

# PREVENTION IN ACTION



***A Model for Social Mobilization  
to Address Violence Against Women***



**Prevention in Action:**  
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to Address Violence Against Women

Cape Town: PCI.

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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BFL	Brothers for Life
CBO	Community-based Organization
CE	Community Engager
CI	Community Influencer
DKTSA	DKT South Africa
DMH	Durban Mental Health
DOJ	Department of Justice
FBO	Faith-based Organization
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IPV	Intimate Partner Violence
JHHESA	Johns Hopkins Health and Education South Africa
JCC	Joy Christian Church
MOU	Memorandum of Understanding
NGO	Non-governmental Organization
NICRO	National Institute for Crime Prevention and the Reintegration of Offenders
PAG	Prevention in Action Group
PAC	Prevention in Action Committee
PIA	Prevention in Action
PCI	Project Concern International
PEPFAR	President's Emergency Plan for AIDS Relief
SAPS	South African Police Services
UGM	Umbrella Grants Management
USAID	United States Agency for International Development
VAW	Violence Against Women
VFZ	Violence Free Zone
WAAG	Wentworth AIDS Action Group
WCRP	World Conference for Religion and Peace
WHO	World Health Organization
WVFC	Wentworth Victim Friendly Centre

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## EXECUTIVE SUMMARY

The Prevention in Action (PIA) Program was developed during the course of a four-year initiative implemented by Project Concern International (PCI) in partnership with two provincial networks on Violence Against Women (VAW) based in KwaZulu-Natal and Western Cape respectively. The program was funded by the United States Agency for International Development (USAID / United States President's Emergency Plan for AIDS Relief (PEPFAR) between 2008 and 2012 and set out to address HIV prevention through changing social norms related to sexual and other gender-based violence (GBV) against women. The program fell under the Umbrella Grants Management (UGM) Program of FHI360.

The explicit goal of the program was to reduce HIV transmission by changing social norms related to sexual and other gender-based violence against women. Result areas included:

- ❑ Mobilizing public and private sector partners to combat VAW;
- ❑ Improving the enabling environment for changing social norms related to VAW;
- ❑ Developing and implementing a sustainable program to address VAW.

Although initially envisaged as a large-scale social mobilization program to address GBV in the KwaZulu-Natal and Western Cape provinces, the approach of the program shifted towards a deeper focus on program design and social mobilization model development as a product of research findings on the context of GBV and violence against women (VAW) in the two provinces.

An adaptive and experimental approach was utilized following a baseline survey conducted by the program in KwaZulu-Natal and the Western Cape in 2009 found that nearly all respondents disagreed with attitudinal statements that were accepting of VAW. These findings contradicted initial program assumptions that acceptance of VAW was a dominant social norm, and indicated that although VAW was understood as wrong, it continued to be perpetuated as a product of silence and inaction. This led to a shift in orientation to focus on stimulating action in response to VAW.

Reduction in the operating budget of the program in the first year of operation also contributed to a reduced geographic scope of activities to focus on selected communities within the eThekweni District of KwaZulu-Natal, incorporating the community of Wentworth near Durban as a 'case study' community, and Khayelitsha, a large settlement near Cape Town in the Western Cape.

### **A study to determine a model for social mobilization to prevent VAW**

This study explores how the development and implementation of the PIA program fostered deeper understanding of the dynamics of VAW prevention among program sector partners, trained participants, and engaged with community members in ways that led to substantive action to address VAW at community level. These processes are considered in relation to developing a model for social mobilization to prevent VAW.

This report documents the evolution and key milestones of the program as well as multifaceted research to understanding the response to the program by PIA implementers, participants and beneficiaries. The findings were drawn together to identify elements relevant for a model for social mobilization to prevent VAW.

