacity building of partner organisations towards conducting the research facilitated their development as well. SAPWA, for example, who expanded its services during the project cycle, shared their skills development and utilisation of the research findings within their ongoing work.</p> <p><i>I was part of the project when it started and when we were documenting and doing the research, interviewing people I learnt a lot about issues affecting women living with HIV and there were other things happening even under my nose where I am staying, there was a women who said people didn't come, they stopped buying from her because she was living with HIV. Now we have evidence, we have this report that there is a link between GBV and HIV. [KI KZN]</i></p>

	<p><i>What also makes them [ALN] different is that in most cases they will find out from the women themselves what they think will work, in order to correct what they need, whatever is not ok. Other organisations will just target women. During the research women were involved, there were meetings with women and they were part of the solutions. [KI KZN]</i></p> <p><i>Firstly the community based research; we can do research now when we want to. [KI KZN]</i></p> <p>The inter-linkages of being engaged in the research process, of organising and taking the recommendations forward were evident in a newly formed community-based organisation in the Eastern Cape.</p> <p><i>When we were doing the research with ALN about three years ago, cases were going to court regarding domestic violence then we did not know what happens to the cases so we decided to establish the organisation to follow up with cases with the police and the victim support centres. [KI EC]</i></p>
<p><b>Conclusions</b></p>	<p>The entry into achieving this outcome, namely building an evidence base, was highly participatory, with ALN utilising their established presence to further engage women as well as partnering organisations in capacity building and engaging in the research process. During the research all the research participants were exposed to significant awareness and knowledge gain in relation to community attitudes, perceptions and insights into violence against women in the context of HIV. The active engagement of women living with HIV in the research process resulted in the majority of women who engaged remained engaged and increasingly active across the project cycle.</p> <p>A research report and four fact sheets that was province specific in context were produced and the findings widely disseminated within the project activities, the project communities, as well as on a national regional and international level, by ALN. These findings continue to inform ALN's work going forward. The findings and recommendations were used to mobilise other women during particularly door-to-door activities as well as inform advocacy activities in year two and three of the project.</p>

### 9.1 Effectiveness Question 1: Outcome 2

#### Increased access to and utilisation of redress mechanisms by women living with HIV as and when rights violations occur

<b>Evaluation Criteria</b>	Effectiveness
<b>Evaluation Question 1</b>	To what extent were the intended project goal, outcomes and outputs achieved and how?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	<p>This outcome related to increased access to and utilisation of redress mechanisms as and when rights violations occur formed the core spaces for women to mobilise together, engage with the issues, gain insights, knowledge and affect real change in their lives at a level of acting on situations where their rights had been violated, particularly at a level of accessing health and police services and accessing redress.</p> <p>Over 2000 women were actively engaged in the outputs, namely community dialogues and community sessions, capacity building, legal literacy and women's group sessions that focussed on women's experiences and ways to effectively address HIV-related violence and other rights abuses. This far exceeded ALN's initial outreach target of 4 events per province.</p> <p>The outputs were effectively managed; all the meetings were well attended and largely led by the needs and issues that women brought to engage with. ALN had to respond to ongoing requests for more meetings from women, as well as other stakeholders, and this led to logistical challenges at times as well as human resource constraints. The level of participation by women grew as the project progressed and women from areas outside the initial defined project areas became involved.</p> <p>Awareness was raised at a household, community and services level regarding what constitutes a human rights violation or experience of violence. Women's response to training and capacity building activities was overwhelmingly positive. In the focus group discussions with women clear evidence arose that they had gained confidence, insights and knowledge that led to increased personal agency to act for themselves, as well as educate and support other women, particularly around HIV-related gender violence. This also translated into more outreach; through, for example, door-to-door visits to reach other women within their</p>

communities and engage them in the research findings, and this in turn increased women's participation in the project.

Women were increasingly able to identify forms of violence, as well as how to access redress, but continued to display distrust in these mechanisms. There was an increase of reporting incidents of violence and rights violations to ALN, as well as amongst women themselves, and in the focus group discussions evidence of facilitating reporting and accessing redress for others. Women were increasingly active in forming support groups, and in some instances community-based structures and/or organisations across all the project areas. The evaluation surfaced instances of accessing redress where participants spoke of assisting others and in taking cases of rights violations to the community dialogues to report these to the health or police representatives in order to seek solutions and/ or follow up by these stakeholders.

The institutionalisation of a legal advice line within ALN that was publicised through new project material, resulted in increasing numbers of women utilising this service. In total, approximately 360 calls were received between July 2013 to February 2015 and ALN was able to assist directly and/or make the necessary referrals as well as follow up to facilitate access to redress. The increasing engagement of the judiciary in community dialogue settings facilitated ALN developing a working relationship towards increasing referrals and ALN being more active in supporting individual women within court cases.

In year 3 of the project, two major shifts were reported on, firstly that of women connecting understanding of rights and agency to the social environment, including upbringing, social norms and family values; and secondly women beginning to identify specific needs and to demand accountability and claim rights from service providers and institutional stakeholders. One area reported on was women exploring the lack of clarity of what redress mechanisms to access in the event of experiencing violence and abuse at the hands of their children. Women also identified the Equality Court as not being utilised and identified that this was due to mistrust and lack of knowledge regarding how this potential redress mechanism operated

Women participating in community dialogues in particular have gained information and insights into internal procedures and policies, as well as access to justice through the courts and

	<p>through the police in all three provinces, due to these stakeholders being active themselves within community dialogues. Women reported finding this engagement with the police, through community dialogues, as extremely valuable, and it appears to have engendered greater trust in the police and reporting mechanisms, and to a lesser extent within the government health facilities.</p> <p>Lastly collective demands for community advocacy actions were issues emerging from women’s meetings and capacity building sessions. These ranged from addressing violence in homes and communities; stigma, discrimination and rights violations within health services, issues of privacy and confidentiality; coerced testing and treatment; monitoring of complaints and rights abuses; timeliness and responsiveness in police actioning complaints and judgmental attitudes within services.</p>
<p><b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b></p>	<p>Qualitative information from focus group discussions regarding confidence and knowledge gain were around themes of enlightenment, new ideas, gains in confidence, and knowledge gain around gender violence and rights to access services free from rights violations, as well as information, support and active linking to service providers, particularly through community dialogue settings, that led to the knowledge gain and increased potential to access redress mechanisms. The ALN advice line was noted as a central first line of call.</p> <p><b><i>Enlightenment and confidence gain</i></b>  <i>I can say that ALN helps a lot, they came to our communities and opened our minds, enlightening our minds. [EC CW FGD]</i></p> <p><i>I can say ALN made me a strong person, very strong, I can help my neighbours... [WC CW FGD]</i></p> <p><b><i>Knowledge gain</i></b>  <i>I learnt more about my rights from ALN, if I told someone about my status and someone is gossiping about me, then I have a right to open a case against them. EC CW FGD</i></p> <p><i>We were very lucky that last week we were part of training on gender-based violence and there</i></p>

were a whole lot of aspects that we did not understand but now they are clearer like forms of gender-based violence. We also learnt what the law says about those forms and other things, like our religious aspects, our cultural aspects and where to go, how to deal with people who are victims. So after that training and all that I have learnt from SAPWA and ALN, it has given me a broader understanding of what gender-based violence is. [KZN CW FGD]

#### **Mobilising women**

We shared that (our experiences) with ALN, then door-to-door campaigns within the New Brighton area and then we discovered there are more women who are currently going through the same abuses. ALN gave us a platform to voice out what we are sitting with at home, what we are going through. [EC CW FGD]

I like that about ALN, they spread the information, they are all over the community, not only in one area but also all over, they receive the information, and they know their own rights. [WC CW FGD]

#### **Accessing redress mechanisms**

ALN legally assists you, you can call at night, during the day, there is always someone on the other side of the phone who can give you advice, they are all in one, they can give you counselling. [WC CW FGD]

I gained a lot of experience out of the dialogues that ALN holds as they give us a lot of opportunity where we can open up to the service providers. It does make a difference because if we do attend clinics and police stations you can see a change, as normally we would be treated as just another client... [WC CW FGD]

At the clinics, the nurses, like I'm positive, they don't treat us right, we don't know our rights, you are afraid if you answer back we don't get attention or will get shouted at, but now I know my rights. I will tell them if you deny my treatment you are joking because I know my rights and I know where to go after this. I feel I am in more control of what I want and what I don't want. [EC CW FGD]

***Linkage between knowledge gain and acting to access redress particularly through community dialogue spaces***

*Everybody else could hear (violation of privacy and confidentiality at the clinic) and since then we had service providers in our ALN dialogues and that question of confidentiality and privacy was raised and I raised that same issue and now one patient goes in at a time and everyone else waits outside so confidentiality is assured and I can say that there is a huge difference down at the clinic. [WC CW FGD]*

*When we started with our community dialogues we had stakeholders who came to report what are their duties to us as the community. We were sitting with several cases where women had been abused and we go to the police station and don't get any help. In fact the police, if you say your husband hit you when you disclosed your status to him, then the response from the police is aren't you HIV positive then? Why do you then have a problem with this? [EC CW FGD]*

*And then ALN came in with community dialogues and then got the NPA in and she gave us a better view of what the procedures are, what the steps are, if you have been discriminated or abused, go and lay a charge, do a follow up, speak to the station commander if this doesn't work, visit the offices again. We did not know that these cases can even end up in the High Court we were not aware what office was in the High Court where we can go that if someone is abusing us we can go and report them, these are eye openers we got for ALN. [EC CW FGD]*

*Yesterday we had a meeting, I didn't know ALN invited police and I say thank you for that, we wait in queues and when you get to the front the police asks you what's your problem and then you have to say I have been raped. That policemen in the community dialogue, he said you don't have to say you have been raped you can use another word, and you can ask to speak to a policewoman. Thanks to ALN the police shared what confidentiality you can get within the police system. You are going to be helped by a policewoman. You will feel more comfortable. You won't state everything to the man. We know you have a right to ask for a policewoman. It opened our eyes. [EC CW FGD]*

***Improved relationships and access to police services***

	<p><i>So especially where domestic violence is concerned and HIV; people are being abused in the community and we can now call on the police as a service provider to come out to these patients and assist them with help. [WC CW FGD]</i></p> <p><i>It is improving as the person in charge of domestic violence at Mitchells Plain, he is very persistent in his work and he will always come out when I call him because he and ALN, we stand together with our women and we demand services for our women and he is working with ALN and us on this. [WC CW FGD]</i></p>
<p><b>Conclusions</b></p>	<p>Over 2000 women were actively engaged in the various project activities under this outcome and there was significant knowledge gain evident among women of the existence of legal rights protections and redress mechanisms. The level of increasing demand by women and other stakeholders, as well as areas outside the project led, at times, to logistical challenges as well as human resource constraints.</p> <p>Women were increasingly able to identify forms of violence, as well as how to access redress, but continued to display distrust in these mechanisms. There was an increase of reporting incidents of violence and rights violations to ALN as well as amongst women themselves and in the focus group discussions evidence of facilitating reporting and accessing redress for others.</p> <p>Two major shifts were reported on in year 3, firstly that of women connecting understanding of rights and agency to the social environment, including upbringing, social norms and family values; and secondly women beginning to identify specific needs and to demand accountability and claim rights from service providers and institutional stakeholders.</p> <p>Qualitative information from focus group discussions regarding confidence and knowledge gain were around themes of enlightenment, new ideas, gains in confidence as well as knowledge gain around gender violence and rights to access services free from rights violations as well as information, support and active linking to service providers, particularly through community dialogue settings, that led to the knowledge gain and increased potential to access redress mechanisms.</p>

	<p>Women reported finding this engagement with the police, through community dialogues, as extremely valuable, and it appears to have engendered greater trust in the police and reporting mechanisms, and to a lesser extent within the government health facilities.</p> <p>Lastly collective demands for community advocacy actions were issues emerging from women’s meetings and capacity building sessions. These ranged from addressing violence in homes and communities; stigma, discrimination and rights violations within health services, issues of privacy and confidentiality; coerced testing and treatment; monitoring of complaints and rights abuses; timeliness and responsiveness in police actioning complaints and judgmental attitudes within services.</p>
--	---

**9.1 Effectiveness Question 1: Outcome 3**

**Enhanced promotion and protection of women’s rights within HIV-related services**

<b>Evaluation Criteria</b>	Effectiveness
<b>Evaluation Question 1</b>	To what extent were the intended project goal, outcomes and outputs achieved and how?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	<p>This outcome referred largely to affecting structural and procedural changes within particularly health services towards enabling services that respect, protect and fulfil women’s rights with special regard to privacy, confidentiality and informed consent.</p> <p>The outputs related to achieving this outcome centred on community dialogues, stakeholder meetings, service provider capacity building workshops and service provider sessions. As the project progressed the engagement of service providers increased and widened beyond the health and police services to clergy, educators and representatives from the Equality Courts, as did the representation of higher- ranking officials. The original targeted outcome of six sessions in each of the three provinces was far exceeded in every province, particularly in the Eastern and Western Cape, with ongoing demands for more meetings and increasing stakeholder investment in community dialogues.</p> <p>There was a high demand for community dialogues, especially in the Eastern Cape and</p>

Western Cape, with service providers seeing these as unique spaces for engagement with the community; opening up a new space for dialogue, albeit it one in which service providers were frequently challenged. This did not appear to inhibit engagement and a member of the police services that was interviewed from Mitchell's Plain indicated that these challenges and sometimes 'complaints' were important as they gave the stakeholders present insights into what needed to be attended to and 'fixed' within their respective service provision.

Responses to the dialogues and trainings were largely positive, and women increasingly engaged with service providers around addressing systems, structures and processes towards the better promotion and protection of women's rights. Commitments by service providers were made across the duration of the project to address this, but these were difficult to monitor and track across the project. Many of the meetings ended with service providers advertising an "open door" policy, whereby women could approach them directly in the event of facing challenges.

Some examples of commitments from the desk review included lengthening of service hours, service providers, specifically health and police, giving personal contact details out and addressing folder policy to protect privacy in clinics.

In the evaluation there were concerns raised by women that there was not enough participation and engagement by the government health facilities and that clinic staff working on the ground needed to attend dialogues. ALN was particularly effective in reaching the community care services under the auspices of DoH, however they recognised the difficulties and constraints experienced in reaching government health facilities. This was partly due to time and work constraints on clinic staff that prevented attendance at clinics and dialogues.

There was evidence generated in the evaluation process of women gaining increased awareness of what constituted rights –based services and increasing engagement with service providers such as health and police services to address structural and procedural changes that would protect and promote their rights to especially information, privacy, confidentiality and choice. This was especially in relation to HIV testing, treatment and sexual and reproductive health rights.

Another area that was explored within the evaluation by both service providers and women within the project was some shifts in partner and other non-governmental and community-based organisation's programmes reached by the project, that was indicative of increased rights based work, integration of the intersections between gender violence and HIV into their work programmes, being more aware of the needs and realities of women living with HIV and adjusting their services to increase their accessibility and effectiveness. Some of the information shared in focus group discussions and interviews related to affecting changes, included examples of changed gender stereotyping practices, increased counselling skills, gained from training and attempts to influence structural change within their places of employment.

There was significant knowledge gain evident within women of the existence of legal rights protections and redress mechanisms. However, women continued to site challenges and significant barriers at the infrastructural level to claiming rights

The evaluation also surfaced the increasing advocacy and mobilisation of women across the project areas to demand changes and engage in constructive advocacy with service providers that created conditions conducive to addressing and keeping the needs and issues related to structural and procedural issues alive after the project cycle. There was evidence of engagement of other women, broadening the reach of the project and the evaluation reported on one community-based organisation that had formed out of engagement with the project that is addressing and assisting women with reporting violence and tackling the outcome of cases within the court system. Beyond increasing mobilisation and support within communities, women in focus group discussions discussed how they were breaking down divides between them, increasingly respecting diversity, challenging gender stereotypes that underpin gender violence and engaging with and promoting the rights of LGBTI persons.

The main barrier to affecting changes at a structural and procedural level, particularly in relation to governmental health facilities, was that these could only be addressed at a national level of government and needed national interventions. ALN and women participating in the project recognised this and there is evidence that both ALN and women in the participating

	<p>communities are looking to take this forward within planned national advocacy activities. In addition this is a core element of the work of ALN that preceded and will continue after the project cycle.</p>
<p><b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b></p>	<p>Shifts were noted in partner and other non-governmental and community-based organisation's programmes towards more rights based approaches.</p> <p><i>The training was an eye opener for organisations and also it sensitised the other organisations because most will say that they are human rights based organisations when most are only that on paper. It was capacitating and shaping the programmes of other organisations to also use the human rights approach. [KI KZN]</i></p> <p>Example from the police service in Mitchell's Plain regarding engagement in community dialogues indicated that the challenges brought by women were important as they gave the stakeholders present insights into what needed to be attended to and 'fixed' within their respective service provision.</p> <p><i>We go to a dialogue to educate the community, to talk about domestic violence and gender issues, but the community tends to deviate and table complaints regarding their dissatisfaction and/or lack of service delivery. It can be police, health and/or justice but we appreciate that because when they complain we get to know what we must fix or where we are lacking.[KI WC]</i></p> <p>In the evaluation there were concerns raised by women that there was not enough participation and engagement by the government health facilities and that clinic staff working on the ground needed to attend dialogues.</p> <p><i>The station commander, the clinic manager, the day hospital manger are all part of our dialogues and we have implemented this for service providers still in training and scholars. [WC CW FGD]</i></p> <p><i>Yes they are all there for the administrative part but are they following up and doing their work? They are there at community meetings but the workers working under them are not. [WC CW]</i></p>

FGD]

Partnering organisations also showed evidence of more focus on working around violence against women and HIV and AIDS.

*Yes also the workshop Gahsiena gave a few years back we added the HIV column to our stats so that is how we can proudly say that 15 cases were seen for 2014. [WC SP FGD]*

*If I have an NGO and I come across a woman who is abused, then I know I need to know, which are the steps I need to follow to make this person comfortable, not violate their rights, educate this person what their rights are and then refer. They gave us the tools. [EC SP FGD]*

*With my organisation we got involved with ALN from last year on, it was a march, it has been high profile as some of these rights you don't know them, yes you knew them but how to actually help people whose rights had been abused, we didn't know how to help or where to go. Now we know where to go and the importance of reporting when these things are taking place. [EC SP FGHD]*

A challenge was made to community-based and non-governmental organisations in the Eastern Cape to engage in more rights based approaches and assist women.

*We did march in November, yet we are lazy as an organisation we need to do our own work without ALN. We must not wait for ALN; I as a positive women we must start doing something for the people we say we are working for, when the child or the women is coming with a problem please take action. We must not just give soup and clothes. [EC SP FGD]*

Example of challenging gender norms:

*Yes the point that Gahsiena always makes in the workshop is that, we work mostly with children, that you should start with the child you cannot tell a boy child that you cannot do that or that, the girl child you cannot say you cannot play in a tree, that only a boy can play in a tree, our attitude is changed. We tell them when it comes to the play corner the girls play with the tools the boys are supposed to have, or if they want the boys can play with the dolls, we don't*

*mind now but before we did not allow that. They opened our minds a bit. [WC SP FGD]*

***Increased counselling skills gained from training***

*We learnt that, although ALN does not just focus on HIV and AIDS, we learnt how to deal with victims of domestic violence and victims living with HIV. It is not totally different, the victim just feels you need to know her sickness, but it is not to Sympathise but to be emphatic, to show understanding and support. [KI WC]*

***Increased knowledge that influences procedures***

*We didn't have to make a lot of changes because when Gahsiena came to our office she saw that everything was in place at Mitchells Plain. However we did learn more stuff from her like the linkage between HIV, AIDS and domestic violence. Also when we receive a domestic violence complaint or we know there is an HIV case we can react to it. [WC SP FGD]*

One concrete change that has been attributed to the project is the implementation of a dedicated consultation room within the Mitchell's Plain SAPS Domestic Violence Unit to respect the confidentiality of women lodging complaints.

*This room we are sitting in might be one of them, although they maybe didn't fight for this room, they are fighting for confidentiality. This is a room for taking statements, we have a dedicated room to take statements, the person will not be talking at the front desk, but here in confidence in this room, so this is one of the things to promote confidentiality and this room has been dedicated for this for two years now. [KI WC]*

A project participant in Eastern Cape has been mobilising within the clinic in which she works as a counsellor to advocate for the implementation of policies and principles.

*I remember one time the sister saying that the patient was late and I said no it does not work like that and I took it then to the facility manager and within a minute the lady got her ARV's so yes in my clinic itself I think I have set a precedent by referring to the Batho Pele Principals, let it not just be a paper on the wall, that patient have rights, the right to access this facility and we need to treat that person with dignity and respect, I have set that precedent within my clinic. [KI*

EC]

*I am sitting with one or two issues like the filing and I did sit down with my manager and we are having a follow up meeting, there is still a lot to do. We are currently running a system over the years whereby people with HIV have different files so the department did start in 2012 where one sister should see the patient holistically and in my clinic the chronic patients are being seen by a number of sisters but the HIV positive patient is being seen by one sister, that is discriminatory, as if you go to that one sisters room it is obvious that you are HIV positive, this is direct disclosure. [KI EC]*

In KZN, project partner SAPWA has been working closely with the clinic manager in Illovo and is beginning to see attitudinal shifts.

*At the clinic for me they have started to recognise SAPWA as an organisation and that is a good thing and also there is a little bit shift from the clinic manager in that she is starting to understand the rights issues so I think we are getting there. Firstly when we went there she didn't even want to talk with us, she did not even understand the issue of human rights and now she has started talking about integration of services, which is one of our goals. She is realising some of the violations that are happening at the clinic, like in the last meeting she said verbally that we realise that there are violations happening at the clinic and that people are not comfortable to queue for different services but she said there was nothing she could do. She also spoke about the issue of the female condoms, the availability and accessibility of the female condom, so I say there is a light, there is hope, and if she understands maybe she will be able to speak with her staff. However the violations are still there, there is a shortage of female condoms, pregnant women are still being coerced and there are still separate queues. [KZN CW FGD]*

During the project evaluation, examples were given of how issues raised in women's sessions and workshops and/or women's own personal issues are then acted on in community dialogues with the relevant stakeholders in order to effect changes.

*Everybody else could hear (relating a violation of privacy within the clinic setting) and since*

	<p><i>then we had service providers in our ALN dialogues and that question of confidentiality and privacy was raised and I raised that same issue and now one patient goes in at a time and everyone else waits outside so confidentiality is assured and I can say that there is a huge difference down at the clinic. [WC CW FGD]</i></p>
<p><b>Conclusions</b></p>	<p>This outcome referred largely to affecting structural and procedural changes within particularly health services towards enabling services that respect, protect and fulfil women’s rights with special regard to privacy, confidentiality and informed consent. Responses to the dialogues and trainings were largely positive, and women increasingly engaged with service providers around addressing systems, structures and processes towards the better promotion and protection of women’s rights. Commitments by service providers were made across the duration of the project to address this but these were difficult to monitor and track across the project. Some examples of commitments from the desk review included lengthening of service hours, service providers, specifically health and police, giving personal contact details out and addressing folder policy to protect privacy in clinics.</p> <p>In the evaluation there were concerns raised by women that there was not enough participation and engagement by the government health facilities and that clinic staff working on the ground needed to attend dialogues. ALN was particularly effective in reaching the community care services under the auspices of DoH, however they recognised the difficulties and constraints experienced in reaching government health facilities. This was partly due to time and work constraints on clinic staff that prevented attendance at clinics and dialogues.</p> <p>The main barrier to affecting changes at a structural and procedural level, particularly in relation to governmental health facilities was that these could only be addressed at a national level of government and needed national interventions. ALN and women participating in the project recognised this and there is evidence that both ALN and women in the participating communities are looking to take this forward within planned national advocacy activities. In addition this is a core element of the work of ALN that preceded and will continue after the project cycle.</p> <p>There were shifts reported in partner and other non-governmental and community-based organisation’s programmes, reached by the project, that was indicative of increased rights</p>

	<p>based work, integration of the intersections between gender violence and HIV into their work programmes, being more aware of the needs and realities of women living with HIV and adjusting their services to increase their accessibility and effectiveness.</p> <p>The evaluation also surfaced the increasing advocacy and mobilisation of women across the project areas to demand changes and engage in constructive advocacy with service providers that created conditions conducive to addressing and keeping the needs and issues related to structural and procedural issues alive after the project cycle.</p>
--	--

#### 9.1 Effectiveness Question 1: Outcome 4

##### Existing policies and laws that promote and protect women’s rights in the context of HIV at community level are implemented

<b>Evaluation Criteria</b>	Effectiveness
<b>Evaluation Question 1</b>	To what extent were the intended project goal, outcomes and outputs achieved and how?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	<p>This outcome, aimed at promoting the implementation of policies and laws that promote and protect women’s rights in the context of HIV, was effective in engaging service providers on a governmental and non-governmental level within a non-adversarial framework to increase their knowledge on how to protect women from rights violations and to respond to incidences of abuse. This relates back to affecting changes to systems, policies and processes that would enhance access to services and address discrimination and rights violations. This outcome exceeded targeted outputs and there was clear evidence of women utilising project spaces to advocate and lobby for exiting policies and laws to promote and protect women’s rights in the context of HIV.</p> <p>The actual change in this area has been slow and incremental but there is evidence within the reports and during the evaluation of positive steps being taken towards achieving the implementation of existing policies and laws that promote and protect women’s rights. This outcome was directed particularly at health and police services. The project was particularly effective in engaging with police services in all three project areas and ALN has developed a strong working relationship with the SAPS Domestic Violence Unit in Mitchell’s Plain, as have a</p>

core group of women who have been engaged in the project. However it has proved more difficult to gain entry to, engage and/or exert influence on the government health services. It would seem that this relates back to both the time constraints on clinic staff to engage in the activities of the project that would facilitate the building of working relationships, as well as clinic management mostly attending community dialogues and, within the evaluation, women indicated that they needed the staff on the ground to engage, as there was little evidence of any shifts at that level.

In year three of the project there was an organic shift of community dialogues moving from a focus on learning and awareness raising to that of advocacy and accountability. At the same time, these spaces were increasingly utilised by service users to hold service providers to account, and/or challenge them on particular issues. Community Dialogues became effective spaces for women to engage constructively with service providers, and exert influence, for example, towards integrated health services and non-discriminatory responses to violence against women and HIV within faith based institutions. Likewise service providers committed to ongoing engagement within the dialogues, given their constructive nature and a valuable space to interact and dialogue with community members.

In these spaces, women also advocated for NGO activities to become more inclusive of all women, including those living with HIV, as well as advocating for integrated services towards reducing risks of institutional involuntary disclosure, as well as the separateness of services that results in visibility, stigma and discrimination of women living with HIV.

In relation to advocacy actions, approximately 850 women engaged in marches across the project areas, with sets of concrete demands (advocacy materials) speaking to the implementation of laws and policies towards upholding and protecting women's rights. Women showed a heightened sense of responsibility around engagement with rights discourse, and the need for collaboration with the structures that are in a position to implement rights-promoting and protecting measures. They made a collective decision not to deliver their advocacy demands directly to health and police services, but engage them in a non-adversarial manner through follow up activities. Parallel to this, there is a growing willingness to take on rights abuses and seek redress through formal channels, both individually and on behalf of other

	<p>women.</p> <p>In relation to violence against women, specific issues were raised during the evaluation that need addressing, including language barriers at police stations and the need for the Department of Social Development to be engaged within Community Dialogues to better address structural barriers towards claiming rights and accessing redress.</p> <p>Media coverage raised the profile of some of the issues that the project sought to address and covered the marches in each project area and endorsed the demands. Additional media coverage in the Western Cape area focused on access to services for young people, especially, sexual and reproductive health services, and young women's involvement in the project activities became more prominent within the last six months of the project.</p> <p>Women and other stakeholders that were engaged in the evaluation were clear that they would continue to advocate for change and will follow up with their advocacy messages in each province; a first step being to distribute and post women demanding change demands at clinics and police stations in all three project communities. This could reach an estimated 4,000 women.</p> <p>It was evident within the evaluation that women and partner organisations, as well as some service providers, are mobilising and supporting each other to take this work around particularly safe and responsive health services, as well as access to justice and responsive police services, forward beyond the cycle of this project.</p> <p>There was also evidence, particularly within the focus group discussions, of other areas for collective advocacy actions around implementation issues, for example, around educational materials for LGBTI persons at clinics, access to PEP and PREP as well as catering for people with disabilities.</p>
<p><b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the</b></p>	<p>The project reports documented the following positive steps that worked towards the achievement of the outcome and some of these were evident within the evaluation.</p>

<p><b>response and analysis above</b></p>	<p>1. Positive and supportive engagement with police, especially in Mitchells Plain, as well as across the other project sites, including accessibility of station commanders, and supportive staff within domestic violence units</p> <p><i>It is improving as the person in charge of domestic violence at Mitchell's Plain, he is very persistent in his work and he will always come out when I call him because he and ALN, we stand together with our women and we demand services for our women and he is working with ALN and us on this. [WC CW FGD]</i></p> <p>2. Ongoing engagement of police, clinics and representatives from equality courts within community dialogues</p> <p><i>Yes roughly they run about eight a year. We go to a dialogue to educate the community, to talk about domestic violence and gender issues, but the community tends to deviate and table complaints regarding their dissatisfaction and/or lack of service delivery. It can be police, health and/or justice but we appreciate that because when they complain we get to know what we must fix or where we are lacking, as much as the idea is to educate the community, the community tends to complain. The stakeholders are presenting what they are offering so even amongst the complaints the community knows; right if I go to the police station and I am not receiving services in the right manner then this is the procedure that I must follow to lay a complaint. [KI WC]</i></p> <p>3. Media coverage of the marches in all three project communities, and on-going media reporting of community dialogues in Mitchell's Plain</p> <p><i>The march was in one of the local newspapers, and there were organisations from Cape Town, from the West Coast as far as Atlantis who joined in with the community to march from Tafelsig to the parking lot opposite the Mitchells Plain Court. It was a big march and organisations were talking afterwards, they were raising their mandates around fighting against gender violence and HIV. [KI WC]</i></p> <p><i>The media covered the march very well and people called to say well done and were very</i></p>
---	--

*supportive. The TV, radio and newspapers, before they published the story, they sent it to me to check, asking is this what you were marching for and this gave me an opportunity to correct it first. The media that covered the march covered it correctly and gave the people the support and informed others who didn't know about it. [KI KZN]*

4. Media coverage generated by the marches

In Mitchell's Plain, there was reportage on radio, community paper and online; interviews broadcast on provincial radio (2 broadcasts). In New Brighton, there were Interviews on SABC (TV) in Port Elizabeth and coverage in *Die Burger* (national press). In Illovo. there was reportage in Daily News (provincial newspaper), and an interview broadcast on SABC (TV) KZN.

Media coverage of the marches was reported as overall positive, picking up the march demands and also citing the research findings, highlighting the vulnerability of women to and from HIV, both in the community and in the healthcare settings.

