



Evaluation of Chatsworth Community Care Centre

Final Report

Suraya Dawad
Health Economics and HIV/AIDS Research Division (HEARD)
University of KwaZulu-Natal
dawads1@ukzn.ac.za

Dr Koustuv Dalal
Karolinska Institutet
Sweden
Koustuv.Dalal@ki.se

and

Andrew Gibbs
Health Economics and HIV/AIDS Research Division (HEARD)
University of KwaZulu-Natal
gibbs@ukzn.ac.za

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Table of Contents

EXECUTIVE SUMMARY	3
INTRODUCTION.....	5
AIM.....	7
OBJECTIVES	7
LIMITATIONS	7
RESEARCH QUESTIONS	8
CASE STUDY/BACKGROUND TO PROJECT.....	9
METHODOLOGY.....	11
ETHICAL ISSUES.....	14
RESULTS	15
QUANTITATIVE RESULTS.....	15
Cost consequence analysis.....	15
Analysis of the activities of CCCC	19
Evaluation of CCCC by the beneficiaries	21
Economic burden of violence on victims	26
QUALITATIVE RESULTS	31
What are the successes of CCCC and why?	31
What are the weaknesses and why?.....	36
DISCUSSION	40
CONCLUSION	43
REFERENCES.....	45
APPENDIX A	47
APPENDIX B	52

EXECUTIVE SUMMARY

Gender-based violence is increasingly recognised as a massive social, economic and health problem – particularly in South Africa where there is a close link between HIV and AIDS and gender-based violence. Few organisations in South Africa are responding to this need – most of them are small, under-resourced and reliant on volunteers.

Chatsworth Community Care Centre (CCCC) has been running for 10 years, providing support to all victims of violence and crime. Primarily, as this evaluation shows, it deals with victims of gender-based violence.

This study provides a comprehensive review and evaluation of CCCC and its work. The evaluators used three different methods to analyse CCCC: i) a cost consequence analysis, ii) self-reported anonymous survey of beneficiaries, and iii) qualitative interviews with beneficiaries, service providers, CCCC staff and volunteers. Furthermore, we collected data from clients of CCCC to establish the economic burden of violence.

The results of the evaluation are positive – however there are issues that CCCC needs to tackle. Overall, in the qualitative and quantitative data, beneficiaries – the people using CCCC's services in their times of need - are hugely appreciative of the work CCCC does and the services it provides. They recognise the volunteers are sensitive to their needs, that things will get resolved with the staff of CCCC, and that the staff of CCCC will work with them to take their issues through court processes.

Furthermore, the South African Police Services (SAPS) recognise the huge support and added value that CCCC provide to the work that they do, from holding training workshops on the new Domestic Violence Act, through to providing an element of 'soft-policing' that the over-worked SAPS cannot undertake. Overall, SAPS in Chatsworth is very complimentary of CCCC's work.

Despite these hugely positive results from the evaluation, a number of key issues stand out. Most clearly CCCC faces a lack of funding and problems of budgeting. In three of the five years of data that the evaluators had for CCCC's finances, CCCC was running at

a deficit. The first recommendation that this evaluation comes to is the need to access long-term funding and support.

Closely linked to the limited funding that CCCC faces, is the fact that CCCC is increasingly re-focusing on its core service of crisis counselling. Given the successes that CCCC has had when it has moved beyond simply crisis counselling to starting to tackle some of the underlying issues around gender-based violence, both in the community and in SAPS and courts, our second recommendation is that CCCC needs to expand its services once again.

Finally, CCCC relies heavily on volunteers. The evaluation suggests that CCCC is getting R10,000 per month of free work from volunteers. Our final recommendation is that CCCC develops support and some form of remuneration for these dedicated volunteers.

Given the current financial crisis that has beset South Africa, and more widely the globe, there is continued concern that funding will dry up for such projects. CCCC will need to work hard to overcome this and find adequate funding - but as the interviews with beneficiaries and relevant stakeholders show, the work that CCCC does is justification for this.

INTRODUCTION

This evaluation explores the role that one small community-based organisation – Chatsworth Community Care Centre (CCCC) – plays in mitigating the impact of crime, and in particular domestic and gender-based violence in Chatsworth, a township of Durban, KwaZulu-Natal, South Africa. Violence against women and children is recognised as a serious public health and human rights issue (Dalal, 2008; WHO, 2002), with numerous impacts at the individual, family, community and societal levels.

Those subjected to violence, particularly gender-based violence, are often afraid to report this to legal authorities or friends and family because of fear of social stigma and the wide level of social acceptance of violence (Dalal, 2008; Tolan, Gorman-Smith & Henry, 2006). In South Africa, numerous studies suggest that there are relatively high levels of acceptance of gender-based violence (Moffett, 2006). Domestic violence and gender-based violence aimed at women in South Africa are high across all economic and racial groupings (Rasool et al, 2002).

There are numerous explanations to why gender-based violence is particularly high in South Africa; most of these explanations link to the historical – yet continuing legacy – of the apartheid regime, which uprooted communities, split families and formalised socio-economic inequalities onto black communities (Moffett, 2008). In addition, the high levels of violence used to perpetuate the apartheid system are also important in explaining the continued levels of violence in South Africa (Moffett, 2008). Closely linked to these issues are the massive imbalances between men and women in the public and private spheres – with women having reduced economic, social and cultural control and space (Moffett, 2008).

Gender-based violence is identified as a key route through which HIV-transmission occurs (Dunkle et al, 2004). In South Africa, with HIV-prevalence in antenatal clinics in the region of 28% (Department of Health, 2008), the role gender-based violence plays in sustaining these high levels of HIV/AIDS is increasingly recognised and identified as an important area for intervention (Proyok et al, 2006).

In 2002 the Institute for Security Studies published *Violence Against Women*, exploring women's experiences of gender-based violence in South Africa. This highlighted the limited support women received from police, government departments and the healthcare sector and the crucial role non-governmental organisations (NGOs) (such as CCCC) play in providing counselling and support for survivors of domestic violence (Rasool et al 2002). Community care programmes – such as that run by CCCC – can be effective in both the prevention of domestic violence, increasing peoples' awareness about domestic violence and in the protection of those subjected to domestic violence (Dalal, 2008; Zhao & Svanstrom, 2003).

Evaluation has long been established as a fundamental tool for reviewing programme progress and for making necessary amendments to keep programmes on track (Green & South, 2006). Evaluation of community programmes of NGOs can provide better information to funders, stakeholders and beneficiaries. Evaluation provides better accountability to funders and the state with regards to grants (Cullen, Giles & Rosenthal, 2006). Universities, researchers and community members can join forces to develop, implement and evaluate community care programmes (Elder et al, 1993).

CCCC has not undertaken a comprehensive evaluation since its inception in 1998. On the eve of its 10 year anniversary, CCCC commissioned the Health Economics and HIV/AIDS Research Division (HEARD), at the University of KwaZulu-Natal, Durban, South Africa in conjunction with the Karolinksa Institute, Stockholm, Sweden to undertake an evaluation of the work they have done in Chatsworth.

AIM

The aim of the research is to evaluate the role of CCCC in providing mitigation services around gender-based violence, and identify its strengths and weaknesses with a view to make recommendations on the future direction of CCCC.

OBJECTIVES

This evaluation has four primary objectives:

1. Provide a quantitative analysis of the scope and scale of the work of CCCC and a costing of it using cost consequence analysis;
2. Evaluate the perceptions of people who interact with CCCC to identify its strengths and weakness, with a view to improve upon its operation where necessary;
3. To make recommendations to CCCC based on the analysis as to the directions it should be taking in the future; and
4. To explore the injury problems and to estimate the economic burden of violence.

LIMITATIONS

This evaluation has a number of limitations that need to be recognised. First, the evaluation does not provide a comprehensive overview of the past 10 years of CCCC, rather it focuses on the past year and the immediate successes and challenges that the evaluators identified through their review of documentation, analysis of self-reported evaluations and interviews with key stakeholders.

Second, the research does not provide a comprehensive impact assessment of CCCC, nor does it measure such indicators such as the extent to which it is providing services to everyone who needs them.

Finally, this was a rapid appraisal and therefore some results could not be explored in-depth due to lack of other data to support comprehensive analysis.

RESEARCH QUESTIONS

In order to meet these objectives, the research focused on four key questions:

- i) What are the cost consequences for the community care programme provided by CCCC?
- ii) What are the social impacts added by CCCC by its different services?
- iii) What are the shortfalls of services provided by CCCC subject to its resource constraints?
- iv) What are the injury problems and the economic burden of violence?

CASE STUDY/BACKGROUND TO PROJECT

Chatsworth Community Care Centre (CCCC) is a voluntary community organisation situated in Chatsworth, Durban, KwaZulu-Natal, South Africa. It was set up in 1998, in response to a perceived need for organisations in Chatsworth to provide crisis counselling around domestic and/or gender-based violence.

Chatsworth is a large township within the Durban Metropolitan area. Chatsworth was created during apartheid as an area for housing people of the 'Indian' population. It remains predominantly inhabited by the Indian population, and informal settlements in and around Chatsworth provide housing for refugees and other black urban populations. The total population of Chatsworth is approximately 750 000.

For the past 10 years, CCCC has been providing services to victims of violence and those with other social problems. CCCC's primary aim is to provide crisis counselling to victims of violence and crime, specifically around domestic and gender-based violence. The role CCCC plays has slowly expanded outside of crisis counselling and it continues to provide general counselling on household and family issues – especially child-related issues. It has also provided training for the courts and the South African Police Services (SAPS) on the implications of the Domestic Violence Act of 1998. Furthermore, CCCC has also become involved in raising awareness of domestic violence in Chatsworth and providing support for women who seek protection or peace orders from the court in cases of domestic and gender-based violence.

CCCC has three offices. Its main office is a house in Chatsworth, which was donated by the National Lotto fund. Initially this had a rape crisis room, however, as hospital services improved in Chatsworth it was deemed unnecessary. CCCC has offices at the Chatsworth Police Station and, since February 2008, an office at the Chatsworth court.