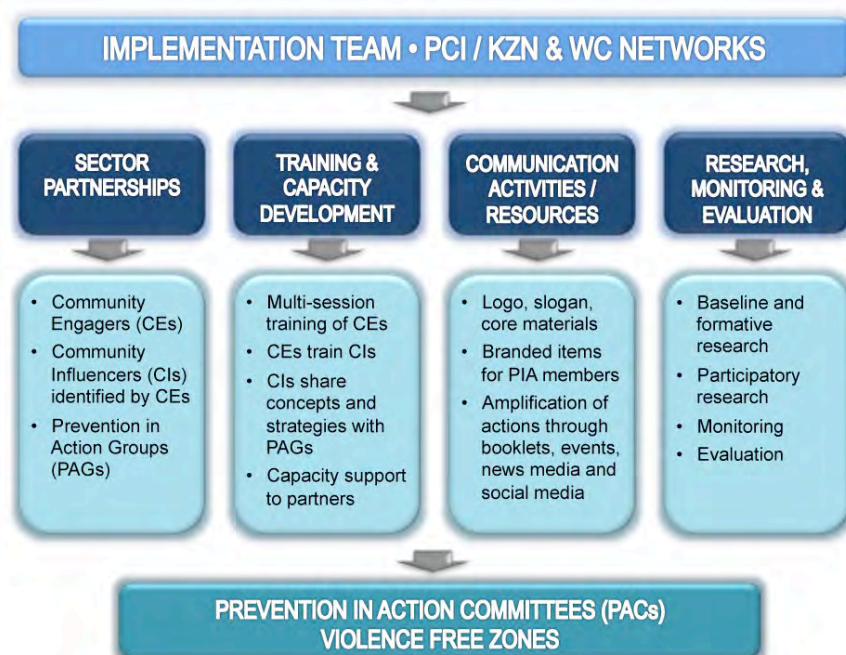
Study methods include reviews of program documentation, research reports and monitoring data as well as findings from additional research that was conducted with program implementers, participants and

community members including focus group discussions, in-depth interviews and community surveys in two case-study communities during the final months of program implementation.

Key questions that were explored to identify the components of a replicable model for intervention included:

- ❑ How and why did the program evolve and what were the key milestones leading to the final program design?
- ❑ How did participants conceptualize and lead an organized response to prevent VAW in the two target communities?
- ❑ What were the patterns of response in the two target communities and how were these perceived at community level?
- ❑ What are the key elements of a model for social mobilization to prevent VAW?

The final implementation model is depicted below and illustrates the four pillars of the program – 1) Sector partnerships; 2) Training and capacity development; 3) Communication activities and resources; 4) Research, monitoring and evaluation.



Agreements were established with a range of sector partners in each operational area, including government departments, police services, non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs). Through each sector partner, selected personnel and volunteers called Community Engagers (CEs) were trained in VAW prevention as well as being tasked with recruiting and training opinion leaders who lived in intervention communities. These participants were called Community Influencers (CIs) and were tasked with formulating and taking action in response to VAW, with additional support being provided by small groups of friends and family that they established, called Prevention in Action Groups (PAGs).

Support to training and intervention was provided by comprehensive communication resources and activities. A logo and slogan for the program was designed using Action Media, a participatory action research methodology focused on drawing community perspectives into formulation of communication



concepts. Potential formats for action to prevent VAW and a range of other support materials were also conceptualized during the workshops. Emerging resources included PIA toolkits comprising branded bags, stickers, posters, badges, T-shirts and informational booklets. As actions to prevent VAW emerged, these were documented and integrated into communication materials including video clips on DVD and photo-booklets, as well as being disseminated through computer-based social networking systems (YouTube and FaceBook). Mobile phone messages were used to motivate and share actions, and response was also promoted through articles in news media and community-based story-sharing events, among other activities.

Operational research and monitoring activities provided guidance and rigor to each iteration of the program design, and led to the final phase of the program where CEs and CIs drew together community stakeholders and service providers to form PIA Committees. With a view to building upon an extended period of successful actions in response to VAW, the committees established Violence Free Zones in sub-areas of their communities. The zones included clear demarcation through signage and integration of the colors and logo of the PIA program into public and private spaces, with households committing to VAW prevention through signing manifesto's, placing PIA stickers on their doors, and contributing to ongoing maintenance of the PIA concept through taking or supporting action to prevent VAW.