5. The issue of young people's access to contraception coming to the fore.

*Yes there is a huge difference but they still need to educate their nurses because their nurses are so full of crap with our youngsters. I experienced it myself when I was at the Mitchells Plain day hospital a young couple came for birth control and the Sister there said 'ooh die jong mense' (Oh these young people). Its none of their business, just give the contraceptives and give them whatever they came for, its their choice so the nurses, they really need to be educated. Preparation room nurses and nurses working around contraception, they go on about 'kind van die here' (child of god), and bring religion into it and saying it's a sin; they don't want to hear that they are coming for contraceptives. [WC CW FGD]*

6. Encouragement from stakeholders, through clarification of procedures as well as alternate avenues for redress, for example the Equality Courts, for women to push for policy implementation from below

*The Equality Court: people have become a little more aware of the equality court and the need to collect evidence, for example, on their phones. [WC SP FGD]*

7. Strengthening of community based support systems for women

*With my organisation we got involved with ALN from last year on, it was a march, it has been high profile as some of these rights you don't know them, yes you knew them but how to actually help people whose rights had been abused, we didn't know how to help or where to go. Now we know where to go and the importance of reporting when these things are taking place. [EC SP FGD]*

*Issue of statistics, we must have rape statistics from clinic facilities. I want us as organisations to sit down and get proper feedback on the rape cases or abuses, not just with the clinic committees, we must go to police stations and get the information, most cases not going to court, we must have that network, really. [EC SP FGD]*

*ALN, they are changing their strategies they will have a stakeholders meeting, a community dialogue, we have door-to-door campaigns. We (Domestic Violence Unit) worked together with them doing door-to-door campaigns and if they talk about HIV and AIDS we talk about domestic violence, as these are linked. ALN believes that in unity we can fight domestic violence, we as all the stakeholders, we stand together and the community can see that and say this is also what we need to do. [KI WC]*

8. Verbal support given to women's advocacy demands by clinic managers and police station commanders, and on-going willingness for advocacy messages to be posted in police stations and clinics

9. Willingness to post advocacy posters and flyers so that women know how to access redress within police services

10. Indications that women will continue to advocate and mobilise for change beyond the project cycle

	<p><i>ALN, they do a lot as they bring a lot of women with a lot of voices and plan to go to the people who are in charge, the nurses are going to respect our beautiful children (in relation to access to sexual health services) in the community. At least now we are going to go with one voice as we plan with ALN to go to the top, we are going to all the clinics and the police station so they can listen to our voices through ALN. [WC CW FGD]</i></p>
<p><b>Conclusions</b></p>	<p>This outcome was effective in engaging service providers on a governmental and non-governmental level within a non-adversarial framework to increase their knowledge on how to protect women from rights violations and to respond to incidences of abuse. This relates back to affecting changes to systems, policies and processes that would enhance access to services and address discrimination and rights violations. This outcome exceeded targeted outputs and there was clear evidence of women utilising project spaces to advocate and lobby for exiting policies and laws to promote and protect women’s rights in the context of HIV.</p> <p>The actual change in this area has been slow and incremental, but there is evidence within the reports and during the evaluation of positive steps being taken towards achieving the implementation of existing policies and laws that promote and protect women’s rights, particularly in relation to health and police services.</p> <p>In relation to advocacy actions, approximately 850 women engaged in marches across the project areas, with sets of concrete demands (advocacy materials) speaking to the implementation of laws and policies towards upholding and protecting women’s rights. A collective decision not to deliver their advocacy demands directly to health and police services, but engage them in a non-adversarial manner through follow up activities. Parallel to this, there is a growing willingness to take on rights abuses and seek redress through formal channels, both individually and on behalf of other women.</p> <p>Women and other stakeholders that were engaged in the evaluation were clear that they would continue to advocate for change and will follow up with their advocacy messages in each province, a first step being to distribute and post these messages at clinics and police stations in all three project communities.</p>

### 9.1 Effectiveness Question 1: Outcome 5

#### Policy and programme makers address HIV-related violence against women

<b>Evaluation Criteria</b>	Effectiveness:
<b>Evaluation Question 1</b>	To what extent were the intended project goal, outcomes and outputs achieved and how?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	<p>This outcome started ahead of schedule, due to the responsiveness of stakeholders. After initial engagements on the research findings, particularly within community dialogues, stakeholders were willing to engage further with the project goal and meet with ALN on an 'institutional' level to address policy and programme issues regarding HIV-related violence against women. The original target was to engage in 2 meetings per province towards lobbying policy makers and implementers on addressing especially positive women's experiences of HIV-related violence and other rights abuses. This was greatly exceeded in that 23 meetings had already taken place prior to the planned start of this outcome.</p> <p>The majority of these institutional meetings were largely with stakeholders who were programme implementers as opposed to policy makers. These institutional meetings linked back into service providers strengthening their engagement in community dialogues, as well as further requests for training and capacity building that speaks directly to outcomes 2 and 3.</p> <p>Commitments arising from these meetings included increased facilitation of learner engagement in the issues, and for on-going engagement and collaboration in programme activities, especially community dialogues and advocacy activities from all stakeholders. Areas that were identified as advocacy priorities at the institutional level included the supply of female condoms and appropriate human resources to provide quality HIV counselling. In year 3 of the project commitments were made, amongst others, to strengthen learner engagement with community activities, improve programmes for women who test HIV positive during pregnancy and engaging ALN directly in improving complaints procedures at a clinic in New Brighton.</p> <p>Institutional capacity building continued among police and extended to the courts and judiciary, including the Equality Courts. In the Eastern Cape, training was requested for all state</p>

prosecutors and in KZN the station commander and the clinic manager have made a commitment to implement an “open door” policy to women who want to report cases or concerns around cases. The police and the judiciary have made a commitment to on-going engagement in advocacy activities, and have requested advocacy materials for distribution at police stations and courts.

Civil society organisations increasingly engaged in community dialogues and show an increased engagement in addressing two-way links between HIV and gender violence. Unexpected outcomes in the New Brighton area were the interest and engagement by the clergy forum, as well as outreach within and through school education services. Strong commitments were made from two schools to engage learners in project activities, such as distributing materials and requests for further capacity building to address the issues. The same community saw a commitment from a victim support unit and a local radio station to be part of community-based activities to address gender violence.

Health professionals at community level have responded positively to research findings and exhibited a willingness to address issues. However clinic level decision makers have been harder to reach, but where they have engaged, there have been beginnings of positive outcomes, identifying internal processes and systems that increase women’s vulnerabilities and expressing a willingness to address these. A meeting with the Department of Health in the Mandela Bay District in the Eastern Cape signalled a strong commitment to scaling up institutional capacity building in the area, and to support this effort by acting as liaison between clinics and ALN. Clinic managers in the Eastern Cape also recognised the integral role that healthcare providers have to play in addressing gender violence.

The ‘10 demands for change’, covering among others access to non-judgemental, safe and responsive healthcare services and access to justice, and effective responses by police and the courts to women’s complaints were discussed with stakeholders subsequent to the march, that included policy makers and implementers. This provided the space to further popularise women’s demands and to collectively identify a strategy of taking these demands forward. In Illovo and New Brighton plans were made to ‘deliver’ the 10 demands to clinics and police stations (Illovo and New Brighton), as well as gathering greater support for the demands

among women in the community in Illovo. In New Brighton, both the Station Commander and the Clinic Manager 'accepted' the demands, and committed to both 'post' the demands and facilitate engagements with staff on the demands. In Mitchells Plain a 'demand and access to justice flyer' is being planned for distribution at police stations and clinics.

At a level of local influence with programme implementers, this outcome has been particularly effective in engaging, training and capacitating implementers to address programme areas towards increasing access to non-judgmental, safe and responsive services. The police and judiciary in particular became increasingly committed to, and engaged with the project, and their ongoing participation in community dialogues has brought them closer to women's needs and realities in all three project areas, and opened channels for changes to programmes including access to services and to redress. The health services, at a decision making level have been harder to reach, but there were still a level of engagement and the beginnings of commitments to address programme and policy areas.

On influencing at a national policy level, ALN, as a lead member within the SANAC Women's Sector, participated and contributed to the ongoing development and roll out of this sectors discourse with findings from the research as well as on-going emerging issues from the community. These sector meetings result in the development of provincial level advocacy agendas towards ensuring women's rights protections are including in provincial level strategic plans on HIV and AIDS. Representatives of the Sector were engaged in capacity building with ALN on women's rights protections in relation to HIV. ALN continued its engagement with SANAC, particularly within the SANAC Civil Society Forum Consultation and the development of the Priorities Charter in March 2015.

ALN continued to play a critical role in South African civil society as a leading human rights advocacy entity focusing on gender equality and women's rights within the HIV response, working across national, regional and international levels, with an increasingly visible profile. They brought the project findings and recommendations to bear at stakeholder's consultations on women and the Global Fund New Funding Model in 5 South African provinces, a stakeholder meeting in London, and a Global Fund strategy consultation in New York. Engagement in other national, regional and international policy fora included the International

	<p>AIDS Conference in Melbourne (July 2014), Research 4 Prevention Conference in Cape Town (October 2014), and Commission on the Status of Women in New York (March 2015). ALN has been selected as one of two International HIV/AIDS Alliance Linking Organisations focusing on gender violence, which will, amongst other, provide additional international platforms to engage in policy discourse.</p> <p>It was clear from the evaluation that influencing programme and policy changes is a long-term process, and ALN will continue with this work after the project cycle ends. There is a need to engage more at a national level with regards to policy and programming within health services, particularly on a level of structural change, for example around doing away a folder system that identifies persons living with HIV, as well as disaggregated services.</p> <p>The feedback from participants in the evaluation was that there is more work to be done on this level of influence. There was a clear commitment from women to engage further in this process.</p>
<p><b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b></p>	<p><b>Evidence of commitments being implemented from the reports</b></p> <ol style="list-style-type: none"> <li>1. Research based advocacy material, including information of how to access redress being 'posted' at clinics and police stations in all three areas</li> <li>2. Cell phone numbers of SAPS Station Commander in Illovo (KZN) and SAPS DVA Unit Head in Mitchell's Plain (Western Cape) are available to women and their communities</li> <li>3. Closer working relationship with SAPS in Mitchell's Plain (WC) and Illovo (KZN), in that ALN and/or SAPWA access updates on particular cases</li> </ol> <p><b>Demands for repeat sensitisation / training / materials by policy and programme makers</b></p> <ol style="list-style-type: none"> <li>1. DoH, eThekweni District (KZN)</li> <li>2. District DoH, Port Elizabeth</li> <li>3. SAPS Mitchells Plain</li> <li>4. Mitchell's Plain Network Opposing Abuse</li> <li>5. New Brighton clinic</li> <li>6. Community Care Givers (EC, WC and KZN)</li> </ol>

**Scope of engagement and influence on a policy and programme implementation level**

Throughout the project, ALN has also been working closely with 6 clinic/day hospital managers, 3 police station commanders; 2 district health representatives, both the Magistrates Court and Equality Court in New Brighton and Mitchells Plain; and 6 high school principals. These are more or less evenly represented across the project areas. Most of these engagements have become established working relationships with ALN and partners at the community level, which are envisaged to endure beyond the project cycle. In addition ALN has ongoing regular engagement with officials from the Department of Health and 3 communities care giver organisations (under the Department of Health), as well as NGOs working in the health, faith, education, early child development, and justice sectors.

**Scope of engagement and influence on a national, regional and international policy level**

It is very difficult to measure ALN's level of influence within national, regional and international fora that could be attributed to ensuring that the links between gender violence and HIV are addressed in policy development and practice. This project, given its scope, duration and evidence generation has definitely fed into ALN's heightened advocacy and influence. ALN's considerable presence and influence at these levels prior to, as well as ongoing after this project ends, does mean that the work will be taken forward. The duration of the project and the engagement, empowerment and mobilisation of women in and beyond the project areas, together with working relationships and partnerships having been developed with civil society and governmental services has created the conditions for stronger and more effective advocacy for addressing policy development and practice.

*ALN is part of the expert group for SANAC so they are definitely playing a vital role towards ensuring shifts or changes to policy in relation to violence against women and HIV and AIDS. I also remember last time Johanna was in KwaZulu Natal to train Provincial AIDS Councillors, so yes, they are doing a lot. [KI KZN]*

**Evidence of women's engagement and commitment to changes at a level of policy and practice**

*The health minister must sit down, he must visit his departments, he has done great things like*

*single dosage ARV but he must act on the negativity and attitudes and he must revisit his policies. [EC SP FGD]*

*When we engage with ALN we need to hold our government more at ransom to speed up changes, we give them marches and demands, but we need to say to government that within x amount of time we need to see change. They must remove persons who don't do their jobs; with ALN we can do this. [EC SP FGD]*

*If I can summarise yes we had our meetings, workshops dialogues and door to door whereby we included police health, schools, teachers, students and church leaders, from all the dialogues and meetings a national report joining all of them should be sent, not to local or provincial offices but straight to national so that DOH minister and all the others can see that within the Nelson Mandela Metro are we are still being discriminated against. The Health Minister is giving a wonderful report on health but it is not perfect there are obstacles we are going through. Send the report to the President! Not district not provincial but national! [EC CW FGD]*

**Evidence of other stakeholder's engagement in the need for change**

*With regards to HIV and AIDS, the Department of Health can work very closely with ALN because some of their mandates are to fight discrimination, they should sit at one table and reach a level of understanding as to what they can achieve, stand together and sing with one voice when we go to the community. They need to work out beforehand what can be addressed and what not, what their level of influence is. Like separate facilities at clinics and hospitals for HIV positive persons, we do not need that. [KI WC]*

*In the last eThekweni AIDS Council meeting I had a meeting with the People With AIDS (PWA) sector and spoke about the need to integrate health care services at the health care centres and they were like, yes, we will start pushing that and I thought oh God, that is the start and then next time I can start speaking about the issues of human rights. [KZN CW FGD]*

*When we were starting the project there was a challenge with the Thuthuzela Centres at the police station and I think that nothing has happened, as the police are aware, SAPWA and ALN*

	<p><i>have trained them, and also other organisations have trained them, but within these centres there are still no human resources. I think the Department of Justice must put the human resources there, as it does not help that there are no human resources to run the centre. [KZN CW FGD]</i></p> <p><i>Like legislation, if something is not working in the legislation like the ABC approach, (Abstain, Be faithful, use a Condom) its not working and we are going on for years and years and that is guiding their work, do they (ALN) have clout to change that, because its sticky, you know abstain and all 'blah blah' so everyone follows like a sheep. Just a question to the ALN where legislation can be changed to make the situation, to bring the figures of HIV down. Even if it takes legislation in that direction where for years and years it is being done, it can become frustrating. [WC SP FGD]</i></p>
<p><b>Conclusions</b></p>	<p>This outcome started ahead of schedule, due to the responsiveness of stakeholders to engage further with the project goal and meet with ALN on an 'institutional' level around engaging in addressing policy and programme issues, as well as institutional capacity building, which continued throughout the project among police and healthcare providers and extended to the courts and judiciary, as well as the Equality Courts. The majority of these institutional meetings were largely with stakeholders who were programme implementers as opposed to policy makers.</p> <p>At a level of local influence with programme implementers, this outcome has been particularly effective in engaging, training and capacitating implementers to address programme areas towards increasing access to non-judgmental, safe and responsive services. The police and judiciary in particular became increasingly committed to, and engaged with the project, and their ongoing participation in community dialogues has brought them closer to women's needs and realities in all three project areas and opened channels for changes to programmes as well as access to services and to redress. The health services, at a decision making level have been harder to reach, but there were still a level of engagement and the beginnings of commitments to address programme and policy areas.</p> <p>On influencing at a national policy level, ALN, as a lead member within the SANAC Women's</p>

	<p>Sector, participated and contributed to the ongoing development and roll out of this sectors discourse with findings from the research as well as on-going emerging issues from the community. ALN continued to play a critical role in South African civil society as a leading human rights advocacy entity focusing on gender equality and women's rights within the HIV response, working across national, regional and international levels, with an increasingly visible profile. The evaluation was unable to track the effectiveness of influence at a national, regional and/or international level.</p> <p>It was clear from the evaluation that influencing programme and policy changes is a long-term process, and ALN will continue with this work after the project cycle ends. There is a need to engage more at a National level with regards particularly to policy and programming within health services, particularly on a level of structural change, for example around doing away a folder system that identifies persons living with HIV as well as disaggregated services. The feedback from participants in the evaluation was that there is more work to be done on this level of influence. There was a clear commitment from women to engage further in this process.</p>
--	--

### 9.1 Effectiveness Question 1: Outcome 6

Lessons learnt and good and promising emerging practice on protecting and promoting women's rights in the context of HIV are adopted and adapted by policy and programme makers to increase the effectiveness of the HIV response

<b>Evaluation Criteria</b>	<b>Effectiveness</b>
<b>Evaluation Question 1</b>	To what extent were the intended project goal, outcomes and outputs achieved and how?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	This outcome, with the output of a report relating to lessons learnt and good and emerging practice, will only be finalised after the project evaluation is complete, scheduled for end April 2015. An external report is planned, based on the evaluation and combining a series of case studies and documented lessons learnt to be developed following the evaluation. The adoption of these lessons learnt and good practice models is seen as a long-term outcome that will be difficult to track at this stage. There exists a vast body of good practice evidence and this

means it will be difficult to claim attribution to changes in practice from ALN generated good and promising practice. ALN has, however, assessed that component models of the project are ripe for replication and therefore wishes to contribute to that evidence base.

One example of this is the Community Dialogue Model, for example, which has evolved over the course of the project, and there is evidence of both a growing commitment from service providers and implementers from the Justice (Equality Courts), health services, and police (Domestic Violence Unit and Sexual Offences Unit) to attend and to be held accountable by community members. This is particularly evident in Mitchell's Plain. Increasing media coverage of these events that are reported in community newspapers means that these events reach the wider community and are acting as a form of an accountability forum, so to speak.

The dialogues increasingly became a safe space in which community members and service providers can dialogue around the issues that are brought to the fore.

The demand for on-going awareness rising, training and/or capacity building grew as the project progressed, as did the attendance of an ever-expanding range of service providers, non-governmental and community-based organisations, as well as from community members. In year 3 of the project, new NGO's came on board creating yet greater demand for capacity building and dialogues. There have also been repeat requests by caregivers based on revolving staff compliments, creating an institutional challenge to keep up with demand, especially in Mitchell's Plain and New Brighton. There are plans to divert institutional funding within ALN after the project ends to continue to address this demand, while ALN develops a staged exit / transition strategy.

On both a global and national level, policies and programmes around the linkages between HIV and gender violence are evolving and improving all the time. The research has already contributed to the body of existing evidence, and ALN hopes that the final report (lessons learnt and good practice) will contribute to the evidence base of what works to address violence against women.

The direct uptake of these recommendations will be difficult to track, and direct attribution to

	<p>ALN would pose a further challenge.</p> <p>The recommendations made in the research report, however, continue to resonate with increasing numbers of women engaging in the project and this was evident in the demands made through the community advocacy actions. It has also been documented that there is verbal support for these demands within institutions at the community level, and a demonstrated willingness from all participants to mobilise as a community to continue to improve policy and practice related to HIV and gender violence.</p> <p>The project report will provide an opportunity to continue engagement with decision makers and policy / programme implementers beyond the end of the project at a local, provincial and national level and beyond. The research findings and the project report (lessons learnt, good practice and recommendations) will have a life beyond the project, and will contribute to an ever growing evidence base addressing issues around HIV and violence prevention, and the two-way linkages between them.</p> <p>The project has been working with around 32 non-governmental and community based organisations from beginning to end. They range from support groups at a community level to national organisations, such as the Sex Workers Education and Advocacy Taskforce (SWEAT). While community based organisations, such as the Mitchell's Plain Network Opposing Abuse and SAPWA have been constant in their engagement, provincial and national organisations, such as Her Rights Initiative and SWEAT, have engaged with and around particular activities, such as the research and the marches. It is also important to note that the core group of women known, as 'ALN volunteers' in each of the provinces has been instrumental to the implementation of the project, yet have never been counted as an institutional entity.</p> <p>Some of the local organisations, including the Mitchell's Plain Network Opposing Abuse and SAPWA in Illovo have adopted ALN approaches and content in the way they work. In the evaluation they reported on particularly utilising their facilitation approach, as well as content for training workshops and in conducting community dialogues instead of big meetings with speakers.</p>
--	---

	<p>During an individual interview, a member from a SAPS Domestic Violence Unit noted that other organisations, particularly those working with youth, should adopt the community dialogue model as an effective way of engaging youth.</p> <p>Some health providers report having incorporated human rights based approaches in their work and recognise the need to engage with civil society in relation to engaging at a community level, listening to communities, and working together to address issues.</p> <p>The project report on lessons learnt, good practice and recommendations will serve as a resource for on-going engagement around these issues.</p>
<p><b>Conclusions</b></p>	<p>This outcome, with the output of a report relating to lessons learnt and good practice models, will only be finalised after the project evaluation is complete, scheduled for end April 2015. An external report is planned, based on the evaluation and combining a series of case studies and documented lessons learnt to be developed following the evaluation.</p> <p>Evidence of the effectiveness of the strategies and methodologies employed in the project was the increasing engagement and demand for training and/or capacity building from all stakeholders. There are plans to divert institutional funding within ALN after the project ends to continue to address this demand, while ALN develops a staged exit / transition strategy.</p> <p>On both a global and national level, policies and programmes around the linkages between HIV and gender violence are evolving and improving all the time. The research has already contributed to the body of existing evidence, and ALN hopes that the final report (lessons learnt and good practice) will contribute to the evidence base of what works to address violence against women.</p> <p>The direct uptake of these recommendations will be difficult to track, and direct attribution to ALN would pose a further challenge.</p> <p>The recommendations made in the research report, however, continue to resonate with increasing numbers of women engaging in the project and this was evident in the demands made through the community advocacy actions. It has also been documented that there is</p>

	verbal support for these demands within institutions at the community level, and a demonstrated willingness from all participants to mobilise as a community to continue to improve policy and practice related to HIV and gender violence.
--	---

## 9.1 Effectiveness Question 2

<b>Evaluation Criteria</b>	Effectiveness
<b>Evaluation Question 2</b>	To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	<p>Overall the project far exceeded its original targets by far in terms of engagement with a range of different stakeholders and in terms of delivery of specified activities towards reaching its defined outcomes.</p> <p>The total number engaged through project activities excluding the research itself, launch events, M&amp;E activities or advocacy events beyond the project communities totals <b>12,946</b>.<sup>15</sup></p> <p>Precise breakdown of numbers is difficult to achieve, due to the fact that people attending community events (such as community dialogues, advocacy actions, clinic talks, etc), and those reached through door-to-door dissemination, were not asked to identify by beneficiary 'category'. In addition, among women's specific activities, ALN never asks people to reveal their HIV status, or to discuss specific experiences of violence. The high number of "general public" reached is approximately 60% women, of whom it is likely that a significant number are living with HIV and/or have experienced one or more forms of violence.</p>
<b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b>	The two tables below show the target number of beneficiaries (Table 1) and the target number of project activities (Table 2), and actual numbers reached and implemented respectively.
<b>Conclusions</b>	Overall the project far exceeded the targets set, engaging over 3,000 women living with HIV in various activities and likewise reaching over 1,500 service providers.

<sup>15</sup> It is possible that this number "double counts" a small number of individuals who have taken part in more than one project activity. However, the number also only counts people directly engaged through the activities, and not "secondary" engagement via sharing of reports, or discussions with friends, neighbours or family members following engagement in an activity. The project did not attempt to calculate the number of people reached through media broadcasts or articles.

**Table 1:** Number of beneficiaries the project aimed to reach overall at goal and outcome levels, and the actual number reached

<b>Beneficiary groups</b>	<b>Target number</b>	<b>Number reached</b>
Women living with HIV	1,500	3,209 (within activities and the clinic questionnaire)
Women survivors of violence	750	267 + (ALN help desk)
Women and girls in general	2,000	850 (marches)
Health professionals, police, judiciary, clergy, educators	30	1,556 (in various activities including community dialogues and capacity building sessions)
Government officials / implementers	30	50
Civil society organisations	30 organisations	32 organisations
General public	1,200	8,056 (door-to-door and community meetings)

**Table 2:** Number of activities the project aimed to implement, and the actual number implemented

<b>Activity</b>	<b>Target number</b>	<b>Actual number implemented</b>
Research	1	1, involving 2556 people <sup>16</sup>
Community dialogues	12	34, involving 1,906 people
Capacity building sessions	18	84, involving 1,664 people As well as: <ul style="list-style-type: none"> <li>♦ Community meetings N = 25, involving 449 people</li> <li>♦ Women's group meetings N = 45, involving 640 people</li> <li>♦ Service provider sessions N = 14,</li> </ul>

<sup>16</sup> The challenge is that this number does not include women who assisted in 'collating the data' and/or who were reached through other activities during this time.

		involving 277 people
Door-to-door dissemination	Number not specified	64 “sessions” reaching 7,607 people in the project communities. In addition, dissemination took place via electronic media, and national, regional and international conferences and events (N= approx 10, with distribution of up to 2,000 reports).
Clinic talks	N/a	Not available
Stakeholder meetings	6	20, involving 353 people
Institutional meetings	n/a	36, involving approximately 50 people
Community advocacy actions	6	6 involving 850 people (3 x marches, and 3 x follow up meetings)
Project report on lessons learnt and good practice model	1	1
M&E		Clinic questionnaire involving 1,012 people External evaluation involving 84 people Case Studies involving 17 people

### 9.1 Effectiveness Question 3<sup>17</sup>

Evaluation Criteria	Effectiveness
---------------------	---------------

<sup>17</sup> This question did not lend itself to the separation of the analysis of key findings from qualitative evidence gathered by the evaluation team.

<p><b>Evaluation Question 3</b></p>	<p>To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes</p>
<p><b>Response to the evaluation question with analysis of key findings by the evaluation team combined with quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b></p>	<p><b>Indicator:</b> Women report changes in relation to self in being more able to address rights violations against them within the home, the community and within service provision.</p> <p>Women in the focus group discussions across all three provinces spoke to increased knowledge gain in relation to understanding of different forms of gender violence, understanding of their rights, what laws and policies say, as well as how culture and religion impact on gender violence. Implicit in this knowledge gain are indications of learning how to assist 'victims' of gender violence.</p> <p><i>We were very lucky that last week we were part of training on gender-based violence and there were a whole lot of aspects that we did not understand but now they are clearer like forms of gender-based violence. We also learnt what the law says about those forms and other things, like our religious aspects, our cultural aspects and where to go, how to deal with people who are victims. So after that training and all that I have learnt from SAPWA and ALN, it has given me a broader understanding of what gender-based violence is. [KZN CW FGD]</i></p> <p>This participant from the Eastern Cape expressed understanding and knowledge gain of diverse forms of abuse, expanding from physical and including verbal, economic and psychological abuse.</p> <p><i>For me it was my first time to attend with ALN, firstly I didn't know sometimes about abuse, I just thought it was hitting and stuff, I didn't know you can be abused if your boyfriend says you are too fat, its opened my eyes, I didn't know they were so many kinds of abuse. We are facing abuse every day. Even financial, you have to look after children and you have a husband or a partner who does not support you. Yes it really opened up my eyes. [EC CW FGD]</i></p> <p>Some participants shared personal change and growth related to feeling empowered, comfortable to speak freely about their status as well as internal change, improving skills set</p>

that facilitated speaking out, engaging and addressing challenges and recognising how knowledge gain can be translated into action on realising rights.

*Secondly I am free to speak freely about my status and I am not afraid to speak out about being HIV positive, I feel very empowered. [KZN CW FGD]*

*My change was more within, you know you have certain skills but being part of SAPWA and ALN I got to polish my skills. They helped me to be more vocal and interactive, there are a whole lot of things I learnt that I did not know about through SAPWA and ALN and I am still learning. As a person I have changed so much, I can voice out my opinions and face most challenges using the skills that I have learnt. [KZN CW FGD]*

*Not only about knowing those rights, it is about exercising them, and knowing that I have a right to this and this and exercising them are two different things. It has become much clearer with regards to exercising their rights. [KZN CW FGD]*

One participant from the Western Cape attested to self-growth and development of personal agency, and spoke to considerable behavioural change at a level of reflection before communicating, respecting diversity, and feeling empowered to speak out and make choices in life.

*What I learnt from ALN is that it gives me freedom of speech; you see I never liked to sit in a group and discuss openly how I feel, even in a joking way because in today's life you cannot just talk openly about what you feel or are not feeling. This lady (from ALN) came to help me in a way that makes me see more clearly, it makes me understand people more differently because when I normally walk in the road I would only look up to greet but I would be too scared to say anything; the only time I am going to say something is when they say something.*

*Nowadays I can open my mind and open my mouth not in a discriminating way because I know now I cannot go out and just say anything I want to say, now I must think more clearly what I must say in order not to offend that next person. Normally I would say anything with my mouth and think 'oh well' she is not going to do anything about it. Now you must really think what you*

*say. In this area people always look at each other differently but now sitting in a group of different people, faces, cultures and languages then you know there are people who really care and by her (ALN) coming in here with discussions about things and we can say how we feel or not feel and nothing that we do or say is actually wrong because that's our choice. That's what I have come to learn, we all have choices in life no matter if it is the wrong choice my choice is mine. [WC CW FGD]*

### **Within the Home**

In all three provinces participants spoke to knowledge gains around unequal gender relations as well as issues related to equality, knowledge gain and attitude change regarding gender roles and stereotyping, which were influencing their relationships with partners, children and extended family members. The equality discussion was introduced with a scenario of sharing food but the potential was evident to expand and explore gender equality from this level.

There was also discussion around changes in parenting styles, including ceasing corporal punishment, treating children as autonomous beings and avoiding gender stereotyping. There was a discussion and recognition that this way of parenting has the potential to influence and decrease gender-based violence in the future. In the Eastern Cape a participant spoke to sexual orientation and it seemed an acceptance that children had a right to determine this.

*Even your husband, I used to always give more meat for him, 4 chops for him and 2 for me, and ALN said we are all equal, that is wrong so now even with sugar in the tea, we now have 3 spoons each because we are equal. [EC CW FGD]*

*I live at home no parents with my son, my sister and three kids, what I dish them we share, chicken in equal pieces, not bigger piece of meat because he is a man. We are all equal; it does not work like that. [EC CW FGD]*

*Then one time Gahsiena says why when you have two kids, a girl and a boy, why do you say to your boy you cannot wear dresses, then it was like who told you a boy must wear trousers. As a parent why do you not accept your children if they are you know this gay thing and this tomboy thing, when we have this attitude we do abuse when we don't accept the status of our*

*children. She comes with ideas that we don't know and this helps us. [EC CW FGD]*

*Who said the boy can't wear a pink dress, we mustn't judge, beliefs keep us like that, but we must open our eyes. [EC CW FGD]*

Around parenting, participants in KwaZulu Natal recognised how equal treatment of children can address gender violence, as well as the potential in parenting practices to violate children's rights.

