



**Evaluation  
of  
Community-based Prevention and Empowerment Strategies in  
South Africa (COPESSA)  
for the period Jan 2004 to Dec 2014**

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## Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Virus
ART	Anti Retroviral Therapy
CATTS	Child Abuse Treatment and Training Services
CBO	Community Based Organisation
CEO	Chief Executive Officer
COPESSA	Community Based Prevention and Empowerment Strategies in South Africa
CPF	Community Policing Forum
DAC	Development Aid Criteria
DoBE	Department of Basic Education
DSD	Department of Social Development
EM	Ecological Model
EOH	EOH Mthombo (Pty) Ltd
FGD	Focus Group Discussion
FPD	Foundation for Professional Development
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IMPE	Integrated Model of Programme Evaluation
KII	Key Informant Interview
LO	Life Orientation
MTK	MmaTshepo Khumbane
NGO	Non Governmental Organisation
NPO	Non Profit Organisation
OECD	Organisation for Economic Cooperation and Development
OVC	Orphaned and Vulnerable Children
PBO	Public Benefit Organisation
PTY	Proprietary
SA	South Africa
SAG	South African Government
SAW	Social Auxiliary Worker
SAGENET	South African German Network
SAPSAC	South African Professional Society on the Abuse of Children
SAPS	South African Police Service
SAW	Social Auxiliary Worker
SKA	Street Kulture Appreciation
STIs	Sexually Transmitted Infections
SW	Social Worker
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

## Executive Summary

Community-based Prevention and Empowerment Strategies in South Africa (COPESSA) was founded in 2004. The organisation operates from Protea Glen in Soweto. COPESSA's overall vision is to create safe, caring and secure communities for children, by rendering services on three levels:

1. **First level:** Counselling services and medical assessments.
2. **Second level:** Community development (including safe parks for children to play, food parcels, and an After Care programme) and income-generating community projects (such as sewing, gardening, and brick-making).
3. **Third level:** Research and training, including personal development training programmes and parenting skills workshops.

COPESSA's three levels of service have different objectives, scope, scale and staffing requirements. Some of the services are intervention-based and others prevention-based. All are guided by the use of the Ecological Model, with an over-arching emphasis on preventing child abuse and Gender Based Violence (GBV). The Ecological Model (EM), used in many countries, societies and settings, enables exploration of the dynamic relationships between individuals, families, communities and society and is therefore holistic. The EM also considers the factors that both decrease and increase the risk for individuals to experience, or perpetrate, GBV and other social ills. Hence, the use of the EM ensures that COPESSA is well-positioned to understand the root causes of GBV, and target them with appropriately designed intervention and prevention programmes.

### Evaluation approach and methods

The evaluation was conducted using the following approach:

1. Evaluations of services rendered at the first, second and third levels with the use of appropriate methodologies, with a particular emphasis on the period between 2012 and 2014. This was for three reasons. The first was that COPESSA's growth was exponential during this three-year period; second, is the norm for evaluations; and lastly, some records prior to 2012 could not be located.
2. A quality assurance of the documentation collected by the COPESSA staff was undertaken by the CEO and evaluators.
3. A synthesis of the quantitative data, complemented by qualitative interviews with 45 respondents, was conducted in order to answer the key evaluation questions, formulate a conclusion and generate recommendations.

## KEY FINDINGS

### Relevance

The range of COPESSA's services and their relevance to the community of Protea Glen was reflected in the review of COPESSA and other documents; and during Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with COPESSA clients and other stakeholders. The objectives of COPESSA therefore remain valid in a community, and country, with high unemployment levels and reported crimes. Moreover, the funding that COPESSA receives from donors addresses the organisation's vision: the creation of safe, caring physical and emotional spaces for children in their homes, schools and community.



## Efficiency

COPESSA has experienced exponential growth in the use of its services during the period 2012 and 2014 most particularly.

The table below reflects COPESSA's income and expenditure for the period 2012 to 2014:<sup>1</sup>

*Table 1: COPESSA income and expenditure (2012 to 2014)*

	Income (in Rands)	Expenditure (in Rands)	First level clients seen <sup>2</sup>
Year ending 28 February 2012	1 582 456	1 747 190	311
Year ending 28 February 2013	1 589 854	1 952 486	394
Year ending 28 February 2014	2 625 682	1 891 245	403
<b>Total</b>	<b>R5 798 032</b>	<b>R5 590 921</b>	<b>1 108</b>

## Effectiveness

The effectiveness of the objectives at the three levels of intervention is as follows:

- Interventions at the first level reflect that many of COPESSA clients (i.e. counselling) are seen once. Discussions with COPESSA counsellors suggest that some of the reasons for this include clients' difficulties with transport costs; limited communication between COPESSA counsellors and their clients; and COPESSA's current system does not differentiate between clients who merely require information, and clients who only attend one counselling session, thus skewing the data.
- Interventions at the second level reflect that the sewing and gardening income-generating projects are moving towards social enterprise models and have the potential to become self-sustaining. The newly commenced brick-making project, similarly, has the potential to become a social enterprise model. Crucially, these interventions focus on the prevention of GBV and associated ills by addressing some of their root causes including unemployment, poverty, poor self-esteem and limited social support networks.
- In line with third level interventions, the organisation has conducted and received training since it commenced operations. Training interventions with clients facilitate the development of professional and personal skills that increase chances of employment.

## Impact

The impact of interventions at the three levels highlights that:

- At the first level, COPESSA has rendered services to 2 526 individual clients (seen for counselling and medico-legal services) between 2004 and 2014, with over 40% of these clients seen between 2012 and 2014.
- At the second level, COPESSA has worked with 178 women involved in the sewing project, and 19 people with the gardening project between 2004 and 2014. These figures do not reflect the indirect benefit to their families. For example, 19 members of the gardening

<sup>1</sup> Three out of ten NGOs closed down during 2013. Reasons include increased pressures on fund-raising within the NGO sector, reduced availability of funding in South Africa and globally, and non-compliance with legal requirements ([www.iol.co.za](http://www.iol.co.za)).

<sup>2</sup> These figures include new and current clients. Details of the number of sessions conducted, for the period 2012 to 2014, are contained in Table 10.

projects support 108 of family members – a situation replicated amongst the women from the sewing project. Surplus vegetables are provided to children at Faranani Primary School.

- The After Care programme started in 2005 with 888 children attending supervised and structured care between Jan 2012 and Nov 2014.
- At the third level, 51 individuals received skills development training during 2014.

### **Sustainability**

The organisation is funded by private and corporate donors, as well as the South African Government, without which it is unsustainable, with the exception of some of the income-generating community projects. However, COPESSA are scaling up their income-generating projects to the level of social enterprise, a model for the development of self-sustainable businesses.

### **Conclusion**

- COPESSA's interventions have positively impacted on the lives of those affected by GBV by offering accessible and appropriate counselling and medico-legal services.
- The use of the Ecological Model to inform the prevention and intervention programmes has ensured that COPESSA targets some of the social ills that drive GBV, including poverty, unemployment, social isolation, poor support systems, poor parental practices and unsupervised children, with the creation of income-generating and other projects, skills development and training.
- Moreover, COPESSA's vision of creating safe physical and emotional spaces for children is achieved through the establishment of safe recreational spaces and After Care facilities where school-going children are appropriately supervised and stimulated within a structured environment.
- The development of these spaces for children is further increased with income-generating projects for their parents and caregivers that enable greater personal dignity, increased self-esteem and a sense of worth – protective factors for the safety and well-being of children.
- The current administrative systems, including indicators for Monitoring and Evaluation, require review as a result of the organisation's exponential growth; and as Non Governmental Organisations (NGOs) become more business-like in their administration and accountability.
- Limited administrative and M&E systems have resulted in limited client information and limited measurement of quantitative and qualitative outputs.
- Many of the projects have had positive unintended outcomes including the creation of friendships and support systems, increased self-esteem and sense of worth, and a greater sense of connection with community and family.
- The use of the EM is best practice for community-based organisations that intervene with and work towards preventing GBV.
- Much of the organisation's funding is *ad hoc*.
- The organisation's sustainability is extremely tenuous without funding.

## Introduction

Community-based Prevention and Empowerment Strategies in South Africa (COPESSA) was founded in 2004 by Dr Nobs Mwanda, a medical practitioner. The organisation renders services from Protea Glen in Soweto (Annex 1: Overview of Protea Glen). COPESSA's aim is to prevent and intervene with Gender-based Violence (GBV), acts that include child abuse and domestic violence. COPESSA is registered as a Section 21 company, a Non-Profit Organisation (NPO), and a Public Benefit Organisation (PBO). COPESSA has a Board comprising five independent voluntary members and a Patron. The staff complement for 2014 was 19 (Annex 2: COPESSA staff). Funding is received from the corporate and private sectors, as well as the South African Government. The organisation has received various awards that recognise its achievements and the role it plays in the Protea Glen community since 2004.<sup>3</sup>

### The Ecological Model and COPESSA's interventions

The Ecological Model (EM) enables exploration of the dynamic relationships between four levels - individuals, families, communities and society - and is therefore holistic.<sup>4</sup> The EM also considers the factors that decrease and increase the risk for individuals to experience, or perpetrate GBV<sup>5</sup> and other social ills.<sup>6</sup> Risk factors for GBV, at these four levels, include:

- **Society:** Cultural beliefs, attitudes and legislation.
- **Community:** Poor social cohesion (or social "glue"), lack of recreational facilities, poverty, unemployment, etc.
- **Family:** Domestic violence, poverty, unemployment, poor parenting skills, alcoholism, long working hours away from home, etc.
- **Child:** Disabilities, orphans, learning difficulties, previous abuse, poor supervision, etc.

Hence, the use of the EM ensures that COPESSA is well-positioned to understand the root causes of GBV, and target them with appropriately designed intervention and prevention programmes.

COPESSA renders services in line with the Ecological Model (EM), depicted overleaf:

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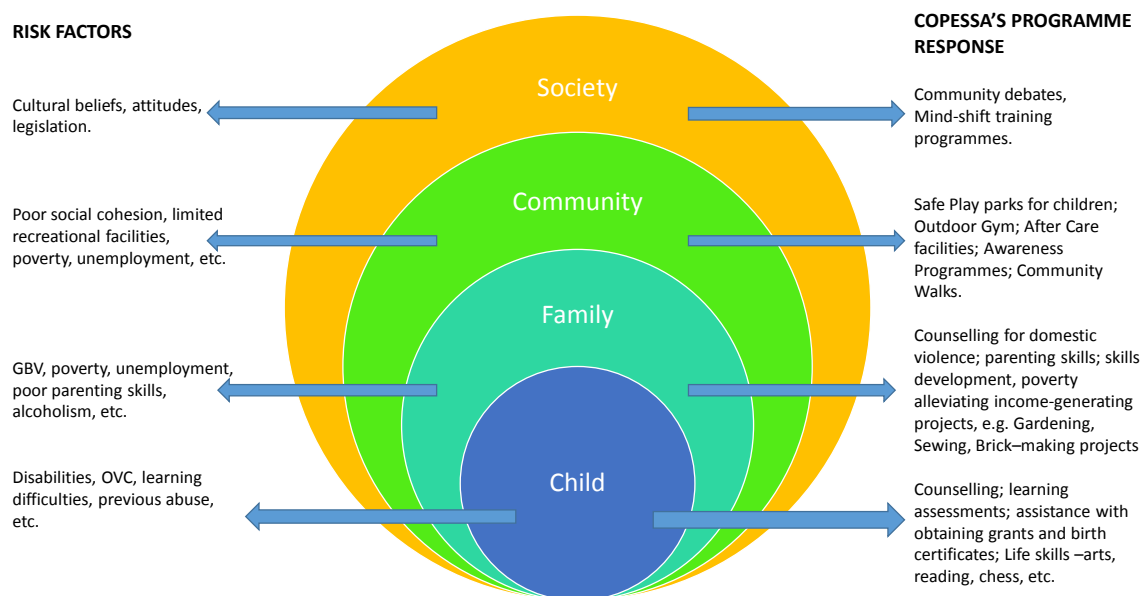
<sup>3</sup> Shoprite Checkers Woman of the Year (2011); Agri Business (2012); MmaTshepo Khumbane (2013); and PPS Professional Provident Society Women of the Year (2014).

<sup>4</sup> WHO (2002).

<sup>5</sup> 1 310 sexual crimes were reported at the Protea Glen police station for the period 2004-2014 (refer Annex 1). However, it is common knowledge that many victims of sexual and other violence do not report the crimes.

<sup>6</sup> Social ills are reflected in reported crime statistics at the Protea Glen police station (refer Annex 1).

Figure 1: The Ecological Model



## COPESSA's services

COPESSA renders services on three levels, depicted below:

*Table 2: COPESSA interventions at first, second and third levels*

First Level: Counselling services and medical assessments	Second Level: Community development	Third Level: Research and Training
<ul style="list-style-type: none"> <li>•Counselling for child and adult victims of GBV and abuse</li> <li>•Medical assessment of child abuse victims</li> <li>•Support groups for GBV survivors, HIV affected and infected, and substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>•<b>Non Income-generating and community value-add projects</b> (health and gym parks, food parcels, food gardens, After Care and Volunteer programmes, community walks)</li> <li>•<b>Income-generating projects</b> (sewing, gardening, beading, brick-making)</li> </ul>	<ul style="list-style-type: none"> <li>•Personal development training programmes, mainly targeted at youth</li> <li>•Parenting skills workshops</li> </ul>

Hence, first level interventions are targeted at survivors of GBV and other social ills, whilst the second and third level interventions deliver preventive programmes that target some of the pre-disposing factors that contribute towards GBV, including unemployment, poverty, poor parenting skills, inadequate supervision of children after school, and stunted personal development and growth.

The financial and human costs of rendering these services are depicted overleaf.

The table below depicts COPESSA's income and expenditure, individual and group clients seen, and the staff complement for the period 2004 to 2014:

Table 3: COPESSA finances, interventions and staff complement (2004 - 2014)

Year	Finances (in Rands)		Interventions		COPESSA Staff
	Income	Expenditure	Individual Counselling	Group interventions <sup>7</sup>	Staff complement <sup>8</sup>
Year ending 28 February 2003	18 710	35 020	Not applicable <sup>9</sup>	Not applicable	Not applicable
Year ending 28 February 2004	64 950	58 957	42	Not applicable	Not applicable
Year ending 28 February 2005	612 297	481 197	59	Not available	Not available
Year ending 28 February 2006	548 145	368 269	147	Not available	Not available
Year ending 28 February 2007	416 040	405 119	46	Not available	Not available
Year ending 28 February 2008	576 339	450 736	73	Not available	Not available
Year ending 28 February 2009	1 380 208	1 310 489	189	Not available	13
Year ending 28 February 2010	921 581	815 105	282	Not available	17
Year ending 28 February 2011	1 036 446	925 281	234	Not available	19
Year ending 28 February 2012	1 582 456	1 747 190	389	Not available	16
Year ending 28 February 2013	1 589 894	1 952 486	315	Not available	18
Year ending 28 February 2014	2 625 682	1 891 245	317	482	19

<sup>7</sup> Includes gardening, sewing, brick-making, After Care and youth development projects. Figures provided run from January to December and not as per financial year.