## Findings

Participation in the PIA program yielded the following:

- ❑ Positive psychological benefits were noted for PIA participants who were CEs and CIs or who participated in PAGs. This included healing of previous trauma related to VAW as well as improving self-esteem as a product of psychological wellbeing and a sense of reward from helping others.
- ❑ PIA participants included men and women and there was a strong orientation towards promoting relationship dialogue, gender-sensitivity, and family values when addressing VAW.
- ❑ The humanistic orientation of the program was empowering for participants and community beneficiaries, and PIA members were recognized for their courageous and proactive leadership in taking action to respond to VAW.
- ❑ It was recognized by participants and community members that the program broke the 'silence' surrounding VAW, led to actions that were tangibly beneficial to addressing and preventing VAW, and contributed to accountability to new values that strengthened understanding that VAW was neither justifiable nor tolerable.
- ❑ The effectiveness of the program was strongly tied to the perceived validity of the core concept of taking action to prevent VAW, as was the participant structure of CEs, CIs and PAGs supported by sector partners.
- ❑ There were some weaknesses identified in program implementation including changes in training curricula, needing to address partner violence experienced by men, monitoring of participation and documenting response, and communicating changes effectively. These weaknesses were largely related to the adaptive and experimental approach to the program as it evolved into a final model for intervention.
- ❑ The final phase of the program – the integration of PIA participants and community stakeholders and service providers into PIA Committees – led to the establishment of Violence Free Zones that



were acknowledged to have bolstered a potentially sustainable VAW prevention response at community level. During this latter phase it was noted that new ways of articulating VAW prevention had emerged. These included harnessing the symbol, colors and slogan of PIA, but also linking the concept to social mobilization through phrases reminiscent of the anti-apartheid struggle (Amandla!, Viva!), recognition of PIA members as '*social workers*' and '*counselors*', linking the program to concepts such as '*impilo*' (life) and '*sisonke*' (together), and mobilizing the term '*Violence Free Zone*' to dissipate violence.

Over a period of 18-months, 2,429 narratives of action taken to prevent VAW by CEs, CIs and PAGs were documented. Analysis of these yielded the following general findings:

- ❑ Actions to prevent VAW were reported by participants among sector partners with diverse structures and modus operandi – for example, similar numbers of actions were reported by partners in the government, non-governmental and faith-based sectors.
- ❑ Formats of response included addressing personal or family experiences of VAW, responding to VAW within one's home radius, being asked to intervene as a product of being known as a member of PIA, and responding as a bystander when instances of VAW were observed.
- ❑ While narratives predominantly described taking action in response to violence against female partners perpetrated by men in relationships, PIA participants also addressed inter-generational violence affecting older women and young girls, female to male partner violence, and other physical violence in their communities.
- ❑ A fair proportion of violence that was addressed was severe to the extent that it led to police involvement or other legal processes being followed. In the majority of narratives however, PIA members described engaging with occurrences of violence through dialogue with the victim, or perpetrator, or victim and perpetrator. These dialogues emphasized addressing the problem of violence in relationships and avoiding recurrence. Where PIA members – most of whom were not trained in counseling – were unable to achieve resolution, referrals were made to support services.
- ❑ Most action narratives included information on conflict resolution. Nearly half of the responses (48%) led to immediate resolution of conflicts, and around a quarter (24%) included a legal outcome such as arrest, an interdict or a protection order. One in seven (14%) included resolution through counseling, and 6% improved community safety. In only 9% of narratives were the outcomes unclear.
- ❑ Around a fifth of responses involved taking action as a group – often to address severe violence and to avoid retaliation by perpetrators – but also allowing male and female PIA participants to respond to situations jointly. While most actions were led by women PIA members – who comprised the majority of PIA participants – around one in nine narratives involved responses being led by male PIA members.

Surveys conducted in Khayelitsha and Wentworth (n=590) at the end of the program period provided insight into community perspectives of PIA. It was found that levels of general violence and crime were high in both communities, and that partner violence was perceived to be a common occurrence. Survey findings confirmed previous 2009 survey findings that there was minimal agreement with attitudes and values that supported VAW.

Findings included:

- ❑ Most survey participants (70%) were aware of the PIA logo and associated it with taking action in response to VAW.
- ❑ Around one in nine participants said they had a friend who had been helped by PIA and 6% had personally been helped by PIA.
- ❑ Around a third of participants were of the view that VAW had decreased in their communities over the past year, and this was a product of increases in action by police, ‘neighbors’, PIA members and family members taking action. Another third of participants were of the view that VAW was increasing, although this was predominantly attributed to economic and circumstantial factors – notably problems of alcohol abuse, drug abuse and unemployment – but also silence and fear.