*I have two children, a boy and a girl and I treat them equally, she does not make the girl only wash the dishes while the boy goes and plays, she treats them equally and expects them to treat each other equally also. This also addresses gender-based violence. [KZN CW FGD]*

*She does not hit her child, if there is something the child has done that she did not like, she will sit down with the child and negotiate with her, especially as a woman she does not want her rights to be violated so she is making sure that her children's rights are not being violated. [KZN CW FGD]*

*What she has learnt so far from the training is that she needs to talk with the child on the same level, not stand on an authoritarian manner and speak down to the child so actually communicate on the same level. [KZN CW FGD]*

*The problem is that abuse is not all about boyfriends, sometimes it is our parents who abuse us, like the mother says to us do this, the girls have to wash the dishes and the clothes, they are not making equal, this work is for boys and this work is for girls, the parents they are abusing us. [EC CW FGD]*

Understanding and insights by both women and men around equality rights, and men gaining insights into roles and responsibilities of women is an indication that men were beginning to question assumed dominant roles.

*At the community dialogue the women's rights aspects were tackled because men were also*

*involved. At the start of the dialogue the men believed they are still the heads of the household but by the end of the dialogue they started to emphasise on the women's rights and the men were starting to withdraw from that idea. Secondly women, we go to work for eight hours and then we have to come home and do the housework. So the dialogue was around women understanding their rights and the men gaining insights regarding how women's rights must be respected. [KZN CW FGD]*

In the Western Cape women in the focus group discussion expressed a clear link between engagement with the project and changed relationships within their families, in their relationships with their children and in the community. These changes related to openness and discussion around human rights and HIV. The responses also indicated a change in mindset from ignoring the issues towards active engagement in the community around promoting human rights and supporting women affected by HIV.

*I can say in my household it has changed my family's mindset towards HIV positive people and we speak about it openly now, first we just used to ignore these issues, it does not concern us but the more I sat in these workshops the more I knew I had to reach out and share what I benefitted from these workshops; so I kept on promoting these workshops. [WC CW FGD]*

*ALN helped me a lot coming to these meetings, discussing things, knowing about people out there that is maybe in the same situation that I was in and it helps me. Even my children I take all the pamphlets I get from ALN and I stick them on our walls and they are learning and they will read it and ask me questions and I will teach them this is right and that is wrong so it helped me a lot. [WC CW FGD]*

Changes in relationships with partners were reported on in KwaZulu Natal, which indicated shifts in power dynamics and negotiating condom use with partners and encouraging partners to test.

*Now she is exercising her rights by telling her partner to use a condom and she feels much more empowered because she can actually tell him to use a condom. [KZN CW FGD]*

*Before we used to be satisfied not knowing your partners HIV status but now she can exercise her rights because she can ask him, that you actually need to know your status. [KZN CW FGD]*

*I appreciate what ALN and SAPWA has done because of the dialogues I feel empowered now, I can actually communicate my problems like the usage of condoms, before I was withdrawn and could not come forward with that. [KZN CW FGD]*

**At the level of community**

In the Western Cape there was evidence of changes with how participants engaged in community relationships, with one participant identifying that she had developed inner strengths that allow her to assist neighbours and act in instances that she would not have intervened in before. The coming together and sharing of experiences amongst women in the community has led to changes as women are no longer afraid to speak out, access services and engage with their neighbours. This also speaks to the development of women's support structures, sense of community and ability to access support and services.

*I can say ALN made me a strong person, very strong, I can help my neighbours, we are very good to each other, I love my neighbours and when the wife comes out she will always phone me if the gangsters are around, the other night she phoned to say there were a few gangsters in my yard and I said I heard them but I was too scared to come out. Then I went to them and talked to them and they asked an apology from her and me. So it is also about how you approach them you see. [WC CW FGD]*

*There is a difference now, the violence against women was because women were afraid to share their experiences in their homes, women were afraid to approach service providers, women were afraid to express themselves to the next door neighbour, thinking what are they going to think of me because if I am going to reach out for help the neighbour is going to say its your own doing, you have to deal with it. That is society today! [WC CW FGD]*

It would seem that this participant from the Eastern Cape had gone on a journey from knowledge gain and awareness within a workshop setting around rights violations in relation to

disclosure and her approach when sharing information during door-to-door sessions had facilitated a community member contacting her later for support. Similarly a participant from the Western Cape speaks to transferring knowledge gain from workshops to speaking and educating the community around domestic violence and rights violations.

*First time I was attending ALN workshop it was around disclosure (referring to choice and confidentiality aspects) and then we were doing the door -to-door sessions and later when I came back home, a women came to me who I had visited earlier and she disclosed that she and her son of 3 to 4 years was also positive. So she spoke about her treatment, she was happy as she gained trust in me, trust that I would not go out again and tell people about her status. [EC CW FGD]*

*Through workshops and speaking to the community I became so active to educate the community about domestic violence and all their rights being violated and especially women. [WC CW FGD]*

### **Disclosure**

There was vibrant discussion, questioning and exploration taking place regarding rights and responsibilities around disclosure of HIV status. This shows considerable knowledge gain and engagement with the issue of disclosure and how complex this issue is for women related to their partners, their children and in accessing services. There was some disagreement amongst participants but the majority were clear about disclosing being a personal choice in relation whether or not to disclose and who to disclose to. Linked to the disclosure discussions were the right to demand condom use, as well as encouraging partners to test.

*In a session with Gahsiena she discussed with us is it right to disclose your status to your partner, some of us think it is right, but I don't think it is right because the moment you disclose then the abuse starts, even if he can say now no I will support you but if you have an argument in the relationship then you will be blamed. From now on I want to use condoms it is your right, he cannot say no. ALN helped me to see what is right for me, if I want to disclose then it is my choice, if I want to disclose to someone I trust outside it is my choice. [EC CW FGD]*

**Rights violations related to disclosure**

There was also considerable discussion particularly in the Eastern Cape and KwaZulu Natal regarding rights violations related to disclosure, with a participant in the Eastern Cape questioning the DoH policy related to accessing ARV's (requesting that you disclose to someone who can accompany you on your first visit to access ARV's) and in KwaZulu Natal there was considerable concern around forced disclosures within PMTCT facilities.

*ALN opened our eyes in clinics regarding HIV and treatment. They say tomorrow we will give you ARV's but you need to bring someone with you that can support you. What if I don't want to bring someone with? They withhold ARV if I don't have someone with me. ALN showed me I don't have to disclose if I don't want to. This is my status and I am dealing with it. [EC CW FGD]*

The discussion around rights violations within PMTCT programmes started with an example by one of the participants that someone experiencing living with HIV can better support and encourage pregnant women to test. The resulting discussion pointed to the inherent rights violations in this approach as the programme was described as forcing women to test as the focus was on protecting the unborn child and not on the rights of the women to make her own informed decision.

*At the clinic there is this programme where a women living with HIV will be employed to encourage other pregnant women to test. [KZN CW FGD]*

*Speaking personally I really do not support the programme. I think for me as a women I really have a problem with this programme because they are not giving out information to the women, they are not creating a safe space for the woman in order for her to make her own informed decision. It is only about encouraging, no for me it is coercion; they are coercing pregnant women to do the HIV test just to save the baby. When you do not want to do a test, you are not treated as a human being, as women with rights; you are told that you are not thinking about the unborn baby. [KZN CW FGD]*

*It is coercion, it is forced because if pregnant women refuse to do the test then each and every*

*ante-natal visit you attend, they will throw some words to you, stupid mother useless, it is a coercion, whether we like it or not, it is where the rights are being violated. [KZN CW FGD]*

*They make you feel guilty by saying think about your baby; you don't want to feel guilty each and every time. [KZN CW FGD]*

*And you will be on your own because every other woman who has tested will be against you, you are the only one who does not love your unborn baby. You are the stupid mother; you are useless. [KZN CW FGD]*

*There is still a lot to be done on the issue of prevention of mother to child transmission (PMTCT); especially that it needs to start with us as women understanding our rights that goes beyond pregnancy, it goes beyond marriage, goes beyond relationships, understanding my rights as a woman. [KZN CW FGD]*

#### **Disclosure during door-to-door campaigning**

In KwaZulu Natal the participants raised concerns around community perceptions when doing door-to-door campaigning that if you want to educate me around gender violence and HIV then you need to speak from a point of personally experiencing it. When asked to explain this in more detail it emerged that at times community members will only allow you a chance to educate them once they know you are living with HIV.

*For me if you talk about HIV positive issues to people in the community you must say 'I' because they want to understand if you are positive yourself. They want to know that this person I am talking to, she herself is HIV positive. If you say you are talking about another person they don't want to understand what you want you to share. It is like false disclosure. [KZN CW FGD]*

*There is an expectation to disclose your status for them to listen to you. We are not going to listen to you if you are negative. [KZN CW FGD]*

One participant from the Eastern Cape shared her experience of disclosure impacting on how

her sister treated her, that points to concerns related to disclosure of one's status then 'setting a lens' so to speak on how you are viewed and treated even when this is meant to be supportive and caring.

*Another participant interjects into the discussion around disclosure: If you keep quiet (don't disclose) it doesn't help you. Another participant: No it's your choice, if you want to keep quiet, keep it inside. [EC CW FGD]*

*Even with my sister, interjection: yes if you fight in future she will bring it up. Response: No, even if we don't fight; if I have a headache, for example, then she is fussing all over me, that fuss is not right for you. If you hadn't disclosed your status and you say you have a headache then she will say just take a tablet. It's not helping that disclosure. [EC CW FGD]*

#### **Termination of pregnancy (TOP)**

SAPWA members are very aware of organisations operating in their community that are not rights based and are violating rights, in this case the right to termination of pregnancy. They are attempting to engage with them.

*There is a new organisation at the clinic called Open Arms, if you are pregnant and don't want to have the baby they are encouraging women not to do the termination of pregnancy and they offer to support you until you give birth and then they take the child. I have been following them since January, their messaging is like it is a sin to do the TOP, and I see this is another human rights violation, now we will be forced not to terminate even if we choose this. We will have a meeting with them to see how we can work with them, I don't know if we will succeed. They come every day to the clinic; they also have programmes based at schools. [KZN CW FGD]*

*Imagine that it is now touching on issues of teenage pregnancy, and if an organisation's says you cannot terminate, this idea that at 15 you cannot raise a child due to 'abc and d' but now I hear that they will take care of me until I give birth and then they will take the child. What about the Psychological effects? [KZN CW FGD]*

**Indicator 2:** Women in project communities know how and where to access redress

mechanisms to report rights abuses in the community, particularly when these occur within services (health, legal, justice, education).

### **Accessing redress through ALN**

Women in the Eastern Cape indicated knowledge gain related to knowing their rights and addressing discrimination, rights violations and violence against them. ALN was identified as a resource to which they could report rights violations and women identified a contact list distributed by ALN that had other organisations that could be contacted towards seeking redress.

*I learnt more about my rights from ALN, if I told someone about my status and someone is gossiping about me, then I have a right to open a case against them. [EC CW FGD]*

*The experience I got from ALN. When walking on the street and someone is disclosing someone else's status, then I can go report this to ALN and tell them about this. [EC CW FGD]*

*ALN gave us the contacts where you can phone when you have a problem, when the person is mistreating you. [EC CW FGD]*

*There is that number they have given us, if you have been discriminated you can call that and maybe that will bring about change. [EC CW FGD]*

*There have been more changes, we can call the ALN number and they call back from Cape Town, the ALN can call the police etc and they quickly respond to it. [EC CW FGD]*

### **Accessing redress mechanisms within health services**

In the Eastern Cape a participant spoke to being able to act on their knowledge gain in relation to right to treatment by expressing this to the nurse and indicating that she knew the redress procedure. This participant also expressed feelings of being in control and being clear about her needs.

*At the clinics, the nurses, like I'm positive, they don't treat us right, we don't know our rights, you are afraid if you answer back we don't get attention or will get shouted at, but now I know my rights. I will tell them if you deny my treatment you are joking because I know my rights and I know where to go after this. I feel I am in more control of what I want and what I don't want.*  
[EC CW FGD]

A participant in the Western Cape speaking of planned future actions to address access to sexual and reproductive health services for youth, as well as access to quality services for women at the clinics and at the police station.

*And another thing we see and we hear about these things and we talk about it but we do nothing, but ALN, they do a lot as they bring a lot of women with a lot of voices and plan to go to the people who are in charge, the nurses are going to respect our beautiful children in the community. At least now we are going to go with one voice as we plan with ALN to go to the top, we are going to all the clinics and the police station so they can listen to our voices through ALN.* [WC CW FGD]

This speaks to taking action on behalf of others, laying a complaint regarding violation of rights to privacy and confidentiality at the clinic. This was followed through within a community dialogue setting and there are now reportedly structural changes at the clinic that has addressed the issue.

*Yes I personally laid a complaint with the manager at our clinic as my daughter came home one day and said Mummy this young girl told me she was in the preparation room and they took her blood pressure and they ask her what are you here for and everybody heard her as in the preparation room there are a few benches where you sit. And this youngster she is 13-15 around about there, and the nurse asked her again what is she here for and she had to say for an abortion and the people there heard, and there was no confidentiality and that actually affected my daughter because it could have been her, she said mummy I felt so sorry because the nurse then asked another question, where is the child's father.*

*Everybody else could hear and since then we had service providers in our ALN dialogues and*

*that question of confidentiality and privacy was raised and I raised that same issue and now one patient goes in at a time and everyone else waits outside so confidentiality is assured and I can say that there is a huge difference down at the clinic. [WC CW FGD]*

*I can exercise them (my rights) by firstly, before when you go out and you need public health like to health facilities, legal facilities you listen to what they tell you but now I will tell each and every provider that I know I have a right to 'abc and d 'and will not be satisfied at whatever they are telling me. I can actually exercise my rights. I do it with much passion. [KZN CW FGD]*

SAPWA reports shifts related to relationship building with clinic management and entry points to influence structural and policy change, as well as attitudinal change of staff. The clinic manager is recognising rights violations and is starting to talk about integration of services. However, the management indicating they cannot affect change on their level and violations remain prevalent.

*At the clinic for me they have started to recognise SAPWA as an organisation and that is a good thing and also there is a little bit shift from the clinic manager in that she is starting to understand the rights issues so I think we are getting there. Firstly when we went there she didn't even want to talk with us, she did not even understand the issue of human rights and now she has started talking about integration of services, which is one of our goals. She is realising some of the violations that are happening at the clinic, like in the last meeting she said verbally that we realise that there are violations happening at the clinic and that people are not comfortable to queue for different services but she said there was nothing she could do. She also spoke about the issue of the female condoms, the availability and accessibility of the female condom, so I say there is a light, there is hope, and if she understands maybe she will be able to speak with her staff. However the violations are still there, there is a shortage of female condoms, pregnant women are still being coerced and there are still separate queues. [KZN CW FGD]*

In the Western Cape a participant spoke to the complexities of laying a complaint that includes elements of not wanting to relive the event, the length of time these processes take and a desire to see these complaint processes speeded up.

*With my daughter she was also advised through the doctor of Groote Schuur Hospital to lay a complaint against the staff at Mitchells Plain Maternity Unit but then she was not willing to take that charge further as it is over and its going to be a very long process, laying a claim takes very long, she will have forgotten about it and she does not want to open the sore again and again. And again and it will take a long while to complete. The processes is too long like if I lay a complaint it takes about 6 months to get seen too for the first time. The process needs to be speeded up a bit. [WC CW FGD]*

This speaks to the dynamics of politics and persons vying for positions, the clinic committee members are seen as all being politicians, not attending dialogues and the recognition that this will deteriorate further with the upcoming elections. Anyone challenging a rights violation or speaking out is seen as looking for a political position. Also querying representative for women's interests on the clinic committee and not getting any response.

*The challenge at the clinic is that the members of the clinic committee are all politicians which makes it difficult to communicate with them, not that its that difficult but they politicise everything, like even when we had the community dialogues and other stuff, we had to invite them and they didn't show up and I am sure it will be worse now as we head towards elections. People they think that once you challenge any violation it is because you want to be the next councillor, it's all about inferiority complexes. I even asked them one day who is representing women on the committee and I was not told. [KZN CW FGD]*

#### **Accessing redress within police services**

In the Eastern Cape there were two clear examples of rights violations by the police and the effectiveness of a community dialogue in being advised how to take the issue forward and access redress was conveyed in relationship to domestic violence and status disclosure, as well as confidentiality and privacy when reporting rape.

*When we started with our community dialogues we had stakeholders who came to report what are their duties to us as the community. We were sitting with several cases where women had been abused and we go to the police station and don't get any help. In fact the police, if you*

*say your husband hit you when you disclosed your status to him, then the response from the police is aren't you HIV positive then? Why do you then have a problem with this?*

*And then ALN came in with community dialogues and then got the NPA in and she gave us a better view of what the procedures are, what the steps are, if you have been discriminated or abused, go and lay a charge, do a follow up, speak to the station commander if this doesn't work, visit the offices again. We did not know that these cases can even end up in the High Court we were not aware what office was in the High Court where we can go that if someone is abusing us we can go and report them, these are eye openers we got for ALN. [EC CW FGD]*

*Yesterday we had a meeting, I didn't know ALN invited police and I say thank you for that, we wait in queues and when you get to the front the police asks you what's your problem and then you have to say I have been raped. That policemen in the community dialogue, he said you don't have to say you have been raped you can use another word, and you can ask to speak to a policewomen. Thanks to ALN the police shared what confidentiality you can get within the police system. You are going to be helped by a policewoman. You will feel more comfortable. You wont state everything to the man. We know you have a right to ask for a policewoman. It opened our eyes. [EC CW FGD]*

In the Western Cape there was anecdotal evidence of acting to address a domestic violence situation. Based on information gained and mutual support from other women within the project, the person was able to take action even when it threatened her financial security, pointing to determination to remove herself from an abusive relationship. In this account the links between attending workshops and developing awareness and ability to act are highlighted. The woman concerned was then able, within a community dialogue, to challenge the police regarding them not assisting her in this situation. In this experience the theme of being supported to act emerges, the theme that I am not alone; there are other women in the same situation.

*I know a women who was in a domestic violence relationship with her husband and it was so bad that she couldn't come out of her house; even the daughter's boyfriend was starting to attack her and she called the cops and they did not want to come out at all for two consecutive*

*days and she was so traumatised she didn't want to come out but because she was aware and she has been in our workshops, she came out to me and said I cannot handle this anymore because even the cops don't want to help me.*

*What am I going to do, she does not have the power to put the man out because he was the breadwinner and then I asked her what have you learnt so far so she said, it is true what you say, I learnt that I must stand up for myself and we can reach out and then she threw him out of the house, before that she was 17 years in that abusive relationship, and she just kicked him out, because she attended the workshops.*

*She attended a dialogue and there she asked the cops why are you not assisting the people and giving them assistance, at least lock him up, and this women had an interdict, and she tells them on the phone, I have an interdict, come out I need assistance, he does not want to stop hitting me, and this just made her make up her mind that there is help for me I have to let him go and the cops are still not coming out for that man. So this has made her a stronger person, sitting in these workshops has made her see that there are other women in the same situation, it is not just I alone. She is a person who never used to share in workshops she was always quiet only after she started opening up slowly but surely and now there she made that move. [WC CW FGD]*

**Structural changes observed or experienced at the clinics or police station**

In KwaZulu Natal participants spoke about the police now wearing nametags and assistance with affidavits at police stations, both of which seem to have had been advocated for by SAPWA and/or ALN.

*She has seen changes when it comes to the police station because at the police station now it is easier to know who is helping you as they all have nametags now that has changed. [KZN CW FGD]*

*We had issues with affidavits, but she experienced a change on Thursday when she went to make her own affidavit. There was this old lady there and she watched to see if they were going to make her write her own affidavit. Luckily the police asked if she could write her own*

*and when she said no, he sat down with her and wrote it for her. They didn't do that before, we had to advocate for that. [KZN CW FGD]*

**Reported challenges and lack of change within health and police services**

In all three provinces participants noted challenges and lack of change within both health and police services. In these discussions it is clear that women are very aware of the breadth and complexity of rights violations that persist within services, and the changes that need to be implemented ranging from structural, policy and procedures through to staff attitudes. There was also an understanding that there was a need for national influence regarding policy changes within the health facilities towards integrating HIV services and addressing structural changes towards eliminating 'visual' discrimination, for example, separate queues and separate rooms for HIV treatment.

*Last year, the police was there, the NPA was there, but I don't know if this is helping as people are still crying, like in the clinics they are still complaining about those cards, that those cards are not the same, those things are still happening. The nurses were told about those things but there is still no change, even in the police station still things are happening. [EC CW FGD]*

*No changes, at the clinics we still have brown cards and separate queues and room 4, only one thing you are going to room 4 for, that's ARV's. And if you miss your treatment date, you can be denied treatment; they do not even ask you why you didn't come, in these three years women are still being abused. [EC CW FGD]*

A common theme emerging from the discussions was that the relevant stakeholders attend dialogues but do not always act to address the issues raised. It was noted that often the management from the health or police services attend, but it is the staff working on the ground that need to be reached, on a level of addressing attitudinal change as well as structural changes.

*I don't know if they should have more dialogues, although people have heard our demands, there have been no changes. [EC CW FGD]*

*The station commander, the clinic manager, the day hospital manger are all part of our dialogues and we have implemented this for service providers still in training and scholars. [WC CW FGD]*

*Yes they are all there for the administrative part but are they following up and doing their work? They are there at community meetings but the workers working under them are not. [WC CW FGD]*

In the Eastern Cape in particular the women noted that clinic nurses are absent from dialogues. This was noted by ALN in their reporting as a group that is crucial to engage with, as well as the challenges in reaching them during working hours and then even after hours. The clinic talks were seen as a way of engaging with nursing staff even if more indirectly.

*The health department they don't attend, the police they were there but the nurses do not attend. [EC CW FGD]*

In the Eastern Cape women also spoke to the perception that complaints boxes at clinics are not working, as the staff accessing the complaints will destroy them if they are indicated in a poor service.

*If you are not happy there is that box, write if you are not happy, they take papers and read them if they find the notes saying you are not happy with them, they tear it up. [EC CW FGD]*

Women in the Western Cape raised challenges still remaining with regards to youth accessing contraception services with accounts of nurses responding judgementally, making derogatory comments and bringing their own religious and moral convictions into their work.

*I experienced it myself when I was at the Mitchells Plain day hospital a young couple came for birth control and the Sister there said 'ooh die jong mense' (Oh these young people), its none of their business, just give the contraceptives and give them whatever they came for, its their choice so the nurses, they really need to be educated. Preparation room nurses and nurses working around contraception, they go on about 'kind van die here' (child of god), and bring*

*religion into it and saying it's a sin; they don't want to hear that they are coming for contraceptives. [WC CW FGD]*

Calling out paramedics to attend to emergencies was also presented as challenging regarding demanding information regarding the condition of the 'patient' from the person who called them out which violates privacy and confidentiality rights.

*I also have a problem with calling the paramedics once because they ask you the question like 'what illnesses does the patient have' so you have to disclose the patient's status over the phone to the service provider and tell them what medication the patient is on. Now I don't mind saying what medication but that ambulance driver is going to know he can come out himself and find out what is wrong, it is not up to me who calls to disclose the person's illness. I am making the call because the person got into a fit or so and then they want to know what other illnesses they have so they expect me to question the patient tell me what other illnesses do you have as if they are going to tell me. That day I had to; they must question the patient themselves. [WC CW FGD]*

Hospital emergency night services are experienced as being under-resourced and not being kept clean at night.

*You know even at the hospitals, if you go to the emergency at night there have been a lot of emergencies so there is blood lying all over the toilets, people don't clean up there, they refuse to clean up, its dangerous, it's a health risk, I am talking about Mitchells Plain day hospital, I landed up there a couple of times with my daughter so I experienced it myself. I personally went to the head and said I want to use the toilet but look how it looks and they say yes they are waiting on a cleaner; no she is not going to clean now. [WC CW FGD]*

#### **Challenges within the police services**

In the Western Cape there was considerable discussion around challenges within police services that included the police not responding to call outs, as well as perceived to act very quickly when a woman was the alleged perpetrator of domestic violence. They also intimated that there was a level of bias or corruptness within the police service. They also spoke to police

avoiding paperwork linked to removing perpetrators and not responding to call out disturbances. It must be noted that this refers to the responsive policing unit and not the domestic violence unit that was more actively engaged with the project.

*So with domestic violence there are no proper service providers because when I phone the police they never come out but you know what if you have connections or money or status and you call them, in a split second they come out. [WC CW FGD]*

*There was a woman who tried to stab her husband, the third time she got it right and immediately the cops came out because the women did that. When the cops asked if he wanted to lay a charge he said no because he knew he was in the wrong. [WC CW FGD]*

*As a neighbourhood watch person if I call the cops I insist that this lady must be helped and the perpetrator removed. They come with the attitude like oh he is not here you should have called when he was here, they do not want to take the perpetrator because the paper work is too much for them. [WC CW FGD]*

This refers to problems with gangsterism in the Mitchells Plain area but also to police arbitrarily stopping and searching people, this was raised in the Western Cape demands as part of their advocacy activities.

*Even the gangsters, when boys come down the road, innocent little boys, the police search them out, but a gang with a bag of drugs comes by they do nothing, they are the people who themselves go and buy the stuff. [WC CW FGD]*

*They search the wrong persons, the weaklings they attack, and they don't go to the big ones. [WC CW FGD]*

They also highlighted perceptions that the police were resisting having to respond to call out regarding people known to have TB and/or not wanting them to come to police stations.

*I had an experience of the police coming to this person's house and they didn't want that*

*person to come to the police station as she had TB. They came to her house, like they were scared they would get TB. [WC CW FGD]*

*And another time I called them for a domestic violence case at a house where some of the people have TB and the police never came out. There is a lot of stigma still attached to TB, HIV and AIDS. [WC CW FGD]*

Highlights delays in addressing domestic violence cases and the cycle as victims drop charges and the violence continues. This participant indicates a clear understanding that the police have a duty to respond to each and every report of domestic violence even if it relates to the same case.

*Interdict stories and protection orders, I have a problem with it as by the time the perpetrator gets to court he has already gotten under this victim, indoctrinating like I am going to buy you this or that so she drops the charges and then less than a month its back to normal again with the domestic violence so that's also needs to be speeded up. [WC CW FGD]*

*The cops also get sick and tired of coming out but that does not matter they must do their job; attitude must not come into it. [WC CW FGD]*

Speaks to interventions to improve the Thuthuzela Centre operations but the human resources promised are not in place. Suggesting the Department of Justice should intervene.

*When we were starting the project there was a challenge with the Thuthuzela Centres at the police station and I think that nothing has happened, as the police are aware, SAPWA and ALN have trained them, and also other organisations have trained them, but within these centres there are still no human resources. I think the Department of Justice must put the human resources there, as it does not help that there are no human resources to run the centre. [KZN CW FGD]*

**Indicator 3: Women in project community's report that they feel able to trust that service access will be of overall benefit to them**

	<p>A participant in the Western Cape notes improvement and investment to work on an ongoing way to improve accessibility to services. There is also a clear indication that a working relationship has been built between community women and the police in Mitchell's Plain with a dedicated contact person willing to assist.</p> <p><i>Yes there is definitely improvement so I trust that with perseverance it is going to come out for us, yes. [WC CW FGD]</i></p> <p><i>It is improving as the person in charge of domestic violence at Mitchells Plain, he is very persistent in his work and he will always come out when I call him because he and ALN, we stand together with our women and we demand services for our women and he is working with ALN and us on this. [WC CW FGD]</i></p>
<p><b>Conclusions</b></p>	<p>Women across project areas spoke to increased knowledge gain in relation to understanding of different forms of gender violence, understanding of their rights, what laws and policies say as well as how culture and religion impacts on gender violence. Implicit in this knowledge gain were indications of learning how to assist 'victims' of gender violence.</p> <p>There was evidence of personal change and growth related to feeling empowered and improving skills set that facilitated speaking out, engaging and addressing challenges and recognising how knowledge gain can be translated into action on realising rights. Within this were emerging themes of individual responsibility, respecting diversity, reflection before acting, and engaging in non-adversarial approaches to claiming rights.</p> <p>In all three provinces participants spoke to knowledge gains around unequal gender relations, sexual orientation, as well as issues related to equality, knowledge gain and attitude change regarding gender roles and stereotyping, which were influencing their relationships with partners, children and extended family members. There was also discussion around changes in parenting styles, including ceasing corporal punishment, treating children as autonomous beings and avoiding gender stereotyping, linking the potential to influence and decrease gender-based violence in the future.</p> <p>Understanding and insights by both women and men around equality rights, and men gaining</p>

insights into roles and responsibilities of women is an indication that men were beginning to question assumed dominant roles. Changes in relationships with partners were reported indicating shifts in power dynamics and negotiating condom use with partners and encouraging partners to test. There was evidence of changes with how participants engaged in community relationships, and that the coming together and sharing of experiences amongst women in the community had led to changes as women are no longer afraid to speak out, access services and engage with their neighbours. This also speaks to the development of women's support structures, sense of community and ability to access support and services.

There was vibrant discussion, questioning and exploration taking place regarding rights and responsibilities around disclosure of HIV status, around rights violations within PMTCT programmes and challenges experienced related to youth accessing contraception as well as dominant discourses and attitudes violating one's rights to termination of pregnancy.

The increased knowledge gain, together with increased personal agency was evident in discussions related to being able to act at a level of advising service providers, when they accessed services, that they were aware of their rights and what to expect from services. With regards redress ALN was identified as a resource to which they could report rights violations and women identified a contact list distributed by ALN that had other organisations that could be contacted towards seeking redress. There were reports of taking action on behalf of others, laying complaints with health and or police services and following through within a community dialogue setting to ensure that attitudinal and/or and there are now reportedly structural changes were addressed.

In all three provinces participants noted challenges and lack of change within both health and police services. In these discussions it is clear that women are very aware of the breadth and complexity of rights violations that persist within services and the changes that need to be implemented ranging from structural, policy and procedures through to staff attitudes. There was also an understanding that there was a need for higher influence regarding policy changes within the health facilities towards integrating HIV services and addressing structural changes towards eliminating 'visual' discrimination, for example, separate queues and separate rooms for HIV treatment.

## 9.1 Effectiveness Question 4<sup>18</sup>

<b>Evaluation Criteria</b>	Effectiveness
<b>Evaluation Question 4</b>	What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
<b>Response to the evaluation question with analysis of key findings by the evaluation team and quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b>	<p><b>Internal Factors</b></p> <p><b><i>Technical expertise</i></b>  The technical expertise available within the organisation was well placed to successfully implement the project. The Director is well versed and experienced in conducting and managing research processes. There is also an extensive skills base at an organisational level with regards to the development and production of publications, including Research Reports, Fact Sheets, and a wide range of advocacy material.</p> <p>ALN staff members are skilled facilitators and deeply knowledgeable, there were reports from community women and service providers acknowledging that the facilitator(s) style of engaging in meetings, trainings and dialogues allowed for these activities to be community driven, facilitated maximum participation and allowed for shifts in thinking and internalised knowledge gain. There was also recognition that ALN's facilitation style was different to other organisations.</p> <p><i>The other workshops they do it, like if I am a facilitator, they facilitate, they don't get you to join in with the conversation, they don't do the dialogues. ALN (she) makes the people debate what is happening in your homes, even if you don't know each other; yes she is very good at that. She makes them speak, even if you are just sitting there she asks you what do you think about that and then you talk. [WC SP FGD]</i></p> <p><i>Sitting in dialogues with other NGOs we can see that they don't bring it across like ALN brings</i></p>

<sup>18</sup> This evaluation question did not lend itself to separation of analysis from quantitative and/or qualitative evidence gathered in support.