<sup>8</sup> Staff complement figures, where available, are for January to December.

<sup>9</sup> COPESSA was not operational at this stage.

The table below reflects the number of clients seen, and implementing staff for some of the projects, at the three levels of intervention, between 2004 and 2014:

Table 4: Summary of COPESSA clients (2004 - 2014)

Level of intervention	Intervention/Project	Total clients / (implementing staff)
<b>First level</b>	Medical assessments	82
	Counselling services	2 444
<b>Second level</b>	<b><i>Income-generating projects</i></b>	
	Gardening	19
	Women of Worth Sewing Project <sup>10</sup>	178
	Brick making	- <sup>11</sup>
	<b><i>Non income-generating projects</i></b>	
	Health Park and Gym	60 people per day
	After Care Programme <sup>12</sup>	888
	Food parcels	34 families <sup>13</sup>
	Volunteer Programme	
	• General volunteers <sup>14</sup>	(12)
	• Overseas volunteers <sup>15</sup>	(10)
	• Youth volunteers <sup>16</sup>	(18)
<b>Third level</b>	Youth Development Programme <sup>17</sup>	35
	Lay counselling	(4)
	Peer counselling	12

## Background to the evaluation

During 2014, the tenth anniversary of COPESSA, its founder and Chief Executive Officer (CEO) commissioned an external evaluator to undertake an independent, formal and empirically-based Evaluation of COPESSA's services on GBV in the community they serve. However, conducting experimental and quasi-experimental evaluation designs, where services are deliberately withheld in a control group for comparison purposes, is both unethical and unacceptable in the helping profession.<sup>18</sup> Hence, rigorously quantifying COPESSA's interventions over what would have

**= The counterfactual**

<sup>10</sup> For 2013 and 2014. No data available for previous years.

<sup>11</sup> The brick-making project commenced towards the end of 2014 and is therefore not included in the evaluation.

<sup>12</sup> Between Jan 2012 and Nov 2014.

<sup>13</sup> For 2009.

<sup>14</sup> Since 2009. Data unavailable for previous years.

<sup>15</sup> Since 2010 when overseas volunteers joined COPESSA.

<sup>16</sup> Since 2009.

<sup>17</sup> For 2014. Programme was not delivered in previous years.

<sup>18</sup> De Vos (1998).

**Experimental - randomizing —> those who receive intervention & control. Control the exposure - who get the intervention.—> can attribute change to intervention. Quasi-experimental - lacks random assignment; must measure potential confounders - other factors that could cause the change. Types: Design without control group & Design with control**

happened had intervention not taken place was not possible. The title of the assignment is therefore **“Evaluation of COPESSA.”**

### **Key aims of the evaluation**

Following discussions with the CEO, the Terms of Reference for the assignment were agreed and listed five key aims:

1. To evaluate the impact of COPESSA’s services on GBV and associated ills for the period 2004 to 2014;
2. To ascertain if the use of the Ecological Model is best practice for community-based organisations intervening and working towards preventing GBV and child abuse;
3. To disseminate information about COPESSA’s initiatives, including in peer-reviewed journals;
4. To ensure that COPESSA’s services are sustainable; and
5. To produce an Evaluation Report that can be used for funding purposes.

Whilst the evaluation spans ten years of COPESSA’s operations, much of the data presented is drawn from the period 2012 to 2014, in line with accepted evaluation norms, and the availability of data. Moreover, the need for COPESSA’s services increased exponentially between 2012 and 2014 with some 45% of all clients seen during this period.

### **Analytical framework**

The Evaluation Strategy is aligned with the Organisation for Economic Cooperation and Development (OECD) Development Aid Criteria (DAC).<sup>19</sup> These criteria, reflected in the table overleaf, informed the research questions and guided the evaluation. The research questions, supporting documentation, and list of respondents are contained in Annex 3 to Annex 10.

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<sup>19</sup> OECD (1991). DAC Principles for the Evaluation of Assistance.



Table 5: OECD-DAC Evaluation Criteria

DAC Criteria	Description	Questions
Relevance	The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.	<p>To what extent are the objectives of the programme still valid?</p> <p>Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives?</p> <p>Are the activities and outputs of the programme consistent with the intended impacts and effects?</p>
Efficiency	Efficiency measures the outputs – quantitative and qualitative – in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results.	<p>Were activities cost-efficient?</p> <p>Were objectives achieved on time?</p> <p>Was the programme implemented in the most efficient way compared to alternatives?</p>
Effectiveness	A measure of the extent to which an aid activity attains its objectives.	<p>To what extent were the objectives achieved/are likely to be achieved?</p> <p>What were the major factors influencing the achievement or non-achievement of the objectives?</p>
Impact	The positive and negative changes produced by a developmental intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators.	<p>What has happened as a result of the programme or project?</p> <p>What real difference has the activity made to the beneficiaries?</p> <p>How many people have been affected?</p>
Sustainability	Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable.	<p>To what extent did the benefits of a programme or project continue after donor funding ceased?</p> <p>What were the major factors which influenced the achievement or non-achievement of sustainability of the programme or project?</p>

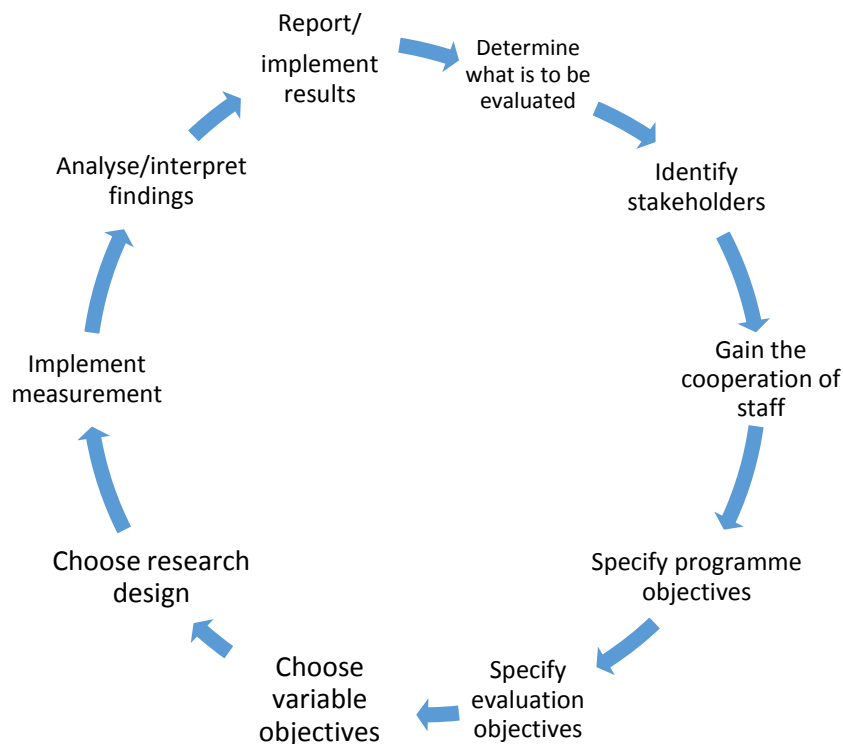
Hence, the evaluation focuses on an assessment of the criteria of relevance, efficiency, effectiveness, impact and sustainability.

### Methodology framework

The framework for the methodology followed the Integrated Model of Programme Evaluation (IMPE)<sup>20</sup> depicted diagrammatically overleaf:

<sup>20</sup> Developed by McKendrick, cited in De Vos (1998:368).

Figure 2: Integrated Model of Programme Evaluation



The evaluation was conducted with the following approach:

1. Individual evaluations of services rendered at the first, second and third levels, with the use of appropriate methodologies, and a particular emphasis on the period Jan 2012 to Dec 2014;
2. A quality assurance of the evidence collected by COPESSA staff was undertaken by the CEO and evaluators; and
3. A synthesis of the quantitative data, complemented by qualitative interviews with 45 respondents, was conducted in order to answer the key evaluation questions, and generate findings, and where necessary, recommendations.

### Challenges and Limitations

Some challenges and limitations were encountered whilst conducting the evaluation, including:

1. *No baseline data*  
COPESSA has never had an external assessment or evaluation of its services. Hence, there is no base line for comparative purposes.
2. *Limited use of Monitoring and Evaluation (M&E)*  
The organisation has limited indicators to monitor its services and evaluate them internally.
3. *Internal administrative challenges*  
The organisation initially used manual administrative systems for record keeping with a limited central filing system. This resulted in delays during the evaluation as data were gathered and

then captured electronically before the evaluation could proceed. Moreover the Soweto Care System<sup>21</sup> contained different figures to the manual file audit conducted by the evaluators.

4. *Limited record keeping*

There were gaps in some of the records required for the evaluation.

5. *Inconsistent record keeping*

There was limited conformity in the organisation's documentation.

6. *Sampling*

Many past clients' contact information has changed and it was therefore not possible to contact them to participate in the Focus Group Discussions (FGDs)

7. *Ethics and confidentiality*

No child or adult who has received, or is currently receiving, counselling services was interviewed.

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<sup>21</sup> The Soweto Care System is database software specifically for NGOs. Refer [www.sowetocaresystem.org](http://www.sowetocaresystem.org)

## Evaluation Findings

Findings are presented in line with COPESSA's interventions at the first, second and third levels. First level interventions comprise Counselling services and medical assessments.

### Findings: First level interventions: Counselling services and medical assessments

#### Medical assessments

Since 2004, 80 female and two male children have undergone medico-legal examinations for possible abuse. Conducting medico-legal examinations requires a high level of skill and sensitivity. COPESSA has medico-legal examination equipment, including a colposcope. The medico-legal findings determine a plan of action for these clients. Many are referred to COPESSA's counselling services. Others are referred to stakeholders in the community, such as local clinics and the hospital, and/or the local South African Police Service (SAPS), with whom COPESSA has established reciprocal relationships.

#### Counselling services

Between 2004 and 2014, COPESSA rendered counselling services to 2 444 clients, 1 108 of whom were seen during the period 2012 to 2014. Counselling services comprise:

- Individual and family counselling for children and adults who have experienced or perpetrated GBV; and
- Support groups for GBV survivors; those affected and infected by HIV; and substance abuse, particularly alcohol.

The number of clients requiring counselling services has steadily increased over the past ten years. Reasons for this include increased awareness of COPESSA's services amongst the community as a result of COPESSA's marketing; word-of-mouth; and referrals from SAPS and local clinics. Clinical services are currently rendered by seven staff comprising three part-time psychologists, two social workers, an auxiliary social worker, and a lay counsellor. All clinical staff have additional responsibilities (refer Table 12).

Both men and women seek services from COPESSA. The table below compares male and female clients seeking counselling services at COPESSA between 2012 and 2014.

*Table 6: Comparison between males and females seeking counselling services (2012 - 2014)*

Gender	2012	2013	2014	Totals
Male	111	140	152	403
Female	197	249	249	698
Not specified	3	5	2	10
<b>Total</b>	<b>311</b>	<b>394</b>	<b>403</b>	<b>1 108</b>

Clinical services, by gender, with breakdowns by age, for the period 2012 to 2014, are reflected overleaf:

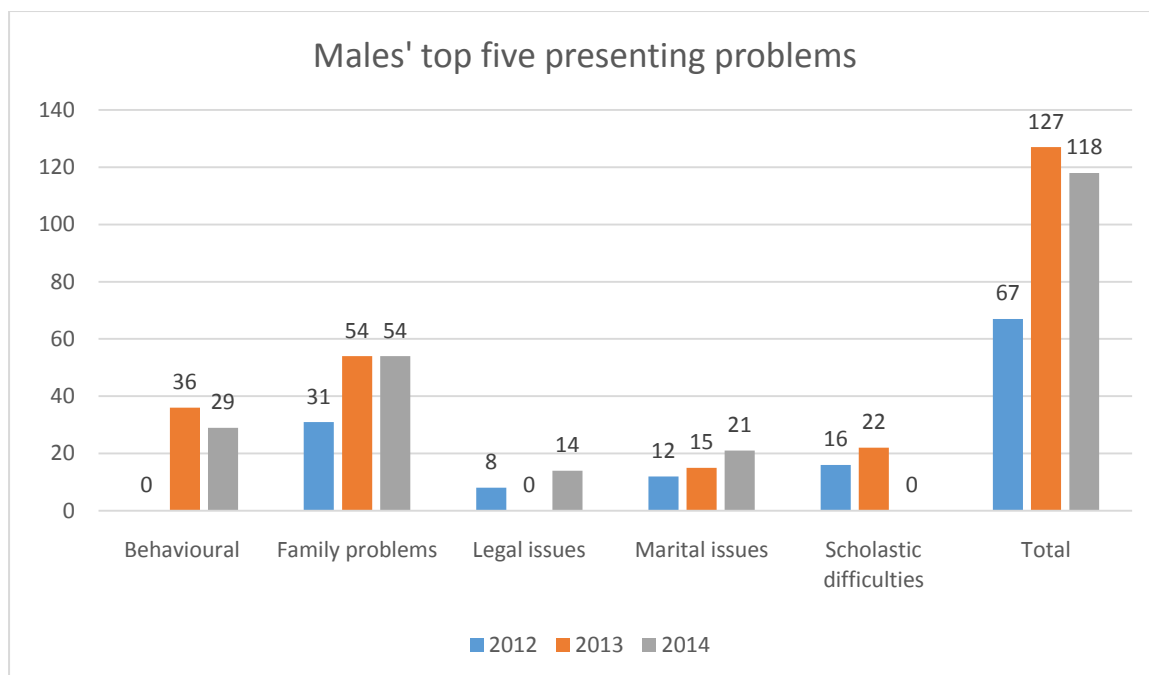
Table 7: Clinical services clients by gender (2012 - 2014)