In terms of funding, financing is purely by fundraising. CCCC hold three to four fundraising events a year, such as dinner and dance events, golf days and raffles. Other fundraising is done by approaching businesses and individuals. Apart from this, CCCC does not have any other source of income. Furthermore, CCCC does not have a budget in place. At present, CCCC is organised as follows:

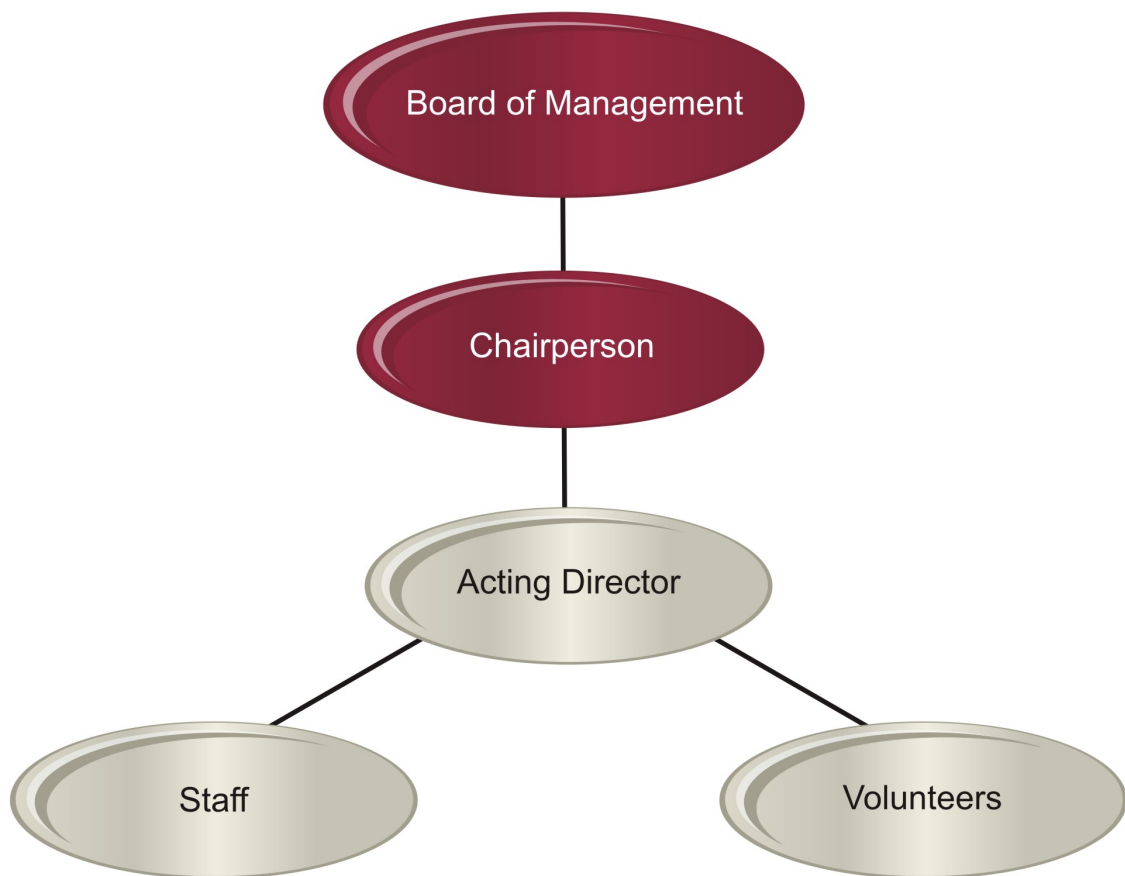


Figure 1: Organogram of CCCC

The board of management comprises 12 members from the Chatsworth community who reside and/or work in Chatsworth. The current chairperson is Mr Siven Samuels and the acting director position is held by Ms Marlene Abrahams. There are currently two full time staff and 22 volunteers.

METHODOLOGY

The evaluation has employed a number of different methods and tools to tackle its objectives and provide a comprehensive evaluation of CCCC. The various methods employed allows cross-checking between the different approaches to ensure that the results correspond with one another; and where they do not, additional analysis and work can be done to resolve the disparate analyses.

1) *Cost consequence analysis*

The first method the evaluation uses is based on cost consequence analysis. This approach has been widely used in community programme evaluations (Kobelt, 2002). This form of analysis looks at the overt and hidden costs of a programme – drawn from a range of sources, including annual balance sheets and other stipulated cost elements (elaborated in Table 3) – to explore whether programmes are allocating resources most efficiently and strategically.

Each element of Table 3 was formulated according to the methods of cost consequence analysis. Cost elements were identified into three broad categories: 1) recurrent costs, 2) fixed costs, and 3) implicit costs. All costs were calculated over a five-year period (2003-2007). Recurrent or variable costs were calculated on a month-by-month basis. Recurrent cost elements included personnel, materials, transport and equipment costs, travel allowances and beneficiaries' out-of-pocket expenditures. Fixed cost elements included the current value of the building, transport, equipment, furniture, administration and a staff/volunteer training programme. Implicit costs of CCCC were volunteer time costs.

Information for each of the cost elements were drawn from records of CCCC – including vouchers, annual reports, market analysis and receipts – and appropriate values of each of the elements was calculated.

A key methodological challenge in the cost consequence analysis was how to cost the value of volunteers' time, given that there was an absence of regular payments to volunteers. To overcome this issue, we drew on the concept of *opportunity costs*. The opportunity cost is the economic cost of using a resource for a specific activity. It is

equal to the income foregone by not using the resource to make money (Pindyck & Rubinfeld, 2005). In the case of the volunteers' time, we calculated, over a three month period, the amount of money they had the potential to make if they had worked, rather than volunteering their services at CCCC.

2) Quantitative data

We collected quantitative background data on the number of beneficiaries that CCCC dealt with during 2008 and the reasons for their visits to CCCC. We drew this directly from CCCC records. For the period January and February 2008, the evaluation was forced to rely on staff recall, since their computer on which such data was recorded was stolen at the end of February 2008.

3) Anonymous self-reported evaluations of CCCC by users

Our third methodological approach was to use anonymous, self-reported evaluations from beneficiaries of CCCC's services, to build a profile of, (i) the beneficiaries (including gender, age and income), and (ii) their perceptions of the service they received from CCCC.

We provided these evaluation forms over a three-month period to CCCC. Each beneficiary of CCCC was asked to complete the short evaluation. Once completed, the questionnaires were placed in a sealed box for HEARD researchers to access at the end of each month. In total 124 forms were completed.

Completion of questionnaires was not mandatory. As such these self-reported evaluations cannot be seen as fully representative of people's views and experiences of CCCC since beneficiaries completing them can be seen to have self-selected themselves. However, while not a fully representative sample, it does provide self-reported and anonymous data on people's perceptions of the service CCCC provided, just after using it, and can be used for cross-checking the qualitative data.

For analysing the self-reported quantitative data, Microsoft Excel was used, and for statistical analysis, the SPSS programme was used.

4) Victims' economic burden and severity of injuries

To identify their economic losses and severity of injuries as a result of violence, we interviewed the victims who sought the services of CCCC. The respondents were randomly selected from CCCC service outlets. Questions were asked regarding victims' income, severity of injuries, expenditure for treatment, victims/relative's loss of income and source of financing for treatment costs. Severity of injuries was clearly pre-defined to the respondents. The severity options were: not injured; injured but did not visit any medical doctor; injured and visited medical doctor or hospital emergency department; and injured with risk of life and admitted to hospital. In total, 330 respondents were included.

In all cases autonomy, privacy and rights of withdrawal were maintained. Verbal consent was obtained from the respondents. In the case of a minor, guardians/parents/ relatives were requested to provide information.

5) Qualitative interviews

In-depth interviews were conducted with three key groups of people relating to CCCC: i. staff members (3); ii. beneficiaries (18); and iii. service providers (4), including the South African Police Services (SAPS) and court officials. In total, 25 in-depth interviews were conducted.

Interviews were coded using a grounded theory approach to content analysis (Glaser and Strauss, 1967). This is based on a close reading of the data to highlight salient themes that emerge from the data. These themes are then grouped around broader themes answering the central questions of the evaluation:

- i) What are the social impacts added by CCCC by its different services? Essentially this looked at what the positive impacts and successes of CCCC are in Chatsworth; and
- ii) What are the shortfalls of services provided by CCCC subject to its resource constraints, with a view to exploring how these can be overcome and the community care programme further enhanced into the future.

ETHICAL ISSUES

HEARD received ethical clearance for this evaluation from the University of KwaZulu-Natal's Human and Social Sciences Ethics Committee. Furthermore, the research adhered to the strict guidelines set out for research into domestic violence by the World Health Organisation (WHO, 2001).

Every measure was put into place to make certain that respondents granted us informed consent before being interviewed. CCCC was involved in all aspects of arranging and managing interviews and was available to provide counselling to any of those interviewed who required it.

Further details about ethical issues related to this study, including details of the ethical approval are to be found in Appendix A.

RESULTS

In general, our evaluation is positive about the role that CCCC plays in Chatsworth around mitigating gender-based violence. It does, however, highlight that there are a number of issues that CCCC needs to tackle if it is going to move forward. We make some recommendations at the end as to the direction we believe CCCC should make in the future.

QUANTITATIVE RESULTS

Cost consequence analysis

CCCC is serving large numbers of victims. However, when we look at its financial budget, it is evident that CCCC has been running mostly at a deficit for the last five years, 2003-2007 (Figure 2). The red line indicates expenditure, the blue line indicates income and the yellow line indicates the balance (surplus/deficit) of CCCC for each financial year.