*it across, they (other NGO's) will give you a referral if you are being violated or in an abusive relationship, tell you to go to the cops or go see a social worker but that does not serve a purpose as it takes a process to get to that social worker, to get an appointment. [FGD WC CW]*

*They are explaining, they don't read it out, they know what they are talking about, the staff they know what they are talking about. [FGD EC SP]*

*She (ALN) just added on the skills so that the volunteers can deal with it. It stands out for me because there are no other organisations that can do this. [FGD WC SP]*

*We also like the provocativeness of Gahsiena; she is always provoking, there is no change, I believe without provoking a situation. 'Hunky dory' means no change. [FGD WC SP]*

*It is nice and encouraging to work with ALN, their staff are professional, which is important, they treat each other with respect and dignity, that is what they are preaching and practicing. The love they have is for each and every individual equally, and I congratulate them on their staff who are caring and loving. [Interview SP WC]*

### **Organisational resources**

The relative size of the grant from the UNTF, particularly in the first two years of the project, definitely assisted towards the achievement of Outcome one with specific reference to the output of completing the research as the generous grant allowed for the employment of additional staff on short contracts to assist with the research process, which generated far more data than actually planned for and the research budget was such that it enabled a once-off partnership fee to each of the partner organisations engaged in the research process. This ability to contribute financially to partner organisations within project activities did however create an expectation that this would be an annual contribution towards their time and resources that created an expectation of dependency.

The challenge of financial resources became prevalent in year three which impacted on the advocacy events (marches) in particular and programme implementation in general. ALN lost a

core-funding donor in 2014, core funds that had been calculated into the overall project budget. This resulted particularly in having to spread human resources more broadly across programme activities within the organisation.

The grant from UNTF over an extended period of three and a half year contributed to the achievements within the project. ALN never before had a supported opportunity to engage intensively in three provinces with a core group of women over an extended period of time. It allowed ALN to achieve very different outcomes and outputs with women at a community level as well as building links with partner organisations that could not be achieved by engaging once every six months, which is what ALN is restrained to with other work within the provinces outside of the Western Cape.

#### ***Management of the project***

ALN is well structured in relation to various staff components, namely the implementing staff, the administrative and support staff, and management staff, which were all actively involved in the implementation of the project. In addition, a Board of Directors who has regular oversight over the work programmes of the organisation, both financially and programmatically, governs the organisation.

The overall management was more challenging in year one as the Director was directly engaged with the research component that took time away from management functions. From year two onwards the project outputs were competently managed by staff members and this created an environment more conducive to effective management overall.

The change in the reporting format in year two from the Log frame to the Results Activity Report (RRF) was not only unforeseen, but also increased the reporting requirements, as well as time and skills needed to complete the new reporting formats; all of which needed to be absorbed into work plans and budgets that did not cater for this. Responding to these challenges, ALN engaged a consultant offering the technical support needed during the time of conversion from the log frame to the RRF, additional training, as well as ongoing support in accordance with the new reporting requirements.

## **External Factors**

### ***Political Factors***

On 7<sup>th</sup> May 2014, general elections were held in South Africa to elect a new National Assembly and new Provincial Legislatures in each province. This meant that electioneering exercises did take place in all communities in the lead up to May and ALN was cautious around ensuring that they were not seen or perceived at a community level to be supporting party political events.

Some of the stakeholders and service providers became increasingly unavailable to engage with, due to the 'shift' in emphasis during the time of political parties campaigning. As a result, participants and presenters alike withdrew their participation at the last minute, due to 'ad-hoc' political events happening at the same time. ALN continued as much as possible with scheduled events, although at times with lower participation than anticipated.

In KwaZulu Natal SAPWA noted that members of the clinic committee are all politicians who failed to attend project activities that they were invited to and that this would only get worse as they headed towards elections.

*The challenge at the clinic is that the members of the clinic committee are all politicians which makes it difficult to communicate with them, not that its that difficult but they politicise everything, like even when we had the community dialogues and other stuff, we had to invite them and they didn't show up and I am sure it will be worse now as we head towards elections.*  
[KZN CW FGD]

### ***Change in Ministerial Departments***

After the elections the Ministry of Women, Children and People with Disabilities was dissolved and a separate Ministry of Women has been established within the Presidency. This Ministry was one of ALN's stakeholders at a national level who was willing to engage on gender assessments of provincial strategic plans and sexual violence data analysis pertaining to women's access to comprehensive post-sexual assault healthcare services, including PEP. This has impacted greatly on the consistency of engagement with policy makers at a national level. At the same time, the newly established Ministry of Women is still in the process of being

set-up; hence leaving it unclear currently as to whether or not and how the initiated processes can be continued.

### ***Changes within SANAC***

During the latter half of 2014 the SANAC Women's Sector underwent a change in leadership and in 'host organisation', which led to prolonged times of 'inactivity'; thus impacting on ALN's engagement with, and participation in, SANAC Women's Sector activities and processes.

Recognising the need to engage with SANAC structures at national, provincial and district level, ALN became more actively involved in processes led by the SANAC Civil Society Forum, engaging with women leaders across sectors at a provincial and district level and thereby creating new avenues of advocating for non-violence and women's rights protections.

### ***Funding landscape***

Over the past five years the non- governmental and community based organisational landscape in South Africa has faced increasing difficulties in accessing funding and particularly funding that is unrestricted, in relation to covering operational costs. This is in part due to the global recession starting in 2008, but also to the significant withdrawal of international aid donors. South Africa is increasingly seen as a stable and developing democracy with a government that should be taking increasing responsibility to support civil society sector internally.

Community based organisations in particular are not equipped or resourced to compete for limited funds particularly in a donor landscape that often demands detailed reporting requirements and quantitative results reporting. The nature of the work of many community-based organisations working around social justice in particular is membership based less structured and often engaged with largely qualitative outcomes. This does not neatly fit with many donor requirements.

The lack of funding and capacity among community-based organisations and structures working with ALN on this project adversely impacted on the extent to which existing and new 'partner' organisations in the three areas were in the position to follow through with

commitments made, carry on with activities, such as 'door-to-door' awareness raising, and respond to issues at an 'ad-hoc' level, as and when they arise, without the support of ALN. The general lack of resources and funding among civil society organisations at a community level did therefore impact on the project, and has clear implications for partners taking ownership of project elements as well as issues related to sustainability.

This project, having spread over a three-year period, is more vulnerable, as it were, to such external factors. SAPWA is an example that is struggling to continue to participate and take the work of the project forward due to lack of funding.

*We realise that ALN as an organisation does not have any funding but as SAPWA we have done so much going into communities and we need to get monetary gain at the end of the day, we need to access funding to continue this work. As an organisation we need funding. [KZN CW FGD]*

*We are unemployed, we need money to organise people, airtime, transport and so on. [KZN CW FGD]*

### **Geographical factors**

South Africa is a large country and the project was situated in three provinces, the furthest in Illovo KwaZulu Natal being 1,635 km by road, New Brighton in the Eastern Cape being 750 km away from Cape Town. The logistics of working across three provinces over a three-year period in an intensive manner was challenging to organisational and human resources. Their approach of meeting women within the community, as well as being responsive to requests from additional areas outside of the original scope of work increased the internal strain and challenges as outlined above.

The weather also played a factor in that extremely cold, rainy and/or hot weather had the potential and did on occasion deter or delay women from attending meetings.

### **Socio-economic factors**

The communities that ALN worked/s with on this project are largely under-resourced and

	<p>predominantly low income areas with common characteristics being those of high levels of unemployment, gender violence and HIV prevalence. This impacted on the project in terms of women's availability to engage in meetings and to sustain this engagement through different activities over a long-term period.</p> <p><i>Some of the people here are poor, children have to go to school, we ask the mummies to come and sit in a workshop, there is no food for children or themselves, then they have to go beg and 'hustle', they cannot come sit in a meeting like this. [WC CW FGD]</i></p> <p>ALN volunteers and a service provider in the Western Cape recommended that ALN consider a stipend for volunteers in their work going forward. This is understandable given socio-economic factors but not one which ALN could consider at present, given resource constraints, as well as changing the dynamic and intention of this project to mobilise and support women to engage independently in community activism and community support structures.</p> <p><i>We even reach the schools, if you can carry on with the schools that would be good, that the children can know about HIV and AIDS and their rights. The youth were also by the dialogues and surprisingly they were the ones asking the most questions so I would like ALN to go forward, get the volunteers to go out on a small basic wage, we cannot do it for free. [KI WC]</i></p> <p><i>I do see that, when we speak about finance, when we really talk about putting the bread on the table, it does determine how involved and committed people will be, what they can give because of the poverty out there, there is such a lot of crime and violence and it goes with high unemployment so if only we could give the volunteers a stipend that is really worth their while they would definitely contribute more. The impact would be greater. [KI SP WC]</i></p>
<b>Conclusions</b>	<p>Overall the internal factors related to high levels of technical expertise, sufficient organisational resources and the overall good management of the project contributed greatly to the overall achievement of the project goal, outcomes and output. Regarding resources, ALN noted that the generous grant from UNTF allowed for the deployment of additional human resource as well as once-off partnership fees that greatly assisted in the achievement of the research. Challenges related to financial resources did prevail in year three, with ALN losing a core</p>

funder, and this put strain on the achievement of particularly the advocacy activities in year 3. The change in the UNTF reporting format in year 2 was also cited as a challenge in relation to time, resources and expertise to manage this unforeseen change.

Externally on a political level there were general elections in May 2014 which did impact on attendance of some stakeholders within activities as well as ALN having to be cautious to ensure that they were not perceived to be supporting political party events when engaged in community based activities. Overall this influence was minimal. The dissolving of the Ministry of Women, Children and People with Disabilities after the election was more challenging as this Ministry was one of ALN's stakeholders at a national level who was willing to engage as well as the SANAC Women's Sector undergoing change both impacted greatly on the consistency of engagement with policy makers at a national level.

The lack of funding and capacity among community-based organisations and structures working with ALN on this project adversely impacted on the extent to which existing and new 'partner' organisations in the three areas were in the position to follow through with commitments made and carry on with activities, without the support of ALN. The general lack of resources and funding among civil society organisations at a community level did therefore impact on the project, and has clear implications for partners taking ownership of project elements as well as issues related to sustainability.

Lastly with regards to socio-economic factors, the communities that ALN worked/s with on this project are largely under-resourced and predominantly low income areas with common characteristics being those of high levels of unemployment, gender violence and HIV prevalence. This impacted on the project in terms of women's availability to engage in meetings and to sustain this engagement through different activities over a long-term period.

## 9.2 Relevance Question 1<sup>19</sup>

<b>Evaluation Criteria</b>	Relevance
<b>Evaluation Question 1</b>	To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?
<b>Response to the evaluation question with analysis of key findings by the evaluation team with quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b>	<p><b>Project strategy</b>            In the Eastern Cape women spoke to their experience of engaging with ALN as having opened their minds and enlightened them, that they had not just conveyed new ideas but also new ways of thinking, as well as increasing their confidence.</p> <p><i>I can say that ALN helps a lot, they came to our communities and opened our minds, enlightening our minds. [EC CW FGD]</i></p> <p><i>ALN comes with ideas that we don't know and this helps us. [EC CW FGD]</i></p> <p><i>It opened my box, pointing to the head. [EC CW FGD]</i></p> <p><i>I am more confident. [EC CW FGD]</i></p> <p>In the Western Cape, women noted that ALN was 'all over the community' spreading information and raising awareness of women's rights. This links very closely to the ALN strategy of working in a community based manner and tailoring services to meet the needs of women within their particular contexts. A participant noted the difference and benefits of community-based work when comparing an organisation that calls people to attend office based workshops versus ALN taking the workshops and meetings into communities. This participant also highlighted the issue of resource constraints of potential participants in that they cannot afford to travel to meetings, which adds another dimension of increased and wider engagement of women when an organisation takes their services into communities.</p>

<sup>19</sup> This question did not lend itself to the separation of the analysis of key findings from qualitative evidence gathered by the evaluation team.

*I like that about ALN, they spread the information, they are all over the community, not only in one area but also all over, they receive the information, and they know their own rights. [WC CW FGD]*

*There is another organisation that wants us to go with them, but the people are unemployed, they don't have money to attend the workshops but ALN comes and brings the information to the community. [WC CW FGD]*

In the Western Cape, ALN was perceived as being different to other organisations in relation to 'how they bring it across' which seems to refer to information sharing and engaging with the issues as the other NGO's are described as just referring you away to service providers without recognising the difficulties and processes involved in reaching these service providers. In this particular instance the participant seems to be indicating that in a case of immediate need, accessing a social worker, for example, would be a lengthy process.

*Sitting in dialogues with other NGOs we can see that they don't bring it across like ALN brings it across, they will give you a referral if you are being violated or in an abusive relationship, tell you to go to the cops or go see a social worker but that does not serve a purpose as it takes a process to get to that social worker, to get an appointment. [WC CW FGD]*

Availability and diversity of services, including legal advice and counselling offered by ALN through the helpline, as well as intervening directly to assist in cases of discrimination.

*ALN legally assists you, you can call at night, during the day, there is always someone on the other side of the phone who can give you advice, they are all in one, they can give you counselling. [WC CW FGD]*

*I don't want to sing a song, but really it is a lot, there was a girl, her boyfriend passed away, there the sister came to stay and she was threatening the girl that she was the one who brought the HIV and then I spoke to ALN and she tried to assist and we report the case at the court and then that helped because the girl now stays nice and peacefully in the house. [WC CW FGD]*

Providing refreshments that were described as a proper meal was seen as significant and not always

provided by other organisations.

*And many of the people who attend the workshops appreciate what they get, a proper meal, nourishment. [WC CW FGD]*

In KwaZulu Natal participants was not that forthcoming regarding sharing insights or experiences of how ALN works and/or the approach. They spoke more to the activities that allowed for knowledge gain and highlighted the training as well as workshops.

There was a specific request for expansion, to reach more women who can then go out into communities to reach others with the focus on the linkages between gender violence and.

*The little time I have had to work with ALN I think they have covered most of our social issues, they helped us with information and training, maybe they could expand on their workshops and empower more women into going out there and training other women, especially around gender-based violence and HIV and AIDS link. [KZN CW FGD]*

#### **Project activities**

Overall ALN is seen as facilitating a platform for women to voice their issues.

*It's been a while, quite some time that we struggled with women's issues; we didn't have a platform to voice our issues, be it social, economic or any form. [EC CW FGD]*

#### **Community dialogues**

Community dialogues allow access to service providers, and women who have engaged with service providers within community dialogues have established relationships with them that facilitate access to services, they reported being treated differently and not considered to be 'just another client'. Having access to police in the community dialogues, women report being able to call on them to assist in cases of domestic violence and abuse in relation to HIV status. There were clear benefits reported of a diverse audience that brings out divergent views and thoughts and allows for sharing and understanding of these viewpoints and has the potential for learning and change. In KwaZulu Natal the diversity of the participants was clearly beneficial towards sharing viewpoints and learning from

each other, with the benefits of hearing particularly men's viewpoints highlighted.

*I gained a lot of experience out of the dialogues that ALN holds as they give us a lot of opportunity where we can open up to the service providers. It does make a difference because if we do attend clinics and police stations you can see a change, as normally we would be treated as just another client. So especially where domestic violence is concerned and HIV; people are being abused in the community and we can now call on the police as a service provider to come out to these patients and assist them with help. [WC CW FGD]*

*I experienced a community dialogue that involved both males and females and involved all age groups because we had older women, younger women, women from the traditional and cultural aspects, those community dialogues touched on the different age groups, different societal issues, on a religious and a cultural level, all those different aspects, if you gather those people together I think it works much better. We also heard what men actually think about gender-based violence. [KZN CW FGD]*

### **Workshops**

Workshops allowed participants to challenge prevailing attitudes and ways of thinking and address human rights on a level that allowed participants to act and translated into behaviour change and increased respect for, and engagement with, women living with HIV. In KwaZulu Natal these translated into safe spaces to explore issues that could not be raised within the clinic setting. It was noted that they were comparatively more informative and described as unique to ALN and never experienced before.

*I have attended numerous workshops, most of the community is religious and they stand with their perceptions that things need to be done in a certain way, they can't think outside of the box; not thinking that the person next door has got their rights. ALN puts a lot of emphasis on human rights and women's rights as well, inherent rights are discussed; not just dignity and respect, we are being taught the most about respecting each other and especially those that are HIV positive and AIDS patients. [WC FGD PB]*

*In our society and especially in our area we have a lot of HIV and AIDS victims that have been*

*stigmatised and abused and have been degraded and I see this has made a lot of difference in the community because now the people are going to think twice about scandalising those patients as HIV patients are being victimised most of the time. These workshops have made a hell of a difference in our community. [WC FGD SP]*

*ALN came on board and started with workshops, what are our rights as women, because we have been abused as women, denied health services. [EC CW FGD]*

*The workshops that happened with ALN and SAPWA were very successful because now people can interact and they ask the questions that they cannot ask at the clinics so it is more personal. [KZN CW FGD]*

*The workshops I was engaged in were very informative. I cannot compare them to another one; actually I have been in the clothing workers union workshop but this workshop is much more informative. [WC CW FGD]*

*All I can say from my side is that we need these workshops, as we never had anything like this in our area before. [WC CW FGD]*

### ***Door-to-door campaigns***

Door-to door campaigns were described as effective in reaching more women, recognising the extent of gender violence and developing a platform of support, potentially mobilising more women and giving voice to their experiences. The use of door-to-door campaigning work to include condom education and demonstration in KwaZulu Natal were considered very effective, as well as indicative of the challenges and barriers to safer sex education within the clinic setting.

*We shared that (our experiences) with ALN, then door-to -door campaigns within the New Brighton area and then we discovered there are more women who are currently going through the same abuses. ALN gave us a platform to voice out what we are sitting with at home, what we are going through. [EC CW FGD]*

*ALN and SAPWA did the door-to-door educational campaign and we were educating people how to use condoms as people had a chance to ask more questions, especially those that they could not ask at the clinic. [KZN CW FGD]*

### ***Marches for non-violence***

The march in KwaZulu Natal was described as raising the visibility for SAPWA and ALN and the services they provide. An 'ALN volunteer' highlighted how they mobilised and pressurised ALN with regards to advocacy actions, and how this mobilised other areas within Mitchell's Plain, this 'volunteer' also travelled to support other marches and found this a positive experience.

*What stood out for me was the non-violence march, after the march people are now more aware of ALN and SAPWA, what they are providing. [KZN CW FGD]*

*All the stakeholders come together and discuss what we are going to do about a particular problem, like we wanted a march, the stakeholders decided we are going to do this, we pressured ALN on every dialogue since last year, this is what we want to do. Then things were happening, the march was a big success, people are still talking about it and Beacon Valley, East Street and Lentegeur; they want to know how we connected with these people (ALN) and they also want to get involved. [KI WC]*

*They asked me to go to Port Elizabeth and we were sharing our experience with them. It was very exciting; they were bigger than us and more established. It was good. [KI WC]*

### ***Research***

It seems that conducting the research and the dissemination of the results by way of report(s) is seen as increasing knowledge within the community of where to report rights violations, as well as knowledge gain regarding the extent of women in communities not seeking redress and avoiding health services due to fear of rights violations.

*People also know now where to report if their rights are violated now, especially after the research was conducted. [KZN CW FGD]*

*A women who is really in trouble, when we did the research, it showed that most women do not want*

	<i>to go and report cases and don't want to go to the clinic as the nurses violate their rights, its very tricky. [KZN CW FGD]</i>
<b>Conclusions</b>	Overall the project strategy and activities implemented were very relevant in responding to the needs of women, with the strategy of engaging where the community was and tailoring services to meet needs. The evaluation surfaced many examples of relevance related the different needs and foci of the project areas, and a this inter-linkage of activities stood out as a crucial strategy towards addressing the overall goal of the project. The Community Dialogues stood out as the most relevant activity towards addressing rights violations within service provision and seeking solutions.

## 9.2 Relevance Question 2<sup>20</sup>

<b>Evaluation Criteria</b>	<b>Relevance</b>
<b>Evaluation Question 2</b>	To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
<b>Response to the evaluation question with analysis of key findings by the evaluation team with quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b>	<p>When discussing the way forward all three provinces indicated a need to continue with the workshops and dialogues, and for the project to expand, indicating that there was more work to be done and that they needed ALN to continue working with them.</p> <p>In KwaZulu Natal participants requested that ALN consider expanding their workshops and empower more women to train others around gender-based violence and HIV. The training of others implies that they are looking for a facilitation skill component to be included. In the Eastern Cape the focus was on unfinished business, that there was more work ahead and in the Western Cape there was a call for more regular, ongoing and expanded meetings of women within communities/roads. In KwaZulu Natal participants expressed a need to expand into rural areas and reach a diversity of women and unite them to speak with one voice regarding</p>

<sup>20</sup> This question did not lend itself to the separation of the analysis of key findings from qualitative evidence gathered by the evaluation team.

	<p>exercising their rights.</p> <p><i>The little time I have had to work with ALN I think they have covered most of our social issues, they helped us with information and training, maybe they could expand on their workshops and empower more women into going out there and training other women, especially around gender-based violence and HIV and AIDS link. [KZN CW FGD]</i></p> <p><i>We have learnt a lot but there is more work ahead. [EC CW FGD]</i></p> <p><i>ALN is a very good project; it will be good if more people could know it. [EC CW FGD]</i></p> <p><i>There are more people coming now, ALN needs to educate women about their rights and empower us as women and mothers, so yes ALN definitely needed. [WC CW FGD]</i></p> <p><i>We need these workshops in each road over a period, it shouldn't be just once or twice a month, and it should be constant. [WC CW FGD]</i></p> <p><i>I just wish that the project would go deeply into rural areas we still need to put more effort in there as rural women need to exercise their rights. KwaZulu Natal is the biggest province and we have many aspects, a Zulu woman in the township has got different issues to a rural Zulu woman living in a deeply rural area or a city woman. We need to look at all those aspects and we need women to speak with one voice with regards to exercising their rights. [KZN CW FGD]</i></p>
<b>Conclusions</b>	<p>With regards to ongoing relevance it was evident that women across the provinces wanted to continue with the project and the activities, noting that there was more work to be done. All the stakeholders that were engaged in the evaluation spoke to the ongoing relevance of the project.</p>

### 9.3 Efficiency Question

<b>Evaluation Criteria</b>	Efficiency
----------------------------	------------

<b>Evaluation Question</b>	How efficiently and timely has this project been implemented and managed in accordance with the Project Document?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	<p>Overall the project was well managed, outcomes 1,2, and 3 greatly exceeded targets, and all outcomes were addressed as per the project document. This was a project stretching over three years that rested on securing the active engagement of a diverse group of stakeholders in order to work towards the overall goal, and there is evidence within the overall evaluation that this was achieved.</p> <p>With regards to timeliness, the project was initially delayed due to a delay in funds transfer; but thereafter was managed on track, with the exception of outcome 5, namely engaging with policy makers and implementers, that started ahead of schedule to meet the demands from stakeholders for more intensive engagement with ALN. The minor delays at times were understandable given the scope and breadth of this project.</p> <p>With regards to human resource management, the generous grant from UNTF allowed ALN to employ additional staff on short contracts to assist within the research process, as well as enabled a once off partnership fee to partner organisations engaged in the research process. This enabled the activity to be completed relatively within the timeframe and these additional human resources and partnerships were well managed by ALN.</p> <p>ALN staff dedicated to this project were well managed, challenges were evident as the project progressed related largely to the response from women in the respective communities, as well as other stakeholders, with demands on ALN to run more meetings and respond to other areas that were not in the original remit of the project. The logistics of planning and managing events across three provinces was also a major challenge in itself, as was the nature of this project that was essentially to respond to the needs and issues of women within each project area and meet with them within their communities. It was described by ALN as 'messy' at times but crucial to achieving outcomes. An 'ALN volunteer' commented in an individual interview that: '<i>It was last minute sometimes but I was always ready</i>'. This speaks to community engagements that can be messy and chaotic at times and this participant was prepared for this so did not perceive this as a major challenge.</p>

	<p>In a sampling of evaluation questionnaires from workshops the overall response from participants was that they were well organised with the majority saying they were good and/or excellent. Service providers engaged in the evaluation did not raise any major challenges regarding efficiency, they spoke more about the responsiveness of ALN to their requests and the effectiveness of the activities overall within the project.</p> <p>Lastly it is evident from all the reports reviewed that ALN was efficient and thorough with reporting on progress and fulfilling the UNTF requirements in this regard.</p>
<b>Conclusions</b>	<p>The project was efficiently and timely managed overall, after an initial delay in start up of the project due to a delay in funds transference. The generous grant from UNTF allowed for additional human resources to be deployed where needed and to support partner organisations to conduct some of the activities. The project was well managed overall and the number and/or scope of activities was exceeded in the majority of the outcomes.</p> <p>The logistics of managing the scope of the project, coupled with ALN's responsive and community based approach, did at times add up to less efficient organising and planning of activities. This was recognised as inevitable and did not detract from the engagement and carrying out of activities planned.</p>

#### 9.4 Sustainability Question

<b>Evaluation Criteria</b>	Sustainability
<b>Evaluation Question</b>	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?

<p><b>Response to the evaluation question with analysis of key findings by the evaluation team</b></p>	<p><b>Ownership of the project</b>  The central pillar for the sustainability of the project is the participatory nature it demands through all the activities that were in place to achieve the outcomes and to work towards the overall goal of the project. Women participating and leading within project activities facilitated a degree of ownership of the project that will sustain some elements after the project cycle ends.</p> <p><b>Building capacity towards sustainability</b></p> <p><b><i>Among women</i></b>  The central aim of building awareness, capacity and skills to identify and address HIV-related violence and other rights abuses amongst positive women is in itself self-sustainable with qualitative evidence that women engaged within this project are in a position to more adequately exercise their rights, access and benefit from HIV prevention, testing, treatment, care and support services free from violence and other rights abuses, and access redress mechanisms as and when rights violations occur.</p> <p>In 2013 there was a recognition that the activities needed to be up-scaled and intensified in order to ensure sustainability beyond the project cycle. This was particularly relevant in relation to women in the participating communities moving from identifying rights violations to acting on them.</p> <p>There was clear qualitative evidence emerging from the focus group discussions that women took increasing ownership of processes and spoke out and held service providers accountable particularly within the community dialogues. There was also evidence of women facilitating referrals to both information and formal redress and complaints mechanisms for women whose rights have been violated, especially in the Western and Eastern Cape. However women themselves across all provinces did not share personal experiences of accessing particularly redress services within the health and police stations.</p> <p><b><i>Within partner organisations</i></b>  ALN worked towards moving from directly implementing activities and processes to a more supportive role of community-based activities and processes. They therefore aimed to reduce</p>
--	---

their direct involvement with the implementation of activities at a community level, and focus on facilitating capacity building and legal literacy sessions on request, as well as providing ongoing support and information pertaining to relevant legislative and policy changes.

In 2013 capacity and resource constraints within partner organisations became an increasing concern as the sustainability of activities and processes continued to require the ongoing direct involvement of ALN. ALN focused on capacity building with particularly community based organisations in the Western and Eastern Cape in order to enhance the sustainability of project activities beyond the funding cycle.

However in KwaZulu Natal with members of SAPWA, the lack of funding has had an adverse impact on the sustainability of project processes and activities in this province.

Community-based structures were newly formed throughout the project and ranged from support groups for women living with and affected by gender violence in Illovo, to new organisations in New Brighton and Mitchell's Plain (Network of Women for a better life (NOW) and Ladies uplifting themselves (LIFT)). In 2014 groups of women in both Illovo and New Brighton began using 'social media' to support and assist women in seeking redress. These organisations and structures show potential for 'sustainability', especially as they are operating in partnership with ALN and are not dependent on them.

***Core activities that will be sustained by ALN when the project cycle ends***

ALN has committed to continuing to seek partners to carry on with some of the activities, to follow up on commitments made as well as to ensure changes initiated during the project are sustained beyond the project, without the direct involvement of ALN.

Additional funding is being sought by ALN towards continuing some of the activities and processes in the participating areas, as well as replicate project activities in other provinces and areas. This will not only ensure the sustainability of initiated activities and processes, but also broaden the reach of the project into other areas and provinces.

ALN plans to continue to facilitate Community Dialogues and capacity building sessions in the

project areas and beyond, as these activities constitute a core element of programmes. ALN also indicated an assumption that media presence and coverage within community dialogues carries the potential, to some extent, of creating sustainability of these 'accountability' spaces.

ALN has also committed to taking forward the women's demands for change in all three provinces. This will entail ongoing engagement with service providers with a focus on health facilities and police services, as well as providing support to women's groups and structures in these areas. The follow up regarding the demands for change related to the 'women marching for change activities' are focused within the spaces the project aimed to influence, primarily clinics and police stations, and will not only take forward the advocacy and mobilisation activities, but also provide information on seeking redress in the events of HIV-related abuses and rights violations.

There is evidence that the advocacy component is being taking forward by partner organisations and individuals engaged by the project.

***Internal to ALN moving forward***

The evaluation will include components related to lessons learnt, emerging good and promising practices and recommendations that ALN will disseminate widely. This report will look at areas of practice that can be replicated and/or scaled up by ALN and other practitioners, as well as for utilisation as both an advocacy resource and a toolkit.

ALN will continue with its core activities of monitoring and documenting human rights abuses, work around access to redress, provide legal advice and court support work and engage with service providers related to access to redress. The ALN Legal Advice Desk is an ongoing service that was increasingly accessed within the project cycle that will continue to provide support and assistance in the context of HIV-related abuse and other rights violations.