Year	Age	Gender		
2012		Male	Female	Not specified
	0 – 5 years old	2	6	
	6 – 10 years old	10	9	
	11 – 15 years old	17	16	
	16 – 19 years old	20	21	
	20 – 25 years old	13	21	
	26 – 30 years old	9	20	
	31 – 35 years old	8	21	
	36 – 40 years old	8	19	
	41 – 45 years old	10	20	
	46 – 50 years old	5	20	
	51 – 55 years old	1	18	
	56+ years old	8	6	
	Not specified	0	0	3
	<b>Total</b>	<b>111</b>	<b>197</b>	<b>3</b>
2013	0 – 5 years old	4	5	
	6 – 10 years old	12	11	
	11 – 15 years old	11	16	
	16 – 19 years old	26	24	
	20 – 25 years old	23	24	
	26 – 30 years old	14	31	
	31 – 35 years old	7	31	
	36 – 40 years old	14	28	
	41 – 45 years old	14	30	
	46 – 50 years old	7	31	
	51 – 55 years old	5	12	
	56+ years old	5	16	
	Not specified	0	0	5
	<b>Total</b>	<b>140</b>	<b>249</b>	<b>5</b>
2014	0 – 5 years old	1	2	
	6 – 10 years old	9	6	
	11 – 15 years old	10	12	
	16 – 19 years old	14	22	
	20 – 25 years old	23	22	
	26 – 30 years old	20	29	
	31 – 35 years old	22	32	
	36 – 40 years old	14	28	
	41 – 45 years old	10	26	
	46 – 50 years old	11	26	
	51 – 55 years old	5	21	
	56+ years old	13	33	
	Not specified	0	0	2
	<b>Total</b>	<b>152</b>	<b>249</b>	<b>2</b>

## Presenting problems

Male and female clients present with slightly different problems. The top five problems for male clients seeking counselling services were family problems, behaviour problems, marital issues, scholastic difficulties and legal issues, reflected below, with each of the five problems clustered for 2012, 2013 and 2014:

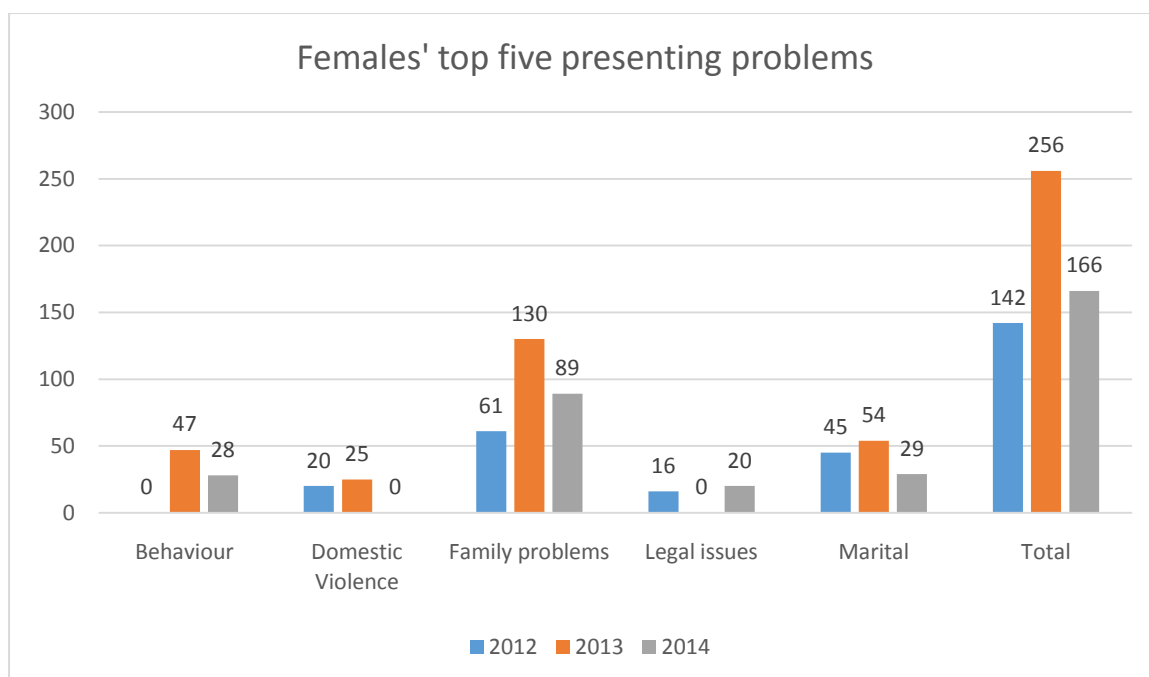
Table 8: Top five presenting problems: Males (2012 - 2014)



The top five presenting problems for females are family problems, marital problems, behaviour problems, domestic violence and legal issues. Each of these five problems is reflected for the years 2012, 2013 and 2014:

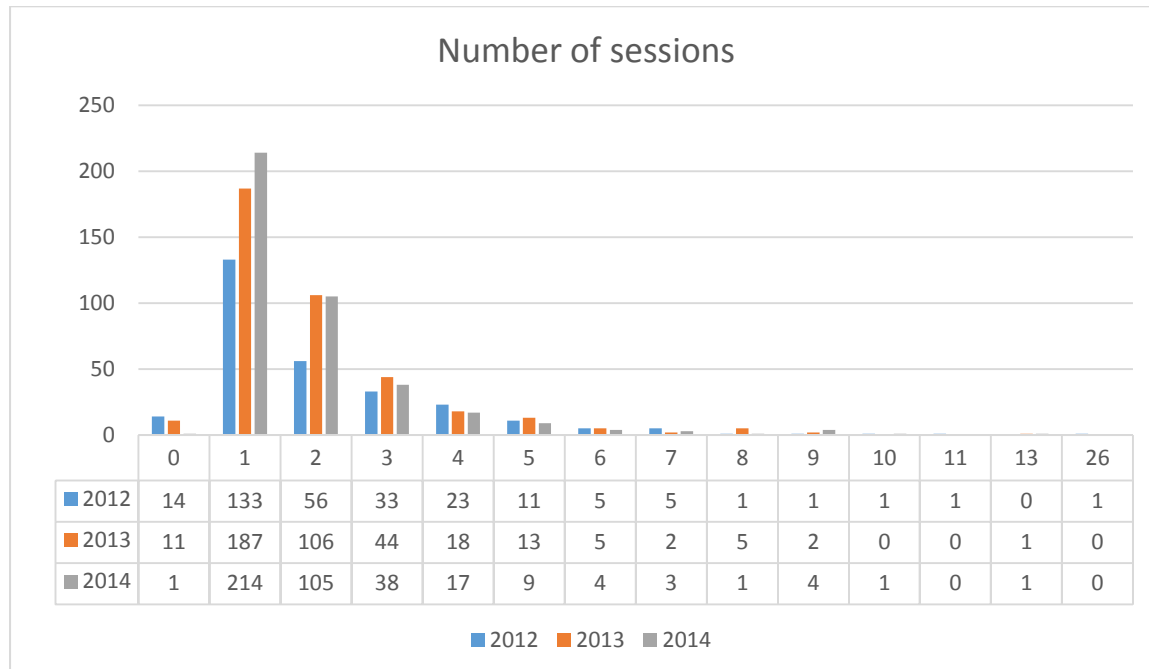
## What are Family problems?

Table 9: Top five presenting problems - Females (2012 - 2014)



The table below reflects that many clients attended one counselling session for the period 2012 to 2014. Discussions with COPESSA counsellors suggest that clients' economic difficulties and poor communications are some of the reasons for this.

Table 10: Number of sessions clients attended (2012 - 2014)



As noted, no past or current clients were interviewed for the evaluation for ethical and confidentiality reasons. Hence, the counsellors were requested to provide a short overview of interventions with their clients, presented as two change stories:

### ***Change Story #1***

*The client is an unemployed 56-year-old woman. Her two grown up children live with their paternal grandparents. The woman's boyfriend moved in with her. She said things were initially wonderful between them. Her children loved him and he treated them with respect. But then the relationship changed and the boyfriend became mean towards the client's children; and physically, emotionally, mentally and financially abusive towards the client. She felt helpless because her boyfriend is a policeman.*

*When the client first came to COPESSA, she was full of self doubt and believed she was incapable of taking bold action against her abusive boyfriend. The counsellor requested that the boyfriend came to COPESSA for a joint session. During the session, the client was able to tell her boyfriend that she needed him to move out of her house because she could no longer stand the abuse and accompanying tension, stress and humiliation. She served a Protection Order against him. He moved into the police barracks.*

*The relationship between the client and her children is now happy again. She has since started a small business.*

### ***Change Story #2***

*A 10-year-old child witnessed the shooting of her father who required extensive hospitalisation for his injuries. The child was left traumatised and unable to speak about what she had seen and her feelings. She became withdrawn and fearful.*

*Initially the client was shy and afraid as she had not spoken about the incident to anyone outside the family. By the end of the sessions with a COPESSA counsellor, the client shared in detail what had happened and her subsequent fears. She could then focus on her father's recovery and expressing to him how important he is to her. The client also became closer to her family, and more confident in expressing her thoughts and feelings. She has learnt about trusting others outside her family but recognises that such trust is earned.*

## **Summary of findings: First level**

- Interventions at the first level in the form of medical assessments and counselling services remain relevant to the community served by COPESSA.
- Data reflects that COPESSA counselling staff generally responds to the needs of individual clients.
- The objectives of targeting survivors, and perpetrators, of GBV remain valid and are reflected in the number of reported sexual crimes to SAPS.
- Cognisance is also given to victims who choose not to report GBV to SAPS but seek counselling services.
- The counselling service is a vital component of first level interventions targeting GBV.
- Services are easily accessible and available, including Saturday mornings.
- However, ever-increasing workloads for existing counselling staff suggest that service levels might be compromised, as well as the concomitant emotional and physical affect on intervening COPESSA staff.
- One indication of this is the high number of clients who attend one session. The file audit suggests that clinical staff do not always follow up when clients do not return for appointments.
- One of the challenges faced by COPESSA is that many of their clients live with poor socio-economic circumstances and some clients therefore have to make difficult choices.
- Counselling staff do not have regular case conferences.
- There is no standardised reporting documentation.
- Some gaps were noted in record-keeping, coupled to limited indicators that monitor service levels and clients' progress.



### **Recommendations: First level interventions**

1. Ensure that case conferences are held regularly.
2. Review current supervision arrangements.
3. Review and amend all COPESSA documentation so it is standardised.
4. Conduct a Report Writing Workshop for clinical staff.
5. Establish indicators for M&E in conjunction with all key COPESSA stakeholders.
6. Conduct an M&E Workshop that addresses data collection, capturing and storage as well as implementation.
7. Where funding permits, implement a system to reimburse selected clients for transport costs.
8. Ensure follow up with “no show” clients.
9. Ensure that all client records are up-to-date and complete.

### **Findings: Second level: Community Development**

COPESSA’s second level interventions are in the form of five community development programmes, namely Gardening Projects; Health Park and Gym; Women of Worth Sewing Project; After Care Programme, and Food parcels.

#### **Gardening Projects**

COPESSA has three gardening projects (refer Annex 11). The projects’ objectives are:

1. To assist vulnerable and orphaned families with food security;
2. To teach vulnerable and orphaned families gardening skills;
3. To augment food parcels and decrease dependency on hand outs;
4. To supply the local school, where one of the gardens is located, with vegetables for their soup kitchen;
5. To provide income generation for community members who work in the gardens; and
6. To donate 10 to 15% of the profits to COPESSA, so as to initiate other projects for the community and augment COPESSA’s operational costs.

The first gardening project commenced during 2004 at the local primary school in Faranani. In 2011, the garden became an income-generating project with ten vegetable tunnels. The garden won the first runner-up prize of R20 000 at the Agri Business Women of the Year (2012) in the Best Community Project Category. In 2013, the project received Gauteng Province MmaTshepo Khumbane (MTK) Award of R5 000 in recognition of the valuable contribution to Natural Resource Management. The second gardening project started in the Waterworks informal settlement during 2009. This garden supplies spinach to a local supermarket. The first and second gardening projects started with cash and in-kind donations. A third garden was started during 2014. Currently, 19 people work in the three gardens.

Data obtained from FGDs suggest a favourable perception to the gardening project and its positive outcomes. Due to the project, the respondents felt that the quality of their lives has improved, as they are in a position to provide their families with food from the garden, supplemented with food parcels from COPESSA. The respondents earn an income selling their vegetables to members of the community and the local supermarket. The garden also supplies fresh produce to the children at the local school.

Key findings from the FGDs reflected that:

1. Members feel that they can rely on COPESSA to address challenges which they face with the gardening project;
2. COPESSA has provided members with encouragement to continue with the project, reflected in the comment *"When you want to do something, you know it is possible through COPESSA"*;
3. Members return to the project as they feel COPESSA truly cares about their well-being and lives up to their promises, noted in the statement, *"They never gave up on us. They have built tunnels and provided bricks for the project"*; and
4. Being involved in the gardening projects has ensured that they have purpose and do not get involved in negative community issues such as gossip and "idleness".

However, the FGD also highlighted concerns about the sustainability of the gardening projects for three reasons:

1. **Financial management:** Members of the project have limited financial ability to manage funds. At one stage, the funds were temporarily withdrawn, resulting in no money available to purchase seeds. The tunnels at the gardens were empty when the evaluation took place;
2. **Seasonality of gardening:** The seasonal nature of the project means that there is limited time for planting, which poses a challenge for members, as they are not able to earn an income without produce and do not have the skills to grow vegetables all year round; and
3. **Recruitment:** Community members who are unemployed are not keen to work without a basic salary, which presents challenges when trying to recruit for the project, noted in *"People want to work in the garden because they want a salary so it is difficult to employ people"*.

### Health Park and Gym

Protea Glen, reportedly, had no safe recreational facilities available. In response to this situation, COPESSA raised cash and in-kind donations that enabled the creation of the Health Park and Gym in 2012 (refer Annex 12). The gym is used on Mondays to Fridays, by approximately 60 people, aged between 14 and 60 years. Plans are in place to extend the facilities.

FGDs revealed that the Health Park and Gym has had a positive impact on local community members who utilise it, as they view good health as important. Reports of better health and reduced stress were common. Overall, interviews revealed that attending the gym has greatly improved physical and mental health. For example, some respondents in the FGD had problems with high cholesterol levels and blood pressure, now better controlled due to the healthier lifestyles they lead by attending the Health Park and Gym. *"When I wake up, I think about gym first. I am gaining all sorts of experience from the gym"*. Stress levels have reduced amongst all the respondents. In addition, people have formed friendships and support systems as a result of attending the gym. *"The horizon on friendship has widened. We are already a family."*

However, findings from the FGD suggest that there is sometimes miscommunication between members of the gym and COPESSA. For example, there is a perception that COPESSA promises to provide certain facilities and does not always do so. This could be due to the fact that COPESSA must source funds from donors, a process that takes time and commitment, prior to providing certain services and equipment. There are also concerns about increasing vandalism of the gym equipment and park facilities.

## Women of Worth Sewing project

The sewing project started in 2004 through the gardening project, and intervention from COPESSA staff. Women from the community, and COPESSA, jointly identified a need for the development of crocheting and sewing skills. Over the years, women joined the project and, after a period of time, many have left to start their own sewing projects, reflecting that they have received the necessary skills to start their own small businesses.