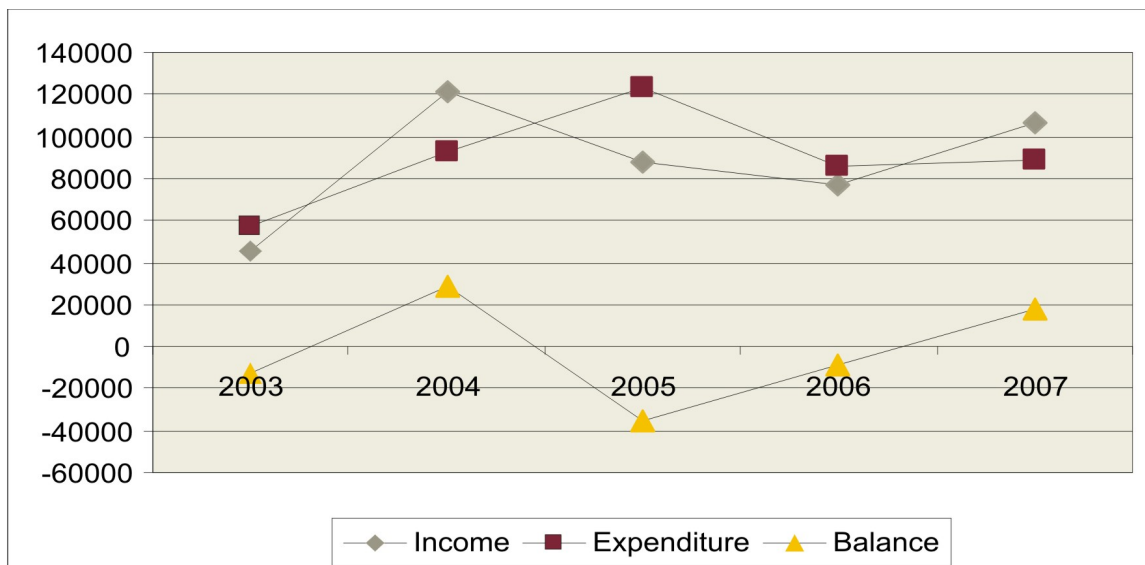


Figure 2: Income, expenditure and economic balance of CCCC for the years 2003 – 2007

Analysing Figure 2, it becomes clear that CCCC's finances are relatively erratic and that CCCC is struggling to cover its costs. In three of the five years of the data, CCCC was in

deficit. Furthermore it becomes apparent that CCCC runs on a relatively small budget of around R100,000 per year (varying between R40,000 and R120,000). As will become evident in the qualitative data presented below, the limited finances that CCCC has, have serious repercussions for the services that it can provide.

In addition to CCCC's formal profit and loss accounts (presented above) we attempted to quantify the 'true' cost of running CCCC, by including costs that ordinarily might not be included, or properly reflected, on accounting balance sheets, as is presented in Table 1.

Cost Element	Costs in ZAR
Recurrent (Variable) Cost	
Personnel	R3,000
Materials and supplies per month	R500
Transport cost per month	R2,000 (approximately)
Equipment cost (+ operation cost)	Computer with all necessary information and printers were stolen from CCCC office
Maintenance costs per month	R800
Utilities per month: Electricity, petrol, water etc.	R1,100
Travel allowance per month: Bus /taxi fare for CCCC activities	R600
Beneficiaries out of pocket expenditures to visit CCCC	R248 (monthly average)
Capital (Fixed) Cost	
Building (current market price of the building)	R1.2million
Transport	Private vehicles are used due to lack of funds
Equipment	R10,000
Furniture	R6,000
Administration	R2,500

Training: Staff/volunteer training costs including facilitation, materials and food	R8,000 (approximately) for 25 persons
Implicit Costs	
Volunteer time	R10,000 - presented in Table 4

Table 1: Costs in ZAR incurred by CCCC to run its activities for one month in 2008

These cost elements have been calculated to reflect the cost of running CCCC for one month where there are variable costs.

Given that CCCC is primarily run by volunteers,¹ the simple profit and loss calculation of CCCC's budget we present does not capture the full current cost consequence of running CCCC. Given this, we calculated the cost consequence to volunteers of their work with CCCC; essentially what volunteers could have been earning had they chosen to earn money instead of volunteering at CCCC. Over the three months data that was collected, volunteers provided 3037 hours of time. We calculated the cost consequence of this time at some R31,000 or approximately R10,000 per month (see Table 2). In 2008, the true 'cost' of running CCCC needs to add R120,000 more to pay the volunteers, which should be reflected in the final balance sheet.

¹ Even the two 'paid' staff are only paid a nominal amount of R1,500 per month; and this only happens if CCCC has received enough money that month to cover all expenses.

Professions	Time provided to CCCC (Hours/month) without payment			Average loss of income (ZAR)
	August	September	October	
Lay counsellors, supervisor, co-ordinator	337.5	256.3	246	5249
Retired clerk	19	22.25	7	302
Secretary	86.5	84	84	2121
Criminology student	96.75	84	86.5	2227
Criminology student	6	84	86.5	1471
Unemployed (commerce diploma)	4.75	10.5	86	738
Psychology (Honours) student	6	0	0	150
Bail officer	95	0	90	2891
Clerk	34.25	35.25	56	784
Manager, lay counsellors	266	369.5	311	12817
Designer	89,5	0	86.5	2567
Totals	1041.25	945.8	1139.5	R31,317

Table 2: Volunteer-time provided to CCCC and minimum possible economic losses due the free of charge services

This calculation does *not* however include a calculation as to what the cost of running CCCC would be in the future if it has to expand and employ additional staff. Rather it serves to highlight the current economic costs of volunteering that volunteers bear.

The fact that many of the volunteers are currently studying and that, as our qualitative analysis presented below identifies, many volunteers struggle to get to CCCC because they lack bus/taxi fares, highlights funding as a key issue. Therefore, CCCC needs immediate action to build up necessary funds to pay (at least a minimum amount) to the

existing volunteers. Lack of funds will not only create a vacuum in CCCC volunteers' activities, but will also hinder CCCC services to the society in near future.

Analysis of the activities of CCCC

Data for this analysis was obtained from case forms that CCCC uses to document information about every case they handle.

Scale of CCCC's work

From our data it is apparent that CCCC deals with an average of 200 beneficiaries per month (Table 3).

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Total
59	114	205	227	169	178	275	195	268	247	1937

Table 3: Numbers of victims CCCC assisted during the first ten months of 2008²

On its own, the data on the number of beneficiaries CCCC has worked with provides little indication of the impact that it has. Further evaluations should explore the percentage of all crimes reported in Chatsworth that CCCC work with.

Categories of services provided to victims by CCCC

CCCC provides a huge range of services to victims of crime – in its internal records it has 36 different categories. This points to the vast range of support and roles that volunteers and staff have in working around the issue of crime and social problems in Chatsworth.

To simplify the data for the purposes of this analysis, the evaluators rationalised the data into four broad categories of issues that CCCC deals with and this is presented in Table 4.

² As noted in the Methodology section, data for January and February is based on CCCC's staffs' recall of numbers, since CCCC's computer on which this data is held, was stolen at the end of February 2008.

Service	Percentage of cases
Gender-based and domestic violence	64
Counselling and support around children	20
Crime and legal issue	8
Social issues	8

Table 4: Percentages of beneficiaries for categories of services, for January – October 2008

Using this simplified data provided by CCCC, it becomes clear that CCCC's primary role is in relation to:

- i) Gender-based and domestic violence. This category accounts for almost 64 percent of all the counselling and support that CCCC provided over the first 10 months of 2008; and
- ii) Counselling and support related to children. This accounted for 20 percent of all the work done by CCCC.

What becomes apparent is that CCCC's primary role is around providing support and counselling with regards to the issue of gender-based and domestic violence, and that the other services and support that it provides are relatively small in relation to this.

Evaluation of CCCC by the beneficiaries

This set of data is based on quantitative anonymous self-reported evaluations from 124 beneficiaries of CCCC. This set of data, while not entirely representative (see discussion in methods section) does provide data to explore both the age and income profile of CCCC's beneficiaries and their self-reported perceptions of CCCC's work.

Profile of Clients

CCCC provides services to a wide range of ages of people. In our sample the youngest person was 15 and the oldest 73. However, the main age groups served were people between 20 and 39 (see Table 5). Studies in other developing countries also show similar age patterns for victims of crime (Dalal, 2008).

Age Group	Percentage of total beneficiaries
Below 19 years	8
20 – 29 years	26
30 – 39 years	28
40 – 49 years	19
50 – 59 years	7
Above 60 years	13

Table 5: Age group wise distribution of the beneficiaries

The data on household income of beneficiaries of CCCC (see Table 6) shows that most people who use CCCC's services have very low household income per month. The minimum family income recorded was R210 per month and the maximum family income was R25,000 per month. The household poverty level in South Africa is set at R800 per month, suggesting that the majority of beneficiaries do not fall into the category of 'poor' according to South African definitions. However, the low level of family income shown in

this table does illustrate the limited resources available to beneficiaries of CCCC's services.

Income Group Per Month	Percentage of total beneficiaries
Below R1,500	25
R1,501 – R4,500	25
R4,501 – R6,000	27
Above R6,001	23

Table 6: Family income of the beneficiaries

Self-reported evaluation by beneficiaries

Beneficiaries of CCCC's services were asked to provide answers to five close ended questions:

- i) Did you feel comfortable with the reception you received from CCCC?
- ii) Did you feel comfortable to speak about your private matter to the CCCC volunteer?
- iii) Did you feel that your privacy was protected during your conversation with the CCCC volunteer?
- iv) Did you feel that the services of CCCC were helpful to you?
- v) Please rank the services of CCCC?

The first four questions have five options (never, rarely, sometimes, frequently and always), whilst the last question has five options from worst to best.

RESULT OF QUESTION 1

A central aspect of community care, especially around gender-based violence, is that people arriving at the care centre feel comfortable with the reception that they receive. Figure 3 shows that the majority of respondents to the survey (>85%) did feel comfortable with their reception at CCCC. Only 15% of those who filled in the evaluation form felt that they did not receive an adequate reception from CCCC.

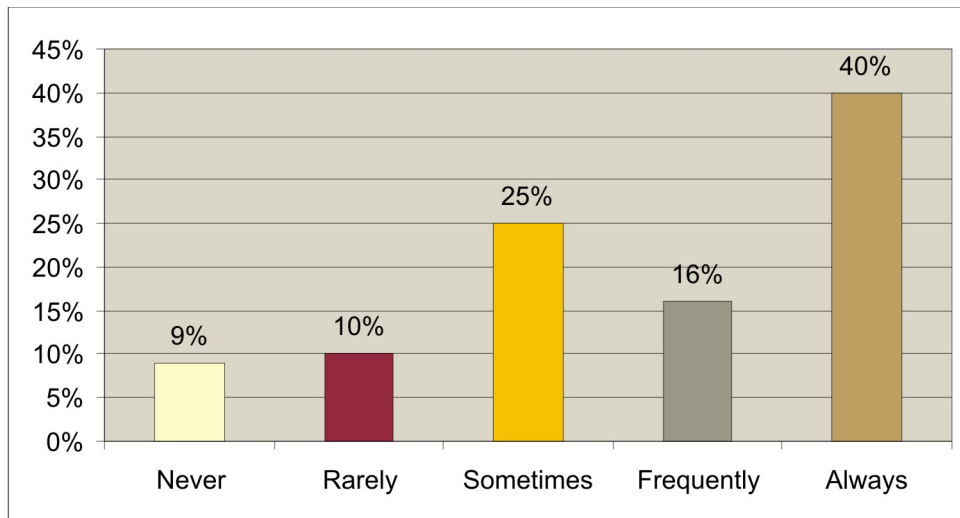


Figure 3: Results for Question 1

RESULT OF QUESTION 2

The issues that CCCC deals with on a daily basis are very personal matters. Often issues such as gender-based violence are stigmatised in ways that make it difficult for people to admit being a victim of these. Nearly 60% of beneficiaries surveyed said they had felt comfortable to speak about their personal matters with CCCC’s volunteers, whilst 23% said that they sometimes felt comfortable to speak about their personal matters (See Figure 4).