ALN recognises that the 'advocacy' component of the project is the most sustainable of all the activities, at a level of calling for non-violence and women's rights protections at a community level as well as within service provision and through advocacy for rights-affirming policy and programme development and implementation. This advocacy that focuses on women and

	<p>human rights to be at the centre of all aspects of the response to violence and HIV, is the core work of ALN and will continue</p> <p>A final space for creating sustainability is through ALN becoming a gender violence linking organisation of the International HIV/AIDS Alliance. This space has opened up the potential for opportunities to engage in and facilitate global, regional and national policy discourses as well as address issues of funding.</p>
<p><b>Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above</b></p>	<p>There is a high level of engagement and commitment evidenced in responses by service providers towards affecting and/or maintaining positive changes in relation to women's access to rights based services and redress mechanisms beyond the project cycle.</p> <p>When discussing perceptions of community ownership of the project a participant who is a counsellor at a clinic in the Eastern Cape noted that community meetings (outside her work context) were proceeding without ALN and that participants in meetings were clear about their rights and to access to non-discriminatory services.</p> <p><i>On a scale from 1-10 I will say a huge 8 (community ownership). Because by now when we are having meetings with the community without ALN you can hear people talking about my rights, I have a right to go to the clinic, I refuse for you to discriminate against me. [KI EC]</i></p> <p><i>ALN engagement with the community has instilled in us things that no one can take away, you can only build on that. [KI EC]</i></p> <p>Community caregivers in KwaZulu Natal noted that they had benefited greatly from the training on a level of knowledge gain and practice skills and ALN is credited with having instilled respect for their work, respecting client confidentiality and the knowledge base from which to give advice and counselling to clients that are HIV positive. Beyond this they gained knowledge on where to refer their clients in cases of gender violence and rights violations, as well as ongoing educational materials from ALN.</p> <p><i>ALN helped us as community care givers to respect our work. We learnt that if a client is telling</i></p>

*us that they are HIV positive, we respect their confidentiality, we could give advice. I can accompany them to the clinic to do the test and I can counsel them sometimes. [KI KZN]*

*It has been five years now and we have changed. When ALN was not with us, we did not know exactly what we were going to do in the community. They tried to teach us how you enter to the house and they gave us so much. Our department gave us a little training but because of ALN we have a lot. [KI KZN]*

A participant interviewed who manages community caregivers in KwaZulu Natal spoke of considerable knowledge gain, capacity building, and counselling skills gain and referral resources that emerged from training with ALN. Changes were noted in the development of the caregivers in that they are more knowledgeable around HIV and AIDS, as well as insight into legal and ethical issues. They were described as being more boundaried in their work, knowing their role and constraints and referring to the right sources when needed.

*I also learnt a lot about gender-based violence, especially counselling, we also did not know where to refer with regards to these cases and ALN gave us pamphlets, additional information and clearer directions in this regard. They also gave us information about AIDS legal issues, how to address those issues like stigma. [KI KZN]*

*Yes because when we are doing the monthly reporting you will find that they understand it better related to gender based counselling, they know their role and when and where their role starts and ends, they just don't go over they know when they need to refer. We have two cases pertaining to gender based violence that are currently in process. [KI KZN]*

On the way forward there were requests for expanded training outside of gender violence, further capacity building within the community, through information sharing, dialogues, HIV legal issues, legal rights and community development. There was a request for training community members to facilitate workshops, the need for facilitation skills. This request speaks to the recognition of ALN's facilitation style and its effectiveness. This is also a 'soft skill' that could be effective in building the sustainability of the project after the project cycle ends. This participant has ongoing telephonic contact with ALN and their relationship is described as

good.

In an interview with Sinothando Home Based Care in the Eastern Cape there was a clear indication of knowledge gain around violence against women and HIV, as well as regular quarterly contact with ALN.

*I started working with ALN in 2012 and I think around 2013 ALN came to my project and ran a workshop, here I learnt a lot about abuse. After that ALN came quarterly and I also learnt how to do door-to-door work. They also ran a campaign; they teach us about HIV and are sharing a lot of knowledge. I am also running a support group with 10 women. I go to clinics now and tell them about ALN. I also run Imbizos and teach about ALN. [KI EC]*

A participant from SAPWA spoke to the mentoring role ALN has provided to this partner organisation, as well as the joint activities undertaken related to the research and outreach to women in other areas in KwaZulu Natal. She also noted the dependency on ALN from a lack of funds perspective.

*We did the research together, we were part of that, most of our training workshops are run by ALN and whenever we want to reach women in other areas ALN is always there with us because as an organisation we do not have any funds so it is difficult for us to provide other services to women so ALN is always there to assist. [KI KZN]*

Whilst noting continued involvement and engagement of women with the project, resource constraints such as lack of funds are highlighted as stopping women's participation.

*Yes and no, there are still other women who are engaging with the project and with the issues of human rights, there are women advocating for integrated services, but there are those who are looking for something tangible, like some payment for their work so they will take a back seat and let others get involved. Other women have taken it forward and are making sure that they are doing something about it. [KI KZN]*

This is a clear account of ALN effectiveness at capacity building within partner organisations in

relation to transference of skills in order to engage in community based research, running community dialogues and using this as a preferred activity over big events with speakers as well as gaining experience in facilitation skills.

*Firstly the community based research; we can do research now when we want to. ALN is using the community dialogues and I think I am an expert now in community dialogues. I have decided to do away with big events where you have speakers and so on and stick to community dialogues, in community dialogues everybody has a chance to say whatever they want to say and then together we come out with a solution. I think the community dialogues and the focus group discussions are the way to go. [KI KZN]*

*Another thing I gained from ALN is the facilitation skills, with ALN the way the facilitate discussions it is not like any other organisation because in most cases you find someone in front giving information and leading the group but with ALN it is a matter of asking questions and making sure that you get everything from the participants so that I make sure that I use that skill. [KI KZN]*

An ALN 'volunteer' in the Western Cape noted that ALN had strengthened her and other women to stand up and act on issues affecting them, that they can access redress and can identify services, such as the Equality Court, to take cases forward.

*Especially my experience of ALN they made us stronger, I never had the self-confidence to stand up against people who swore at me, I never had the confidence to go make a case. Now if someone says something to me that I don't like I can pick up the phone and make a case, I also learnt about the equality courts. [KI WC]*

This participant notes that it is only those women actively engaged with project activities that will be able to take action against service providers who violate their rights. This speaks to the need for more outreach activities to more women regarding ongoing sustainability of the project goal. The participant states that she can continue to expand on the work she is doing if ALN considers a stipend and that ALN should consider expanding its base of volunteers.

*Much more as before we did not know where to go and how to help ourselves. We know now that if you treat us the wrong way we can say listen why are you being rude to me, I wasn't rude to you and I have my rights. For instance the nurses and the police, but it is only those who have been ALN trained from the workshops and such. [KI WC]*

*For me there is not enough of ALN out there. I am a stronger person now, I made a suggestion to Gahsiena, I have the knowledge now and why don't you take us (ALN Volunteers) to work in the community on a small basic salary. We have to take transport to areas, sometimes two taxis, to places with no knowledge of ALN. For instance if I talk to a person in public I do it so the next person hears and then they ask me where do I get my knowledge and then I can tell them about ALN. [KI WC]*

*We want ALN to stay alive; if the volunteers can expand for ALN it will be good. [KI WC]*

In an interview with a community based organisation in the Eastern Cape a clear link emerges between the establishment of the organisation and engagement with the project and that the organisation's members had been empowered, with women being able to take action against rights violations.

*I was involved with ALN before I established the organisation 'Network of Women for a Better Life.' The reason that I came up with the Network, in the Eastern Cape we didn't have any organisation like this focussing on human rights. When we were doing the research with ALN about three years ago, cases were going to court regarding domestic violence then we did not know what happens to the cases so we decided to establish the organisation to follow up with cases with the police and the victim support centres. We also run workshops to train women about their rights. [KI EC]*

*ALN is working fine with us they did a lot of work this side because other women know their rights and when they are violated and then they are not strong enough to stand up. So now we did workshops so that women know they can stand up and go to the social worker or the police station. ALN empowered us as before the women were scared to go to court. [KI EC]*

She spoke to the need for funding and resources and that they have ongoing communication with ALN.

*We are working fine with ALN. They are assisting us with our work like we went to ADDO and we explained to the people what work we are doing. We do need more assistance and more sponsors. We are a small organisation trying to get support. [KI EC]*

In an interview with a representative from the SAPS Domestic Violence Unit in Mitchell's Plain it is clear that ALN is seen as a strong link in building and/or restoring trust between the police and the community. This has been achieved by bringing the community to the police station as a meeting venue for the community dialogues, training volunteers within the domestic violence assistance unit on how to deal with 'victims' of domestic violence and managing disclosure from 'victims' and working together on activities towards addressing violence against women and HIV.

*We are trying to build and restore the trust between the police and the community hence ALN is a link, they have brought the community to the police station and they also gave workshops to our volunteers, who deal with victims of domestic violence, they trained them so that when they deal with victims or people living with HIV they know how to deal with them should they disclose, although here at the police station we do not ask if you are HIV positive or not, but should they disclose we need to know how to deal with that and know where to refer that person. [KI WC]*

*We worked together with them doing door-to-door campaigns and if they talk about HIV and AIDS we talk about domestic violence, as these are linked. ALN believes that in unity we can fight domestic violence, we as all the stakeholders, we stand together and the community can see that and say this is also what we need to do. [KI WC]*

When asked if there had been changes in the way they work, the participant indicated that policies and procedures have not changed but their approach has in relation to dealing with victims. They are able to listen and understand the situation and help, this relates specifically to instances where the victim discloses her status. They are also very aware of the need for follow

up counselling and support and can refer to ALN.

*We have not changed but the way we are dealing with victims has changed, it is more courteous in a way, how do I put it, should a victim disclose we know how that victim is feeling, we need not to sympathise (ALN taught us) we must be emphatic, don't feel sorry for the person, listen and understand the situation then you can help the victim. Some of the victims have gone for counselling but they don't have a support group, then we can refer to ALN. Support groups are so important, meet people who have the same sickness and you can know it is not the end of the world. This is a positive direction that ALN guided us to. [KI WC]*

When asked about structural changes to facilitate access to services there was recognition of ALN striving for the right to confidentiality and attributing structural changes within the police service to their efforts, namely a dedicated room for taking statements within the police station.

*This room we are sitting in might be one of them, although they maybe didn't fight for this room, they are fighting for confidentiality. This is a room for taking statements, we have a dedicated room to take statements, the person will not be talking at the front desk, but here in confidence in this room, so this is one of the things to promote confidentiality and this room has been dedicated for this for two years now. [KI WC]*

The participant acknowledged that there is a strong working relationship in place with ALN that they want to continue with.

*We will continue working with ALN; definitely, we cannot afford to lose that relationship. [KI WC]*

There is evidence that the advocacy component is being taking forward by partner organisations and individuals engaged by the project. In an individual interview with a participant in the Eastern Cape there was clear engagement and plans to continue to engage at a level of advocacy and lobbying for change, and she speaks with confidence as representing the Metro area, to the need for challenges regarding health services to be addressed at a national level with the Health Minister and for participation in government led

conferences addressing women's issues so the needs and realities in relation to gender violence and HIV are spoken to. Talks to the need to be visible in government led events and present the evidence (research) of women's realities on the ground in relation to gender violence and HIV.

*Numerous times the district managers sit in and hear what our challenges are and so far nothing has happened, yes we know that the hands of the department are slow, but the project is 3 years in existence and even before that there was cry out so you need to take this up nationally, even if it has to go to parliament and we need to make Aaron Motseledi aware that all is not well in the Department of Health, the Minister of Justice all is not well, that these reports that they are getting, they are not a true reflection of what is going on within their departments locally. So if we have reached that I am not sure but that is one of the recommendations that this metro made and worked very hard on. [KI EC]*

*Those conferences we need to penetrate them, we need to sit down with people we need to say here is the research; this is what women are saying. [KI EC]*

In an interview with a volunteer in the Western Cape it was noted the advocacy work that must go forward, that the 'women's demands' must reach people in Parliament and the Government must be aware of ALN.

*ALN did their best in the dialogues, I am just unhappy that our demands didn't reach people in parliament. ALN is an eye on them saying listen to the community instead of listening to yourselves. The Government must be aware of ALN, as they are the only organisation fighting for the community. This is the forward way. [KI WC]*

Regarding advocacy activities, a participant from a community based organisation in the Eastern Cape spoke to ownership of the project in that the demands were very clearly communicated as coming from the women themselves with the assistance of ALN. She further relates how advocacy activities within the health facilities are moving forward independently from ALN and that ALN is running a parallel challenge.

	<p><i>We met with facility managers around the ten demands we developed with ALN, and presented these as coming from the women of the Eastern Cape with the assistance of ALN. We met with the Ward Councillor and emphasised that this was our information, our cry for help. [KI EC]</i></p> <p><i>The facility managers, they think that we do not understand health policy and they have attitudes. We are addressing changes, we go to individuals and we ask the facility manager at Imbizos, we talk about the suggestion boxes and complaints issues. We are also trying to address the opening and closing times of clinics. We are also asking the facility managers to address staff attitudes. ALN is also challenging them in this regard. [KI EC]</i></p> <p>What has surfaced in the evaluation was the crucial role informational materials, fact sheets, toolkits and newsletters played, and continues to play, in raising awareness around violence against women and HIV, as well as where and how to seek redress. ALN made use of a range of its materials within this project, and this is an important tool for sustaining the project going forward.</p> <p><i>Materials, we get from ALN. Every time we go to a dialogue they make sure we have materials to take with us to read. [KI KZN]</i></p> <p><i>Yes we are using ALN information a lot, the booklets and the research report. When I am opening meeting I use the report and other ALN information. [KI EC]</i></p> <p><i>HIV and the law: it helped me to understand the legal issues involved in HIV. [KZN SP FGD]</i></p> <p><i>ALN gives us more information; I can give it out to others, like their pamphlets and materials. [EC SP FGD]</i></p> <p><i>ALN came here and informed us and educated us about our rights, came to say these are your rights as women. They even give us those books, the Constitution and it's up to us then. [EC SP FGD]</i></p>
<b>Conclusions</b>	ALN made concerted efforts to capacitate and expand the partner organisation base that this

project required to sustain itself beyond the project cycle. There were factors such a lack of funding and skills sets within partner organisations that were beyond the ambit of ALN, with resulting losses to the project. Women themselves increasingly organised independently from ALN, particularly in the Western and Eastern Cape.

There were high levels of engagement and ownership by women evidenced within the evaluation. A new organisation was formed in the Eastern Cape as a direct result of the project and support groups have formed as well as small groups in KwaZulu Natal and Eastern Cape communicating through free communication channels, such as 'whets app'. ALN has committed to sustaining core elements of the project across the project areas.

## 9.5 Impact Question

<b>Evaluation Criteria</b>	Impact
<b>Evaluation Question</b>	What are the unintended consequences (positive and negative) resulted from the project?
<b>Response to the evaluation question with analysis of key findings by the evaluation team</b>	<p>The overall increasing willingness and preparedness of women, their communities, and community-based stakeholders to engage with the project was an unexpected consequence in relation to the constant pressure on ALN to host more frequent discussion forums, capacity building sessions and meetings. This was evidenced from the outset with the research, which resulted in a far 'broader' baseline of data than expected, and grew in momentum as women, and particularly community based stakeholders engaged with the research findings, moved into community awareness raising work (door-to-door campaigns) and increased their demand on ALN for capacity building and training events. The visibility of the project within communities also led to requests for similar engagement in other areas. This 'unexpected' consequence, as it were, was positive in terms of the reach and impact of the project, but created challenges for ALN in terms of particularly human resource and time with regards to meeting and sustaining these requests.</p> <p>The impact that collaboration and implementing activities had on partner organisations in this project was an unexpected result, particularly with regard to SAPWA in KwaZulu Natal, whereby this collaboration greatly impacted on their capacity, profile and visibility at a community level, which subsequently led to the organisation expanding its activities to other areas in KwaZulu Natal. Similarly community based organisations and structures emerged such as support groups of women in KwaZulu Natal and ALN identified volunteers Western Cape.</p> <p>There were stakeholders that ALN did not include as an anticipated target group that showed interest and engagement with the project, including the religious fraternity and learners/educators, who expressed their willingness and preparedness to be part of a collective solution to enhance women's rights protections in the context of HIV. However, while this should be, in and of itself, seen as a 'success' of the project, the additional</p>

demands of responding to these new opportunities were challenging to manage at times, demands that were not planned for or resourced.

The often extreme ad-hoc nature of engagement with policy makers and implementers during this project, especially at the decision-making level, was not expected and created great pressure on ALN to respond to meeting requests from Clinic Managers and Police Station Commanders with, at times, extreme short notice. Although ALN was in a position to respond to many of these requests, this did impact on logistical arrangements, with often-unplanned meetings having to be scheduled in at short notice when travelling to provinces.

**Themes emerging with regards to HIV disclosure**

It is crucial to ensure that 'safe spaces' created as part of project implementation do not create risks for women living with HIV outside of these spaces.

Many spaces facilitated by ALN were experienced by women as 'safe' spaces, which often resulted in women disclosing their HIV positive status as part of the engagements and discourse at these events. This was not anticipated and although ALN fully recognised women's autonomy in whether or not to disclose their HIV positive status at these events, there was also a sense of organisational responsibility on the side of ALN, as they could only provide 'safety' for as far as the immediate event, but had no control over the potential risks women could face subsequent to disclosing their HIV status at an ALN facilitated event.

Responding to this situation, ALN followed up, as and when possible, to ascertain that women's HIV status disclosure at the event did not expose women to further violence and abuse after the event.

In the focus group discussion with women in KwaZulu Natal, participants discussed what they described as 'forced disclosure' during door-to-door work whereby community members wanted to know whether they were HIV positive, as only HIV positive persons could speak to issues of HIV from their own experiences.

*For me if you talk about HIV positive issues to people in the community you must say 'I'*

*because they want to understand if you are positive yourself. They want to know that this person I am talking to, she herself is HIV positive. If you say you are talking about another person they don't want to understand what you want you to share. It is like false disclosure. [KZN CW FGD]*

*As SAPWA we are an organisation of women living with HIV, cancer and survivors of gender-based violence. We are a community based organisation that goes out to talk about issues, we are talking to the community about rights, HIV and gender-based violence and there are times when community members will only give you a chance to educate them once they know you are living with HIV. [KZN CW FGD]*

*There is an expectation to disclose your status for them to listen to you. We are not going to listen to you if you are negative. [KZN CW FGD]*

*It is like forced disclosure. [KZN CW FGD]*

In the Eastern Cape participants in the focus group discussion were speaking to the need to expand the project, and engage more people, but that in order to do that they needed to break down the perception within the community that the workshops and meetings within the project were for HIV positive persons only.

*ALN must stay and involve more community members more broadly as when you come to these meetings they say it's those HIV positive people's thing again. The nurses, everyone must come to them. [EC CW FGD]*

Lastly in the Western Cape, in an individual interview with an ALN 'volunteer', it was reported that she received a call regarding ALN services and was then asked if she was HIV positive, the 'volunteer' responded by clarifying that the work was around human rights and not focussed on HIV status.

*Like two weeks ago I had a phone call, the lady got my number from one of the pamphlets, I hear you are from ALN and I said yes and she asked if I am HIV positive and I said it is not*

*about whether you are HIV positive or not, it is about human rights. [WC CW FGD]*

This nuanced and complex interplay related to HIV and disclosure, perceptions of the project, ALN's name, AIDS Legal Network, all contribute to potential exposure to discrimination and rights violations of the women engaging in the project. ALN recognised and put processes in place to protect against potential discrimination following women disclosing at ALN events. In future the other areas where women who participate in projects with a similar focus could be exposed to discrimination and rights violations regarding HIV status, these need to be anticipated, surfaced and strategies addressed to counteract and reduce this with the women themselves.

**Themes emerging regarding inter-generational relationships**

During the focus group discussions particularly in the Eastern Cape and KwaZulu Natal, the issue of inter-generational relationships surfaced. This was an unexpected area of focus for ALN, and one that will be followed up with and integrated into ALN's programme of work going forward.

During the focus group discussions participants spoke around how engagement with the project had led to changes in parenting styles, including ceasing corporal punishment, treating children as autonomous beings and avoiding gender stereotyping. There was a discussion and recognition that this way of parenting has the potential to influence and decrease gender-based violence in the future. In the Eastern Cape a participant spoke to sexual orientation and it seemed an acceptance that children had a right to determine this.

*Then one time Gahsiena says why when you have two kids, a girl and a boy, why do you say to your boy you cannot wear dresses, then it was like who told you a boy must wear trousers. As a parent why do you not accept your children if they are you know this gay thing and this tomboy thing, when we have this attitude we do abuse when we don't accept the status of our children. She comes with ideas that we don't know and this helps us. [EC CW FGD]*

Around parenting, participants in KwaZulu Natal recognised how equal treatment of children can address gender violence as well as the potential in parenting practices to violate

	<p>children's rights.</p> <p><i>I have two children, a boy and a girl and I treat them equally, she does not make the girl only wash the dishes while the boy goes and plays, she treats them equally and expects them to treat each other equally also. This also addresses gender-based violence. [KZN CW FGD]</i></p> <p><i>She does not hit her child, if there is something the child has done that she did not like, she will sit down with the child and negotiate with her, especially as a women she does not want her rights to be violated so she is making sure that her children's rights are not being violated. [KZN CW FGD]</i></p> <p><i>What she has learnt so far from the training is that she needs to talk with the child on the same level, not stand on an authoritarian manner and speak down to the child so actually communicate on the same level. [KZN CW FGD]</i></p>
<p><b>Conclusions</b></p>	<p>A main unintended result was related to the increasing willingness and preparedness of women and all the other stakeholders to engage with the project which resulted in constant pressure on ALN to host more activities and respond to stakeholders that were unanticipated and to requests outside the project area that were unplanned for.</p> <p>The expansion of existing as well as development of new partner organisations through their collaboration and participation in events was an unintended result as was the diversity of unanticipated stakeholders engaging in the project, including the religious fraternity and educators/learners.</p> <p>An unanticipated result that had the potential to impact negatively was that of women disclosing their status at project events, with the resultant concerns that safety could only be provided at the event itself but there was no control over the potential risks women could face subsequent to disclosing at ALN events. Related themes were that of being asked to disclose status when engaging in community education activities as well as the project overall being perceived of as for HIV positive persons only. This nuanced and complex interplay related to HIV and disclosure, perceptions of the project, ALN's name, AIDS Legal Network, all</p>

	<p>contribute to potential exposure to discrimination and rights violations of the women engaging in the project. ALN recognised and put processes in place to protect against potential discrimination following women disclosing at ALN events. In future the other areas where women who participate in projects with a similar focus could be exposed to discrimination and rights violations regarding HIV status, these need to be anticipated, surfaced and strategies addressed to counteract and reduce this with the women themselves.</p>
--	--

### 9.6 Knowledge Generation Question

<b>Knowledge Generation</b>	<p>What are the key lessons learned that could be shared with other practitioners on Ending Violence against Women and Girls?</p>
	<p><b>1. Women’s pervasive lack of trust in the effectiveness of services particularly redress mechanisms</b></p> <p>The overarching goal of this project was <i>to enhance women’s access to, and benefit from, available HIV prevention, testing, treatment, care and support services without fear of violence and other rights violations.</i></p> <p>A main indicator of the effectiveness of the project in achieving its overall goal was that women in the project communities report that they feel able to trust that service access will be of overall benefit to them. As the project progressed it was increasingly evident that there was an ongoing lack of trust in the effectiveness of services including redress mechanisms. This mistrust particularly of redress services and procedures, was prevalent amongst women across all the project areas, with barriers identified including fear of what might happen to family members; uncertainty about what charges should be laid (those perpetrating violence/violations) as well as the lack of resources to bribe officials. Within this project it was found that women reported incidences of abuse to ALN, but not necessarily to the police.</p> <p>Utilising complaints procedures in relation to rights violations in health facilities was also seen as a complex and difficult avenue of redress to follow, as a participant in the focus group discussion</p>

in the Western Cape explained.

*With my daughter she was also advised through the doctor of Groote Schuur Hospital to lay a complaint against the staff at Mitchells Plain Maternity Unit but then she was not willing to take that charge further as it is over and its going to be a very long process, laying a claim takes very long, she will have forgotten about it and she does not want to open the sore again and again. And again and it will take a long while to complete. The processes is too long like if I lay a complaint it takes about 6 months to get seen too for the first time. The process needs to be speeded up a bit. [WC CW FGD]*

The lessons learnt were:

1. The enhanced levels of legal literacy and greater capacity of the women involved in the project to identify rights violations and the 'know how' on various avenues for seeking redress only improves the potential of enhanced access to services and to the utilisation of redress mechanisms, with the lack of trust in the effectiveness and 'safety' of services remaining a barrier. Responding to this, there was evidence emerging in the project that women have formed 'support structures' to assist each other in seeking redress.
2. There is no natural progression and/or correlation between women's increased ownership, leadership and participation in project activities including evidence building, advocacy and beginning to hold service providers accountable in public meetings, to greater trust in the effectiveness of services, including redress mechanisms. Women showed that they were however more prepared to 'demand' effective services and protection of their rights.

## **2. Approach of 'Advocating For' the protection of women's rights**

The evidence base this project generated (research report) contained detailed findings regarding a range of rights violations that could potentially lead to service providers becoming defensive and reactive within the project activities. In order to ensure ongoing engagement with service providers, ALN adopted the approach of 'advocating for' the protection of women's rights within service provision and at a community level, as compared to 'advocating against' the occurrence and prevalence of rights violations experienced by women living with HIV.

	<p>This was a highly successful approach, although not equally across all the project areas. Service providers were indeed willing and prepared to be part of the solution and to become agents of change so as to enhance women's access to and benefit from available services, including redress mechanisms as and when rights violations occur.</p> <p>This approach served to increase levels of participation of service providers in, for instance, Community Dialogues and capacity building sessions, as well as attracting new service providers and higher-ranking personnel.</p> <p>An example of new entrants was that of increased involvement of the Judiciary in the Community Dialogues that pointed to the need for increased awareness raising among women and their communities about the Equality Court as one form of redress. This engagement also strengthened ALN's relationship with the Courts, thus assisting ALN in their work around providing support to women whose cases were in court.</p> <p>Another example was the working relationship established with, and the ongoing support and engagement of the SAPS Domestic Violence Unit and the SAPS Sexual Offences Unit in Mitchell's Plain in the project activities. This ranged from participation in Community Dialogues and 'door-to-door' awareness raising activities to capacity building sessions with SAPS and members of the victim empowerment programme. This greatly enhanced the extent to which ALN was able to facilitate conversations and build bridges between women and service providers, especially in situations in which cases brought forward were not being readily responded to. This working relationship allowed ALN a greater degree of space to make interventions into their policies and practices.</p> <p>The long-term engagement with women, their communities and service providers across all areas contributed to not only an increasing 'core group' of women, but also the formation of a 'core group' of services providers, most notably health care providers and police, who actively engaged with the project activities and processes, most notably within Community Dialogues.</p> <p>This, combined with adopted approach of 'advocating for' the protection of women's rights within</p>
--	--

service provision and at a community level, as compared to 'advocating against' the occurrence and prevalence of rights violations of women living with HIV, has resulted in increasing numbers of community members, civil society organisations, and service providers being involved, participating, and becoming part of the solution.

This approach also facilitated service providers, especially the police and the judiciary, to utilise platforms such as within community dialogues, to encourage women to 'speak out' and access redress available, such as the Domestic Violence Unit in Mitchell's Plain and the Equality Courts, which continues to be heavily underutilised as a form of redress for HIV-related violence and rights abuses.

It was recognised that whilst the 'advocating for' approach was very effective for ALN to facilitate conversations and build bridges across various stakeholders, increasing the likelihoods for change, it did not necessarily lead to timely and efficient translation of such commitments into practice. This often led to frustration and anger, interpreted as a lack of urgency by women of their concerns which, at times, reverted women back into a sentiment of 'against'.

### **3. Barriers to partner and community ownership of the project**

ALN was seen very much by partners and other stakeholders as 'in charge' of the project, and partners and participating communities tended to look to ALN for direction moving forward. Early in the project ALN recognised the need for greater partner and community ownership to develop towards ensuring ownership and sustainability of the project. There was a focus on engaging and addressing institutional capacity needs and efforts made towards increasing voluntarism in terms of people and time.

The lack of funding and capacity among community-based organisations and structures had a definite adverse impact on the extent to which existing and emerging partner organisations were in the position to follow through with commitments made to the project. These included following through with activities initiated, such as the 'door-to-door' awareness raising, as well as addressing issues as and when they arose, without necessarily falling back on the support of ALN.

While some of these challenges can be addressed through capacitating women, their communities and community based organisations on how to effectively advocate for rights-based responses and positive change, the general lack of resources and funding among civil society organisations at a community level will continue to have an impact on levels of ownership and sustainability.

ALN was very good at capacitating partner organisations as well as groups of core women to take the work forward, however there could have been more focus on imparting the ‘softer skills’ so to speak, that were mentioned and called for in the evaluation. The effectiveness of the ALN approach lies very much with the facilitation skills and ALN should consider a ‘train the trainer approach’ in future capacity building work.

*The second (on wish list) would be around community involvement, workshops for community to be exposed to facilitate workshops, to gain skills in running a workshop. [KI KZN]*

*Appreciate it if ALN would come and train and teach people things that they can take back to their communities and teach others. [KZN SP FGD]*

*maybe they could expand on their workshops and empower more women into going out there and training other women, especially around gender-based violence and HIV and AIDS link. [KZN CW FGD]*

#### **4. Capacitating Women**

ALN recognised that capacitating women and their communities on how to effectively advocate for rights-based and positive change has to be an integral part of programme implementation. It was evident that communities taking ownership of the research findings and subsequent advocacy activities, and who were truly committed to actions for change, did not necessarily have the necessary ‘capacity’ to implement solutions.

#### **5. Disclosures**

It is crucial to ensure that ‘safe spaces’ created as part of project implementation do not create risks for women living with HIV outside of these spaces.

Many spaces facilitated by ALN are experienced by women as 'safe' spaces, which often resulted in women disclosing their HIV positive status as part of the engagements and discourse at these events. Although ALN fully recognised women's autonomy in whether or not to disclose their HIV positive status at these events, there was also a sense of organisational responsibility on the side of ALN, as they could only provide 'safety' for as far as the immediate event, but had no control over the potential risks women could face subsequent to disclosing their HIV status at an ALN facilitated event.

Responding to this situation, ALN followed up, as and when possible, to ascertain that women's HIV status disclosure at the event did not expose women to further violence and abuse after the event.

#### **6. Different partners are needed to implement different phases of the work**

ALN learnt that with a multi-faceted and multi-activitied project, one has to look towards engaging and building partnerships with a diversity of role-players, who have the necessary skill set and experience in relation to the diverse activities. An example of this was that the partners who guided and contributed to the research component, were not necessarily best placed to implement awareness raising and capacity building around the findings.

Furthermore as the project progressed there was a snowballing effect in relation to specific groups such as the clergy and faith leaders that ALN had more limited experience in working with. It was recognised that more outreach was needed to potential partners, who typically work in these settings towards developing new partnerships, with both state and non-state services.

#### **7. Change happens very slowly**

Lasting change happens very slowly, and needs to begin from where people find themselves, within the complex inter-relations in people's lives, including geographical, cultural as well as intellectual. This project, given its duration over three years provided an opportunity to engage on a deeper and ongoing level utilising a methodology that is based on meeting people where they are, with the understanding that for people to internalise new information, attitudes and practices, it has to originate with them.

Newly acquired knowledge and understanding is not always and automatically applied into new practice and behaviour, and the project sought to understand and address, where possible, the multiple barriers between the two throughout the duration of the project.

This was a lesson learnt in being clear from the outset of the slowness of change, building this into the project design, and managing expectations from multiple stakeholders, including staff, partners, donors and project participants, towards avoiding frustrations arising from the perceived slowness of longer-term change.