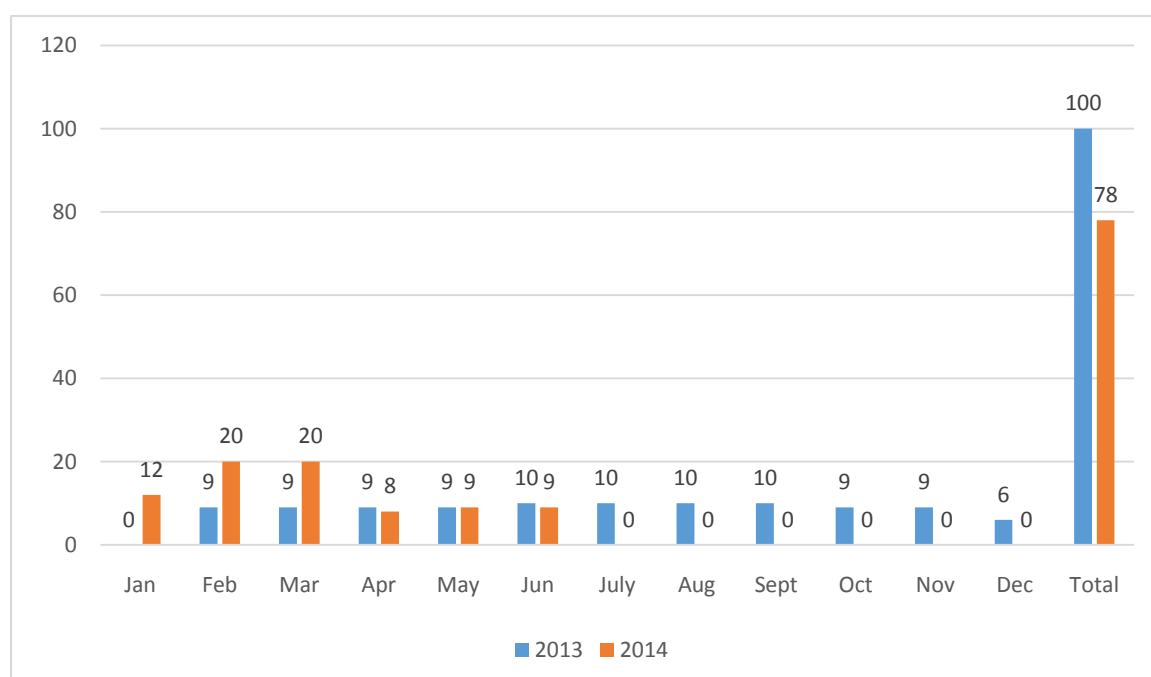
### Objectives of the sewing project are:

1. To teach women sewing skills; and
2. To provide women with the opportunity to earn an income through sales of the products they make.

FGDs revealed that women in the community find out about COPESSA's sewing project through referrals to the sewing projects by other programmes within COPESSA; personal interactions with the staff who invite them to join the project; or calling at COPESSA's offices and enquiring about their projects and services.

The chart below reflects the number of women who have worked with the sewing project between 2013 and 2014. Attendance figures for 2012 and the last six months of 2014 were unavailable.

Figure 3: Women of Worth Sewing project (2013 - 2014)



Findings from the FGD suggest that the women have a very favourable opinion of the project, as it has improved the quality of their lives, and ability to provide for their families, suggesting a boost in self-esteem, greater financial independence and reduced stress levels. The FGD also found that most of the women in the group are married and have children. Meeting at the sewing project enables discussion of the challenges they face as women, and with their families, as many have similar experiences. Hence, the project is also sources of friendship, solidarity and support, expressed in the comment, *“It’s not only about the sewing, but the relief of being with other women.”*

The project, ultimately, wants women to be able to run their own small businesses by selling their products. Key findings also reflect some challenges. The women do not always have the funds to purchase the stock they need. Some of the respondents highlighted a need for training on small business development skills. Transport costs are also a challenge which results in some women unable to attend the group regularly.

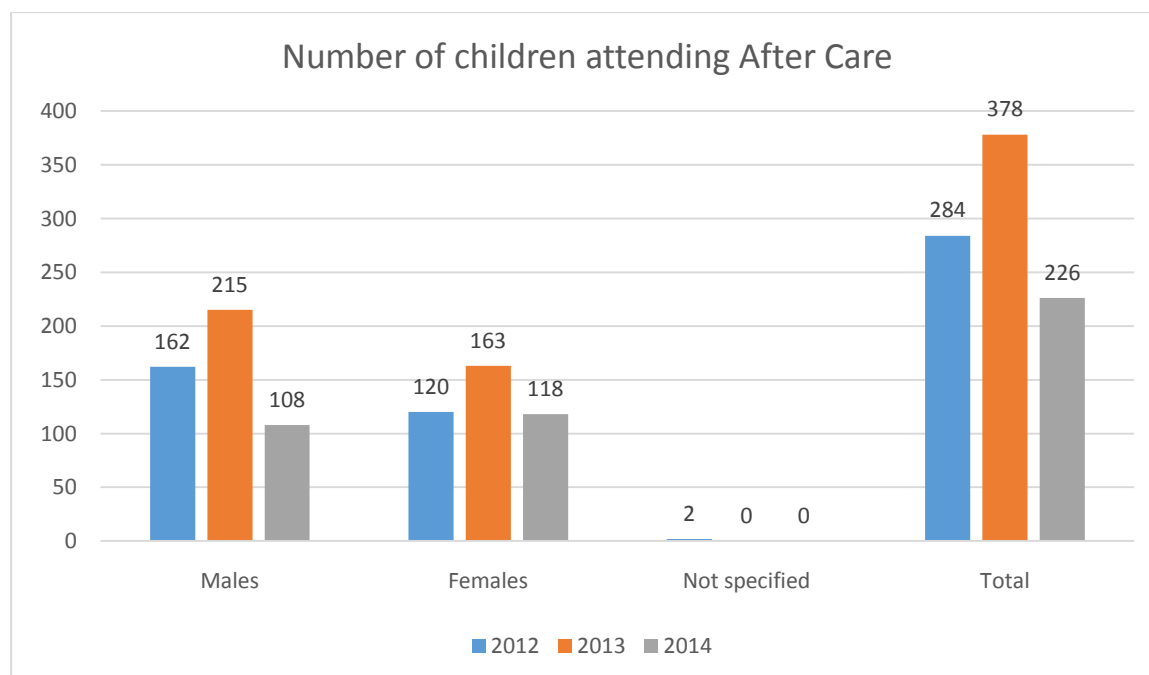
### After Care Programme

The After Care Programme at COPESSA started during 2005 (refer Annex 13). It is run and managed by nine local and two overseas volunteers. The overseas volunteers, aged between 18 and 29 years, are seconded from Germany, to COPESSA, for a period of one year. These volunteers are part of the Volunteers Programme.

The After Care Programme has structured daily activities including basic computer skills (refer Annex 11). The children receive a meal with food donated by a local supermarket. When funding is available, materials are purchased to run the After Care Programme, and provide extra food for the children as most of the children come from poor socio-economic circumstances.

The table below provides shows the number of children who attended the After Care Programme between 2012 and 2014:

Figure 4: Number of children attending After Care (2012 - 2014)



Many of the children who attend After Care come from the Faranani Primary School with whom COPESSA has a long-standing relationship.

## **Food parcels**

In 2009, COPESSA received funding from the Department of Social Development (DSD) for food vouchers for Orphaned and Vulnerable Children (OVC) in the community (refer Annex 14). COPESSA identified these families and provided a list of their names to a local supermarket. The monthly food voucher has a list of basic food items that are obtained at a local supermarket. The supermarket provides COPESSA with monthly receipts that are deducted from the DSD funds.

As breadwinners found employment, and/or applied for grants from the state, they were removed from the list so that other needy families then received the food vouchers. Hence, the food vouchers were given to those who have the greatest need.

## **Summary of Findings: Second level interventions**

- The projects at the second level remain relevant and are in line with COPESSA's objectives of preventing some of the social ills that drive GBV, by providing safe spaces for children and adults to exercise and play; reducing hunger with the establishment of food gardens; helping members of the community learn skills that generate an income and thus boost individual self-esteem and dependency; and ensuring children are safe, nourished, stimulated and supervised after school.
- The projects have resulted in the establishment of support systems and friendships, and increased social cohesion, or social "glue", within the community.
- Members of the gardening and sewing projects most particularly have limited small business development skills thus increasing reliance on COPESSA for assistance.
- However, increasing vandalism of the Health Park and Gym equipment and facilities could threaten its effectiveness and sustainability.

## **Recommendations: Second level interventions**

- Facilitate Basic Business Skills Training Workshops for gardening and sewing staff.
- Networking with other NGOs who offer similar projects could be advantageous to members of these projects, for example, the gardening project and working with the members to ensure that vegetables are planted during the seasons thus ensuring a constant supply of fresh produce.
- Facilitate a meeting between SAPS/Community Policing Forum (CPF) and users of the Health Park and Gym to discuss possible solutions to vandalising of the equipment and facilities.
- Consider implementing informal agreements between COPESSA and members of the gardening and sewing projects that outlines all parties' duties and responsibilities.

## **Findings: Third Level Intervention: Research and Training**

Interventions at the third level comprise the Volunteer Programme, Youth Development Programme, Peer Counselling, Lay Counselling and Staff Training.

### **Volunteer Programme**

COPESSA runs a Volunteer Programme that enables community members to give their time and skills to assist COPESSA. COPESSA, like many other NGOs, benefit greatly from the assistance of volunteers. Currently nine local volunteers work at COPESSA, ranging in age from 19 to 29 years old. COPESSA also has a partnership with a German organisation called South African German Network (SAGENET), who sends two volunteers on an exchange programme to South Africa, for a period of one year.

The volunteers found out about COPESSA through various means, including whilst volunteering at SAPS as part of the CPF; walking into COPESSA and finding out what the organisation does; as a COPESSA client; social work students looking to develop their professional skills; and volunteering in response to unemployment.

An FGD with the volunteers revealed that some local volunteers render their services in their capacity as social work students and want to develop their professional skills. Other local volunteers want to make a contribution towards their community after receiving services themselves from COPESSA. The volunteers noted that, *“Staying at home didn’t feel right when you know there is something you can do for the community.”*

The volunteers’ main responsibilities include:

Table 11: COPESSA Volunteer responsibilities

South African volunteers	German volunteers
<ul style="list-style-type: none"> <li>✓ Managing the After Care programme with structured activities as follows: <ul style="list-style-type: none"> <li>• Monday – Music</li> <li>• Tuesday – Reading</li> <li>• Wednesday – Art (in partnership with Artist Proof)</li> <li>• Thursday – Drumming</li> <li>• Friday - Sport (normally chess)</li> </ul> </li> <li>✓ Assisting with other programmes <ul style="list-style-type: none"> <li>• Gardening</li> <li>• Planning events</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Assist with the gardening project</li> <li>✓ Selling produce from the gardening project to the local supermarket</li> <li>✓ Teaching computer skills to the children in After Care</li> </ul>

Key interview data from FGDs reflect that the main reason people volunteer their services at COPESSA is they feel that they are making a difference in the community and are passionate about the work of COPESSA. Moreover, their involvement with COPESSA has enabled learning new skills and the development of others, expressed as, *“Volunteering at COPESSA is a pathway to what I am studying. It will help me when I am teaching as COPESSA provided training on how to deal with children”* and *“I am passionate about social entrepreneurship and here to enhance my skills. COPESSA has provided the opportunity to develop my skills.”*

However, key interview data suggested the volunteers have some unmet needs. First, the volunteers would like detailed job descriptions, with codes of conduct between COPESSA staff and the volunteers; clearer reporting lines and limits of authority. Second, the volunteers would like Annual Performance Assessments. Third, volunteers would like to submit Progress Reports on their work. Finally, all the volunteers felt that an Orientation Programme would be highly beneficial.

### Youth Development Programme

Another of COPESSA’s interventions at the third level is the provision of skills development training. In 2014, COPESSA embarked on a structured Youth Development Programme called Mind Shift/Xfit. The programme is delivered by an external consultant who is skilled in personal development (refer Annex 15).

#### Objectives of skills development training:

1. To help the delegates turn their attention inward to self-reflection;
2. To facilitate a process of taking responsibility for all their experiences;
3. To inspire the delegates to want to change their lives for the better;

4. To prepare the delegates for employment or entrepreneurship; and
5. To produce 'inter-dependent' team players

The training comprises the following:

- **SomnambuXift:** Reflection on their lives and their direction;
- **RealityXift:** Acceptance that individuals create their own experiences;
- **EmotionXift:** "Emotions are my friends";
- **Loss:** Focus on the six emotional phases of loss - shock, anger, bargaining, depression, resignation and finally acceptance - and the link between these emotional phases and unemployment, death, divorce and so on. The module helps those who are "stuck" in one of the phases and cannot proceed with their lives, and builds on the earlier modules; and
- **Xift Fellowship** – Reinforcement of training with weekly one hour 'fellowship meetings'.

Twelve of the 16 participants who attended the training ranked it as "excellent." Evaluation forms completed at the conclusion of the training reflected that:

- *"There are many trainings that I have attended but the COPESSA training was super. It did change my life because it showed me that there are three stages of awareness and in these stages of awareness, I realised that I can control one stage to another. From hindsight to midsight to foresight, then I have peace. Now I am not a sleepwalker as before."*
- *"It has helped me know more about how my mind and emotion works. It taught me that in life, I always have a choice, I'm not a victim. It's good to be angry but I must not release it on other people because that is abuse. Keep up the good work COPESSA."*
- An FGD conducted with the participants of the programme reflected similar findings.

## Peer Counselling

South African youth face ever-increasing challenges including unplanned pregnancy and Sexually Transmitted Illnesses (STIs). Hence, the Department of Basic Education (DoBE) introduced Life Orientation (LO) as a subject at high schools. However, learners who attend previously disadvantaged schools (with high teacher to learner ratios) often require additional support for life skills, as educators cannot reach every learner in a personal way.

### Objectives of peer counselling:

In response to this situation, COPESSA embarked on a pilot project to train peers as counsellors, with the following objectives:

- To provide learners with the skills to assist their peers who are experiencing emotional difficulties; and
- To provide learners with the skills to differentiate between cases requiring referrals for professional intervention and those that they are able to manage themselves.

Ten learners were trained by a COPESSA psychologist and intern. The training proved to be effective as learners were able to serve as peer counsellors to their peers, and refer for assistance when required. COPESSA identified a number of opportunities for further training, including:

1. Widening the topics to include issues such as HIV and AIDS, substance abuse, etc., and collaborate with organisations that deal with these issues;
2. Providing further training for educators;
3. Replicating the training in various schools, in partnership with the DoBE; and

4. Liaising with the DoBE on integrating the programme into COPESSA's structured learning and for COPESSA to train educators.