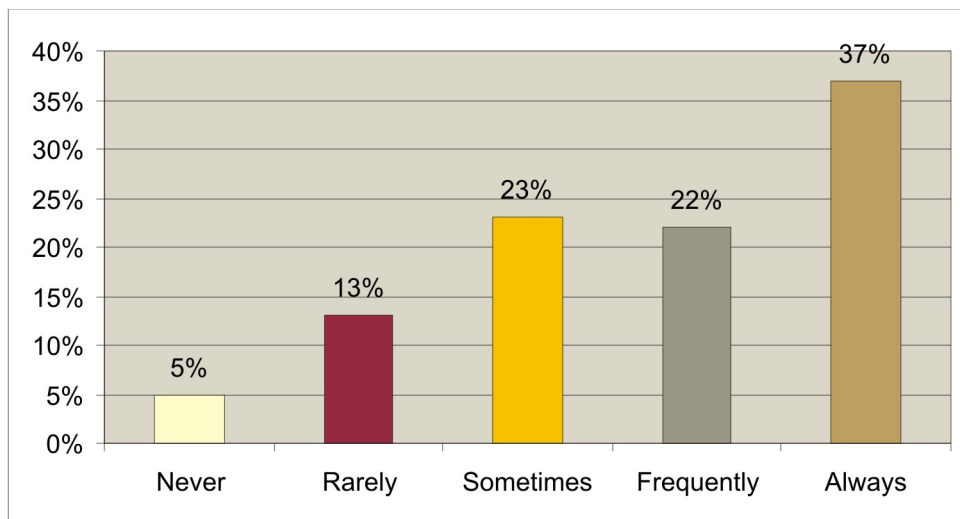


Figure 4: Results for Question 2

RESULT OF QUESTION 3

As CCCC is dealing with highly personal issues they have a central responsibility to ensure that the privacy of the beneficiary is protected throughout the process of their involvement. Overall, 83% of beneficiaries who completed the survey said they felt that their privacy had been protected during their conversation with CCCC's volunteers.

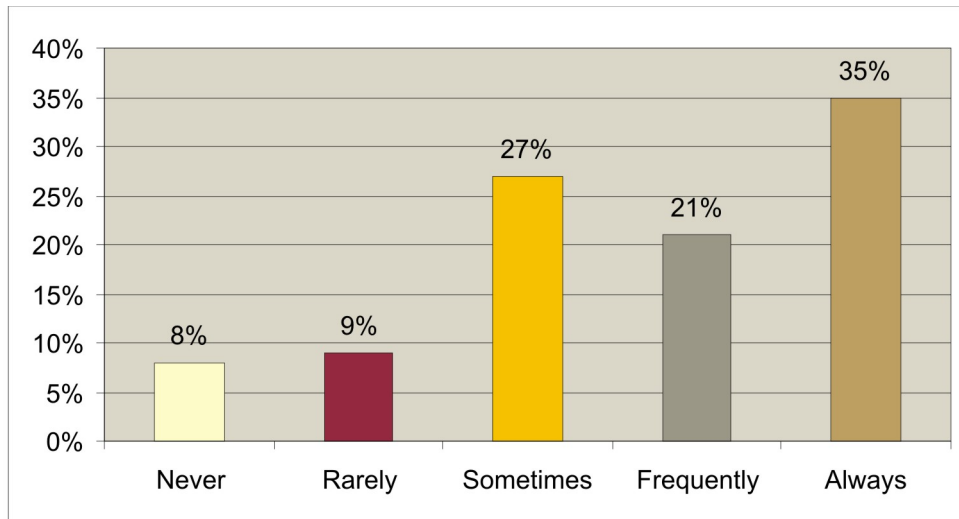


Figure 5: Result for Question 3

RESULT OF QUESTION 4

A central concern for evaluators is whether beneficiaries of a programme or service feel that they have benefited from the service. We framed this within the concern that most beneficiaries of CCCC were seeking help. Once again the majority of beneficiaries (82%) said that they felt the services of CCCC were helpful to them. Only 18% felt otherwise.

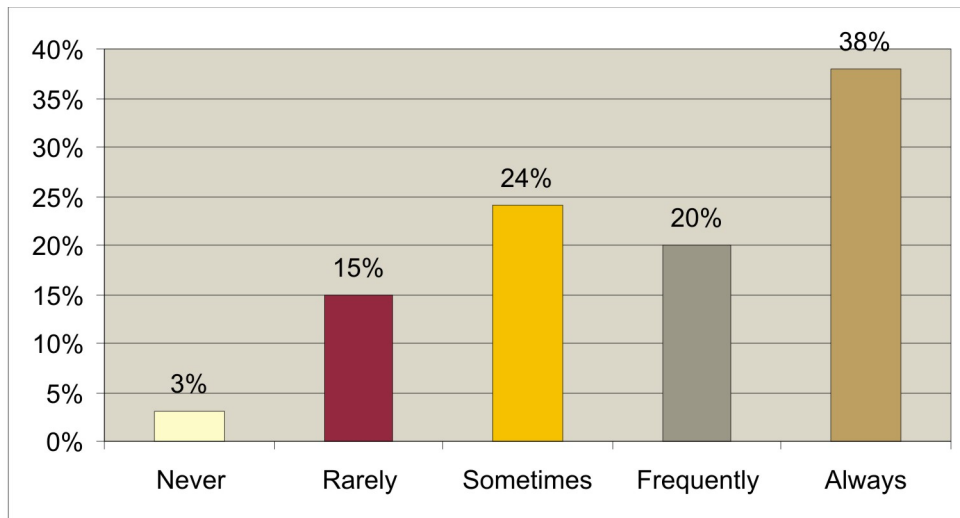
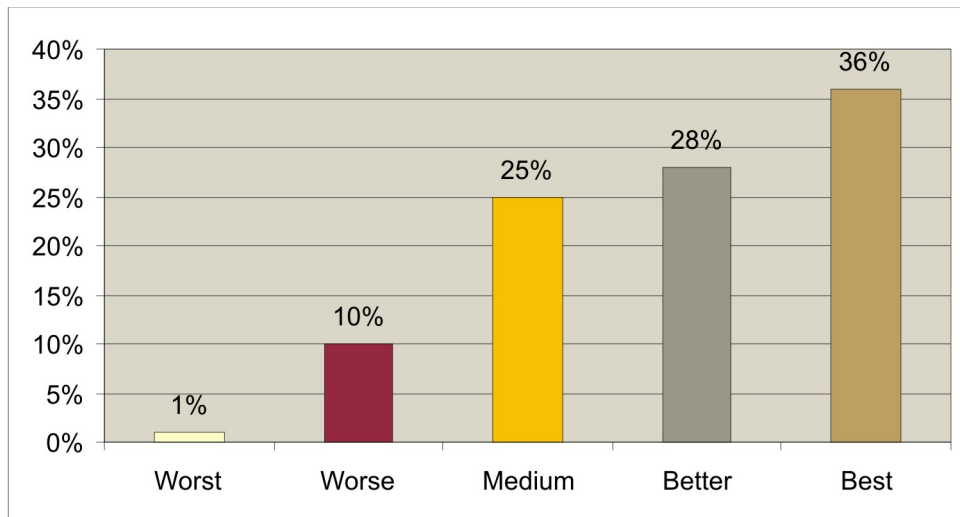


Figure 6: Result for Question 4

RESULT OF QUESTION 5

The final question on the anonymous self-evaluation sought to explore beneficiaries' overall perception of CCCC. A large majority of those completing the survey felt that the services offered by CCCC were of a high standard and quality. Only 11% felt that they were not satisfactory.



**Figure 7: Result for Question 5. (Please rank the services of CCCC)
(Worst = 1, Best = 5)**

Discussion of quantitative evaluation

The overall view from the self-reported questionnaires was that the service being provided by CCCC was to a high standard and to a large extent met the needs of what those seeking services wanted. The results of this self-reported evaluation makes it clear that the services offered by CCCC are greatly assisting people; people feel comfortable when going to CCCC and speaking to the staff/volunteers; they feel that CCCC will maintain confidentiality. Finally, a large majority (89%) had a positive overview of CCCC. Hence, the evaluations of the CCCC service by its beneficiaries demonstrate a highly satisfactory result.

Economic burden of violence on victims

Of the 330 respondents, 262 (79%) were women and 68 (21%) were men. Minimum age of victimisation was five years and maximum age was 91 years. In Figure 8, the age distribution of the respondents is presented.