#### **8. Engagement with the media**

Media coverage in general within this project has been isolated and difficult to maintain. There was a lot of media coverage of the launch of the report, and some very positive media engagement at the local community level, as well as with the advocacy activities, particularly the marches. ALN has learnt that going forward, they need to put more focus on utilising social media as well as explore entry points towards developing a deeper and more sustained media engagement, for example, through partnership with community radio/press in the target communities

A partner organisation, SAPWA, also noted difficulties with media misrepresenting the research findings and subsequently having to correct these to colleagues questioning this. However a positive experience was the march for non-violence whereby the media sent a preview for them to check. This points to the need for capacity building amongst partner organisations in managing and engaging with the media.

*Yes, we had media when launching the research report and when we marched, as well as within some of the community dialogues. A newspaper covered the dialogue and everyone was calling me afterwards asking why I said that pregnant women should not test for HIV. I had to explain that no, we are not saying that women must not test for HIV, but we are saying that women must have enough information so that they can make an informed decision. No one must force pregnant women to test. Another question they asked was that now that you are involved in human rights, you know that women they get so aggressive because of the human rights issues*

*and I had to explain that was not the case. [KI KZN]*

*The media covered the march very well and people called to say well done and were very supportive. The TV, radio and newspapers, before they published the story, they sent it to me to check, asking is this what you were marching for and this gave me an opportunity to correct it first. The media that covered the march covered it correctly and gave the people the support and informed others who didn't know about it. [KI KZN]*

### **9. Lessons learnt around addressing structural changes within service provision**

Initiating structural changes within particularly the health facilities towards enhancing women's rights protections within service provision takes time, as some of these changes require ongoing provincial and national advocacy for national policies to be changed. It was found, for example, that when clinic managers were questioned about designated areas for HIV-related services, as well as a folder system that was indicative of client's HIV status, they were cognisant of the adverse impact this had on women living with HIV, but often justified these practices as emanating from national policy directives, and as such, would need to be addressed at that level.

The lesson learnt was that to affect change at this structural level ALN needed to engage in wider mobilisation beyond the project areas and provinces, as well as engaging wider support from state and non-state actors. ALN therefore initiated broader outreach, responding to requests from women, their communities and service providers in additional areas and intensified their engagement with SANAC Women's Sector processes at a national and provincial level, towards increasing the potential of policy makers and implementers into translating their commitment into actions for positive change. The additional community-based structures and organisations engaged are not directly focused on HIV and/or women's rights but have the potential to increase community mobilisation and exert influence at a national level towards structural change within service delivery

### **10. Engagement of diverse stakeholders**

The ability to participate in the various capacity building and training activities that were ongoing within the project was constrained by the daily realities of life for all the stakeholders. These relate to the challenges based on daily life routines, including childcare, work commitments and

	<p>co-ordinating time schedules.</p> <p>Service providers were willing to engage, for example, in capacity building sessions but struggled to attend due to particularly work commitments and time schedules and this led to difficulties for ALN to engage in focused service provider sessions for one 'sector' and consequently one and two day sessions were facilitated with a range of different service providers. This did impact on the scope and intensity of the session, due to the varying realities of service providers participating.</p> <p>Similarly, while women participating in the three hour capacity building sessions, particularly in Mitchell's Plain, continuously expressed the need for longer sessions towards deepening their understanding of rights protections based on, and in the context of HIV, they did experience challenges based on their daily routine, including child care, which made it difficult to engage with and participate in longer activities.</p> <p><b>11. Generation of information and knowledge through engagement with women</b></p> <p>The project generated a considerable amount of knowledge production including the research report, the fact sheets, advocacy materials as well as others produced during the project, these are invaluable with regards to knowledge generation and can and are being widely shared by ALN. As such they have no expiry date, not only from a timeline point of view but also because ALN is using and will continue to use the materials generated during the life of this project across all the provinces and across all their work.</p>
	<p><b>Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</b></p>
	<p><b>Introduction</b></p> <p><i>The project confirmed for us that the approach we are using such as going to where the community is, that the community defines the content and speed of processes, including learning processes; all of these confirmed that this is the right approach if you want ownership in the end. This is not a new methodology, and it is not an easy one, it can be messy and chaotic, never on time, etc, but it is an effective methodology in achieving change. [ALN Executive Director, Dr</i></p>

Johanna Kehler]

ALN applied practices and methodologies within this project are based on the need to meet people where they are, and the belief that in order for people to internalise new information, attitudes and practice, these must originate with them.

These practices and methodologies employed are not new to ALN and were scaled up within this project. Nor is their 'facilitation style' that is focused on facilitating processes of understanding and thinking, encouraging reflection and re-evaluation of responses and leading to participants realising, within the context of this project, not only the meaning of rights in the context of HIV, but also the implications of their own assumptions on prevailing rights violations in the context of HIV.

It is highly interactive and participatory whereby facilitators present a range of scenarios to introduce concepts of equality and rights, without giving much input but allowing participants to process and reach their own conclusions. As such, facilitators do not provide 'right or wrong' answers, but instead might challenge participants' understanding and thinking, as well as attitudes and beliefs by asking the same question with a slightly different scenario to encourage participants to question their own assumptions, or simply ask 'why' participants have responded in this way.

This 'unique' facilitation style is often remembered and referred to as 'different', as these sessions facilitate processes of understanding and realisation in the context of participants' lives, as compared to giving information in a vacuum.

Women and Service Providers involved in the project had this to say about ALN's approach during focus group discussions and interviews.

*Another thing I gained from ALN is the facilitation skills, with ALN the way the facilitate discussions it is not like any other organisation because in most cases you find someone in front giving information and leading the group but with ALN it is a matter of asking questions and making sure that you get everything from the participants so that I make sure that I use that skill.*

[KI KZN]

*The other workshops they do it, like if I am a facilitator, they facilitate, they don't get you to join in with the conversation, they don't do the dialogues. ALN (she) makes the people debate what is happening in your homes, even if you don't know each other; yes she is very good at that. She makes them speak, even if you are just sitting there she asks you what do you think about that and then you talk. [WC SP FGD]*

This facilitation style coupled with an approach of flexibility, meeting people where they are, ensures responsiveness to specific realities and needs of women (and other key stakeholders), and facilitates greater ownership of processes and actions especially by women living with HIV and their communities. It allows for the flow of activities to largely be defined by women and other key stakeholders, and not ALN, which in turn enhances community-based ownership of not only, for example, the research findings and its recommendations, but also of the solutions to address violence against women living with HIV both at a community level and within service provision. Lastly community-specific 'problems' and 'solutions' are identified and implemented, as compared to the same approach being followed and applied in all the participating communities.

#### **The integration of project-specific advocacy material and messages into organisational activities**

ALN scaled up another existing methodology namely the integration of project-specific advocacy materials and messages into organisational activities and organisational advocacy material and messages into project activities. This meant that materials specifically generated within the project were utilised across the organisations work programmes and similarly organisational materials such as the newsletter on women's rights and HIV (Mujeres Adelante), are distributed through project activities.

#### **The activities that underpinned the project**

Given the approach as outlined above the activities or outputs within the project were very interlinked and interdependent, as it were, on each other. Thus when looking at promising practises emerging within this project, it is necessary to emphasise that the effectiveness of the practice is dependent on the approach as well as other practices underpinning and facilitating

the effectiveness thereof.

ALN engaged in a series of interlinking and mutually enforcing activities and strategies towards achieving the overall goal of the project. These included engaging women in the participating areas in generating an evidence base, in community awareness raising, in awareness raising, capacity building, and knowledge gain around particularly the intersection of violence against women and HIV, as well as rights and legal literacy in relation to access to services and redress mechanisms. Other stakeholders engaged included partner organisations and service providers from community-based organisations, non-government organisations and government services, particularly those from health and police services.

The main activities comprised of:

- Research
- Training workshops
- Micro Training
- Capacity building sessions
- Stakeholders Meetings
- Community dialogues
- Follow up meetings

The progression of these activities was interlinked, and their purpose and function changed as the project evolved. For example, the community dialogues evolved from primarily awareness raising and capacity building spaces to advocacy spaces for the women engaged in the project. The research activity was a crucial entry into the respective project areas, engaged women as participants in developing evidence of the needs and realities of women with regards to gender violence and rights violations within services that were area specific, and were used and will continue to be used as an awareness raising and advocacy tool at a level of community, services and programming.

In Mitchell's Plain and New Brighton women linked 3 hour sessions with women and communities to the 'door-to-door' activities and this greatly impacted on women's sense of

'ownership' of this particular activity, as women were the ones mobilising for both the capacity building sessions and the awareness raising activities. This linking of activities not only increased levels of engagement, but also increased the number of people reached within these activities. 'Clinic talks' have also evolved in a similar manner as an outreach activity aimed and awareness raising and capacity building among service users and service providers exposed to this to a lesser extent within the clinic setting.

It is evident that the ALN approach had mobilised women across the project areas, women who participated in the research began organising around it in their communities, engaged with service providers to identify solutions, and took the lead in community-based activities and their numbers continued to grow. A group of women in the Western Cape, who identify themselves as 'ALN volunteers', have formed a 'support group structure' that meets regularly. The flexibility and responsiveness that is embedded in ALN's methodology has, in the last six months of the project, resulted in activities expanding to additional areas in all provinces and new working relationships with community-based organisations and structures were formed that can take the project goal forward.

#### **Activities**

##### ***Community Dialogues***

These dialogues are 2 to 3 hours debates with community members, and service providers. The dialogue has a theme (e.g., Women and HIV: Where are the human rights in service provision?) and a panel of 3 to 4 speakers from community-based structures, organisations and service providers presenting on the issue, with ALN facilitating and responding. After these short presentations, participants engage with the viewpoints put forward, and collectively identify tangible solutions of how to address the issue discussed.

##### ***Stakeholder Meetings***

These are focused engagements with community-based stakeholders, including governmental and non-governmental service providers. The ALN approach as outlined above ensured that these meetings engaged stakeholders in a manner of collective responsibility to identify solutions and implement actions for positive change, not blaming service providers.

### **Training workshops**

These sessions, ranging from 3 hours to three days focus on understanding, and subsequently realising and claiming human rights.

In an interview in KwaZulu Natal a member from a community-based organisation noted that the training workshops were effective in capacitating and shaping the programmes of other organisations engaged in the project and exposing them to human rights-based approaches.

*The training was an eye opener for organisations and also it sensitised the other organisations because most will say that they are human rights based organisations when most are only that on paper. It was capacitating and shaping the programmes of other organisations to also use the human rights approach. [KI KZN]*

### **Capacity Building Meetings**

In their response to especially women's realities and needs, ALN also developed various forms of 'capacity building sessions', including smaller meetings and half-day sessions, in which women largely defined the content of discussion. And while this approach at times was felt as 'messy' and made it difficult to adhere to activities as outlined in work plans, it did ultimately ensure that women identified with the project, owned particular aspects of the project, and defined to an extent the pace, order and focus of activities.

### **Follow up**

Another existing approach that was scaled-up in this project was linked to following up on requests for additional meetings and/or capacity building sessions as and when possible, although they were not necessarily catered for in the work plan of this project.

### **Good and promising emerging practice**

This evaluation found that the Community Dialogue stood out as a practice that was unique to ALN and that was seen as an effective way of bringing service providers and service users together to address the needs and realities of especially HIV positive In the context of the project, these spaces were facilitated to:

- Further engage with the research findings, recommendations and implications for

programming;

- Decrease the gap between women's experiences of violence and communities' and service providers perceptions of violence against women; and
- Collectively identify solutions advocating for women's rights protections and greater access to services, including redress mechanisms as and when rights violations occur. Community Dialogues are felt to be safe spaces where issues and concerns can be raised without fear of blame or judgment. The aim is not to hold someone responsible for failing, but to find collective and workable ways forward.

**Outcomes**

The engagement and debates at these Dialogues often led to the expressed need by women and their communities to not only continue with these discussions but, for example, to have the particular people at these discussions, such as the Station Commander or Clinic Manager. Responding to these needs, ALN would then reach out to the identified service provider to ensure their participation at the next Dialogue.

Within this project the Community Dialogues evolved as 'safe spaces' where issues and concerns could be raised without fear of blame or judgment, and find collective and workable ways forward. These were 'safe spaces' for engagement and discourse between women, their communities and service providers. They increasingly became 'unique spaces' for women to hold service providers accountable for the lack of quality services and the lack of human rights protections both at a community level and within service provision. As such they evolved from primarily awareness raising and capacity building spaces to advocacy spaces for the women engaged in the project. This included calls for direct actions such as marches, petitions and protests at a community level demanding rights protections and quality health services across the project areas.

**Evidence that community dialogues can be introduced into other organisation's work programmes**

An individual interview with a member of a partner organisation, SAPWA, indicated that they have developed the skill and adopted this practice within their organisation.

*ALN is using the community dialogues and I think I am an expert now in community dialogues. I have decided to do away with big events where you have speakers and so on and stick to community dialogues, in community dialogues everybody has a chance to say whatever they want to say and then together we come out with a solution. I think the community dialogues and the focus group discussions are the way to go. [KI KZN]*

There was also evidence of the transferability of this practice within government led facilities as shared by a member of SAPWA during an individual interview. There was recognition however that there could be funding constraints for this kind of activity.

*I am currently working for another organisation where I am trying to introduce ALN strategies and I see that they are willing, although I think there will be resistance to some of the other things. I am working closely with the municipality and the facility manager called me to say she had thought about the community dialogues and the workshops and could I send her the programme. If all stakeholders can do the same that would be great but I know some are funded by funders who will say no we want our money for this and this. Somewhere where we can manipulate funding the organisations can use it. [KI KZN]*

In the Western Cape ALN has developed a strong working relationship with the SAPS Domestic Violence Unit in Mitchell's Plain. A member of this unit was very clear about the benefits of dialogues and the Unit's intention to continue to invest and engage with dialogues. There was a call for other organisations to learn from ALN on how to conduct these dialogues. It is interesting to note that one of the major critiques of dialogues that surfaced during the evaluation was that of the community utilising this space as a complaints session, however this interviewee was of the opinion that this was acceptable and valuable as service providers then gained insight into what they needed to 'fix'.

*They can learn, especially about running community dialogues. Also at schools they tend to be a bit allergic about talking to the children about HIV and AIDS, they don't know what the parents are teaching them. Organisations should embark on this journey and invite youth to community dialogues. ALN does invite the school youth so they can learn about gender-based violence and*

*domestic violence and also HIV and AIDS. If they did not learn at home or at school they must learn from organisations. Not just hand out pamphlets; they should be engaging the youth. If teachers and parents are afraid to talk, for example, about condoms then organisations should not be afraid to talk about condom use. It is not promoting it but talking about it. If ALN is not in an area then no one is talking about it so other organisations must do this. [KI WC]*

*We go to a dialogue to educate the community, to talk about domestic violence and gender issues, but the community tends to deviate and table complaints regarding their dissatisfaction and/or lack of service delivery. It can be police, health and/or justice but we appreciate that because when they complain we get to know what we must fix or where we are lacking, as much as the idea is to educate the community, the community tends to complain. The stakeholders are presenting what they are offering so even amongst the complaints the community knows; right if I go to the police station and I am not receiving services in the right manner then this is the procedure that I must follow to lay a complaint. [KI WC]*

A member of the SAPS Domestic Violence Unit in Mitchell's Plain noted in an individual interview that the community dialogues were a space in which service provision in an area could be mapped out as it were by the diversity of stakeholders attending, this allowed both the community and service providers to know what was available, how each one operated and who to go to for what. So if a women needed a service she knew her options likewise if a service provider wasn't equipped to provide the particular service they also had more awareness of options for referral.

*What makes it important is that because we have community dialogues with all stakeholders, if for example someone wants to open a case, ALN can say to a person, go and see so and so, he/she can help you. [KI WC]*

*The stakeholders are educating each other on the services they are offering, so if someone approaches me about joining a support group, then I just phone Gahsiena and ask her if she has a support group in the area. [KI WC]*

Lastly the evaluation reveals that the role of the media, particularly the local newspapers, who

	have increasingly engaged with reporting on dialogues in the Western and Eastern Cape act as a kind of accountability mechanism that keeps communities informed of issues related to particularly issues affecting women and how these are being addressed.
--	---

### 9.7 Participation/Empowerment Question

#### **Participation/empowerment: How have the project activities been informed and led by the realities**

This project was grounded in the participation of women living with HIV and/or affected by gender violence with the core aim of engaging and empowering women to take ownership of the project processes and affect real positive change in their lives on a personal, family, community and access to services level. Therefore the 'success' of the project overall was reliant on being informed and led by the realities, needs and priorities and visions of women living with HIV and/or affected by gender violence.

ALN was clear from the outset that this project would be implemented within a participatory and collaborative approach with women living with HIV actively engaged in all aspects of the programme implementation process and taking up a leading role in the implementation of especially community-based awareness raising and advocacy activities.

The entry into the first activity within the project, namely the research, was facilitated by existing contacts and working relationships with women, community based structures and organisations in all the project areas. ALN then engaged in an exploration and planning process with all stakeholders, surfacing the needs and issues specific to each project area and then identifying partners and capacity building needs to take the research forward. The findings and recommendations were 'owned' by women across the project, were living relevant findings that formed the basis for addressing the other outcomes. There was clear evidence that these findings reflected the needs and realities of women, and women who participated in the research went on to organise around the findings within their communities, engaged with service providers to find solutions and took the lead within community-based activities. This also resulted in more women showing an interest and joining the project, as well as requested from women outside the defined project areas requesting that ALN work with them. This snowballing effect and increase in participation is indicative of the relevance this project had and continues to have for women.

The capacity building sessions, women's sessions and follow up sessions were informed by the issues and needs that women raised, these activities are highly interactive and participatory, whereby facilitators present a range of scenarios to introduce concepts of equality and rights, without giving much input but allowing participants to process and reach their own conclusions. This approach allowed for optimum engagement with the issues most relevant to the participants concerned.

In the evaluation women within the focus group discussions indicated that this approach allowed them to reflect on their own situations, gain insights and knowledge and develop their personal agency to act on their situations. The bringing together of women within different fora also allowed for the development of support structures, common identification of needs, priorities and visions for affecting change. This also resulted in women increasingly supporting each other to access services as well as redress when their rights were violated.

There were core issues and needs that emerged across the project area as well as different foci and issues that is indicative of participation and the space to explore issues and follow through with them. In KwaZulu Natal a clear political agenda emerged around addressing forced disclosure within PMTCT programmes, and in engaging with religious and cultural practices towards them being more engaged and responsive to gender violence and HIV. In the Western Cape women increasingly engaged with access to responsive police and justice services as well as access to responsive sexual health services for youth. In the Eastern Cape women focussed on issues and needs related to disclosure and prevention services including access to the female condom. The clergy and educators and learners were also a focal point for the Eastern and Western Cape.

The inter-linkages between activities and their organic nature allowed women to move from increased awareness, knowledge and insights to acting on their situations, and the evaluation surfaced a clear link between increased personal agency and activity and changes within self, families and approach to accessing services, and the move from individual action to collective within the project activities. [Please refer to the evaluation questions around Effectiveness Question 1 and 3 in respect of qualitative evidence thereof.]

The community dialogue activities moved from knowledge gain around services in relation to gender violence and HIV to increasing advocacy forums where women were able to bring specific needs and issues and seek solutions with the diversity of stakeholders present in a largely non-adversarial way. This in turn led to advocacy activities that were similarly non-adversarial and effective in raising the visibility of women's demands for, amongst others, safe and responsive services that respect, promote and protect their rights.

The level of participation within this project generated an evolving base of relevant information on not only women's experiences of gender violence and the intersections and linkages of this violence against women living with HIV, but also women's solutions and visions towards addressing this. This was an effective advocacy tool for advocating for change at a policy and programme level.

Lastly the level of participation and empowerment was clearly evident across the project areas within focus group discussions in relation to women requesting that the work continue, mostly with ALN but some indicating independent work without ALN. There is a

clear level of reaching more women and organising evident, with support groups forming in the Eastern and Western Cape, a core group in the Western Cape identifying themselves as 'ALN volunteers', new organisations such as Women for a Better Life being established in the Eastern Cape as a direct result of being engaged in the project and women in KwaZulu Natal and New Brighton forming what's app communication groups, is evidence of engagement and ownership, and the relevance this project has in the lives of the women concerned.

### **9.8 Human Rights and Gender Equality Question**

**Human Rights and Gender Equality: How has the project advanced the promotion, protection and respect for the human rights of the target community, and advanced gender equality among all stakeholders?**

This project set out to document and address women's experience of HIV-related violence and other rights abuses, with the overall goal to enhance women's access to, and benefit from, available HIV prevention, testing, treatment, care and support services without fear of violence and other rights violations. It consisted of a multi-pronged approach that sought to lobby policy makers and service providers, whilst at the same time ensuring enhanced levels of legal literacy and capacity to advocate for the protection of women's rights in the context of HIV amongst women and their communities. It sought to facilitate change at a societal level towards increasing access to HIV prevention, testing, treatment, support and care services free of violence and other rights abuses, and to access redress mechanisms as and when rights violations occur.

Within this context the focus was engaging women, within a rights based framework, to understand and act on particularly their rights to be free from violence and discrimination within their homes, communities and when accessing services, as well as the rights to privacy, confidentiality and informed consent in relation to health services and access to justice services.

ALN's approach ensured that activities focussing on rights and legal literacy capacitated women with the knowledge, understanding and agency to act to promote and protect their rights. In the evaluation women reported, for example, increased knowledge of the diverse forms of gender violence, and spoke to instances where they no longer accepted violence as the norm. They spoke to increased levels of engagement with the concept of gender equality and related incidences where they were trying to exert increased levels of equality within their homes. Women increasingly supported each other and mobilised around demands to be treated with dignity and respect and to be free from violence and other rights violations within the home, the community and within services they utilised. As the project progressed there were clear signs that women had developed confidence and personal agency to act on their situations and promote and protect their rights in a manner that engaged stakeholders in addressing and reducing rights violations

within their services.

The capacity building activities and direct engagement of partner organisations in project activities resulted in increased understanding of the breadth and scope of rights violations as well as the linkages between violence against women and HIV, hence raised rights literacy as well as facilitating the incorporation of rights based approaches into their work. Similarly there were reports that organisations beyond those of direct partners were capacitated and exposed to rights-based approaches that included integration of the needs of positive women within their work programmes and expanding their services to engage more in advocacy and promotion of women's rights.

Government stakeholders including health and police services, and particularly police services, were likewise increasingly engaged and receptive to the issues raised by women around services that protected, promoted and respected rights, and in addressing this within service provision. The police services engagement, particularly in Mitchells Plain, went beyond their initial scope of engagement, engaging, for example, in door-to-door work with ALN and addressing gender violence and promoting women's rights.

At a level of influencing policy makers the body of evidence produced within this project has been given a high level of visibility with particularly the SANAC Women's Sector and has been inputted in the development of provincial level advocacy agendas towards ensuring women's rights protections are included in provincial level strategic plans on HIV and AIDS. Representatives of the Sector were also engaged in capacity building with ALN on women's rights protections in relation to HIV.

Externally on a political level there were general elections in May 2014 which did impact on attendance of some stakeholders within activities. The dissolving of the Ministry of Women, Children and People with Disabilities after the general election in May 2014, that was one of ALN's stakeholders at a national level who was willing to engage on gender assessments of provincial strategic plans and sexual violence data analysis pertaining to women's access to comprehensive post-sexual assault healthcare services, including PEP, has impacted greatly on the consistency of engagement with policy makers at a national level.

Lastly ALN has and will continue to play a critical role in South African civil society as a leading human rights advocacy entity focusing on gender equality and women's rights within the HIV response, working across national, regional and international levels.

## 10. Conclusions

Evaluation Criteria	Conclusions
<b>Overall</b>	<p>Overall this project was effective in working towards the overall project goal, with a series of interlinked outcomes and outputs worked towards creating conditions where enhanced access to particularly responsive police and health services was achieved. Steps have been put in place to sustain these achievements and work towards addressing the challenges and barriers that arose during the project towards increasing and sustaining access to responsive services for positive women that are free from violence and rights violations.</p>
<b>Effectiveness</b>	<p>The project was highly effective in working towards the intended goal and over-achieving and exceeding in outcomes 1-3, namely developing a credible evidence base (research), engaging women and other stakeholders in capacity building, rights and legal literacy and addressing access to services. Lasting working relationships were facilitated between core groups of women and service providers across the project areas. The main limitations in achieving outcomes 4-5, related to achieving structural reforms at a service level and influencing policy and programme makers, to the extent that was planned were related more to unexpected results and challenges with particular reference to the difficulties in engaging the government health sector within activities, challenges of structural reform within government services that needed to attract more influence and be addressed at a national policy level, and the challenges experienced in influencing national policy programme makers.</p> <p>Targeted beneficiaries were far exceeded at a level of engagement in project activities overall with respect to women living with HIV (1,500: 3,209), Service Providers (30: 1556) and the public at large (1,200: 8,056). The project attracted a diversity of stakeholders not originally planned for or anticipated and engaged in areas outside the original scope of the project due to demand.</p> <p>The project was very effective in engaging and achieving positive changes with women across the project areas. Gains in relation to understanding of different forms of gender violence, understanding of their rights, what laws and policies say, as well as how culture and religion impact on gender violence. There was evidence of personal change and growth related to feeling empowered and improving skills sets that facilitated speaking out, engaging and addressing</p>

	<p>challenges, as well as recognising how knowledge gain could be translated into action on realising rights. Within this were emerging themes of individual responsibility, respecting diversity, reflection before acting, and engaging in non-adversarial approaches to claiming rights.</p> <p>Internal factors that contributed to the achievement of the project included existing technical expertise, the strength of funding over a three year period as well as efficient monitoring and management of the project overall. Challenges emerged related to the degree that partner organisations could increase ownership and sustain core project activities going forward; these were largely due to funding constraints. Externally the main factor slowing down achievement was that of existing relationships with national government departments towards influencing policy and programme changes being lost due to changes in their structures and in one case the ministry being dissolved.</p>
<b>Relevance</b>	<p>Overall the project strategy and activities implemented were very relevant in responding to the needs of women and other stakeholders, with the strategy of engaging where the community was and tailoring services to meet identified needs. The increasing engagement of women and other stakeholders in the project and the constant requests for more activities across the project areas speaks directly to relevance.</p> <p>There was evidence of ongoing relevance across the provinces with women wanting to continue with the project and the activities, noting that there was more work to be done. All the stakeholders that were engaged in the evaluation spoke to the ongoing relevance of the project.</p>
<b>Efficiency</b>	<p>Overall the project was managed efficiently within the framework of a long-term intervention that was multi-pronged and community driven and based.</p>
<b>Sustainability</b>	<p>ALN made concerted efforts to capacitate and expand the partner organisation base that this project required to sustain itself beyond the project cycle. There were factors, such a lack of funding and skills sets within partner organisations that were beyond the ambit of ALN, with resulting losses to the project. Women themselves increasingly organised independently from ALN, particularly in the Western and Eastern Cape.</p>

	<p>There were high levels of engagement and ownership by women evidenced within the evaluation. A new organisation was formed in the Eastern Cape as a direct result of the project and support groups have formed, as well as small groups in KwaZulu Natal and Eastern Cape communicating through free communication channels. ALN has committed to sustaining core elements of the project across the project areas.</p>
<b>Impact</b>	<p>The main unintended consequences and/or results were the increasing willingness and preparedness of women, their communities and community-based stakeholders to engage with the project, which did put pressure on ALN to host more activities than planned. The positive impact partnering and collaboration had on some partner organisations that subsequently expanded their service provision was also highlighted. There were themes emerging related to mitigating against possible exposure of women to further violence and abuse, after women chose to disclose their status at within 'safe' project activities.</p>
<b>Knowledge Generation</b>	<p>This project generated a number of key lessons learnt that can be shared with other practitioners on ending violence against women and girls, a core lesson being that of women's pervasive lack of trust in the effectiveness of services, particularly redress mechanisms. That enhanced levels of legal literacy and greater capacity of the women involved in the project to identify rights violations and the 'know how' on various avenues for seeking redress only improves the potential of enhanced access to services and to the utilisation of redress mechanisms, with the lack of trust in the effectiveness and 'safety' of services remaining a barrier. Another key lesson learnt was that in order to ensure ongoing engagement with service providers, an approach was adopted of 'advocating for' the protection of women's rights within service provision and at a community level, as compared to 'advocating against' the occurrence and prevalence of rights violations experienced by women living with HIV.</p> <p>Promising practices that arose that can be replicated in other projects and/or in other countries around similar interventions included the ALN approach that is highly interactive and participatory. This facilitation style coupled with an approach of flexibility, meeting people where they are, ensures responsiveness to specific realities and needs of women (and other key stakeholders), facilitated greater ownership of processes and actions especially by women living with HIV and their communities.</p>

	<p>In relation to activities, the Community Dialogue stood out in the evaluation as a promising practice that lends itself to replication across different interventions. The evaluation found that the Community Dialogue stood out as a practice that was unique to ALN and that was seen as an effective way of bringing service providers and service users together to address the needs and realities of especially HIV women. In the context of the project, these spaces were facilitated to further engage with the research findings, recommendations and implications for programming; decrease the gap between women’s experiences of violence and communities’ and service providers perceptions of violence against women; and collectively identify solutions advocating for women’s rights protections and greater access to services, including redress mechanisms as and when rights violations occur. Community Dialogues were safe spaces where issues and concerns could be raised without fear of blame or judgment with the aim of finding collective and workable ways forward.</p>
--	---

## 11. Key Recommendations

<b>Evaluation Criteria</b>	<b>Recommendations</b>	<b>Relevant Stakeholders</b> (Recommendation made to whom)	<b>Suggested timeline</b> (if relevant)
<b>Overall</b>	It is recommended that the National Department of Health be held to account and align their internal structures, procedures and processes to comply with the relevant policy regulations that are in place towards ending rights violations and abuse	National Department of Health and Civil Society.	As soon as possible.