### **Challenges of peer counselling**

However, during implementation, COPESSA encountered challenges namely:

1. Learner concentration levels were low after a full day of school;
2. Learners were unable to attend training due to extracurricular activities;
3. The training length of time was too short and learners required more time for role-plays; and
4. Supervision from COPESSA was not always optimal due to a human resource shortage.

### **Lay Counselling**

During 2011, four volunteers completed their Level 1 and 2 training as lay counsellors with assistance from Child Abuse Treatment and Training Services (CATTS), a division of Johannesburg Child Welfare.

#### **CATTS training included:**

1. Understanding the different forms of abuse, with a particular emphasis on sexual abuse;
2. Skills to manage challenges within families;
3. Knowledge and skills to better relate to and understand children;
4. Skills to deal with their own anger from the past; and
5. A sense of self-awareness

On completion of the training, the volunteers completed six intakes for new COPESSA clients, and counselled 30 clients, under the supervision of two social workers.

However, whilst the training was valuable to both COPESSA and the volunteers in terms of skills development, it posed a challenge as three of the four volunteers left COPESSA after acquiring their new skills. While volunteers are a valuable source of service provision for COPESSA, volunteering is often seen as an entry point into formal employment with some volunteers leaving COPESSA as soon as they find employment elsewhere.

The fourth volunteer commenced her studies as a social auxiliary worker and still works with COPESSA.



### Staff Training

The table below depicts training undertaken by COPESSA (lay and peer counsellors at schools, etc); training done through COPESSA (facilitated by an external organisation), and staff development (training received by COPESSA staff):

Table 12: COPESSA training (2004 - 2014)

	2004	2005	2006	2007	2008	2009
<b>Training done by COPESSA</b>	<ul style="list-style-type: none"> <li>• 28 Lay counsellors</li> <li>• Debating Programme (Tetelo &amp; Reashuma High Schools)</li> <li>• Reading Programme (20 learners)</li> </ul>	<ul style="list-style-type: none"> <li>• Peer counsellors at Tetelo High School (12 learners)</li> <li>• 19 Lay counsellors (35 hours training and 21 hours supervision)</li> </ul>		<ul style="list-style-type: none"> <li>• 20 OVC as peer counsellors</li> <li>• Lay counsellors (16 Community members) and Dr Mwanda</li> </ul>		
<b>Training done through COPESSA</b>		<ul style="list-style-type: none"> <li>• HIV Management, advanced Voluntary Counselling and Testing (VCT), adherence counselling Anti Retroviral Therapy (ART) (218 lay counsellors and professionals trained by FPD)</li> </ul>		<ul style="list-style-type: none"> <li>• Clinical management of HIV for Doctors conducted by Foundation for Professional Development (FPD)</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced VCT (7 – 9 Sept)</li> <li>• HIV workshops for lay counsellors (FPD)</li> </ul>	<ul style="list-style-type: none"> <li>• HIV lay counselling (23 – 25 Jan) – conducted by FPD</li> <li>• Advanced VCT (19 – 28 Feb) – conducted by FPD</li> </ul>
<b>Staff development</b>	<ul style="list-style-type: none"> <li>• 8 staff members trained and received certificate of attendance for Basic Counselling Skills</li> </ul>	<ul style="list-style-type: none"> <li>• 1 staff member trained on Advanced VCT (30 Sept – 2 Oct) – conducted by FPD</li> </ul>	<ul style="list-style-type: none"> <li>• Front desk management</li> </ul>	<ul style="list-style-type: none"> <li>• 1 staff member trained on Project Management Principles Course (27 – 30 June) – conducted by EOH Academy</li> </ul>	<ul style="list-style-type: none"> <li>• 8 volunteers trained for Level 1 lay counselling (7 Feb – 3 April) – conducted by CATTS</li> <li>• 5 volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• 1 part time social worker, 1 student, 1 volunteer and 1 Psychology graduate trained</li> </ul>

				<ul style="list-style-type: none"> <li>CEO trained on presentations skills (conducted by EOH Academy)</li> <li>CEO trained on business writing skills (conducted by EOH Academy)</li> </ul>	trained for Level 2 Lay counselling (conducted by CATTS)	on Level 1 Lay counselling (Feb 2009) – conducted by CATTS
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	
<b>Staff development</b>	<ul style="list-style-type: none"> <li>5 volunteers (4 youth and 1 adult) trained on Level 1 Lay counselling (15 April to 10 June) – conducted by CATTS</li> <li>5 volunteers (4 youth and 1 adult) trained for Level 2 Lay counselling (26 August – 30 Sept) – conducted by CATTS</li> <li>1 volunteer trained as Social Auxiliary Worker from 2010 – 2012 (trained at Aganang)</li> </ul>	<ul style="list-style-type: none"> <li>Training of 4 new youth volunteers for Level 1 Lay counselling (March – June 2011) conducted by CATTS</li> <li>1 Social Worker trained on GBV for Healthcare Professionals (Nov 2011) trained by FPD</li> </ul>	<ul style="list-style-type: none"> <li>CEO trained as GBV Facilitator (06 - 08 June) conducted by FPD</li> <li>CEO trained in Emergency Med (conducted by FPD)</li> <li>1 social worker trained by International Child Development Program-USA as facilitator (Chicago) – Sept to Oct 2012</li> <li>CEO &amp; 1 social worker attended Child &amp; Family Maltreatment</li> </ul>	<ul style="list-style-type: none"> <li>CEO trained in GBV for Health Care Prof (18-19 May)</li> <li>2 youth volunteers trained as school chess trainer (conducted by International School Chess Trainer)</li> <li>4 youth volunteers trained in Level 1 Training for lay-counselling (Feb – May) conducted by CATTS</li> <li>4 youth volunteers trained on Level Two training for lay-counsellors (Aug – Oct) conducted by CATTS</li> <li>1 Social worker attended GBV Act Training (21 – 22 May) conducted by</li> </ul>	<ul style="list-style-type: none"> <li>4 youth volunteers trained in Certificate for Advanced teachers of Chess (31 March - 4 April)</li> <li>2 youth volunteers trained for Camp Leaders (25 – 28 March) conducted by Sizanani</li> <li>1 senior social worker attended Social Entrepreneurship Certificate programme (2013 – 2014) from Gordon Institute of Business Science</li> </ul>	

			<p>Conference in San Diego (23 – 27 Jan)</p> <ul style="list-style-type: none"> <li>• SAW attended Food Gardening practical workshop (conducted by HIVSA)</li> <li>• 19 youth &amp; some volunteers trained on Level 1 Participant Phase of Dependable Strengths Foundation (Sept 2012) provided by Job Magnet</li> <li>• All staff trained on Building Resilience in the Midst of Continued Trauma &amp; Stress (conducted by SW Adele Jacobs)</li> </ul>	<p>Gauteng Provincial Office Social Crime Prevention &amp; Empowerment</p> <ul style="list-style-type: none"> <li>• CEO attended SAPSAC 14th Annual Conference (19-21 June)</li> </ul>		
<b>Training done by COPESSA</b>				<ul style="list-style-type: none"> <li>• CEO conducted GBV training for</li> </ul>	<ul style="list-style-type: none"> <li>• CEO conducted GBV training for</li> </ul>	

personnel through other institutions				<p>Educators (04 -05 Aug) – conducted by FPD, Pretoria</p> <ul style="list-style-type: none"> <li>• CEO conducted GBV training for Educators (15-16 Sept) – conducted by FPD, Port Elizabeth</li> </ul>	<p>Health Care Prof (8 – 9 June) – conducted by FPD, Cape Town</p> <ul style="list-style-type: none"> <li>• CEO conducted GBV training for HCP (7-8 July) conducted by FPD, Bloemfontein</li> <li>• CEO conducted GBV Training for Educators (17 – 18 Aug) – conducted by FPD, Tsosoloso Special School</li> </ul>	
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### **Summary of findings: Third level interventions**

- COPESSA's Volunteer Programme remains relevant to the organisation's services, given the tasks that volunteers undertake, thus freeing up full-time staff for other commitments.
- The Volunteer Programme could be run more efficiently by responding to the needs raised by the volunteers.
- The Youth Development Programme is a relevant addition to COPESSA's third level interventions by offering skills development training, with the assistance of an external service provider that could increase employment and other opportunities for members of the community. However, continuous attendance of delegates was problematic.
- The Peer Counselling programme is an important initiative for learners. Human and financial resources constrained further development.

### **Recommendations: Third level interventions**

- Ensure that the volunteers' needs are met.
- Consider external supervision of the volunteers.
- Ensure constant attendance at Youth Development Programmes by offering a Certificate of Attendance, awarded only if all sessions are attended.
- Ensure that written understanding and agreement is reached with staff that attends Lay Counselling and other training at COPESSA's time and cost, of a minimum working period with COPESSA after the training.

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### COPESSA Annual Financial Statements

COPESSA AFS (28 February 2013)

COPESSA AFS (28 February 2012)

COPESSA AFS (28 February 2011)

COPESSA AFS (28 February 2007)

COPESSA AFS (28 February 2006)

COPESSA AFS (28 February 2005)

COPESSA AFS (28 February 2003)

### COPESSA Annual reports

COPESSA (March 2009 – February 2010)

COPESSA (March 2008 – February 2009)

COPESSA (March 2007 – February 2008)

COPESSA (28 February 2007)

COPESSA (2006)

COPESSA (29 June 2005)

### **COPESSA Newsletters**

Crunch time for COPESSA (June 2004)

Welcome to 2014 (February 2014)

Introspecting for sustainable solutions (September 2013)

Community Health Walk – impact (April 2013)

2013, here we come (January 2013)

COPESSA scoops another award (November 2012)

Breakfast meeting with the “Fox” (April 2012)

Christmas parties (December 2011)

Dr Nobs, Checkers WOTY, 2011 (August 2011)

Veggie Tunnels (April 2011)

EOH to rescue, again (November 2010)

COPESSA receives an award! (April 2010)

Department of Social Development Sustainable Livelihoods stands in the gap for 34 of our families (December 2009)

We celebrate our 5<sup>th</sup> birthday (June 2009)

Welcome to 2009 (February 2009)

EOH Mthombo (Pty) Ltd blesses COPESSA (October 2008)

The Table of Peace and Unity buys a car for COPESSA (June 2008)

WELCOME (March 2008)

COPESSA children have an early Christmas (November 2007)

Sandton SDA Church warms up the winter for Soweto children (August 2007)

Meropa (March 2007)

Cece Crowns Princesses (October 2006)

Embracing a new paradigm (August 2006)

At least we own our own home (September 2005)

Friends of COPESSA (April 2005)

COPESSA marches for children’s rights (April 2005)

Official opening of COPES-SA (September 2004)

### **Newspaper articles**

Effort to counter child abuse with sophisticated gift

SAA opens its heart to South Africans in need

Parents in court over toddler's tortured years

Don't jail children, Justice Minister urged

Helping prevent child abuse

Honoured

First phase of the park unveiled

Sexual Offences Act taken to task (Mail and Guardian, 31 May to 6 June 2013)

Don't victimise rape victims (Mail and Guardian, 31 May to 6 June 2013)

Court orders PSL coach's wife to stop abusing him (City Parks, 26 May 2013)

Teen sexual law back in court (City Press, 26 May 2013)

Rape Nation (City Press, 17 February 2013)

Skate park launch (Protea Urban News, 20 July 2012)

Soweto Kids can develop new skills (16 July 2012)

Worthy projects form the Shoprite Checkers Women of the Year Award winners (Protea Urban News, 1 June 2012)

Women who wow us (Sunday World Lifestyle, 4 March 2012)

Making a difference (Sunday World Lifestyle, 7 August 2011)

Winner of Women of the Year Award (Comaro Chronicle, 3 August 2011)

11 years' hard work pays off for activist (Sowetan, 28 July 2011)

4 in running for awards (Sowetan, 20 July 2011)

Health care division sponsors child abuse clinic in Soweto (Bayer News)

Copes to celebrate Women's Day (Protea Urban News, 19 August 2005)

COPES-SA celebrates Women's Day (Protea Urban News, 10 June 2005)

Isililo answers COPES Protea clinic's call for fundraising (Protea Urban News, 27 May 2005)

COPES-SA women's empowerment workshop draws plenty of interest (Protea Urban News, 13 May 2005)

We stand for Human Rights (City Vision, 31 March - 6 April 2005)

Isililo Sezwe (Sowetan, 13 March 2003)

Future looks bright for young rape survivor (The Star, 12 March 2003)

Musicians in Action (Sowetan, 12 March 2003)



Women unite to fight abuse (Sowetan, 12 March 2003)

A Mother's Cry can change this horror (10 March 2003)

Africa must find solutions to child abuse (Sowetan, 3 March 2000)

Abuse of kids issue discussed at Indaba (City Press (26 September 1999)

A haven for abused kids (Soweto, 24 May 1995)

Abused children now have a place of safety in Soweto (21 April 1995)

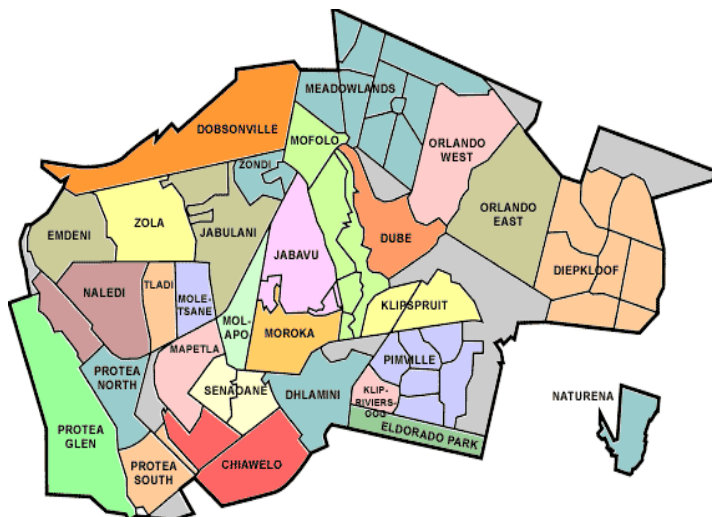
Centre for abused children (City Press, 16 April 1995)

Three minors found guilty of gang-raping girls (The Star, 6 April 1995)

D-Day for parents of baby Samantha (The Star, 6 April 1995)

## Annexures

### Annex 1: Overview of Protea Glen



COPESSA has its offices in Protea Glen, situated on the south-western edge of Soweto. The area has many neat, affordable homes for the growing middle class and is known for its vibrant community. It is popular among teachers, nurses and police officers who want to live within easy travelling distance to work with good schools for their children. Protea Glen is designed to accommodate the needs of the middle class. The suburb was developed during the 1990s. The first shopping mall opened in October 2012.