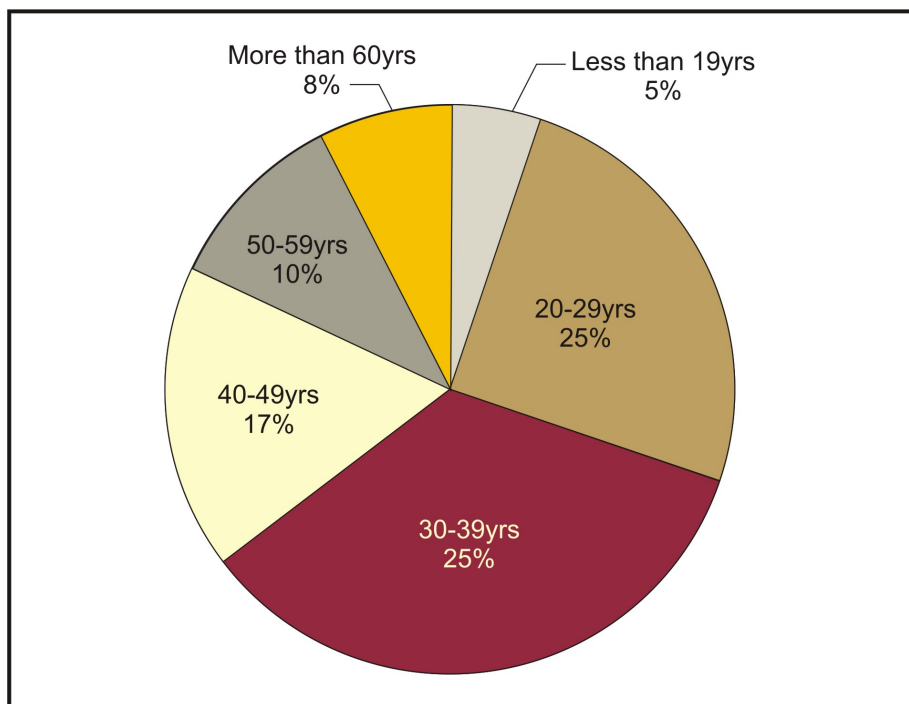


Figure 8: Percentage of age groups of the respondents

The age group and sex distribution are presented in Table 7. Maximum victimisation of women occurred during their 20s while for men it was during their 50s. During their 30s, women were also victimised up to 84% and for men in their 60s up to 36%.

Age group	N	Female n_F (% of N)	Male n_M (% of N)
Less than 19 years	19	15 (79)	4 (21)
20 – 29 years	82	75 (91)	7 (9)
30 – 39 years	113	95 (84)	18 (16)
40 – 49 years	57	43 (75)	14 (25)
50 – 59 years	34	18 (53)	16 (47)
Above 60 years	25	16 (64)	9 (36)

Table 7: Age groupwise sex distribution

Victims' income:

- Among the 330 respondents, 206 victims (62%) had their own monthly income. The minimum income was R300 and the maximum income was R35,000, while the average monthly income was R3,989.
- More than 70% of respondents were able to disclose their family income. The minimum monthly family income was R940, the maximum was R50,000, and the average family monthly income was R7,821.
- The injury category of the violence victims was defined in three stages: (i) injured but did not visit medical doctor; (ii) injured and visited medical doctor or visited hospital emergency department; and (iii) injured with life risk admitted to hospital. The injury level was self-reported. The study reveals that due to violence, 212 (64%) of the victims had no injury, while 57 (17%) victims had category (i), 53 (16%) had category (ii) and only 8 (3%) victims had severe injuries (category iii).

In Figure 9 we present the injury categories according to age group distribution of the victims of violence.

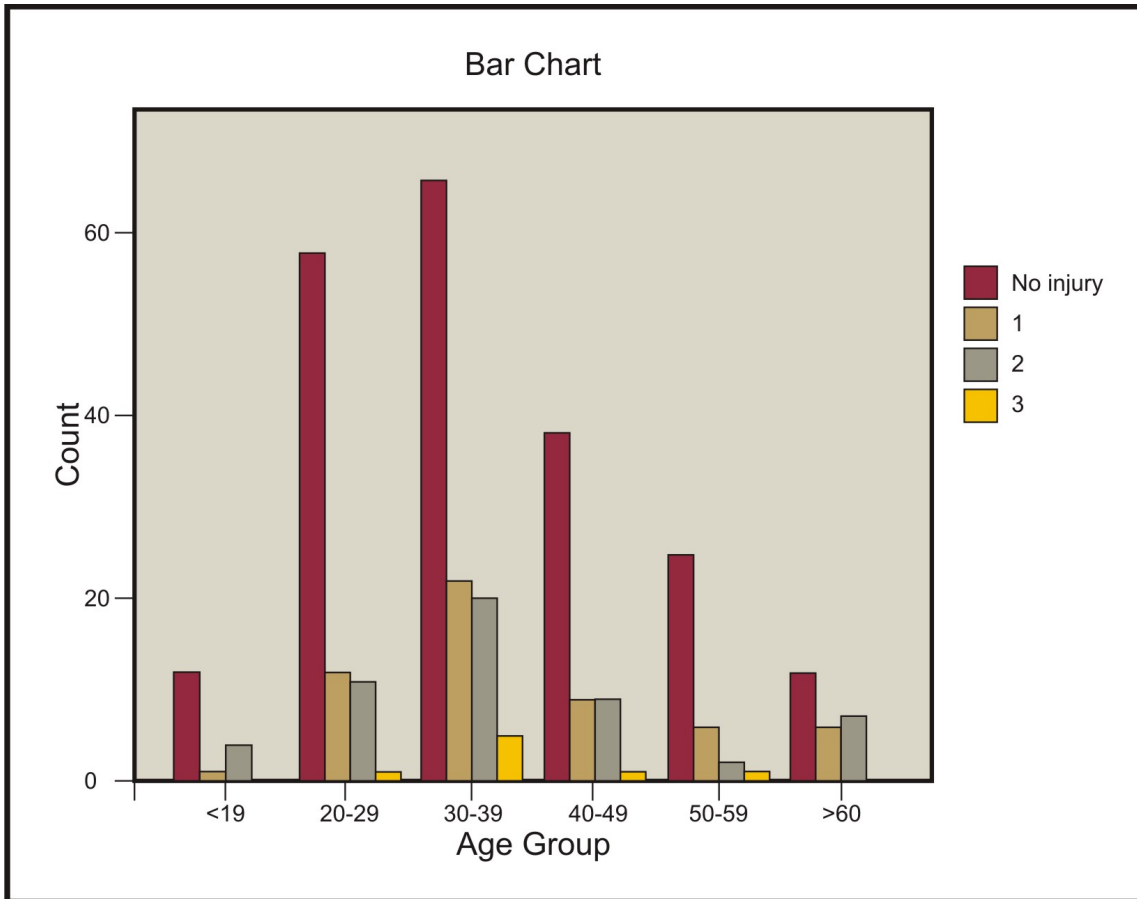


Figure 9: Injury Categories by age group (-=no injury; 1= injured but did not visit medical doctor; 2=injured and visited medical doctor or hospital emergency department; 3=injured with risk of life, admitted to hospital)

Due to injury, 27% of victims visited physicians. In most of the cases they had spent R200. On the other hand, considering the total medical cost (cost of physician + cost of medical drugs + cost of investigation + cost of transport), 57% victims had paid an average of R308 for medical care. The maximum payment was R18,800.

Among respondents, 40 had lost their income due to injuries. The total income loss was R36,8565, with an average of R9214. In Figure 10, we have presented victims' loss of income. Interestingly, victims without injuries have the highest level of loss of income.

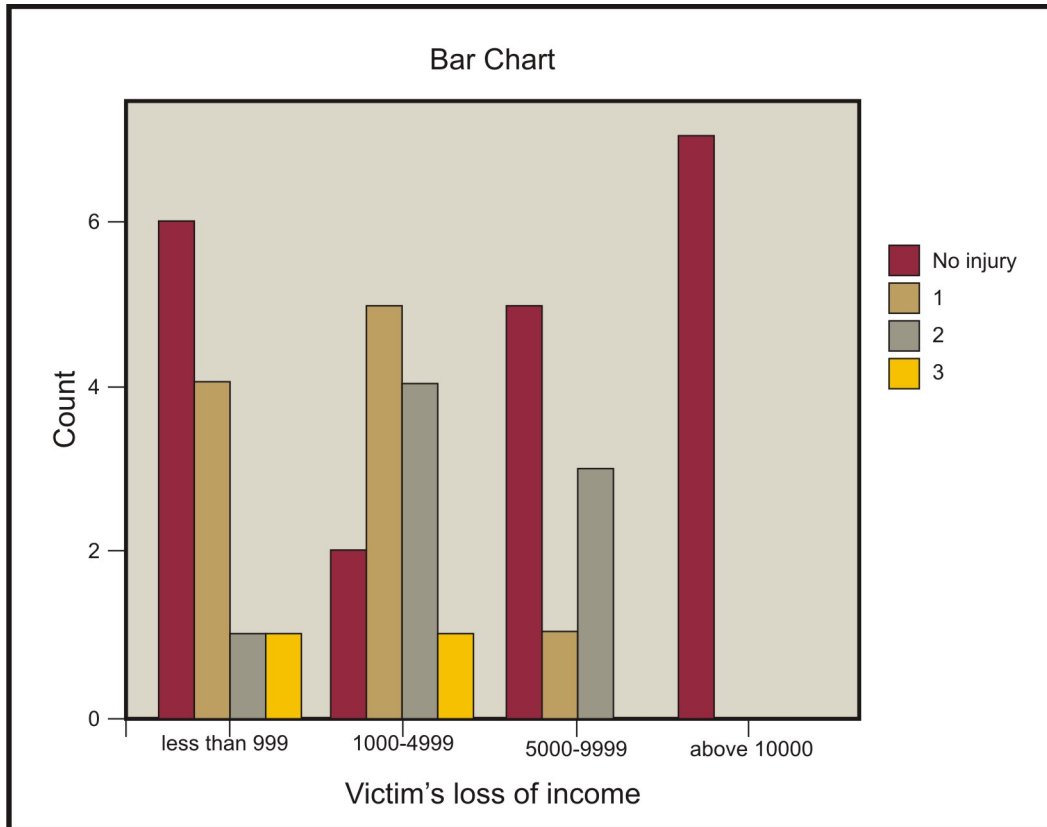


Figure 10: Victims loss of income due to injuries (-=no injury; 1= injured but did not visit medical doctor; 2=injured and visited medical doctor or hospital emergency department; 3=injured with risk of life, admitted to hospital)

The victims could not perform their stipulated work for long periods of time. This varied from two days to nine years. However, in most of the cases we could not calculate the total loss as the victims were unable to provide any further information.

Finally, we asked the victims about their sources of finance for treating themselves. In Figure 11 we have presented different sources of finance for treatment. More than 50% of finance for treatment came from victims' own households. It is extremely important to note here that CCCC can use these figures to provide awareness campaigns. They can campaign in the Chatsworth area and highlight that when violence takes place, the victim's family have to provide more than 50% of the total medical expenditure. In using this, people can be made aware of the financial pressure that violence can add to the household. We can expect the tool to be highly effective as a preventative measure of violent incidents.