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)	Suggested timeline (if relevant)
	against Women living with HIV within health facilities		
<b>Effectiveness</b>	That resourcing a participatory and community based multi-pronged project over a long-term period of three years does yield significant results, and should be supported and promoted by practitioners and donors alike.	UNTF, Donor Community and Civil Society	
	The development of a stronger advocacy strategy that identifies partners and other sites of influence that can increase national advocacy efforts related to achieving structural and procedural reform within particularly government health care facilities.	ALN and Partners	Ongoing
	Explore capacity building needs of partner organisations in relation to funding and financial sustainability and facilitate access to funds where possible, as well as refer and link to external resources in this regard.	ALN with Partners	Ongoing
	Sustain efforts of gaining entry into the newly established Women's Ministry, as well as the SANAC Women's Sector, towards taking forward the findings and recommendations from the research and influencing policy and programmes in relation to addressing and integrating these recommendations.	ALN with Partners	Ongoing

<b>Evaluation Criteria</b>	<b>Recommendations</b>	<b>Relevant Stakeholders</b> (Recommendation made to whom)	<b>Suggested timeline</b> (if relevant)
	Consider integrating media training for participants and partner organisations into future and existing work activities.	ALN	
<b>Relevance</b>	None		
<b>Efficiency</b>	None		
<b>Sustainability</b>	That advocacy plans and activities that the women in the respective communities have or/are going to engage in are supported and resourced as far as possible.	ALN	
	That informational materials continue to be distributed regularly to the project areas.	ALN	
	That ALN consider seeking funds towards developing a good practice 'guide' that would include a focus on facilitation skills development.	ALN	
<b>Sustainability</b>	To sustain some of the core activities within the three project areas after the project cycle whilst addressing a transitional and sustainability plan. In particular support to newly formed organisations, women's support groups and support structures as well as 'ALN volunteers'	ALN and Partners	

<b>Evaluation Criteria</b>	<b>Recommendations</b>	<b>Relevant Stakeholders</b> (Recommendation made to whom)	<b>Suggested timeline</b> (if relevant)
<b>Impact</b>	That two unexpected themes surfacing in the life of the project, namely around HIV disclosure within project activities as well as women reporting on positive changes in inter-generational relationships are areas for further exploration and engagement within future work.	ALN and Partners	
<b>Knowledge Generation</b>	Promote the uptake and replication of ALN approaches and promising practices, with particular reference to the community dialogue, to civil society and practitioners nationally, regionally as well as internationally that are engaged in addressing violence against women.	ALN	
	Follow up research and/or exploration is recommended regarding the key lesson learnt related to women's pervasive mistrust of particularly redress services within this project.	ALN and Civil Society	

## **Annexes**

1. Evaluation Matrix
2. Beneficiary Data Sheet
3. Additional methodology-related documentation
4. Lists of persons and institutions interviewed or consulted and sites visited
5. List of supporting documents reviewed
6. CV of evaluator who conducted the evaluation

## Annexure 1: Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
<b>Effectiveness</b>	5) To what extent were the intended project goal, outcomes and outputs achieved and how?	Interviews, Focus groups – All questions Desk Review	<p><b>Outcome 1</b></p> <ol style="list-style-type: none"> <li>1. Local and national advocacy initiatives, and changes in policy, programmes and services in research sites and beyond (nationally and internationally) are informed by research findings.</li> <li>2. Number of stakeholders who have received and engaged with the report by end 2012 (disaggregated).</li> <li>3. Level of engagement by service providers by project end (disaggregated).</li> <li>4. Extent to which women living with HIV report violence through formal or informal mechanisms during the project.</li> </ol> <p><b>Output 1</b></p> <ol style="list-style-type: none"> <li>5. Data and incidences of HIV-related rights abuses have been collected, including baseline data on communities' perceptions of gender violence in the context of HIV.</li> <li>6. Research Report and 4 Facts Sheets produced and widely disseminated.</li> </ol> <p><b>Outcome 2</b></p> <ol style="list-style-type: none"> <li>1. Women report positive experiences of accessing and utilising redress services by</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			<p>project end.</p> <ol style="list-style-type: none"> <li>2. Women express the belief that existing services would be of benefit to them in the event of their needing to access them.</li> <li>3. Number of women who are able to accurately name/describe an existing mechanism/procedure to seek redress in the event of experiencing an HIV-related violation of their rights.</li> </ol> <p><b>Output 2</b></p> <ol style="list-style-type: none"> <li>4. Number of participants in community Dialogues/Debates on women's experiences and ways to effectively address HIV-related violence and other rights abuses.</li> <li>5. Topics included in dialogues.</li> <li>6. Participants meet learning objectives.</li> <li>7. Advocacy and resource materials produced.</li> <li>8. Number of copies distributed.</li> <li>9. Number of women taking part in capacity building sessions.</li> <li>10. Topics covered.</li> <li>11. Level of participant engagement.</li> </ol> <p><b>Outcome 3</b></p> <ol style="list-style-type: none"> <li>1. Examples of reported changes to infrastructural and procedural set-ups to increase responsiveness to women's risks and vulnerabilities and coherent with rights.</li> <li>2. Available HIV Testing, Treatment, Care and Support Services respect, protect and fulfil</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			<p>women's rights with special regard to Privacy, Confidentiality and Informed Consent.</p> <ol style="list-style-type: none"> <li>3. Knowledge among service providers – especially health services and the police – of how to protect women from rights violations and respond to incidences of abuse.</li> <li>4. Infrastructural and procedural set-up of relevant services is responsive to women's risks and vulnerabilities, and coherent with rights (for example with regard to privacy, confidentiality, informed consent).</li> </ol> <p><b>Output 3</b></p> <ol style="list-style-type: none"> <li>5. Number of service providers and service users participating in community Dialogues/Debates on women's risks and vulnerabilities to HIV transmission and to violence, as well as women's rights, realities and needs in relation to accessing HIV-related services.</li> <li>6. Topics included in dialogues and debates.</li> <li>7. Participants meet learning objectives.</li> <li>8. Advocacy and resource materials produced.</li> <li>9. No of copies distributed.</li> <li>10. Number of service providers and service users who take part in the capacity building sessions.</li> <li>11. Topics covered.</li> <li>12. Level of participant engagement.</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			<p><b>Outcome 4</b></p> <ol style="list-style-type: none"> <li>1. Number of new practices implemented in participating communities following community led activities.</li> <li>2. Use of redress mechanisms and/or other complaints mechanisms for example the media.</li> <li>3. Community-led advocacy demands are met.</li> <li>4. Events or changes are replicated beyond the participating communities.</li> </ol> <p><b>Output 4</b></p> <ol style="list-style-type: none"> <li>5. Number of events happening.</li> <li>6. Level of Community engagement.</li> <li>7. Number of people attending.</li> <li>8. Advocacy materials produced and disseminated.</li> <li>9. Visibility of key messages.</li> <li>10. Level of media engagement.</li> </ol> <p><b>Outcome 5</b></p> <ol style="list-style-type: none"> <li>1. Number and range of commitments made by policy and programme makers.</li> <li>2. Evidence that commitments are being implemented.</li> <li>3. Demand for repeat sensitisation/training/materials by policy and</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			<p>programme makers.</p> <ol style="list-style-type: none"> <li>4. Policy changes address key identified issues links between violence and HIV.</li> <li>5. Greater integration of violence against women prevention, care and redress into HIV services, and HIV prevention, treatment, care and support into violence against women services at the community / provincial level.</li> </ol> <p><b>Output 5</b></p> <ol style="list-style-type: none"> <li>6. Meetings with stakeholders held.</li> <li>7. Policy makers received and engaged with relevant materials.</li> <li>8. Written responses and feedback.</li> </ol> <p><b>Outcome 6:</b></p> <ol style="list-style-type: none"> <li>1. Ongoing demand for awareness raising and capacity building based on project findings and models of good practice as well as support for their replication and scale up.</li> <li>2. Policy and Programme- makers indicate an intention to and /or have taken project recommendations into account within local, provincial and national policies, strategic plans and monitoring and evaluation frameworks.</li> <li>3. Scale-up of implementation of policy and legislative provisions that promote and protect women's rights in the context of HIV</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			<p>within South Africa.</p> <p>4. Integration of violence against women prevention, care and redress into HIV services, and HIV prevention, treatment, care and support into violence against women services at the national / international level.</p>
<b>Effectiveness</b>	6) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels and how many beneficiaries have been reached.	Desk Review	<p><b>Outcome 1.</b> Approximately 350 research participants are aware of and can describe linkages between HIV and violence against women / women's rights abuses by March 2012.</p> <p><b>Outcome 2.</b> Approximately 750 women in the participating communities know how and where to access redress mechanisms to report rights abuses in the community, particularly when these occur within services (health, legal, justice, education) by mid- 2013.</p> <p><b>Outcome 3.</b> Approximately 300 Meeting participants, and members of their social and professional networks (participants will 'step-down' learning from the dialogues to family / support group members / colleagues, etc) are able to accurately name ways to address rights abuses in the context of HIV by end 2012.</p> <p><b>Outcome 3.</b> 450 service providers and service users participants of the sessions, and members of their social and professional networks (including family, support group members, colleagues, etc)</p>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			<p>are able to name three ways to protect women's rights in relation to HIV within services by mid-2013.</p> <p><b>Outcome 5.</b> 120-180 key stakeholders are conversant with key issues through 2 meetings held in each province by March 2014.</p> <p><b>Outcome 5.</b> Awareness of key issues is raised among 40-80 key policy makers per province.</p>
<b>Effectiveness</b>	7) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.	Focus groups QB/perceptions of change/knowledge gain; QC/knowledge-to-action Desk Review	<ol style="list-style-type: none"> <li>1. Women in project communities know how and where to access redress mechanisms to report rights abuses in the community, particularly when these occur within services (health, legal, justice, education).</li> <li>2. Women report changes in relation to self in being more able to address rights violations against them within the home, the community and within service provision.</li> <li>3. Women in project communities report that they feel able to trust that service access will be of overall benefit to them.</li> <li>4. Women report positive experiences of utilising services.</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
<b>Effectiveness</b>	4) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?	Desk Review Key Informant interviews (ALN staff)	<ol style="list-style-type: none"> <li>1. Internal factors human resource capacity, organisational resources, and management of project reported on linked to achievement or failure.</li> <li>2. External factors, socio-economic, political, geographical-weather reported on linked to achievements or failure.</li> </ol>
<b>Relevance</b>	<p>3) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?</p> <p>4) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?</p>	Focus groups QA/reflections Desk Review	<ol style="list-style-type: none"> <li>1. Number of women reporting on the approach of ALN as positive and linked to meeting their needs.</li> <li>2. Women identify specific processes within activities that have enabled their needs being met.</li> <li>3. Number of women indicating their intention to continue engagement with the overall project goals.</li> <li>4. Number of women who report lasting change and are positive about further engagement in the belief that further change can be achieved.</li> <li>5. Sample of evaluation feedback forms showing relevance to meeting needs.</li> <li>6. Reports of requests for more activities within the project timeframe.</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			<ol style="list-style-type: none"> <li>7. Project Report evaluations on activities show relevance in meeting needs and evidence that relevance will continue after the project ends.</li> </ol>
<b>Efficiency</b>	<ol style="list-style-type: none"> <li>2) How efficiently and timely has this project been implemented and managed in accordance with the Project Document?</li> </ol>	Desk review, Key informant interviews	<ol style="list-style-type: none"> <li>1. Project activities have taken place within the planned timeframe.</li> <li>2. The outputs were achieved according to plan.</li> <li>3. The needed resources were available in respect of outputs, such as staff, materials, other.</li> <li>4. A management structure is evident that oversees implementation.</li> </ol>
<b>Sustainability</b>	<ol style="list-style-type: none"> <li>2) How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?</li> </ol>	<p>Key informant interviews</p> <p>Focus groups QB/perceptions of change; QD way forward</p>	<ol style="list-style-type: none"> <li>1. Level of engagement and commitment evidenced in responses by service providers towards affecting and/or maintaining positive changes in relation to women's access to rights based services and redress mechanisms.</li> <li>2. The number of women reporting on positive changes and indicating that they will stay changed.</li> <li>3. The number of women reporting that further change is possible.</li> <li>4. The number of women reporting that they will continue with activities and identifying</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			who and how others can support them.
<b>Impact</b>	2) What are the unintended consequences (positive and negative) resulted from the project?	Focus groups QB/perceptions of change Key informant interviews Desk Review	<ol style="list-style-type: none"> <li>1. Unintended consequences documented within ALN reporting frameworks and reviews.</li> <li>2. Women reporting on changes that fall outside of the overall goal of the project.</li> <li>3. Women reporting on other issues and/or concerns that have arisen during the project duration.</li> <li>4. Stakeholders reporting on other issues and/or concerns related to the project.</li> </ol>
<b>Knowledge Generation</b>	<p>3) What are the key lessons learned that could be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>4) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar</p>	Desk review Discussion with ALN staff Key informant interviews	<ol style="list-style-type: none"> <li>1. Project reports on key lessons learned.</li> <li>2. Descriptions from key informants that highlight key lessons learned.</li> <li>3. Number of key informants who identify and describe elements of practice that stood out for them as promising within the project.</li> <li>4. Project reports surface promising practices that are new and/or build on current practices.</li> <li>5. Project reports show evidence of exploring replication of practices with similar interventions.</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
	interventions?		
<b>Participation/ Empowerment</b>	How have the project activities been informed and led by the realities, needs, priorities and visions of women living with HIV and/or affected by gender violence?	Focus groups QA/Reflections (indirectly); QC individual / collective action  Key informant interviews  Desk review	<ol style="list-style-type: none"> <li>1. Women’s descriptions of being heard and valued within the project.</li> <li>2. Reports on activities within the project show evidence that they were led and informed by the realities, needs and priorities of the participants.</li> <li>3. The extent to which women share their level of investment in the project and reflect on the journey from individual growth to collective action.</li> </ol>
<b>Human rights and gender equality</b>	How has the project advanced the promotion, protection and respect for the human rights of the target community, and advanced gender equality among all stakeholders?	Focus groups QB/Knowledge gain; QC actions  Key informant interviews  Desk review	<ol style="list-style-type: none"> <li>1. The level of awareness of and description of the linkages between HIV and violence against women / women’s rights abuses that is reported on within focus group discussions.</li> <li>2. The level of awareness of redress mechanisms related to rights infringements and how to access them that are reported on within the focus group discussions.</li> <li>3. Evaluation feedback forms from community dialogues and capacity building activities relating changed circumstances in relation to advancement and protection of women’s rights.</li> <li>4. Evaluation forms from capacity building and training activities engaging secondary</li> </ol>

Evaluation Criteria	Evaluation Questions	Where/how these questions will be addressed	Related indicators
			<p>beneficiaries that show evidence of increased knowledge and commitment to respecting and protecting women's rights and to promote gender equality.</p> <ol style="list-style-type: none"> <li>5. Examples of reported changes to infrastructural and procedural set-ups by service providers to increase responsiveness to women's risks and vulnerabilities and coherent with rights.</li> <li>6. An increase in uptake of service providers engaging in project activities over the duration of the project.</li> <li>7. Women reporting positive outcomes in relation to advocacy activities.</li> </ol>

## Annexure 2: Template for Beneficiary Data Sheet

Beneficiary group		The number of beneficiaries reached	
		At the project goal level	At the outcome level
Women and girls in general		850	
Women/girls living with HIV and AIDS		3,209	
Women/girls survivors of violence		267 <sup>21</sup>	
Others (specify)			
<b>Primary Beneficiary Total</b>		<b>4,326</b>	
Civil society organizations (including NGOs)	Number of institutions reached	NA	32
	Number of individuals reached	NA	
Community-based groups/members	Number of groups reached	NA	
	Number of individuals reached	NA	
Educational professionals (i.e. teachers, educators)		NA	
Faith-based organizations	Number of institutions reached	NA	
	Number of individuals reached	NA	
General public/community at large		NA	8056
Government officials (i.e. decision makers, policy implementers)		NA	50
Health professionals, police, judiciary, clergy, educators, service providers		NA	1556
Journalists/Media		NA	
Legal officers (i.e. lawyers, prosecutors, judges)		NA	
Men and/or boys		NA	
Parliamentarians		NA	
Others (specify)		NA	
<b>Secondary Beneficiary Total</b>		<b>NA</b>	<b>9787</b>

<sup>21</sup> ALN never asks women to identify as survivors of violence, so we are unable to specify this number. This number indicates the number of calls the ALN helpline received during the project.

**ALN**  
**External Project Evaluation**  
**Documenting and addressing violence and other rights abuses as experienced by positive women**  
**Consent Form**

**Introduction**

Hello, I am Jayne Arnott, an independent consultant hired by the AIDS Legal Network (ALN) to evaluate a three year project funded by the UN Trust Fund to End Violence Against Women (UNTF) aimed at documenting and addressing the links between gender violence and HIV, as experienced by women living with HIV.

**Why are we doing this evaluation?**

This evaluation is firstly a requirement from the Donor, the UNTF. This evaluation will also allow ALN to gather key lessons learnt and to identify promising practices and achievements as well as challenges that can assist to make their work more effective going forward. The main findings from the evaluation will be shared with all the women and organisations that were part of the project and can also be shared with other non-government and government organisations towards improving services and promoting positive changes in policies and practices. Evaluations from persons engaged directly in this project is important as your feedback will inform work going forward in relation to addressing violence and other rights abuses as experienced by women.

**Where is this evaluation being done?**

The evaluation is being done in three communities who were engaged actively in the project: Illovo in KwaZulu-Natal, New Brighton in the Eastern Cape; as well as Tafelsig in Mitchell's Plain in the Western Cape.

**How is the evaluation being done?**

By means of focus group discussions and individual interviews in the three provinces where the project took place.

**How will being part of this evaluation help me?**

You will not benefit directly from being part of this evaluation. However, by sharing your experiences of being part of this project, you will help us to evaluate the project and to share lessons learnt that will help in improving services related to addressing violence and other rights abuses as experienced by women.

#### **How will I know what happens to the evaluation?**

ALN will share the main findings from the evaluation report with the women and participating organisations directly involved in the project. These will be shared in a way that will assist to take the work forward.

#### **Will my participation be kept confidential?**

Your right to confidentiality will be protected and the evaluator will not tell anyone that you were part of the evaluation unless you agree to it.

All evaluation information will be identified only by individual participant and or group code numbers and will be kept confidential and secure by the evaluator. This information will be secured by ALN after the report is completed in a locked drawer in their office.

The discussion itself will be written up with no names attached so that no individual will be identified, with the province being the only identifier. We may use quotes from the discussion but again no names will be attributed to them.

#### **Digital Recording**

The evaluator may ask permission to record the group discussion and/or interviews on tape. This is so that the evaluator can facilitate the discussion/interview without having to take lots of notes and capture all the discussion. Each digital recording/disk will be transcribed, and all recordings/disks will be erased within 2 years of the evaluation report.

#### **What are my rights?**

Your participation in this evaluation is entirely voluntary. No one can force you to participate. If you agree to be part of the evaluation, you will be asked to sign a consent form.

If at any time in the group discussion and/or interview you feel uncomfortable or wish to stop engaging in discussion, you may do so.

#### **If I have any more questions – what should I do?**

Ask the evaluator to give you more detail.

If you have any questions about the evaluation now or in the future you could also contact Dr Johanna Kehler, ALN Project Director, at: 021 447 8435.

You will be given a copy of this consent form to keep.

**External Evaluation**  
**Documenting and addressing violence and other rights abuses as experienced by positive women**  
**Consent Form**

**Documentation of Consent**

I voluntarily agree to participate in the evaluation as described above.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

I have discussed the proposed evaluation with this participant, and, in my opinion, this participant understands the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in this evaluation.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Person Obtaining Consent)

\_\_\_\_\_  
(Date)

**Consent to digital recording**

I have been informed that the discussion will be digitally recorded. I know that I can refuse to participate if I do not want to be digitally recorded. I voluntarily give permission for the discussion to be digitally recorded.

---

(Print Name: Volunteer)

---

(Date)

---

(Signature)

---

(Print Name: Person obtaining consent)

---

(Signature of person obtaining consent)

---

(Date)

<b>ALN External Project Evaluation: Documenting and addressing violence and other rights abuses as experienced by positive women.</b>
---

**Introduction**

In January 2012, AIDS Legal Network (ALN) began a three-year project funded by the UN Trust Fund to End Violence against Women (UNTF). The project, “Documenting and addressing violence and other rights abuses as experienced by positive women”, aimed to address HIV-related violence and vulnerabilities among women living with HIV in three provinces of South Africa: Western Cape, Eastern Cape and KwaZulu Natal.

The overall goal of the project was to enhance women’s access to, and benefit from, available HIV prevention, testing, treatment, care and support services without fear of violence and other rights violations.

This meant working with women – including women living with HIV and women who have experiences of gender violence – as well as other community members, service providers and policy or programme makers to increase their knowledge about:

- The factors that make women vulnerable to HIV
- The different forms of violence and rights violations women with HIV commonly experience
- Ways to address these to reduce women’s vulnerability to rights violations
- What women can do if they experience violence and rights violations at the community or service provision level

The project also aimed to empower women, community members, service providers and policy- and programme makers so that they would be able to address some of these issues in the future, and prevent further violence or rights violations from occurring.

The project aimed mainly to reach women, including women living with HIV and women who have experiences of gender violence. Others we aimed to reach were service providers, policy and programme-makers, and those working at the community level including non-government and community based organisations.

The project is coming to an end and the UNTF has asked us to carry out a final external project evaluation. ALN has contracted an independent consultant, Jayne Arnott, to conduct the evaluation. Part of this evaluation process will be to hold focus group discussions as well as individual interviews with people who were engaged with the project in some way in all three provinces.

### **How the findings will be used**

The full evaluation report will be submitted to the UNTF, to meet the conditions of the grant.

The evaluation findings, including case studies and models of good practice will be used by ALN and partners to produce a final “reporting package” to share with project beneficiaries and other stakeholders, with an emphasis on feedback to the participating communities of women living with HIV and affected by gender violence.

We will also disseminate these findings more broadly including to service providers; both at the public / state facility level and at the community level within community based organisations; programme makers within non-governmental organisations and amongst policy makers.

### **Annex:**

#### **Project Objectives:**

- Facilitate the creation of enabling, supportive and safe environments for women to access and benefit from available HIV prevention, testing, treatment, care and support services that are free from violence and other rights abuses;
- Build/enhance capacity on the various links between gender violence and HIV and its implications for the effectiveness of the responses to HIV and AIDS amongst all relevant stakeholders, including service providers and service users;
- Build/enhance legal literacy on women’s human rights, as well as specific legislative and policy provisions addressing HIV-related violence and abuse;
- Enhance women’s access to legislative and policy provisions addressing HIV-related violence and abuse; and
- Facilitate a process in which positive women’s experiences of HIV-related violence and other rights abuses inform programmes and initiatives addressing the links between gender violence and HIV.

#### **Objectives of the External Evaluation:**

- To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact;
- To generate key lessons and identify promising practices for learning;

- To interrogate project assumptions and underlying theory of change to establish an emerging best practice model for dissemination to policy implementers and programme developers as a resource base for replication / scale-up;
- To further create space for community voices, especially those of women living with HIV and/or affected by gender violence, to platform realities, needs, priorities and visions for positive change; and
- To institutionalise key learning from the project within AIDS Legal Network and the UN Trust Fund to Eliminate Violence Against Women.

<b>ALN/ UNTF Interview Guideline</b>
--------------------------------------

**1. Potential participants in key informant interviews**

- Health care providers.
- Police.
- Non-governmental service providers partnering on project.
- Other stakeholders across Provinces: Magistrates, Clergy, Educators, and Traditional Healers.
- Policy and programme makers: SANAC, Provincial AIDS Council, Department (s) of Health?

**2. Guiding Framework for interviews**

- A. Reflection of working on the project with ALN.
- B. Relating experience of engagement with the project to ones own life and work/practice.
- C. Translating knowledge and awareness to action within practice/work.
- D. What does this mean for the way forward within practice/work and next steps?

<b>A. Reflection of being engaged in the project with ALN</b>
---

**Questions**

1. Tell me about your interaction with ALN, how did it come about, and how did you experience their approach and collaboration?
2. What is your understanding of what ALN is trying to achieve with this project?
3. How do you feel the aims of the project are relevant to you / your life/work?
4. If you took part in any training session, community dialogue and/or capacity building event or other can you describe your overall experience?
5. Can you comment on your perceptions or experiences of the level of community engagement and ownership of this project?

## **B. Relating experience of engagement with the project to ones own life/work and practice**

### **Questions**

1. Has your engagement with specific information generated by the project and/ or being part of specific activities within this project led to any new insights into:
  - a. The way you view the linkages and intersections between violence against women and HIV.
  - b. Your understanding of what constitutes rights infringements specifically related to women accessing and utilising HIV Prevention, Testing, Treatment and Care and Support Services.
  - c. Your understanding of what constitutes rights infringements specifically related to women accessing and utilising Police Services in respect of HIV related violence and other abuses.

## **C. Translating knowledge and awareness to action**

### **Questions**

1. What specific actions have you taken individually and/ or collectively within your life and/or work since your engagement with the project?
2. Has your engagement with the project led you to taking any actions on a structural level/ practice level? If yes what were these and if not why not?
3. Have you or are you considering addressing any policy and/or procedural issues that have surfaced as a result of your engagement with the project?
4. Can you identify barriers and challenges to taking forward any actions as outlined above?
5. Can you identify any key lessons on ending violence against women and girls emerging from this project that can be shared with other practitioners?
6. Were you engaged at a level where you could observe or be part of any approach, process or practice within this project that you consider promising and that could be replicated in other projects and/or other countries that have similar interventions?

**D. What does this mean for the way forward and next steps?**

**Questions**

1. Tell me specifically one thing that stands out for you and has been particularly useful for you in your engagement with the project?
2. Are there issues and/or challenges that you have observed that you think need to be highlighted and addressed?
3. What do you see as the role for ALN going forward after this specific project has ended?
4. Are there other role players and or stakeholders that should be engaged, if yes who should these be?
5. Do you see yourself continuing your involvement in any way with ALN going forward? Please explain.

**ALN/ UNTF Interview Guideline**  
**Revision 3<sup>rd</sup> March 2015**

**1. Potential participants in key informant interviews**

- Health care providers.
- Police.
- Non-governmental service providers partnering on project.
- Other stakeholders across Provinces: Magistrates, Clergy, Educators, and Traditional Healers.
- Policy and programme makers: SANAC, Provincial AIDS Council, Department (s) of Health.

**2. Guiding Framework for interviews**

- A. Reflection of working on the project with ALN.
- B. Relating experience of engagement with the project to ones own life and work/practice.
- C. Translating knowledge and awareness to action within practice/work.
- D. What does this mean for the way forward within practice/work and next steps?

**A. Reflection of being engaged in the project with ALN**

**Questions**

- 6. Can you describe your experience of working with ALN on the project, what stands out for you about the way ALN works, what makes ALN different from other organisations?
- 7. What is your understanding of what ALN is trying to achieve with this project?
- 8. How do you feel the aims of the project are relevant to you / your life/work?

9. If you took part in any training session, community dialogue and/or capacity building event or other can you describe your overall experience?
10. Can you comment on the level of community engagement and ownership of this project?

### **B. Relating experience of engagement with the project to ones own life/work and practice**

1. What knowledge have you gained personally in relation to:
  - The links between violence against women and HIV.
  - What constitutes rights infringements specifically related to women accessing and utilising HIV Prevention, Testing, Treatment and Care and Support Services.
  - Your understanding of what constitutes rights infringements specifically related to women accessing and utilising Police Services in respect of HIV related violence and other abuses.
2. What knowledge or experiences have you gained from working with ALN that you are or can use in your work?
3. If you were involved in any training session with ALN can you share your experience of this?

### **C. Translating knowledge and awareness to action**

7. Have you made any changes in the way you work since your engagement with ALN on this project?
8. Has your relationship with community members/ clients experienced any changes, if yes what are they?
9. Has it moved you to taking any actions on a structural level/ practice level? If yes what were these and if not why not?
10. The project also aimed to have women's voices heard at the top, to get changes happening to policies and procedures in relation to violence against women and HIV, and to improve access to especially health and police services, as well as access to redress if one's rights are violated. Do you know if any changes happened and/or were you involved with ALN in advocating for changes with:
  - Staff within health services
  - Staff within police services
  - Other government departments
  - Policy makers and implementers

11. As a partner did you talk to media, were you on the radio, or did you see anything or read about the project in the newspapers?
12. Can you identify any key lessons on ending violence against women and girls emerging from this project that can be shared with other organisations?
13. Were you engaged at a level where you could observe or be part of any approach, process or practice within this project that you consider promising and that could be replicated in other projects and/or other countries that have similar interventions?

<b>D. What does this mean for the way forward and next steps?</b>
---

6. Tell me specifically one thing that stands out for you and has been particularly useful for you in your engagement with the project?
7. Are there issues and/or challenges that you have observed that you think need to be highlighted and addressed?
8. What do you see as the role for ALN going forward after this specific project has ended?
9. Are there other role players and or stakeholders that should be engaged, if yes who should these be?
10. Do you see yourself continuing your involvement in any way with ALN going forward? Please explain.

**Focus Group Guide: Primary Beneficiaries.**

**ALN/UNTF Evaluation  
Focus Group Discussions Framework  
12/12/2014**

**1. Participants**

- A. Women who have been and are engaged with the programme across the three provinces.
- B. Women who identify as “ALN volunteers.”

**2. Guiding Framework**

- A. Reflection of working on the project with ALN.
- B. Relating experience of engagement with the project to ones own life.
- C. Translating knowledge and awareness to action.
- D. What does this mean for the way forward and next steps?

**A. Reflection of working on the project with ALN**

**Areas to explore**

The experience of the ALN approach, how is it different to other forms of engagement with the NGO sector. What attracts participants to get involved? What parts of the project stood out and what could ALN have done better?

**Questions**

11. Describe your first engagement with ALN, what stood out for you?
12. Describe your first engagement with ALN in relation to the project, what stands out for you?
13. Use one word to describe your experience of engaging with ALN on this project?
14. Name one activity within the project that you were engaged in that stood out for you and why<sup>22</sup>?
15. What is your understanding of what ALN is trying to achieve?
16. Why did you get involved in this project, what was of benefit to you and did this change in any way during the time you were involved in the project?
17. What was the most meaningful experience for you in the past three years participating in the project and why?
18. Did you feel able to contribute to the project in a way that made you feel heard and valued?
19. What did you enjoy most in your engagement with ALN over the past three years?
20. What areas do you think that ALN can improve upon in relation to the activities you have been part of in the last three years?

<b>B. Relating experience of engagement with the project to ones own life</b>
---

### **Areas to explore**

### **Perceptions of Change**

How has engagement in the various activities of the project affected:

1. Self: Self-esteem/claiming personhood and agency.
2. Understanding of what constitutes rights violations.
3. Changes in relationships with partners, children, extended family, community and service providers.

### **Questions**

2. Have you changed in any way since becoming engaged in the project? If yes can you describe the changes?
3. Do you understand violence against women differently to what you used to, please explain?
4. Has your understanding of what your rights are and when these have been violated changed? If yes please explain what those changes have been?

---

<sup>22</sup> Activities: Research, Community Dialogues, Capacity Building Sessions, Training Workshops, Advocacy Events, Door-to Door dissemination of information

5. Has your relationship with your partner; your children; and extended family and friends experienced any changes, if yes what are they?
6. Has your relationship with community members experienced any changes, if yes what are they?
7. Has your interactions with health care providers and police service providers experienced any changes and if yes what are they?
8. Has your engagement with NGO service providers experienced any changes and if yes what are they?
9. If there were any changes related to any of the areas above, do you think that these will stay changed and how do you think they can lead to more change in the future?

### **Knowledge gain**

What do you know now that you did not know before becoming engaged with the project regarding:

1. Knowing your rights in relation to accessing HIV services: Prevention, Testing, Treatment, Care and Support?
2. Knowing what policies and procedures are in place to address right's violations in health care settings?
3. Knowing your rights in relation to accessing police services in relation to discrimination, violence and other abuses?
4. Knowing what policies and procedures are in place within the police services to address HIV related right's violations including violence and other abuses and rights infringements related to partners, family, community?
5. Do you think that you will be more able to use the services available now that you have more knowledge and understanding about them? If not why?
6. In what ways do you think ALN can assist with regards to addressing rights violations?
7. What other issues and/or concerns have arisen during the project duration that are seen as important to address (for example, abuse by children)?