The residents of Protea Glen comprise many indigenous groups, with Zulu, Xhosa and Sotho speakers predominant. The population of Protea Glen is estimated at 3,5 million, although the precise figure is difficult to determine due to the ebb and flow of the population, with large numbers of illegal immigrants (Census 2011).

Women are in the majority and account for approximately 57% of the population. More than 45% of the population is below the age of 25 (Census 2011).

### Reported crime in Protea Glen

Statistics from the Protea Glen SAPS for the period 2011 – 2014, contained in the table below, reflect that the top reported three crimes are drug-related (749 reported cases), burglary at residential premises (722 reported cases) and theft not mentioned elsewhere (620 reported cases). Between 2012 and 2014, the incidents of crime in all three areas have increased, with the most significant increase in drug-related crimes, suggesting that drug use is increasing in Protea Glen.

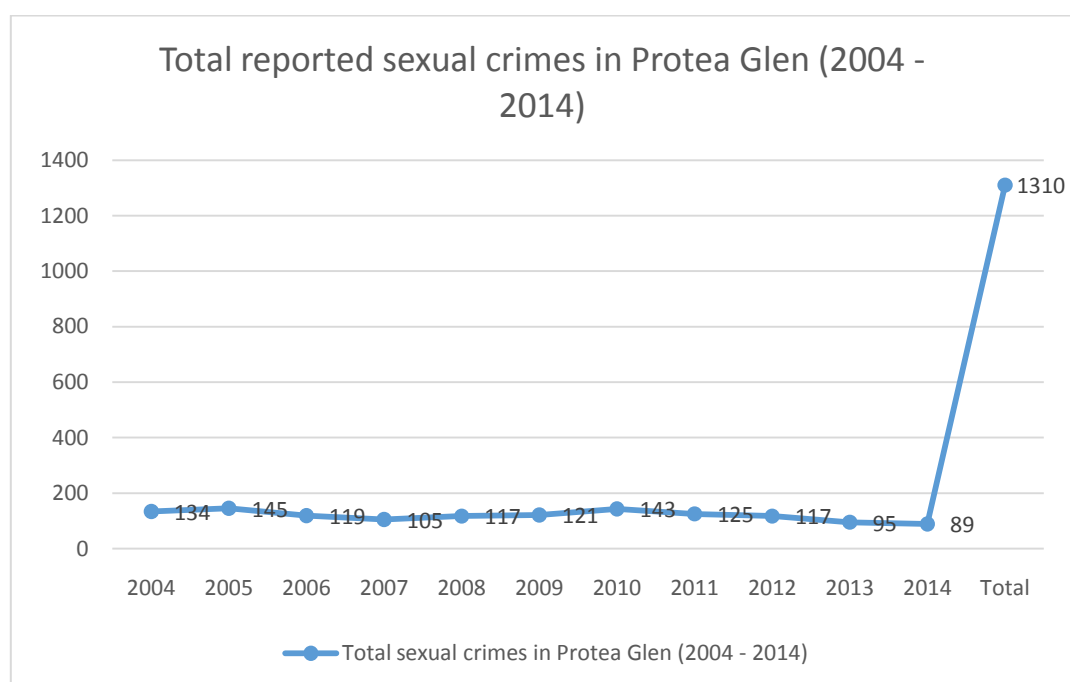
Table 13: Reported crime in Protea Glen

Crime category	April 2011 to March 2012	April 2012 to March 2013	April 2013 to March 2014
<b>Murder</b>	22	8	19
<b>Total Sexual Crimes</b>	117	95	89
<b>Attempted murder</b>	34	22	29
<b>Assault with the intent to inflict grievous bodily harm</b>	357	307	365
<b>Common assault</b>	509	564	581
<b>Common robbery</b>	91	81	78
<b>Robbery with aggravating circumstances</b>	223	220	352
<b>Arson</b>	8	13	4

<b>Malicious injury to property</b>	307	316	372
<b>Burglary at non-residential premises</b>	52	49	60
<b>Burglary at residential premises</b>	691	685	722
<b>Theft of motor vehicle and motorcycle</b>	99	104	75
<b>Theft out of or from motor vehicle</b>	286	228	251
<b>Stock-theft</b>	0	0	3
<b>Unlawful possession of firearms and ammunition</b>	26	14	24
<b>Drug-related crime</b>	96	142	749
<b>Driving under the influence of alcohol or drugs</b>	388	340	268
<b>All theft not mentioned elsewhere</b>	566	565	620
<b>Commercial crime</b>	142	155	118
<b>Shoplifting</b>	178	219	241
<b>Carjacking</b>	32	37	47
<b>Truck hijacking</b>	1	0	2
<b>Robbery at residential premises</b>	39	31	77
<b>Robbery at non-residential premises</b>	39	35	47
<b>Culpable homicide</b>	18	18	9
<b>Public violence</b>	0	0	2
<b>Crimen injuria</b>	26	32	10
<b>Neglect and ill-treatment of children</b>	11	7	15
<b>Kidnapping</b>	8	13	16

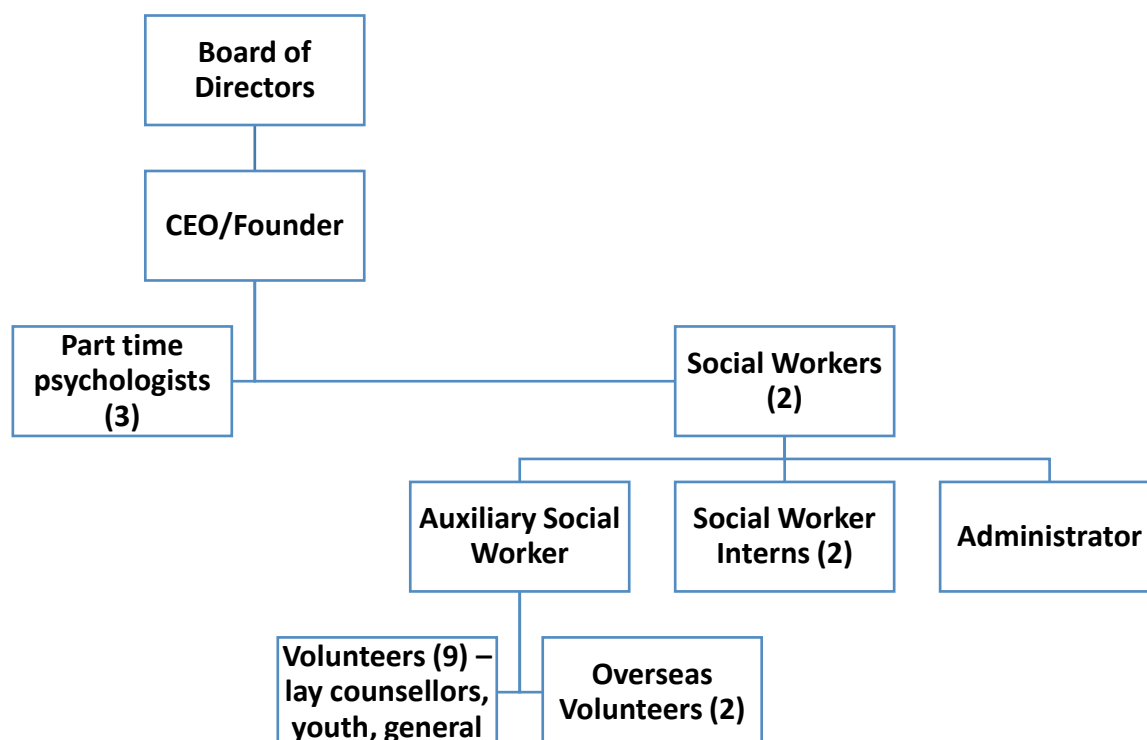
Reported crimes relating to sexual violence are low when compared to other cases, with the total number of sexual crimes decreasing from 2012 to 2014 (117 in 2012, 95 in 2013 and 89 in 2014). It is common knowledge that many sexual crimes are not reported to SAPS. The table reflects the main crimes reported in Protea Glen between 2012 and 2014:

Figure 5: Reported sexual crimes in Protea Glen



Statistics from the Protea Glen SAPS indicate that the total number of reported sexual crimes has decreased from 134 reported cases in 2004, to 89 cases in 2014. The decrease in the figures cannot be solely attributed to COPESSA's intervention, as there are other interventions by different organisations within the community. The figures do however suggest that COPESSA is playing an active role towards decreasing sexual violence against children in Protea Glen. While this is the case, the number of total sexual crimes reported at SAPS between 2004 and 2014, has fluctuated. The total number of sexual crimes reported in Protea Glen during the ten years of COPESSA's existence is 1 310.

## Annex 2: COPESSA Staff

**COPESSA: Organogram 2014****COPESSA staff**

The table below shows the growth in COPESSA's staff complement since 2009, reflecting the community's growing needs for services.

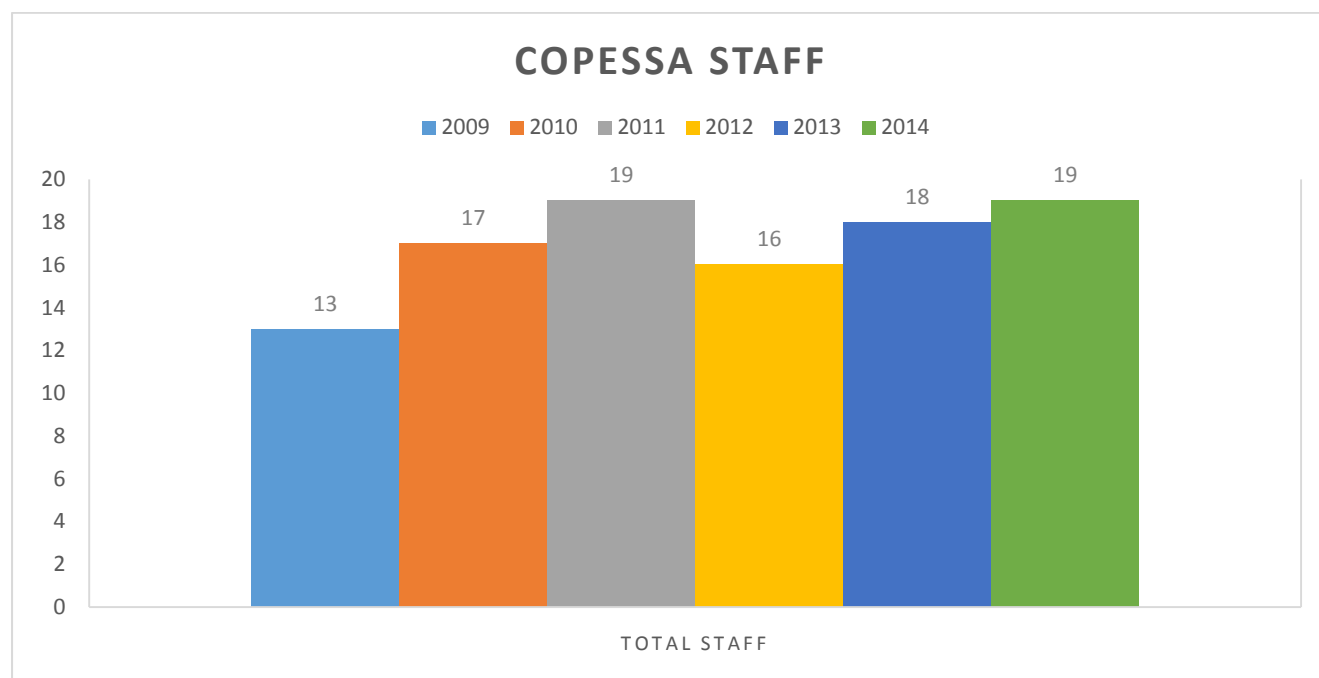
Table 14: COPESSA staff (2009 - 2014)

Position	2009	2010	2011	2012	2013	2014
CEO and Founder (full time)	1	1	1	1	1	1
Social workers (full time)	2	1	2	2	2	2
Psychologists (part time) – clinical and educational	2	2	3	2	3	3
Auxiliary Social Worker	0	0	0	1	1	1
General volunteers	2	2	2	2	2	2
Youth volunteers	0	4	4	4	7	6
Overseas volunteers	0	2	2	2	2	2
Lay counsellor	6	5	4	1	1	1
Administrator	0		1	1	1	1
<b>Totals</b>	<b>13</b>	<b>17</b>	<b>19</b>	<b>16</b>	<b>18</b>	<b>19</b>

The largest increase in staff was between 2009 and 2010 and the most significant drop between 2011 and 2012. Fluctuations in staff occurred mostly amongst the volunteers, including lay counsellors. This data highlights the challenges faced by NGOs face when employing full time paid staff, due to financial constraints, and retaining volunteers for the same reason.

The figure below provides an overview of total staff at COPESSA since 2009:

Figure 6: COPESSA staff since 2009



### Social Workers, Social Auxiliary Worker and Lay Counsellor responsibilities

Table 15: Social workers, SAWs and Lay Counsellors' responsibilities

Position	Responsibilities
Senior Social Worker	<ul style="list-style-type: none"> <li>✓ Staff management</li> <li>✓ Counselling</li> <li>✓ Community development (including awareness campaigns)</li> <li>✓ Supervising volunteers</li> <li>✓ Events</li> </ul>
Junior Social Worker	<ul style="list-style-type: none"> <li>✓ Counselling</li> <li>✓ Community development (including awareness campaigns)</li> <li>✓ Supervising volunteers</li> <li>✓ Events</li> </ul>
Social Auxiliary Worker	<ul style="list-style-type: none"> <li>✓ Counselling</li> <li>✓ Managing volunteers</li> <li>✓ Guide SAWs who are studying</li> <li>✓ Cleaning the COPESSA premises</li> </ul>
Lay Counsellor	<ul style="list-style-type: none"> <li>✓ Counselling</li> <li>✓ Assisting with intake</li> <li>✓ Managing projects – sewing and gardening</li> </ul>

Like many NGOs, COPESSA requires Social Workers who render services in local languages. Furthermore, like many NGOs, social workers' caseloads are high. In 2014, COPESSA social workers had caseloads in excess of 200 clients.

Social work is deemed a scarce skill in South Africa.