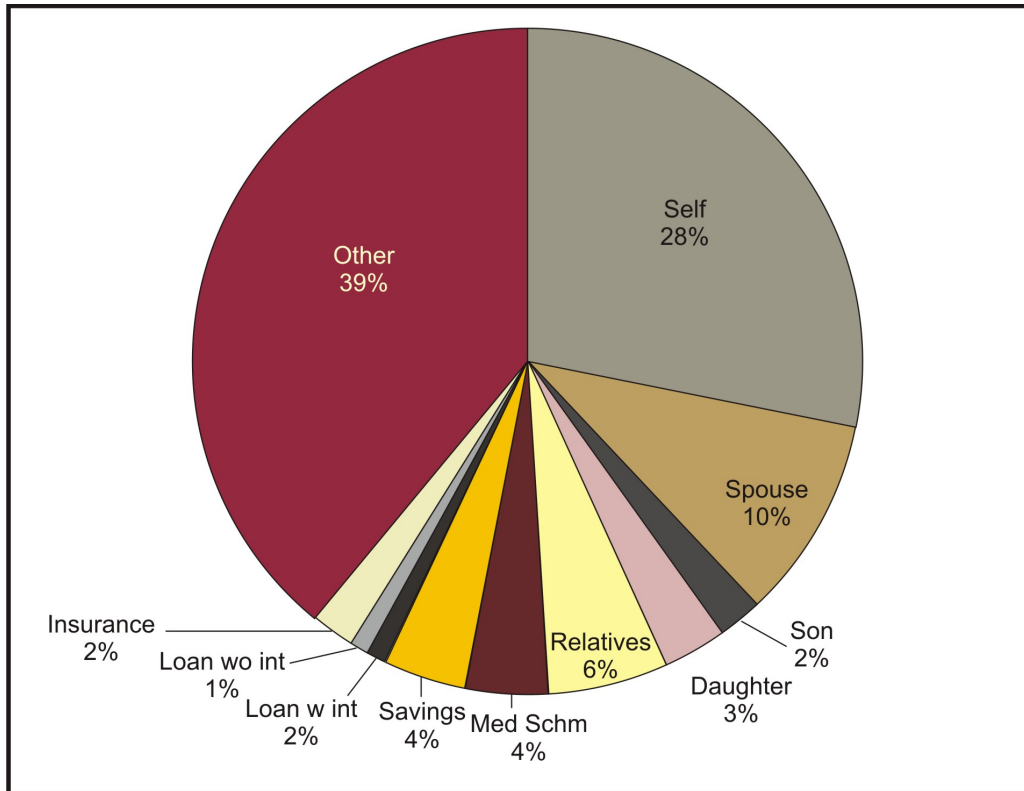


Figure 11: Sources of financing for medical treatment of victims

QUALITATIVE RESULTS

The fourth aspect of the evaluation was qualitative interviews with key informants. While the quantitative self-reported anonymous questionnaires were important in gauging how beneficiaries felt about CCCC – they did not by their nature, explain why beneficiaries felt the service CCCC provided was good and what limitations there were to CCCC's work.

The results are split into two sections for the purpose of analysis: first, it explores the successes of CCCC and why interviewees perceived that to be the case. Second, it explores the themes that emerged around the weaknesses of CCCC and again why people thought these occurred.

What are the successes of CCCC and why?

In our analysis, we identified three themes as reasons for CCCC's success in its work in providing crisis counselling and support around domestic and gender-based violence in Chatsworth. The three themes were: (i) CCCC provides supportive services to beneficiaries, (ii) CCCC has strong relationships with SAPS, and (iii) CCCC plays an important role in supporting the court and SAPS in Chatsworth.

(i) CCCC provides supportive services to beneficiaries

Given that the main aim of CCCC is to provide crisis counselling and support to people who approach the organisation, a critical success identified in the qualitative interviews was the very positive reviews of the support and assistance that CCCC provided to beneficiaries. In almost all the interviews conducted with beneficiaries, and also with people outside of CCCC, peoples' perceptions of CCCC and what they offered and did, was positive.

In understanding why beneficiaries and others were so positive about the role CCCC played in working with victims of gender-based violence and crime, a number of sub-themes emerged. Many of those interviewed pointed to the fact that CCCC volunteers and staff had a positive attitude to their work and could provide sympathetic support at the time when most people needed it:

They have a friendly and sympathetic attitude. (C 1)

They provided excellent support to me. (B 1)

Beneficiaries often contrasted this to the less than sympathetic attitudes they had previously experienced from government departments.

It was not simply that the volunteers at CCCC were perceived to be more caring, but that they could help beneficiaries negotiate the complex systems to achieve what beneficiaries wanted to. This was particularly the case with women who wanted to get protection orders or peace orders against their partners, in domestic violence cases. Many beneficiaries interviewed emphasised that a key role the volunteers at CCCC played was in helping people work through the complex process to access protection or peace orders.

Volunteers and staff members' ability to negotiate complex bureaucratic systems was also important in solving other issues as well. Interviews with beneficiaries highlighted how CCCC staff were able to explain to people what their rights were in terms of accessing social grants and resolving problems with this process. Furthermore, volunteers often assisted by taking people to the relevant departments and ensuring that their issues were dealt with effectively, instead of them being turned away, or told to come back another day.

The final factor we identified in why beneficiaries were so satisfied with the support CCCC provided them, was that CCCC would follow up with the police – to ensure matters were progressing – and also with beneficiaries – to check how they were doing:

We sit with people at the immediate time. We also phone the next day to follow up with the victims and the police and then phone again a month later. (V1)

The crisis centre are always checking up on things and checking things get processed. (P1)

(ii) Building strong relationships with Chatsworth South African Police Services (SAPS)

A key reason for the success of CCCC has been its ability to build strong relationships with SAPS and then for SAPS to draw on CCCC as needed. Most clearly this was seen in the 'Throb nightclub incident'³ in 2000, when 13 teenagers were killed following a stampede at a Chatsworth nightclub where teargas was thrown into the nightclub. During this incident, it was CCCC that SAPS turned to, to provide counselling for parents of children who were killed and also to facilitate counselling for SAPS members who attended the scene.

Underlying the strong relationship between SAPS and CCCC are a number of different factors. Almost all interviewees mentioned that CCCC provide a '24/7' service. Volunteers are on call throughout the day and night and they always respond to requests for help from the police. This was often contrasted to 'official' sources of support SAPS were meant to draw on, which only functioned during office hours, or whose 'emergency lines' remained unanswered:

We're the only 24/7 organisation. Child welfare only do 8-4, office hours. But we work after hours as well. (V1)

They [CCCC] are taking the role of social welfare here – we should call social welfare out at night on their emergency number – but they often don't come or say they can't. So we rely on the crisis centre to come out at night. (P2)

The 24/7 presence of CCCC was a key factor in building a strong relationship between SAPS and CCCC. CCCC provided, and continues to provide, a reliable service that the SAPS know they can call on at anytime of the day or the night.

Another important factor in developing the close relationship between CCCC and Chatsworth SAPS, is the location of a CCCC office within SAPS Chatsworth station. This has had numerous positive consequences. As well as allowing SAPS to refer many of the people who come to the police station to CCCC for counselling and support, it has also allowed a close relationship and understanding between the two groups to emerge.

³ See

http://www.iol.co.za/index.php?set_id=1&click_id=13&art_id=ct20000324203712270P430954 for further details

(iii) Supporting SAPS and court

A key success that emerged through interviews was the role that CCCC played in supporting the work of Chatsworth SAPS and the Chatsworth Court. Both SAPS and the court emphasised how they were overworked and working within tight constraints. They emphasised how CCCC staff and volunteers played a crucial role in reducing the workload that they faced. As CCCC had been located at Chatsworth SAPS since 1999, this relationship and the multiple ways in which CCCC support SAPS in reducing their workload was evident.

Many SAPS personnel interviewed emphasised that CCCC provided a 'soft' side to their work, emphasising how in many crime situations, victims were often directed to CCCC volunteers first, before they entered the formal police process. CCCC volunteers played a crucial role in providing support to victims of crime and also calming them down. For the police, this was important as people they referred to CCCC generally provided better witness statements, which made SAPS work more effective, and also meant that they did not have to spend as long with victims of crime:

When people do come in as victims of crime we often send them to the crisis centre first for some counselling, a cup of tea and a sit down – it has a calming effect. It smoothes your work once they've been there. (P2)

Furthermore, interviewees detailed other ways they reduced the workload of SAPS in Chatsworth. This included attending crime scenes with SAPS and staying with victims (typically what SAPS ought to do) until it was appropriate for them to leave.

In addition, interviewees illustrated how CCCC undertake a role that SAPS cannot do – providing people with support who need assistance with issues they face in life, but cannot be dealt with through criminal processes. In such situations, rather than simply turning away the member of the public, SAPS direct them to CCCC, which provides effective assistance.

While CCCC has only been operating directly within the court system since February 2008, the people interviewed at the court were all very positive about the way that it

eased the workload for court personnel. CCCC members worked specifically in the domestic violence unit of the court, helping people complete court papers and explaining the court process to them. Statistics from CCCC show the large number of cases that CCCC helped process in the court system each month.

It was also pointed out by interviewees that many of the people coming to court to process applications around domestic violence also needed trauma counselling. The location of a further office for CCCC, within the court confines, allows CCCC volunteers to provide immediate counselling, and only in the case of more severe trauma or additional counselling, were victims directed to the SAPS station.

(iv) Supporting police and the court around domestic violence

CCCC has also been very successful in supporting SAPS and the court around domestic violence. In addition to supporting victims of domestic or gender based-violence access protection and peace orders discussed above, CCCC has also provided training around domestic violence and the new Domestic Violence Act of 1998 for Chatsworth SAPS and Chatsworth Court.

CCCC has run a large number of training programmes around domestic violence for SAPS. These have generally been viewed very positively by those SAPS personnel who have attended them. One SAPS interviewee suggested that through the work of CCCC in running training programmes on domestic violence, perceptions of domestic violence within Chatsworth SAPS had changed:

They've helped change the perceptions of domestic violence – people now take it much more seriously in SAPS, they've been influential in changing perceptions.

(P2)

More recently CCCC facilitated a workshop bringing together the court and SAPS to encourage them to discuss how each one of them had taken on board the new Domestic Violence Act. The workshop was organised and facilitated by CCCC because there was a disjuncture between how SAPS and how the court interpreted the new act. The workshop aimed to encourage both perspectives to be aired and then for some common ground to be found between the two. All of those who attended emphasised the success

of the workshop in helping the two groups arrive at some common ground, and this also led to some changed working practices around domestic violence.