<b>C. Translating knowledge and awareness to action</b>
---

### **Areas to explore**

How the ALN experience has generated actions. From increasing awareness to increased knowledge, capacity building and skills to collectively addressing areas of concern to women living with and affected by HIV through advocacy.

### **Questions**

Can you describe your journey with this project, when you first got involved and how it continued? What changed for you regarding:

1. How you participated?
2. How you engaged with other participants?
3. How you engaged with ALN staff?
4. How you engaged with other non-government organisations?
5. How you engaged with service providers who came to meetings?

### **Areas to explore**

Changes in the way women are interacting with health and police services. Any perceived attitudinal and behavioural change within health care personnel and police. Any observed infrastructural changes to health care policies and procedures. Any changes in attitude of participants to accessing services if and when needed.

### **Questions**

1. What specific actions have you taken individually<sup>23</sup>?
2. What specific actions have you taken collectively?
3. What happened, who was involved?
4. Have you changed the way you engage with health and police services? If yes what are these changes?

## **D. What does this mean for the way forward and next steps?**

### **Areas to explore**

Speaks to community ownership, sustainability and building on gains, with a focus on affecting structural change within health services specifically as it relates to enhancing women's access to and benefit from available HIV prevention, testing, treatment, care and support services. Also speaks to other areas of concern and new directions participants are engaging in.

---

<sup>23</sup> Prompts for this question could include from speaking to partners, children, neighbours in general, speaking to any of the above in confrontational situations to assert rights, encouraging other women to join community meetings or dialogues, reporting abuse.

## Questions

1. If you look back over the past three years of the project what do you think has been achieved in relation to:
  - A. Has anything changed in the way you view services regarding belief in or trust that health and/or police services will be of benefit to you when you need to use them? If yes can you give any examples of using such services after these changes and did they meet your expectation?
  - B. Creating enabling, supportive and safe environments for women to access and benefit from available HIV prevention, testing, treatment, care and support services that are free from violence and other rights abuses.
  - C. Awareness and increased understanding of how gender violence and HIV are linked and what this means needs to change in how we respond to HIV and AIDS and what needs to change within HIV and AIDS services as well as in services addressing violence against women.
  - D. Increasing knowledge of women's human rights and what laws, policies and procedures are in place to address HIV-related violence and abuse.
  - E. Improving access to legislative and policy provisions addressing HIV-related violence and abuse.
  - F. Women's experiences of HIV-related violence and other rights abuses are informing programmes and initiatives addressing the links between gender violence and HIV.
2. What are the other issues or challenges that still need to be addressed in relation to VAW and HIV, or that have developed during this project that you think are important to work on?
3. What do you see as the role for the ALN going forward after the project has ended?
4. What do you expect from other organisations that have been involved in the project?
5. Who is missing? Who else should be involved in this work going forward?
6. What are your plans in your various groups and communities going forward?
7. Do you see yourself continuing your involvement going forward?

### **Focus Group Guide: Primary Beneficiaries.**

<p style="text-align: center;"><b>ALN/UNTF Evaluation Focus Group Discussions Framework Second Revision January 2015</b></p>
--

### **3. Guiding Framework**

- A. Reflection of working on the project with ALN.
- B. Relating experience of engagement with the project to ones own life.
- C. Translating knowledge and awareness to action.
- D. What does this mean for the way forward and next steps?

<p style="text-align: center;"><b>A. Reflection of working on the project with ALN</b></p>
--

#### **Areas to explore**

The experience of the ALN approach, how is it different to other forms of engagement with the NGO sector. What attracts participants to get involved? What parts of the project stood out and what could ALN have done better?

#### **Questions**

- 21. What makes ALN different from other organisations?
- 22. Describe your first engagement with ALN in relation to the project, what stands out for you?
- 23. Name one activity within the project that you were engaged in that stood out for you and why<sup>24</sup>?

---

<sup>24</sup> Activities: Research, Community Dialogues, Capacity Building Sessions, Training Workshops, Advocacy Events, Door-to Door dissemination of information

24. Why did you get involved in this project, what was of benefit to you and did this change in any way during the time you were involved in the project?
25. Did you feel able to contribute to the project in a way that made you feel heard and valued?

<b>B. Relating experience of engagement with the project to ones own life</b>
---

### Questions

10. Do you understand violence against women differently to what you used to, please explain?
11. Has your understanding of what your rights are and when these have been violated changed? If yes please explain what those changes have been?
12. Has your relationship with your partner; your children; and extended family and friends experienced any changes, if yes what are they?
13. Has your relationship with community members experienced any changes, if yes what are they?
14. Has your interactions with health care providers and police service providers experienced any changes and if yes what are they?
15. Has your engagement with NGO service providers experienced any changes and if yes what are they?
16. If there were any changes related to any of the areas above, do you think that these will stay changed and how do you think they can lead to more change in the future?

### Knowledge gain

What do you know now that you did not know before becoming engaged with the project regarding:

8. Knowing your rights in relation to accessing HIV services: Prevention, Testing, Treatment, Care and Support?
9. Knowing what policies and procedures are in place to address right's violations in health care settings?
10. Knowing your rights in relation to accessing police services in relation to discrimination, violence and other abuses?
11. Knowing what policies and procedures are in place within the police services to address HIV related right's violations including violence and other abuses and rights infringements related to partners, family, community?
12. Do you think that you will be more able to use the services available now that you have more knowledge and understanding about them? If not why?
13. What other issues and/or concerns have arisen during the project duration that are seen as important to address (for example, abuse by children)?

### C. Translating knowledge and awareness to action

#### Areas to explore

How the ALN experience has generated actions. From increasing awareness to increased knowledge, capacity building and skills to collectively addressing areas of concern to women living with and affected by HIV through advocacy.

#### Questions

Can you describe your journey with this project, when you first got involved and how it continued? What changed for you regarding:

6. How you took part?
7. How you engaged with other women at meetings?
8. How you engaged with service providers who came to meetings?
9. Did you take any action individually<sup>25</sup>?
10. Were you involved in any group actions, what happened, who was involved?
11. Have you noticed any changes at the clinic or police station that you can say came from your actions? If yes what were they?

### D. What does this mean for the way forward and next steps?

#### Areas to explore

---

<sup>25</sup> Prompts for this question could include from speaking to partners, children, neighbours in general, speaking to any of the above in confrontational situations to assert rights, encouraging other women to join community meetings or dialogues, reporting abuse.

Speaks to community ownership, sustainability and building on gains, with a focus on affecting structural change within health services specifically as it relates to enhancing women's access to and benefit from available HIV prevention, testing, treatment, care and support services. Also speaks to other areas of concern and new directions participants are engaging in.

### **Questions**

If you look back over the past three years of the project do you think there has been change?

- G. The clinics providing better services that respect and protect women's rights to confidentiality, counselling and informed consent to testing.
- H. The police stations respecting women, listening to them and assisting them when they want to lay a complaint.
- I. Community leaders such as Clergy listening to women and addressing violence and protecting women's rights.
- J. Do you have more trust that if you need to seek help from the police or lay a complaint about bad health services, you are now more able to do so?
- K. Are your voices being heard about violence against women and other rights abuses being heard by those who make policies and programmes.

### **The way forward**

- 8. What do you see as the role for the ALN going forward after the project has ended?
- 9. What do you expect from other organisations that have been involved in the project?
- 10. Who is missing? Who else should be involved in this work going forward?
- 11. What are your plans in your various groups and communities going forward?

**Focus Group Discussion Guide: Primary Beneficiaries**  
**Third and Final Revision: 20/02/2015**

**A: Reflection on working on the project with ALN**

1. Experience of working with ALN on the project, what stands out for you about the way ALN works, what makes ALN different from other organisations?
2. Name one activity that stood out for you and why.

**B: Relating experience of engagement with the project to one's own life.**

**Personal change**

1. Tell me about any changes within yourself, have you changed since being involved in this project? What are those changes?
2. Has your understanding of violence against women changed in any way?
3. Has your understanding of the links between violence against women and HIV changed in any way? What are those changes?
4. Has your understanding of your rights changed in any way?
5. What about when your rights are violated, have you learnt more about this?
6. With these changes has this changed the way you relate to:
  - Your partner
  - Your children
  - Your neighbours
  - The clinic

- The police station
- Other organisations

6. Will these changes stay? Do you think that they can lead to more change?

### **Knowledge Gain**

1. Tell me what you know now that you didn't know before becoming involved with ALN around:

- Knowing your rights when accessing HIV prevention, testing, treatment and care services
- Knowing what to do when your rights are violated when accessing health services.
- Knowing your rights when accessing police services.
- Knowing what the police can do to address HIV related and violence against women rights violations.

2. With this knowledge do you think that you will be more able to use these services than before? Please explain.

### **C: Translating Knowledge into Action**

1. This project had many activities; there was the research, the door-to-door in the community, community dialogues and marches. Can you talk about your involvement and any action that you took?

- On an individual level
- On a group level
- Within a community dialogue or meeting

2. Service Providers were involved in community dialogues and in other workshops, can you talk about this, did it help? Were you able to engage with them, did it lead to any changes in services?

3. Who else got involved in the community dialogues? Did any actions or changes come from this?
4. With all these different activities has there been any changes at the clinics and/or police station that make them better regarding using these services?
5. Can you give an example of these changes:
  - Using the service?
  - Laying a complaint?
6. The project also aimed to have women's voices heard at the top, to get changes happening to policies and procedures in relation to violence against women and HIV, and to improve access to especially health and police services, as well as access to redress if one's rights are violated. Do you know if any changes happened through ALN at a top level?
7. Did you talk to media, were you on the radio, or did you see anything or read about the project in the newspapers?

**D: What this means for the way forward and next steps**

1. What is important for you to continue working on when this project comes to an end?
2. What do you think are other issues or challenges that still need to be addressed in relation to violence against women and HIV?
3. What do you see as the role of ALN going forward given that this project's funding has come to an end?
4. What about the other organisations involved in the project, what do you expect from them?
5. Who is missing? Who else should be engaged in this work going forward?
6. Do you have plans going forward?
7. What is needed to keep moving forward?

## **Focus Group Guidelines: Secondary Beneficiaries**

### **ALN/ UNTF Focus Group Guideline for Secondary Beneficiaries 12/12/2014**

#### **1. Introduction**

The potential participants to engage in focus group discussions will vary across the provinces related to the different specific dynamics that have emerged over the course of the project. These have resulted in different stakeholders engaging at different levels across the three provinces.

The nature of focus group discussions is such that participants need to have had a level of participation in the project that can allow for meaningful engagement and responses.

#### **2. Potential participants:**

- Health care providers.
  - Police.
  - Non-governmental service providers partnering on project.
  - Other stakeholders across Provinces: Magistrates, Clergy, Educators, and Traditional Healers.
- 
- Western Cape: Health Care Providers (Government and Non- Government), Police, and the Judiciary.
  - Eastern Cape: Health Care Providers (Government and Non-Government), Police, Judiciary, and Clergy.

- KwaZulu Natal: Health Care Providers (Government and Non- Government), Police, Education, and Traditional Healers.

### **3. Guiding Framework for Group Discussion**

- A. Reflection of engaging in the project with ALN.
- B. Relating experience of engagement with the project to ones own life and work/practice.
- C. Translating knowledge and awareness to action within work/practice.
- D. What does this mean for the way forward and next steps?

#### **A. Reflection of being engaged in the project with ALN**

##### **Questions**

- 26. How did your interaction with ALN on this project come about, and how did you experience their approach and collaboration?
- 27. What is your understanding of what ALN is trying to achieve with this project?
- 28. How do you feel the aims of the project are relevant to you / your life/work?
- 29. If you took part in any training session, community dialogue and/or capacity building event or other can you describe your overall experience?
- 30. Can you comment on your perceptions or experiences of the level of community engagement and ownership of this project?

#### **B. Relating experience of engagement with the project to ones own life/work and practice**

##### **Questions**

- 1. Has your engagement with specific information generated by the project and/ or being part of specific activities within this project led to any new insights into:
  - d. The way you view the linkages and intersections between violence against women and HIV.
  - e. Your understanding of what constitutes rights infringements specifically related to women accessing and utilising HIV Prevention, Testing, Treatment and Care and Support Services.
  - f. Your understanding of what constitutes rights infringements specifically related to women accessing and utilising Police Services in respect of HIV related violence and other abuses.

### **C. Translating knowledge and awareness to action**

#### **Questions**

14. What specific actions have you taken individually and/ or collectively within your work/ practice since your engagement with the project?
15. Has your relationship with community members experienced any changes, if yes what are they?
16. Has your engagement with the project led you to taking any actions on a structural level/ practice level? If yes what were these and if not why not?
17. Have you or are you considering addressing any policy and/or procedural issues that have surfaced as a result of your engagement with the project?
18. Can you identify barriers and challenges to taking forward any actions as outlined above?
19. Can you identify any key lessons on ending violence against women and girls emerging from this project that can be shared with other practitioners?
20. Were you engaged at a level where you could observe or be part of any approach, process or practice within this project that you consider promising and that could be replicated in other projects and/or other countries that have similar interventions?

### **D. What does this mean for the way forward and next steps?**

#### **Questions**

11. Can you name one thing that has been particularly useful for you in your engagement with the project?
12. Are there issues and/or challenges that you have observed that you think need to be highlighted and/or addressed?
13. What do you see as the role for ALN going forward after this specific project has ended?
14. Are there other role players and or stakeholders that should be engaged, if yes who should these be?
15. Do you see yourself continuing your involvement in any way with ALN going forward? Please explain.

**ALN/ UNTF Focus Group Guideline for Service Providers**  
**Revision 3<sup>rd</sup> March 2015**

**1. Potential participants**

- Health care providers.
- Police.
- Non-governmental service providers partnering on project.
- Other stakeholders across Provinces: Magistrates, Clergy, Educators, and Traditional Healers.

- Western Cape: Health Care Providers (Government and Non- Government), Police, and the Judiciary.
- Eastern Cape: Health Care Providers (Government and Non-Government), Police, Judiciary, and Clergy.
- KwaZulu Natal: Health Care Providers (Government and Non- Government), Police, Education, and Traditional Healers.

**2. Guiding Framework for Group Discussion**

- E. Reflection of engaging in the project with ALN.
- F. Relating experience of engagement with the project to ones own life and work/practice.
- G. Translating knowledge and awareness to action within work/practice.
- H. What does this mean for the way forward and next steps?

**A. Reflection of being engaged in the project with ALN**

**Questions**

31. Describe your experience of working with ALN on the project; what stands out for you about the way ALN works, what makes ALN different from other organisations?
32. What is your understanding of what ALN is trying to achieve with this project?
33. How do you feel the aims of the project are relevant to you / your life/work?
34. If you took part in any training session, community dialogue and/or capacity building event or other can you describe your overall experience?
35. Can you comment on the level of community engagement and ownership of this project?

<b>B. Relating experience of engagement with the project to ones own life/work and practice</b>
---

**Questions**

4. What knowledge have you gained personally in relation to:
  - The links between violence against women and HIV.
  - Your understanding of what constitutes rights infringements specifically related to women accessing and utilising HIV Prevention, Testing, Treatment and Care and Support Services.
  - Your understanding of what constitutes rights infringements specifically related to women accessing and utilising Police Services in respect of HIV related violence and other abuses.
5. What knowledge or experiences have you gained from working with ALN that you are using or can use in your work?
6. If you were involved in any training session organised by ALN can you share your experience of this?

<b>C. Translating knowledge and awareness to action</b>
---

1. Have you made any changes in the way you work since your engagement with ALN on this project?
2. Has your relationship with community members/ clients experienced any changes, if yes what are they?
3. Has your engagement with the project led you to taking any actions on a structural level/ practice level? If yes what were these and if not why not?
4. The project also aimed to have women's voices heard at the top, to get changes happening to policies and procedures in relation to violence against women and HIV, and to improve access to especially health and police services, as well as access to redress

if one's rights are violated. Do you know if any changes happened and/or were you involved with ALN in advocating for changes with:

- Staff within health services
  - Staff within police services
  - Other government departments
  - Policy makers and implementers
5. As a partner and/or partner organisation did you talk to media in relation to the project, were you on the radio, or did you see anything or read about the project in the newspapers?
  6. Can you identify any key lessons on ending violence against women and girls emerging from this project that can be shared with other practitioners?
  7. Were you engaged at a level where you could observe or be part of any approach, process or practice within this project that you consider promising and that could be replicated in other projects and/or other countries that have similar interventions?

<b>D. What does this mean for the way forward and next steps?</b>
---

### Questions

16. Can you name one thing that has been particularly useful for you in your engagement with the project?
17. Are there issues and/or challenges that you have observed that you think need to be highlighted and/or addressed?
18. What do you see as the role for ALN and partner organisations going forward after this specific project has ended?
19. Are there other role players and or stakeholders that should be engaged, if yes who should these be?
20. Do you see yourself continuing your involvement in any way with ALN going forward? Please explain.

**ANNEXURE 4**

**Key informant interviews/ meetings**

	<b>Name</b>	<b>Affiliation</b>	<b>Location</b>	<b>Interview/Date</b>
1	Dilsha Ismail	Mitchells Plain Network Opposing Abuse	Mitchell's Plain, Western Cape	At location 5.03.2015
2	Nurhaan Heynie	AIDS Legal Network 'volunteer'	Mitchell's Plain, Western Cape	At location 5.03.2015
3	Sgt Mavume	South African Police Service: Domestic Violence Unit	Mitchell's Plain, Western Cape	At location 5.03.2015
4	Nobom Mvela	Network for Women for a Better Life	New Brighton, Eastern Cape	By phone 6.03.2015
5	Alfrieda Nkalashe	Sinothando Home Based Care	New Brighton, Eastern Cape	By phone 6.03.2015
6	Debbie Norongo	Department of Health	New Brighton, Eastern Cape	By phone 12.03.2015
7	Silungile Mtambo	South African Positive Women Ambassadors	Illovo, KwaZulu Natal	At location 8.03.2015
8	Wiseman Mzikhisi	Department of Health	Lamontville, KwaZulu Natal	At location 10.03.2015
9	Veronica Nzimande	South African Police Service: Social Crime Prevention Unit	Kwamakhuta KwaZulu Natal	At location 9.03.2015
10	Virginia Kanyile	Community Care Giver	Illovo, KwaZulu Natal	At location 9.03.2015
11	Lindiwe Dlamini	Community Care Giver	Illovo, KwaZulu Natal	At location 9.03.2015
12	Johanna Kehler	Executive Director ALN	Cape Town	By Skype 27.03.2015
13	Gahsiena van der Schaff	Networking/Lobbying/Campaign Coordinator, ALN	Cape Town	At ALN Office 25.03.2015

## ANNEXURE 4

**Detail regarding focus group discussions<sup>26</sup>**

<b>Focus Group Discussions</b>	<b>Date</b>	<b>Location</b>	<b>Participants</b>
Community Women	2 <sup>nd</sup> February 2015	New Brighton Eastern Cape	18 women 1 man
Service Providers	2 <sup>nd</sup> February 2015	New Brighton Eastern Cape	11 Women 2 Men
Community Women	4 <sup>th</sup> February 2015	Tafelsig Mitchells Plain	17 Women
Service Providers	6 <sup>th</sup> February 2015	Tafelsig Mitchells Plain	8 Women 1 Man
Community Women	9 <sup>th</sup> March 2015	Illovo KwaZulu Natal	7 Women
Service Providers	9 <sup>th</sup> March 2015	Illovo KwaZulu Natal	5 women 1 Man
			<b>Totals</b>
		<b>Community Women</b>	<b>42</b>
		<b>Community Man</b>	<b>1</b>
		<b>Service Providers</b>	<b>28</b>

---

<sup>26</sup> No names to be supplied to respect confidentiality

**List of Documents Reviewed**

1. ALN Project Proposal to the UN Trust Fund to Eliminate Violence Against Women (UNTF).
2. Progress and Annual Reports of the project.
3. Mid-term review of project.
4. If I would have known” full research report, summary report and fact sheets.
5. Sample of evaluation/feedback forms (from workshops, women’s groups, etc.).
6. Sample of print media coverage (e.g. from report launch, community dialogues, advocacy events).
7. ALN generated research, publications and documentation pertaining to gender violence and HIV.
8. The National HIV Counselling and Testing Policy Guidelines (2010),
9. The HIV & AIDS and STI National Strategic Plan for 2007 – 2011 and 2012-2016.
10. United Nations Evaluation Group Ethical Guidelines
11. Review of evaluation approaches and methods for interventions related to violence against women and girls (VAWG) Michaela Raab and Wolfgang Stuppert
12. South African National HIV Prevalence, Incidence and Behaviour Survey, 2012

**Jayne Arnott**

*Citizenship: South African*

*Telephone: 021 4475107*

*Mobile: 083 2560443*

*Email: [jayne.arnott@gmail.com](mailto:jayne.arnott@gmail.com)*

*Address: 58 Bowden Road, Observatory, Cape Town, 7925.*

**Academic Qualifications**

1984: BA (Social Work) Honours, University of the Witwatersrand, South Africa

1983: BA (Social Work), University of the Witwatersrand, South Africa

1994 – 1995: MA in Health & Social Policy (one year - incomplete) University of North London. Courses completed: Social Policy and Research Methodology

**Thematic Expertise**

- Women and Gender Rights
- Human Rights
- Sexual Health and Rights
- Sexual orientation and gender identity
- Sex Work
- HIV and AIDS

**Core Competencies**

- Strategic Advocacy, Lobbying and Networking

- ❑ Project and Programme Management and Oversight
- ❑ Leadership: building and motivating teams
- ❑ Organisational Management and Development
- ❑ Human Resource Management
- ❑ Grant management and Fundraising
- ❑ Writing: features, articles, opinion pieces
- ❑ Social Research

### Recent Employment

**Organisation:** Networking HIV/AIDS Community of South Africa: NACOSA

**Time Period:** February 2014 to June 2014

**Position held:** Programme Specialist: Sex Work Programme

**Job Description:**

- ❑ Grant Management, coordinating and supporting the development of the National Sex Work Programme through implementing partners.
- ❑ Assessing, contracting, monitoring and direct management of 18 sub-recipient organisations in relation to financial and contractual obligations.
- ❑ Supporting and inputting to a Lead sub-recipient regarding programmatic quality and development across all sub-recipients.
- ❑ Working with the monitoring and evaluation and finance team regarding monthly assessments and payment recommendations for all sub-recipients.
- ❑ Networking in relation to Sex Work sexual health and rights programming.
- ❑ Advocacy in relation to sexual health and rights and HIV/AIDS and TB prevention treatment and care services in respect of sex workers.

**Organisation:** Triangle Project

**Time Period:** January 2011 to January 2013

**Position held:** Director

**Job Description:**

- ❑ Good Governance and Leadership: Responsible to ensure that the Trustees meet their statutory requirements, lead and motivate the staff to deliver on the mission of the organisation.
- ❑ Programme and Project Management and Development: Responsible for the overall work direction of the organisation, including ongoing monitoring, evaluation and facilitation of strategic planning.
- ❑ Leading on advocacy: Addressing primarily gender-based violence and hate crimes, sexual and reproduction health and rights and homo-prejudice. Engaging with national legislative review processes impacting on Lesbian, Gay, Bisexual, Transgender and Intersex persons.
- ❑ Human Resource Management: Managing a staff component of ten with direct supervision to five staff.
- ❑ Policy Development: Responsible for overall policy development and implementation.
- ❑ Fundraising: Developing operating budgets, fundraising strategy, fundraising, donor reporting and liaison.
- ❑ Financial Management: Overseeing financial accounting and monitoring finances and financial systems.
- ❑ Public Relations: Networking, media spokesperson, publishing articles, conference presentations, producing marketing materials and promoting the organisation.

**Organisation:** AIDS Legal Network (ALN)

**Time Period:** 24<sup>th</sup> February 2010 to December 2010

**Position held:** Social policy researcher

**Job Description:**

- ❑ Analysing and writing up of community based research studies around women and HIV and AIDS
- ❑ Developing fact sheets and reports for dissemination and to use as advocacy tools.
- ❑ Writing articles for the organisational quarterly newsletter (ALQ) that focuses on women's rights and HIV.
- ❑ Writing articles for a daily newsletter (Mujeres Adelante) on women's and other key population rights in relation to HIV and AIDS at the International AIDS Conference in Vienna 2010.

**Consultancies**

**Organisation:** Open Society Institute; Sexual Health and Rights Project (SHARP), New York

**Time Period:** April 2008-December 2008

**Position:** Independent Consultant

**Area of work:** Health and Human Rights, Sex Workers

**Contract:**

- ❑ Together with another consultant, conducted a regional assessment on access to health and legal services for Sex Workers in Botswana, Namibia and South Africa. The assessment is intended to inform activists; programme managers, health specialists, and donors about the context of sex work in the three countries.
- ❑ Designed the methodology and dealt with the logistics and budget and, together with the other consultant, developed the report outline.
- ❑ Fieldwork that involved interviews and focus groups with over 80 sex workers across the region as well as interviews with key organisations.
- ❑ Writing sections of the report published in 2009 titled Rights not Rescue.

**Organisation:** Gender Advocacy Programme (GAP)

**Time Period:** February 2007- July 2007

**Position:** Assistant Independent Consultant

**Area of work:** Gender Equality

**Region:** South Africa

**Contract:**

Assisted with the development of a Gender Advocacy and Lobbying Training Manual for the Woman and Governance Programme. Assisted with research on a review and impact assessment of the 50//50 campaign (50% representation of women in government) in South Africa.

### Past Employment

**Organisation:** Havering Children and Families Services, London

**Time Period:** May –November 2009

**Position held:** Social Worker

**Job Description:**

- ❑ Child protection work with children and families.
- ❑ Duty and assessment work.
- ❑ Writing reports for the family court.
- ❑ Giving evidence at Court in child protection cases.

**Organisation:** The Scarman Trust, London

**Time Period:** October 2007-March 2008

**Position held:** Operations Manager

**Job Description:**

- ❑ Provide support to the Regional Director in all aspects of running the London Region Trust.
- ❑ Manage the delivery of grants programmes and deal with award winners.
- ❑ Manage and support staff and volunteers including human resource management.
- ❑ Oversee all aspects of general office administration.
- ❑ Assistance to the Regional Director with budget preparation, business planning and in funding bids.

**Organisation:** Sex Worker Education and Advocacy Taskforce (SWEAT)

**Time period:** February 2001 - February 2007

**Position held:** Director

**Job description:**

- ❑ Programme and Project Management and Development: Responsible for the overall work direction of the organisation, including ongoing monitoring, evaluation and facilitation of strategic planning.
- ❑ Legal advocacy and lobbying: Writing submissions, engaging with national legislative review processes, lobbying policy makers and national parliamentarians.
- ❑ Human Resource Management: Managing a staff component of eight with direct supervision to four staff.
- ❑ Policy Development: Responsible for overall policy development and implementation.
- ❑ Fundraising: Developing operating budgets, fundraising strategy, fundraising, donor reporting and liaison.
- ❑ Financial Management: Overseeing financial accounting and monitoring finances and financial systems.
- ❑ Public Relations: Networking, media spokesperson, publishing articles, conference presentations, producing marketing materials and promoting the organisation.

**Organisation:** Association for the Physically Disabled (Western Cape)

**Time period:** 1996 - 2000

**Position held:** Manager: Regional Social Work Services

**Job description:**

- ❑ Support services to eight branches of the Association and their respective projects and services.
- ❑ Capacity building with Management Committee members and other volunteers.
- ❑ Supervision of six social workers on casework and community development work as well as training and mentoring in needs assessments, strategic planning, programme development and maintenance, business plans, budgets and fundraising.

**Agency:** Principal Care Locums, London-UK

**Time period:** 1994 - 1996

**Position held:** Locum Social Worker in Social Services Departments

**Job description:**

- ❑ Various social work positions working with children and families, older adults, generic counselling and some assistance with foster care placements.

**Organisation:** Cape Flats Development Association (CAFDA), Cape Town

**Time period:** 1990 - 1994

**Position held:** Intake worker (1 year) and supervisor

**Job description:**

- ❑ Crisis intervention, short term counselling and advocacy and referrals.
- ❑ Supervision of a team of six social workers in all social work methodologies and supervision of administrative staff.
- ❑ Development of internal educational resources and coordination of staff development programmes.
- ❑ Supervision of statutory work under the Children's Act.

**Organisation:** The Homestead, Cape Town

**Time period:** 1990

**Position held:** Unit Manager (6 months)

**Job description:**

- ❑ Counselling and outreach work with street children, coordinating the daily running of the shelter.
- ❑ Supervision of child-care staff.
- ❑ Public relations and advocacy as well as Court work on behalf of street children.

**Organisation:** Cape Flats Development Association (CAFDA), Cape Town

**Time period:** 1986 - 1989

**Positions held:** Social Worker

**Job description:**

- ❑ Managing a caseload of approximately sixty families that included statutory work under the Children's Act and foster care supervision.
- ❑ Developmental group work with children and youth in foster care and educational support work.
- ❑ Development of two Resource Centres for primary and senior learners and holiday programmes at primary schools in the area.
- ❑ The initiation of a Foster Parents' Club and assistance with leadership training programmes for youth in the area.

**Institution:** Centre for Social Development, University of the Witwatersrand, Johannesburg

**Time period:** 1985

**Position held:** School Social Worker

**Job description:**

- ❑ Community work in primary schools and supervision of social work students.

**Publications**

Judge M and Arnott J, 2012. **Opening spaces to challenge prejudice.** *Mail & Guardian* 17 May 2012. <http://mg.co.za/article/2012-05-17-opening-spaces-to-challenge-prejudice>

Crago, A-L, and Arnott, J. 2009. ***Rights not Rescue. A Report on Female, Trans and Male Sex Workers' Human Rights in Botswana, Namibia, and South Africa.*** Open Society Institute for Southern Africa.

Crago, A-L, and Arnott, J.2008. **Executive Summary. Rights not Rescue. A Report on Female, Trans and Male Sex Workers' Human Rights in Botswana, Namibia, and South Africa.** Open Society Institute for Southern Africa.

Øverland, L. and Arnott, J.2007. **The History of the 50/50 Campaign in South Africa 2001-2005 and beyond.** (Unpublished) Cape Town: Gender Advocacy Programme.

Øverland, L. and Arnott, J.2006. **The Constitution and the Rights of Lesbians in South Africa.** Kvinner Sammen 2/2006

Arnott, J, 2004. **Sex Workers and Law Reform in South Africa** in HIV/AIDS Policy & Law Review, volume 9 (3) Canadian HIV/AIDS Legal Network, 2004.

Arnott, J, 2003. **SWEAT: Engaging with Trafficking in Women in South Africa-An NGO Perspective** in Canadian Women's Studies, volume 22 (3,4). York University, 2003.

**Sex Sells. Monitoring the Sex Industry through a Gender Lens.'** (Joint Production SWEAT and Women's Media Watch) Women's Media Watch and SWEAT, March 2002

**Member of editorial team (2004 – 2009)** *Research for Sex Work* The International Network of Sex Work Projects