## Annex 3: Key informants for the evaluation

Project/Role	Key informants
CEO	Dr Nobs Mwanda
Counsellors	<ul style="list-style-type: none"> <li>• Senior Social Worker</li> <li>• Junior Social Worker</li> <li>• Social Auxiliary Worker</li> <li>• Lay Counsellor</li> </ul>
Gardening project	<ul style="list-style-type: none"> <li>• 82-year-old male</li> <li>• 68-year-old female</li> <li>• 42-year-old female</li> <li>• 74-year-old female</li> <li>• 55-year-old female</li> <li>• 50-year-old female</li> <li>• 48-year-old female</li> <li>• 34-year-old female</li> </ul>
Sewing project	<ul style="list-style-type: none"> <li>• 8 females</li> </ul>
Gym project	<ul style="list-style-type: none"> <li>• 5 males, 2 females</li> </ul>
Youth Development training programme	<ul style="list-style-type: none"> <li>• Training facilitator (male)</li> <li>• 3 males, 5 females</li> </ul>
Volunteers	<ul style="list-style-type: none"> <li>• 2 German volunteers (1 male, 1 female)</li> <li>• 6 local volunteers (3 males, 3 females)</li> </ul>



*Annex 4: Methodology***Planning workshop**

The evaluation process commenced with a workshop with key stakeholders from COPESSA, jointly identified by the CEO and evaluators. The purpose of the workshop was firstly, to gain the co-operation of the staff, and secondly, formulate the evaluation design and methodology. This also enabled allocation of responsibilities for quantitative and qualitative data gathering processes and deadlines.

Qualitative and quantitative data were gathered as follows:

**Document review**

Qualitative data were obtained from a review of COPESSA's Annual Financial Statements, Newsletters, Donor Reports, Annual Reports and newspaper clippings. This facilitated greater understanding of the history of COPESSA, its funding, the design and implementation of programmes, and the organisation's achievements.

**File audit**

Quantitative data were obtained by conducting an audit of all COPESSA's counselling and medico-legal files, as well as community and other interventions.

**Development of data gathering tools**

Thereafter, tools were designed for conducting the Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), including a Subject Information Sheet, a consent form to participate in the evaluation, and a consent form that the interview could be audio-recorded.

**Data collection**

The final phase involved conducting KIIs and FGDs with 45 COPESSA programme beneficiaries using random selection.

**Focus Group Interview Guide**

1. Tell me how you found out about COPESSA?
2. Tell me about some of the reasons that made you want to access services from COPESSA?
3. Which services did you receive from COPESSA?
4. Can you tell me about some of the reasons why you chose to come back to COPESSA to access services?
5. How did COPESSA's services make a difference to your life and that of your family?
6. What were some of the challenges you problems while accessing services from COPESSA?
7. Thinking back to the problems you just mentioned, what kind of support would you have needed to overcome these problems?

*Probing questions:*

- What would *you* have needed to do?
  - What would you have needed from COPESSA?
  - What would you have needed from your family or friends?
  - What resources did you need?
  - How do these reasons differ for men and women?
8. If COPESSA asked you for advice on how they can improve, what advice would you give them? [recommendations]
  9. Thinking back to the challenges that you've just mentioned, what kind of support would you have needed to overcome these challenges?

**SUBJECT INFORMATION SHEET: COPESSA EVALUATION**

(Date)

Dear Sir/Madam

**RESEARCH PROJECT**

My name is Priscilla Morley and I am working with COPESSA to find out about the work that they do and how the services they offer to yourself and others is making a difference. I would like to explain that COPESSA knows that we have asked to speak to you. I do not know your name

I am sending you this letter to find out if you would be kind enough to assist me by voluntarily speaking to me and helping me understand the services that you receive from COPESSA. I am asking you to participate in one discussion group with other COPESSA clients which will take no more than 1,5 hours of your time.

You will not be receiving any money or any other reward for your participation in the evaluation. Your name will be kept private. **I will not include any identifying information like your age, gender, etc in the final report.** You have been invited to speak to me because you have received services from COPESSA in the last 3 years. You do not have to answer a question if you don't want to and you are free to leave the interview at any time.

I will be using a recorder to help me type out what is said during the discussion. I will be the only one who will listen to the tapes if they are not in English. If they are in English, Dr Amelia Kleijn, a qualified social worker with whom I am working, will also listen to the tapes. Dr Amelia and I will analyse what you and other people who have been chosen to speak to us have said. Again I would like to remind you that no identifying information about your or your family or friends will be written in the report. After we have listened to the tapes, they will be deleted.

If you are comfortable with what I have just read to you and are willing to help with the evaluation, I will ask you to sign a consent form to participate in the evaluation, and another consent form to agree to the audio-recording of the interviews. This will be done before we start the interview. Please remember that we will only speak about the services that COPESSA offers.

The interviews will encourage you to speak freely about your experiences and your feelings. The interview process will be conducted with the utmost discretion, respect, and empathy – I too am a social worker.

I would be most grateful for your assistance and input in this evaluation and it would go a long way towards understanding the work which COPESSA does and the services it offers.

Any queries you may have about the research can be obtained from my colleague Dr Amelia Kleijn, on (telephone number). You can also speak to Dr Nobs Mwanda, the CEO of COPESSA, on (telephone number).

Thank you for your assistance.

Yours faithfully

PRISCILLA MORLEY (RSW)

*Annex 7: Participation consent form*

(Date)

CONSENT FORM FOR PARTICIPATION IN THE COPESSA EVALUATION

---

I am a volunteer participant in the evaluation aimed at finding out about the services that COPESSA offers.

I understand that this will take the form of a discussion group that will take no more than 1,5 hours of my time.

I understand that I will receive no financial or any other form of reward or for my participation in the discussion.

I understand that identifying information such as my name, surname, age, gender, etc. will be kept anonymous and that the evaluation report will not include this information.

I understand that no identifying information that can be linked to me, my family, my educational background, where I work or any other information of that nature will be in the report.

I also understand that I have the right not to answer a question if I so choose and that I have the right to withdraw from the discussion group at any time.

I understand that the discussion will only focus on COPESSA and the services I have received.

*Annex 8: Audio recording consent***EVALUATION: COPESSA****Consent Form: Audio Recording****Name of Group:****Date:**

Yes, I would like to help with the COPESSA Evaluation. I understand that I will be a member of a discussion group that lasts about 90 minutes. I agree that the discussion can be audio-recorded. I understand that any names or places that can identify me will be changed and will not appear in the evaluation report.

*Annex 9: Summary of Key Informant Interviews and Focus Group Discussions*

Data collection method	Individuals/Group	Number of respondents
Key Informant Interviews	CEO	1
	Youth Development trainer	1
Focus Group Discussions	Counsellors (Social Workers, Social Auxiliary Worker and Lay counsellor)	4
	Gardening (Faranani and Waterworks)	8
	Volunteers (local and German)	8
	Gym	7
	Youth Development Programme	8
	Sewing	8
<b>TOTAL</b>		<b>45</b>

*Annex 10: CEO Interview*

1. Please tell us why COPESSA started?
2. What are the main services which COPESSA offers to its beneficiaries?
3. What are the main programmes which COPESSA implements and the aims of each programme?
4. What do you consider your organisation's main achievements since establishment? Why?
5. Tell us about the challenges your organisation has experienced since inception?
6. How have you overcome these challenges?
7. Please describe any changes in COPESSA's operations in the last 3 years.
8. What caused the change in operations?

*Probe:*

- Response to a new need
  - National new policy
  - Donor's requirement
  - Funding opportunity (from Government? Donor?)
9. Please describe some of the key outcomes that occurred as a result of your programmes (i.e., increased reach of target groups, increased access to youth-friendly services, behaviour change? etc)
  10. Can you share a concrete example that demonstrates results of one of your programmes?  
[Probe for success story here. Allow for more than one story]
  11. Do you consider any of your programmes to be good practice? Why?

### **Organisational capacity**

1. Does your organisation have a Board? How active /supportive is it?
2. Do you have an annual work plan? How well is it implemented? How well is it utilized?
3. How well is your organization capacitated to implement its mandate? [Obtain staff breakdown]

### **Data collection, monitoring and reporting**

1. Has the number of beneficiaries increased since establishment? How has it increased?
2. What data do you collect?
3. How do you collect data?
4. Have you received any support to collect and analyse data (training or material) if training was provided, please discuss and explain what has changed after the training.

5. What works well in relation to data collection and reporting?
6. What are the challenges in relation to data collection and reporting?
7. What were the reports used for?

#### **Funding, efficiency and sustainability**

1. Can you tell us how your organisation was funded for the period 2004 to 2014?
2. What worked well in relation to funding over this period?
3. What were the challenges?
4. How does your organisation aim to ensure long-term support to its beneficiaries?
5. What additional resources and support do you need to improve your success in the long term?

#### **Social media use**

1. If not done in the introduction: please describe the organisation's use of social media: (i.e., twitter, website, Facebook, use of sms, BBM or instant messaging for programme purposes)
2. What type of media is commonly used, and for what purposes?
3. What are the messages you are sending?
4. How well stakeholders and beneficiaries reacting to your social media platforms? Why do you think that is?
5. What are your plans for social media use in the next few years? How significant a part of your programme will it be, moving forward?
6. How effective is the use of social media in your programming?
7. How does the use of social media improve your results?
8. Do you have any concrete example showing this? [*probing for success story*]

#### **Network participation**

1. Which networks does your organisation belong to?
2. How does association with these networks assist you? Your programme? The organisation?
3. Is there anything that should be changed in this network in order for it to better serve your needs as a member?

#### **General**

1. Is there anything else you would like to share with us?
2. Is there anything you would like to know from us?
3. Are there documents/reports/data that you would like to share with us?



## Background

In August 2004, COPESSA celebrated Women's Day by encouraging women to start projects that would help them earn an income. A group of women responded and were taught beading and sewing. Some of women said they would like to start gardening. COPESSA had developed a working relationship with the principal of the local school, through the many referrals which were being sent to COPESSA for assessment and assistance with suspected abuse. The school had a lot of land which had overgrown weeds and was lying fallow. COPESSA presented the idea of a community garden, with a promise to donate surplus vegetables to the school soup kitchen. Thus, COPESSA's first community garden, *Siyoyisile Indlala*, an isiZulu word phrase "we have overcome hunger and poverty", was born.

The community garden is located at Faranani Primary School and is about 4 000 m<sup>2</sup>. It started in 2004 and comprised eight members (three men and five women), who worked there for at least seven years. The plan was to grow vegetables to improve the food security of the participants, sell some of the surplus to their neighbours, and donate to the school's soup kitchen.

In 2011 this community project graduated into an income-generating enterprise with the introduction of vegetable tunnels. It now boasts ten vegetable tunnels for spinach that is sold to the local Pick 'n Pay and members of the community. Some is taken home to feed families of the participants and surplus is given to the school soup kitchen as a token of appreciation for housing the garden project. The Faranani garden has grown from humble beginnings to an award winning project. They were awarded the first runner up prize at the Agri Business Women of the year in 2012, in the category of Best Community Project, netting prize money of R20 000 and a trophy. In 2013, they received a Gauteng Province MmaTshepo Khumbane (MTK) Award, in recognition of valuable contributions to Natural Resources Management, and won R5 000 prize money and a trophy.

COPESSA have now registered a COPESSA Trust and a PTY Company with the view to run the income generating projects such as the brick project, crafts, and garden as fully fledged and independent businesses, and donating profits to the Trust to supplement donor funding for COPESSA's (NPO) operations.

## Waterworks Garden

Many of the referrals from the local school were from Waterworks informal settlement, which is located about four kilometres from COPESSA's premises. The common thread was poverty. COPESSA initially assisted these children and their families with food parcels and counselling support through the Siyanqoba project. COPESSA however appreciates that while it is sometimes necessary to give hand-outs to communities, these sometimes inadvertently create dependency and a sense of entitlement. Hence it was important for COPESSA to supplement this intervention with a community garden.

In 2009, Synovate South Africa (SA) was celebrating its 20<sup>th</sup> anniversary and helped COPESSA to initiate the garden project with the Waterworks community at the park COPESSA had built with the community. The garden is about 600 m<sup>2</sup> and located in a very deprived informal settlement called Waterworks. Later, seven vegetable tunnels were installed at the same premises as the brick project and these supply spinach to a local Pick 'n Pay.

In 2013, the community went on a protracted service delivery strike, and physically destroyed the park and the veggie garden, but the veggie tunnels were spared as these are premised outside the informal settlement.

## **Background**

The Health Park and Park is a brainchild of a youth group called “Street Kulture Appreciation” (SKA) and COPESSA. In 2009 SKA requested COPESSA to help build a Skate Park. When Dr Nobs Mwanda won the Shoprite Checkers Women of the Year Award, she donated the R100 000 prize money for this project. A further R100 000 was donated by EOH Mthombo (Pty) Ltd, and R40 000 raised by the annual COPESSA Golf Day. This money was used for purchasing the outdoor gym equipment, paving and the irrigation system. City Parks complemented the donation by absorbing the costs for landscaping, labour, planting of trees. Basil Read donated the earthworks.

Because of the high cost of such a project, it was decided to do the project in phases, guided mostly by the availability of resources. The first phase involved clean-up of the site, which was an illegal dump-site; earthworks and landscaping; fencing of the property; irrigation system and installation of the outdoor gym.

The next phase included the erection of the shade nets over the gym area, installation of the converted containers, used for youth and general community skills development. COPESSA are awaiting City Parks to assist with the electrification and the plumbing of the container for much needed ablution facilities for the park.

The last phase is building a skate park and depends on resource availability.

The concept started in 2009 and was officially launched in 2012. All products within the project were donated. The table below provides an overview of the items received as donations.

## **Overview**

The aim is that the park will not only be a physical transformation of the landscape, but will change the mental landscape of Protea Glen Community, as well. This has become a ‘watering’ hole for the Protea Glen community. It is hoped to provide the youth with “legit (legitimate) highs”, as opposed to those created by drugs, which seem to be taking root in this community. When the park is complete, it will boast of skateboard facilities, outdoor gym, and a facility for skills development for the youth. The gym has been in operation since 2010 and is utilised by community members residing in Protea Glen and surrounding areas. The gym attracts approximately 60 people between the ages of 14 and 60 years old and operates from Monday to Friday.

### Annex 13: After Care Programme

#### Background

The After Care programme at COPESSA started off on a small scale in 2005, when the main programmes being implemented were a reading and debating club for children. In 2011, after COPESSA volunteers hosted a clean-up campaign involving 300 children local children during Child Protection Week, the volunteers established relationships with children and started a mini-library. The mini-library was run with the help of a retired lecturer from the University of Witwatersrand every weekday and on Saturdays. At the time, approximately 35 children were attending daily. Activities included reading, assistance with homework, playing board games and visual arts.

#### Overview

The COPESSA After Care programme is run and managed by local and overseas volunteers. The overseas volunteers are seconded from Germany to COPESSA for a period of one year, through an organisation who COPESSA has a partnership with, called SAGENET. The volunteers are between the ages of 18 and 29 years old. The reason for volunteering at COPESSA include the need to be making a valuable contribution to the community, currently studying towards social work and joining COPESSA after being a counselling client.