What are the weaknesses and why?

There was a strong sense in the interviews that while CCCC was providing an important service throughout Chatsworth, there were some weaknesses or limitations to what it was doing. This section highlights some of these perceived limitations and the factors underlying them.

(i) Focusing on core services

A crucial limitation was that CCCC faced constraints on what services they could provide. They had recently stopped providing non-essential services, focusing in on crisis-counselling, which had been their first reason for setting up in Chatsworth and hence was their core mandate. Underlying this shift away from an expanded range of services were a number of different factors.

In the interviews a key barrier that CCCC was facing – which was recognised by almost all interviewees – was the lack of volunteers within CCCC. Various explanations were given for this, but underpinning most of these, was the lack of funding. While CCCC did not pay volunteers, they tried to provide bus/taxi fares. However, CCCC's current lack of funding meant this money was not available. As such, many of the volunteers could not afford to come to any of its offices to volunteer:

We need more volunteers, but money is a big constraint, they will only come when we have the finances so that we can give them bus fare and so on. (V1)

The lack of money within CCCC was also highlighted as another factor in forcing CCCC to focus on its core business of providing crisis counselling. Furthermore, CCCC lacked money to run workshops, which had been seen to be particularly productive. CCCC had to fundraise for individual workshops. The workshop held for SAPS and court personnel is particularly illustrative, where it had been successful, but had not covered all the necessary people and needed to be held again. However, it was on hold until money could be found to pay for the facilitators and venue.

The focus on their core service of crisis counselling is not necessarily a problem. However, given the fact that there appear to be opportunities to scale up their work and that if issues such as domestic violence are to be tackled effectively, they need to continue to provide training and attempt to tackle some of the underlying causes of the issues. Simply providing crisis counselling does not allow this to happen.

(ii) Continued problems around domestic violence approaches in the courts and SAPS

Despite the workshop that CCCC facilitated between the court and SAPS on approaches to implementing the new Domestic Violence Act, there was still the need for workshops such as this to be held again. Despite initial changes following the first workshop, there continued to be different approaches to domestic violence from SAPS and the court. One court employee emphasised how they would like CCCC to play a greater role in training SAPS members in domestic violence:

I'd like to see CCCC playing a more active role with SAPS. People are still being sent to court to get a protection order because they've been assaulted – but there's also the first crime. (C2)

However, as recognised above, CCCC continues to be constrained in the number of training workshops it can facilitate due to the lack of funds. For CCCC to expand once again into this work, further funds are necessary.

(iii) Limited recognition of CCCC in SAPS and the wider community

Despite CCCC putting a great deal of effort into promoting itself and the services that it offers to both the Chatsworth community and within Chatsworth SAPS and the court, the evaluators felt that CCCC had continued to have limited recognition within SAPS and within the wider community.

From a programmatic point of view, this was linked to the fact that CCCC works primarily with SAPS officers in the charge office, rather than the broader SAPS, as it is where most of their referrals come from. Again, this is linked to their increased focus on crisis-counselling in the recent past, rather than on working to build knowledge and understanding of domestic violence within the broader SAPS ranks.

Similarly, within the wider Chatsworth community, recognition is also a problem and linked to the fact that CCCC does not have much money to spend on publicity. Many, but by no means all, of the beneficiaries we interviewed said that they had not heard of CCCC until they had approached Chatsworth SAPS who referred them to CCCC. And while local newspapers and media are supportive of the work of CCCC, it appears they need further publicity in the community.

(iv) Continued silence and denial of domestic violence in Chatsworth

From interviews, it became apparent that within the Chatsworth community there continued to be limited recognition of domestic and gender-based violence as a significant issue. One interviewee in SAPS noted that after concerted awareness raising drives on gender-based violence occurred in Chatsworth, particularly around '16 Days of Activism Against Gender Violence' SAPS generally saw a rise in the number of cases of domestic violence they dealt with, and linked this to the typically low reporting of this issue.

The wider issue is that there is still a great deal of silence and stigma surrounding domestic violence within the Chatsworth community and Chatsworth SAPS. This was recognised by a number of interviewees:

The community is aware about domestic violence, but there's some complacency about reporting it. Indians don't speak much about it. It's hard to reach out in this community, only when things get very bad do people talk. (P2)

A clear opportunity is evident for CCCC to develop effective strategies to increase awareness of domestic violence in the general population in Chatsworth. Again, the obvious issue is the lack of finances that plague their work that lies outside of its core remit.

(v) Lack of space

The final constraint in CCCC's work was the limited space that CCCC had, both at SAPS station and at the court. CCCC's office at Chatsworth SAPS is one small room, with a few seats, refrigerator and a sink. While it can comfortably sit five people at once, it opens directly onto a corridor, and if a person is in the office being assisted, other people have to queue outside waiting for help. This is somewhat lessened by the fact that CCCC has a small table in the front of the police station, however, many interviewees reported that often people had to queue up outside the office to be seen. It is also a serious issue if CCCC is dealing with people who have been raped or sexually assaulted – while the local hospital has specific facilities to deal with such incidents – it would also be important for CCCC to gain these within the police station:

They need a room and a bed for rape victims and for abused people. (P3)

While CCCC has only been operating in the court for a short while, they have helped by completing forms and by providing immediate counselling to people who have suffered domestic violence. Often they end up sending people over to the police station, a five minute walk through a few buildings, if they need further counselling or support – not an ideal situation. The court recognises the limitations of this and is trying to get a specific space for CCCC to operate from, but is finding it difficult to do so.

The qualitative research conducted was limited by the relatively small sample size that was used. However, it does add another dimension to the evaluation by identifying factors supporting and hindering CCCC's work.

DISCUSSION

The evaluation of CCCC drew on three different sources of information to provide different perspectives on the work of CCCC and how it was perceived.

Our evaluation points to the huge amount of work that CCCC does in relation to gender-based violence. In 2008, over 60% of CCCC's beneficiaries were there because of some form of gender-based violence. WHO (2008) has emphasised that domestic and gender-based violence has several negative health and socioeconomic consequences, both at the immediate time and into the future (Dalal, 2008; WHO, 2002). And in relation to the context of South Africa, gender-based violence is increasingly linked to transmission of HIV and the high-levels of HIV-prevalence in the country (Dunkle et al. 2004). As such, CCCC's work is focused on a particularly important and valuable area of concern.

Quantitative and qualitative data concurred that CCCC is perceived, by beneficiaries and others external to CCCC, to be providing a good service. Self-reported anonymous evaluations by beneficiaries of CCCC's services were almost all positive about the range of support and assistance that CCCC provided. The qualitative data provided depth to this by exploring the factors underlying this overwhelmingly positive assessment. Key factors included the particular role and approachability of CCCC staff (again backed up by anonymous evaluations), and the fact that CCCC staff and volunteers were able to negotiate the complex systems with beneficiaries to ensure that beneficiaries received the correct support, treatment and care.

In particular it is important to note that from the qualitative interviews conducted, many of the victims of domestic violence, until their involvement with CCCC, saw their position as unchangeable. The complex systems they were required to negotiate, the difficulties in securing peace and protection orders through the court and so forth, meant that without the intervention of CCCC, the same relationships of violence may well have continued. Given that the reduction or breaking of the cycles of domestic and gender-based violence is a crucial strategy in HIV prevention, there are wider public health benefits to the work CCCC does.

More widely than the beneficiaries, both the Chatsworth SAPS and the Chatsworth Court held CCCC in high regard for supporting them in their work. The close relationships that had developed between SAPS and CCCC, and CCCC's 24/7 availability were of particular importance – and filled a gap government services were unable to.

According to the self reported injuries, income and expenditures of the CCCC victims, a significant number of beneficiaries are injured from violence. Violence as a whole has severe socio-economic burdens upon the victims. Apart from mentionable amounts of medical expenditures, the victim loses a large amount of income, both at the individual level as well as at the family level. The perpetrator might think that if the victim has no injuries, there is no problem. However, we found that non-injured violence victims have more income loss compared to severe injured victims. On the other hand, more than 50 percent finance for treatment came from victims' own households, including perpetrators' own pocket. Therefore violence has tremendous effects on individual health and economic burden on the victims, families and societies in terms of medical costs and income loss.

These two main findings can be used for a CCCC violence prevention campaign. CCCC can campaign in the Chatsworth area that when violence occurs, the victim's family has to provide more than 50% of the total medical expenditure and though the violence is silent, the victim has severe loss of income and work days. This finding can be used vastly to generate awareness of this and make perpetrators aware that they initiate violence at a huge price. This might assist in perpetrators realising that their acts of violence are too costly, and as such, need to stop.

Of importance is that despite the limited income CCCC has had over the past five years, and continues to have, it provides an effective programme to a large number of people - approximately 200 people per month. What this evaluation also points to is that this is only possible because of the use of volunteers.

Despite the positive interviews and anonymous self-reported questionnaires, the evaluators had a number of concerns about the activities of CCCC. These tended to relate to the fact that CCCC had recently started to concentrate on its core service of providing crisis counselling, at the expense of other activities – such as training in

domestic violence for SAPS, outreach around gender-based violence for the wider community, and facilitating workshops between the court and the SAPS.

Two key reasons underlie this shift in CCCC's work towards crisis counselling. The first was the lack of volunteers that were available for CCCC. Our qualitative interviews linked this to the lack of financial remuneration that could be provided for transport and out-of-pocket expenses of the volunteers, and points to the limited budget that CCCC has, and the lack of organised planning at times in their work.

The second reason was the generalised lack of funding that CCCC faced. As our quantitative and qualitative research made clear, CCCC, over the past five years has barely been able to cover its costs and in many years ran a deficit. Such limited finances have forced it to reduce its work to its core services of providing crisis counselling. Our qualitative interviews highlighted the negative consequences this has meant to the wider push to change Chatsworth SAPS, the court and the community's perceptions and approaches to domestic and gender-based violence.

To expand on the above, a huge shortcoming on the part of CCCC was their lack of an operational plan or strategy. Hence they do not, at present, have a guiding document. Furthermore, at the inception of CCCC, there was no budget in place – this could be the largest issue relating to the current predicament of the organisation, and their funding situation. Having said this, it is not too late for CCCC to work towards putting in place a proper budget.