*“Staying at home didn’t feel right, when you know there is something you can do for the community”*

The volunteers run a structured programme which includes a range of activities which take place on a daily basis. The weekly programme is shown below:

Table 16: After Care daily programme

Day	Activity
Monday	Music
Tuesday	Reading
Wednesday	Art (with partner organisation Artist Proof)
Thursday	Drumming
Friday	Chess

*Annex 14: Food parcels*

A COPESSA voucher enables obtaining the following basic foodstuffs from a local supermarket:

- 2,5kg maize meal
- 2,5 kg flour
- 250g yeast
- 2kg rice
- 400g peanut butter
- 750ml cooking oil
- 2,5kg sugar
- 500g powdered milk
- 100s tea
- 215g tinned fish
- 400g baked beans
- 200g soya mince

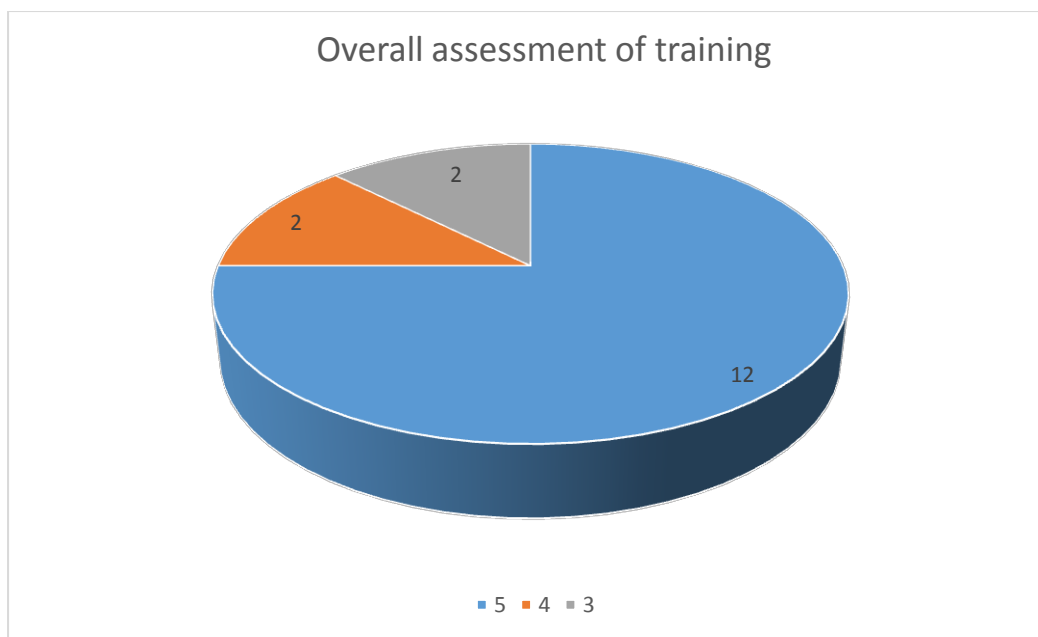
*Annex 15: Youth Development Programme*

The programme facilitates the process of change by helping people to 'Xift' to awareness. The training topics are titled:

- **SomnambuXift** - This session suggests that "People are generally sleepwalking." It means that they go around life as though in a trance, not conscious of their own experiences. The criterion for identifying a sleepwalking person is introduced and each participant is given the chance to identify and accept that they are indeed in that state. The process is indirect but once accepted, the participant has shifted into the "reflective mode." They reflect on their own purpose of life, their thinking, emotions, actions and relationships. They accept that they have been operating on automatic, without any awareness or attempt to choose consciously the direction their lives are taking.
- **RealityXift** - The ultimate goal of this module is getting the participants to accept that 'I create my experiences!.' They are taken through a series of questions which lead them through a path of barriers they have to break. They eventually accept that "all their experiences", without exception, are theirs. This is the foundation of the 'Xift' philosophy. "If I create my experiences, then I can change them. I may not be able to change events and situations, but, I can always change my experiences!" This module is the first part of the Account-ability phase.
- **EmotionXift** - "Emotions are my friends!" That is the essence of this module. Participants are taken through examples and stories which illustrate that our emotions are just indicators of our mental activity. They carry a message we need to heed. Once acknowledged, these emotions leave us. But when ignored, they seek our attention. They are persistent and will not leave until heeded. That is the baggage we carry, unheeded messages from our emotions.
- **Loss** - The participants work through the process of loss. The 'loss model' identifies six stages, shock, anger, bargaining, depression, resigning and finally acceptance. Participants are made them aware that loss happens all the time to all human beings. Unemployment, losing a job, not getting a job, death, and divorce are all examples of loss. The biggest challenge is not getting "stuck" in one of the stages so that life becomes over-whelming. This module is the practical application of the EmotionXift and the RealityXift modules.
- **Xift Fellowship** - The training is reinforced by weekly one hour "fellowship meetings." The participants will be advised to form small support teams. This forms the Rely-ability phase. These sessions are open to anyone.

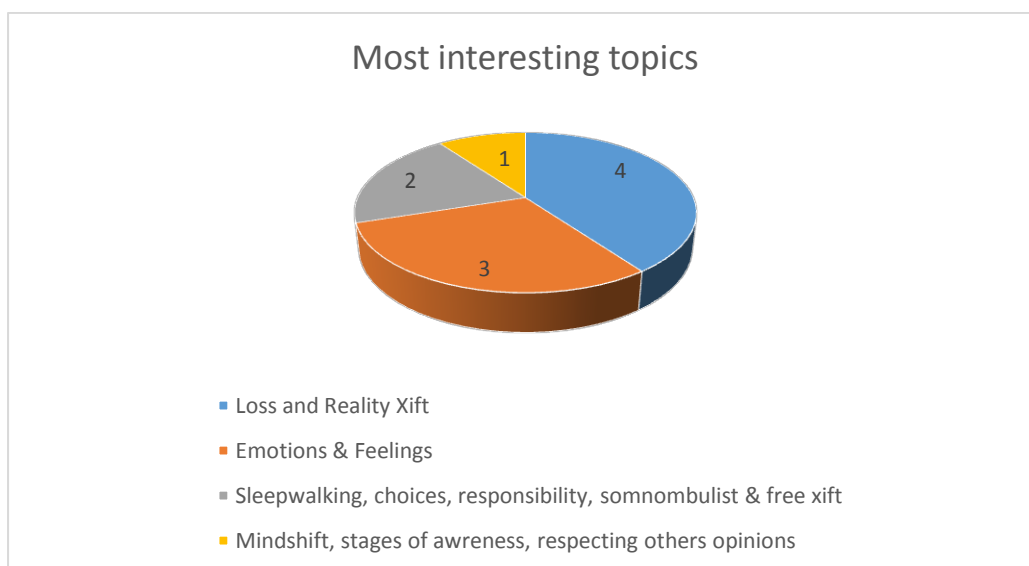
The diagram below indicates the overall assessment provided by respondents. Of the 16 participants, who attended the training, 12 indicated that the training programme was excellent. The respondents were asked to rank the training on a scale of one to five. Five indicated that the training was excellent and one indicated that the training was insufficient.

Figure 7: Overall youth development training assessment



The relevance and of the topics were of extreme importance, as the main objective was to bring respondents to a level of consciousness about their lives, through the exploration of various areas. Overall, the topics were relevant to the respondents as they dealt with areas which the respondents had chosen not to think about or that they had not explored at all. The figure overleaf outlines the most relevant training topics according to the number of times they were mentioned by respondents:

Figure 8: Youth development most interest training topics

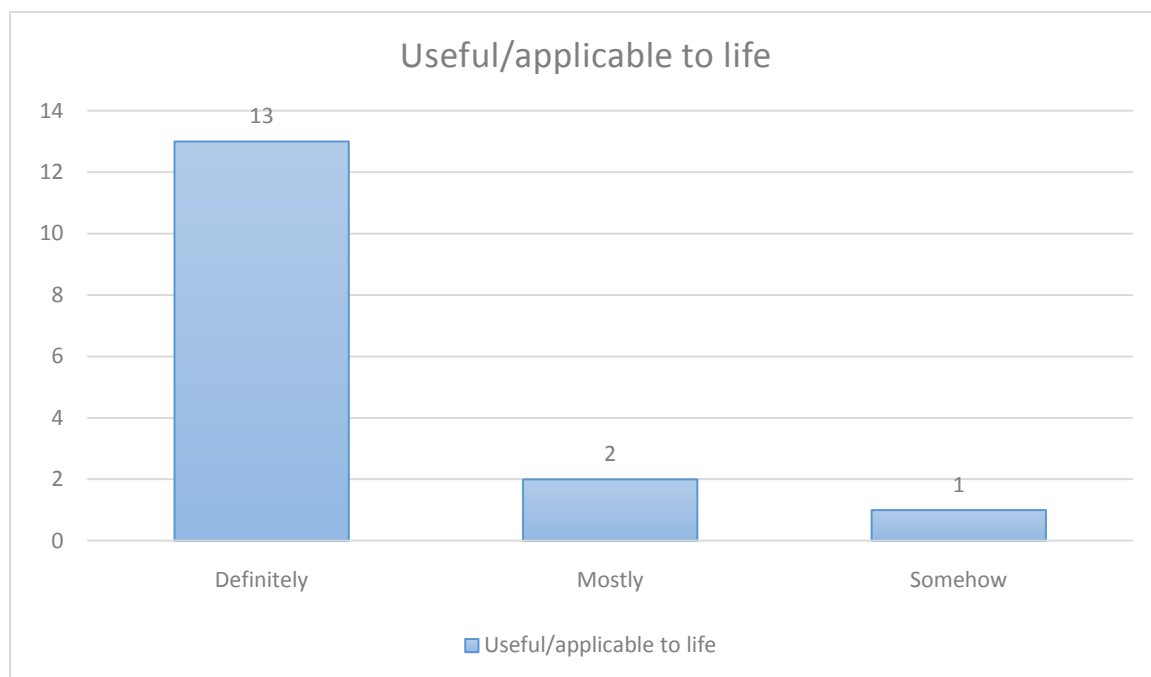


During the evaluation, the participants were asked to rank the knowledge and information they gained and how applicable the information was to their own lives. 15 out of 16 respondents who completed the evaluation indicated that the programme had met their expectations.

*“It has helped me know more about how my mind and emotion works. It taught me that in life, I always have a choice, I’m not a victim. It’s good to be angry but I must not release it on other people because that is abuse. Keep up the good work COPESSA”*

The effectiveness of the training programme was measured on whether the participants felt that the information they received during the training was useful and could be applied to their lives. The diagram below illustrates the applicability of the programme to the lives of the participants:

Figure 9: Youth development training applicability



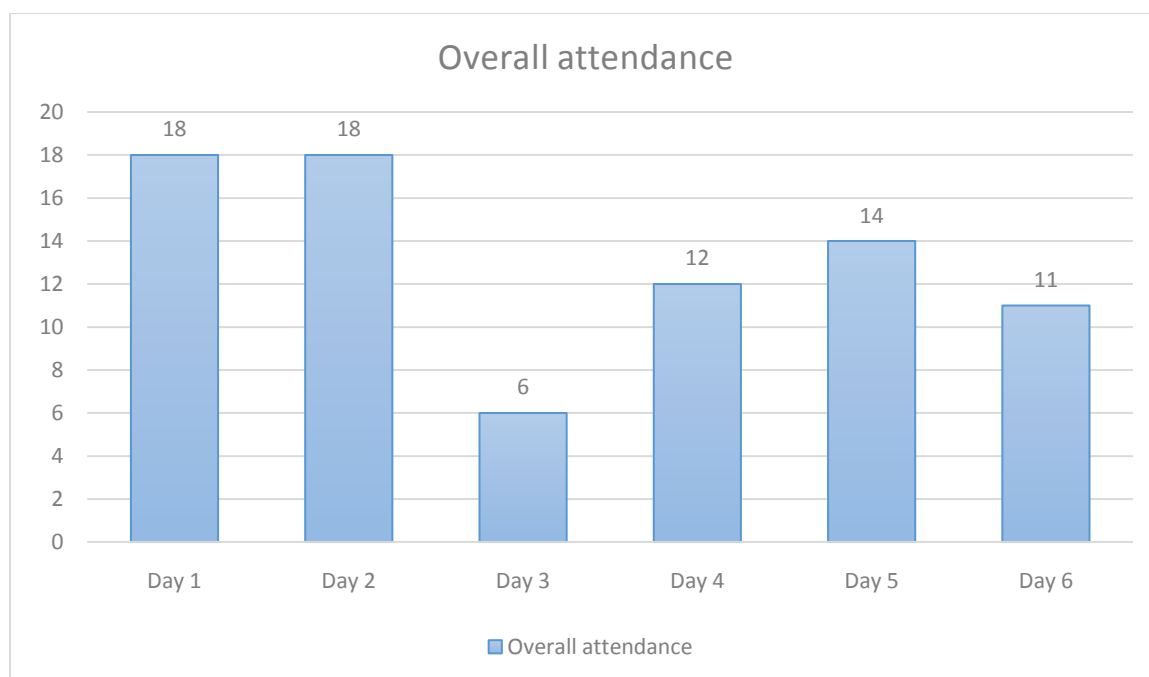
*“The experience for me was rewarding. It changed my life in a positive way. It helped me to apply my mind and thinking before I respond. I can identify events and respond in a positive way that will benefit me and people around me.”*

The training programme definitely proved to be efficient for the following reasons:

1. The training was advertised amongst members of existing projects, who informed youth within their circles about the training;
2. The participants did not experience any challenges registering for the programme; and
3. The participants were accessing other services through COPESSA such as utilising the gym, counselling and forming part of the sewing project. This shows that COPESSA is making an impact through the Ecological Model, by making positive changes on various areas of the lives of beneficiaries.

While the programme was well received, challenges were experienced around continuous attendance. The dropout rate within the programme was generally fairly high. The reasons for the high dropout rate had not been determined at the time the evaluation was conducted. The diagram below shows the attendance over the six-day period:

Figure 10: Youth development training attendance



The facilitator reported that he experienced the following challenges:

- *“Attitude: Many people have resigned from life. They lack inspiration. They have tried to get employment for so long that they have given up;*
- *When they get work, their negativity and apathy makes them unsuitable for the jobs;*
- *Lack of skills: Many people are not skilled in any specific work. They also have the difficulty to learn new skills, especially soft skills;*
- *Discipline: Many people do not have discipline enough to move themselves forward;*
- *Knowledge: People lack knowledge;*
- *Dependence: Many people are dependent on the government for survival and expect some saint to save them from their misery;*
- *Responsibility: Many people blame others for all their misery. They never take responsibility for their experiences and situation; and*
- *Emotional Baggage: Many people carry a lot of emotional baggage with them and they don’t know how to put it down and free themselves.”*

The challenges described above demonstrate that emotional and mental shift is a process and there is a need to continued training to achieve this.