CONCLUSION

In evaluating CCCC a number of issues are clear. CCCC is well liked, fulfils an important role, has a number of key successes and serves a large number of people given its limited resources. However, at this point CCCC needs to decide on its role and function: whether it continues to focus on crisis counselling or whether it expands its role into tackling some of the wider issues underlying gender-based violence and the poor responses to it in Chatsworth.

Overall and most clearly, CCCC provides an important service to a large number of people in Chatsworth. Those who receive this service are overwhelmingly positive about the role that CCCC has played in their lives. For an evaluation, the perceptions of clients or beneficiaries of the service being provided by a programme or project is key to the analysis. Beneficiaries' positive reports of the work done by CCCC are a clear indication that the work CCCC is doing is appropriate, effective and necessary in Chatsworth. In Appendix B we provide some international guidelines on providing crisis counselling to help CCCC sharpen its programmes and policies, and to allow it to reflect on its strengths. As such, a key recommendation of this evaluation is that **CCCC continues to provide crisis counselling in Chatsworth.**

It is also noted in the evaluation that CCCC is mainly providing services to victims of gender-based violence. Our findings show that such violence is not only injurious but also causes heavy economic burden to the individual, family and the society. Therefore CCCC is trying to minimise the individual and societal burden of violence through its diversified services. Research has shown that programmes such as CCCC can conduct intensive awareness campaigns, which lead to a reduction in the level of violence in communities. Our evaluation has already noted that this was a particular issue in CCCC's work – its current narrow focus on crisis counselling. Therefore we recommend that CCCC should **expand its programmes** and start violence prevention programmes in the Chatsworth community and amongst SAPS.

CCCC can highlight the important finding that more than 50% of the cost of a violent incident is borne by the victim's family, and non-injured victims lose more income than injured victims. Therefore the perpetrator should be warned about the fact that they can

be violent against their family members but at the same time they are bearing the economic burden without knowing it. In this regard CCCC could adopt the WHO safe community programme which reduces violence and injuries in the community in a cost-effective way (for more information, visit <http://www.phs.ki.se/csp/>). WHO safe communities are most importantly gaining attention of policy makers, especially in developing countries, to reduce violence and injuries at community level. Key factors in implementing a successful safe community injury prevention programme are: listen to the community - let them define what they believe are the most important problems; coordinate efforts at a regional level; raise public awareness of the importance of injury prevention; include injury prevention in national programmes; ensure that powerful interest groups support community efforts; mobilise all members of a community creatively. Safe community programmes are effective and result in to 1 unit cost against 19 unit benefits (i.e. if the community spends R1,000 for a violence prevention project, at the end, the project will be able to save up to R19,000 from different losses like medical costs, productivity loss, administrative costs, opportunity costs) (Dalal, 2008).

To expand its programmes, CCCC needs to raise additional finances. Our qualitative and quantitative evaluations have highlighted that the narrow focus on crisis counselling is largely due to its limited funds. CCCC should work to **secure long-term funding**, to cover its basic costs and also some of the costs of volunteers if it wants to move to a more sustainable position. A concise budget would greatly aid CCCC in the future.

Referrals to CCCC primarily occurred through SAPS or court. There was recognition that domestic violence was still a taboo subject to discuss in Chatsworth. CCCC needs to work more actively to tackle these issues – again requiring receipt of further funding. Finally, CCCC needs to put in place a comprehensive strategy, including a budget that can create the structures CCCC needs in order to thrive.

CCCC provides an effective, important and much needed service in Chatsworth. It is well documented that victims have high levels of health and economic burden due to violence. Working with victims of violence reduces the health problems they face and reduces the economic impact of violence on individuals as well as on society. The people CCCC deal with are getting remarkable support from CCCC. As such it is necessary for CCCC to expand its work and to receive long-term funding for its work.

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APPENDIX A

INFORMATION TO PARTICIPANTS

This is a project being undertaken under the auspices of the Health Economics and HIV/AIDS Research Division (HEARD) at the University of KwaZulu-Natal, Durban.

Project title

Evaluation of a community care programme in Chatsworth, Durban

Project background and aims

In this study we would like to examine the costs and benefits of the Chatsworth Community Care Centre (CCCC). This study will also help us make recommendations to CCCC about their future activities.

This will be done by interviews with relevant people, as well as by analysing financial records.

Benefits of the study

This study will help us make recommendations to CCCC and help them plan their activities for the next 10 years. At present, CCCC is self-funded and would like to use this evaluation to lobby for funding from donors.

Participants' involvement

We require your participation in order to meet the aims set out above. The interviews will be done by one of our researchers. Please note that your participation is voluntary and you have the right to withdraw from the study at any time. Participation is entirely voluntary. If you decide not to participate in the interview, or if you decide to withdraw from the interview at any point, you will not be disadvantaged in any way, nor will you jeopardise the care and support that you receive from CCCC.

Please note that some of the questions may be of a sensitive nature. Should the need arise, professional counselling will be provided.

Confidentiality will be maintained. Researchers will respect decisions of those participants who choose not to participate or who choose to withdraw from the study at any time. Any outputs of the study will ensure that responses are kept anonymous. If there is merit in quoting any of your responses, we will not use it if to do so would identify you, except if we ask for and receive permission from you, and we would abide by conditions you state for use of the quote.

Contact Details

If you have any queries or concerns regarding the above information please contact:

Lead Researcher

Name: Suraya Dawad

Position: Research Fellow

Organisation: Health Economics and HIV/AIDS Research Division, University of KwaZulu-Natal, Durban

Telephone: 031 260 2592

Email: dawads1@ukzn.ac.za

HEARD Research Director

Name: Timothy Quinlan

Position: Research Director

Organisation: Health Economics and HIV/AIDS Research Division, University of KwaZulu-Natal, Durban

Telephone: 031 260 2592

Email: quinlant@ukzn.ac.za

University of KwaZulu-Natal - School of Social Science Ethics Committee

Name: Ms Phumelele Ximba

Organisation: Division of Research

Telephone: 031-260 3587

Email: ximbap@ukzn.ac.za

INFORMED CONSENT

This study has received ethical clearance from the University of KwaZulu-Natal, School of Human and Social Sciences.

Note: Should you prefer not to sign this form, you are free to do so and we will record your name only and that you have given verbal consent, or if you wish to participate anonymously you are free to do so and need not have your identity recorded on this form.

I, _____ (name of participant), have read the “Information to Participants” and understand my involvement in this study. I understand that confidentiality will be maintained, responses will be anonymous, and researchers will respect my decision to participate or not, or to withdraw from the study at any time without having to explain myself.

I understand that I am free to ask questions and I can obtain additional information about this study from the people whose details appear on the “Information to Participants”.

NAME OF PARTICIPANT _____

SIGNATURE OF PARTICIPANT _____

DATE _____

NAME OF WITNESS _____

SIGNATURE OF WITNESS _____

DATE _____

CONFIDENTIALITY FOR VOLUNTEERS

I, _____ (name of volunteer), have been briefed on the project and understand my involvement in this study. I agree to maintain confidentiality and anonymity of the respondents.

NAME OF PARTICIPANT: _____

SIGNATURE OF PARTICIPANT: _____

DATE: _____

NAME OF WITNESS: _____

SIGNATURE OF WITNESS: _____

DATE: _____

Appendix B

Guidelines for dealing with victims of violence

Below is an adaptation of WHO guidelines to be used by CCCC as needed. They provide a 'checklist' for organisations working in the field of domestic or gender-based violence to reflect on their work and their approaches.

This research indicates that CCCC adheres to majority of the guidelines, however we perceive only the following standards that CCCC should adhere to:

- i. Reception
 - ii. Location (with regards to offices at SAPS)
 - iii. Same sex approach
- Confidence: It is very important to remember that the victim may be fearful and possibly cautious when approaching CCCC due to them perceiving CCCC as being linked to the police or legal services.
 - Trust: CCCC staff needs to be reassuring and calm, affording the victim the time to speak and gain trust before they share their problem.
 - Location: The location is extremely important. A victim of violence should be offered the opportunity to be interviewed in a quiet, secure area, which cannot be overlooked from outside, hence protecting their identity. There should be no distractions and, where possible, no barriers to reinforce a feeling of authority e.g. protective screens
 - Notifiers: Volunteers of CCCC should remember that sometimes people who are victims may claim to be seeking advice on behalf of someone else.
 - Reception: Receptionist should be aware that some CCCC service users may be victims of violence so s/he should not be too insisting for the visitor at the reception. However s/he can seek clarification (if necessary) in a separate area away from the public.

- Same sex approach: All victims of violence approaching CCCC should be offered the opportunity (where possible) to be assisted/ interviewed by a same sex member of staff. Interpreters should be engaged where appropriate.
- Appointment: The victim should be offered a follow up appointment to discuss their issue further with CCCC staff/volunteer, especially when on-duty staff may be pressed for time while other victims are waiting.
- Accompany: Victims of violence should have the opportunity to be accompanied by a friend or support worker when assisted/interviewed by CCCC.
- Support: When assisting/interviewing a victim, CCCC staff should aim to be supportive and sensitive.
- Information: It is important that a victim is informed of any available rights or legal consequences. This must be carefully explained and sensitively communicated to the victims. It should also be explained that any assistance being offered by CCCC is not solely dependent on the victim taking particular legal action.
- Follow up: Often the victim will not be receptive to advice when they feel threatened or in fear. It may be necessary to follow up with the victim once s/he has had a chance to reflect.
- Special support: Victims of violence should be offered the opportunity to get specialised support and help. Staff should issue victims with contact telephone numbers in case of any emergency.
- Sex: CCCC should not be biased towards the sex of victims.
- Senior reference: When CCCC staff are unsure about how to deal with a victim, then reference must be made to a senior member of staff/volunteer.
- Child protection: In the instances where children have witnessed or been directly affected by violent incidents, the appropriate authority must be notified so that an assessment of support can immediately be undertaken and safeguarding issues can be addressed through the appropriate legal authority.

- Record: When possible, all advice should be confirmed in writing and always be recorded on the client's file.
- Chatsworth Police: In every possible case CCCC should keep close contact with the Chatsworth court and SAPS personnel.
- CCCC should also start intensive awareness campaign to prevent violence against women and children.
- CCCC could gradually start economic activities for female victims through cooperative systems, e.g. sewing classes, making and selling of handicrafts and ornamental nick-knacks. This will provide economic stability (partly/fully) to the victims.