## Conclusions

The PIA program has emerged through a multi-phase adaptive and experimental approach to program development and has led to the design of a robust implementation model for community mobilization to address VAW. The effectiveness of the model can also be linked to a theoretical model<sup>1</sup> for community mobilization that leads participants through phases of engagement as follows:

- ❑ *Conceptual resonance*, relates to participants understanding that the PIA program is an activity that is relevant to introducing new ideas for addressing VAW prevention – for example, participants referred to the PIA concept as an ‘eye opener’ and perceiving the program to be promoting healthy relationships and family values.
- ❑ *Situational resonance*, which relates to how PIA participants applied their understanding of the program to their own situation, including previous direct or indirect experiences of VAW – for example, participants referred to their own previous experiences of VAW and understanding of the importance of helping others.
- ❑ *Social resonance*, which relates to PIA participants recognizing the social benefits to addressing VAW prevention at the broader community level – for example, acknowledging that addressing VAW is beneficial for one’s children and the broader community and that action to address VAW is possible.
- ❑ *Internalized meaning*, which is related to conceptual resonance and includes deepening understanding that it is possible for participants to act in response to VAW by joining PIA as a CE, CI or PAG member.
- ❑ *Commitments and actions*, which are related to situational resonance and include committing to, or taking action to prevent VAW as is evidenced by numerous examples of commitment, personal change and actions taken to address VAW.
- ❑ *New language and social practices to prevent VAW*, which represents the final outcome of the PIA process whereby changes that have been brought about at a community level are relevant for ongoing VAW prevention. This aspect was reinforced in a range of ways through the PIA program including:
  - Broad understanding of the PIA logo, slogan and concept of taking action to respond to VAW;
  - Personalized association with PIA as expressed through wearing branded items as well as social

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<sup>1</sup> This model is depicted visually within the body of the report.

practices involving endorsement of the program; and

- New language that recognized the role of PIA members as supportive agents for VAW prevention and that allowed for the concept of prevention of VAW and violence in general to be articulated.

Involvement in the PIA program contributed to empowerment of PIA participants as a product of processes of conscientization, self-reflection and support from peers within the PIA program. Furthermore, the self-esteem of PIA participants increased as a product of their involvement in a socially relevant activity that involved helping others. PIA beneficiaries were also empowered through making changes to their individual circumstances and reducing their vulnerability to VAW.

The scope of the PIA program and theoretical model of community mobilization illustrates interrelated processes of psychological and social change. These processes enhance individual and community capacities to address the social challenge of VAW to the extent that the problem is diminished over time through prevention. Conducted at group and community level, and acting upon the pressing challenge of VAW, this empowerment process has become transformative at community level as the problem of VAW has been engaged and diminished – including through shifting understanding of community accountabilities to new values in relation to VAW. As this process continues, the PIA program shifts towards social mobilization with PIA participants constituting a new social movement.

Successful implementation of the program in two South African communities illustrates that the emerging model has potential for replication in other similar communities where VAW is prevalent. The model also shows promise for addressing other similar social challenges at community level where lack of response is characterized, not by a lack of concern about the detrimental effects of a pressing social issue, but an entrenched passivity and lack of understanding of how to take action to address such issues.

## 1. BACKGROUND

Gender-based violence (GBV) encompasses violence experienced by women or men that is related to their socially constructed gender roles and includes sexual violence, physical violence and a range of other verbal, psychological or economic forms of violence (Carpenter, 2006; deKeserdy, 2000). GBV is an acknowledged global health challenge which results in a wide range of negative outcomes that compromise health and increase mortality.

The United States Agency for International Development (USAID) defines gender as *'the socially defined set of roles, rights, responsibilities, entitlements and obligations of females and males in societies'* (USAID, 2012a). Addressing gender equality, including reducing GBV globally, is one of three cornerstones of the USAID Policy on Gender Equality and Female Empowerment (USAID, 2012b). Other elements of the policy include addressing gender disparities in relation to access to resources and increasing the capability of women and girls to realize their rights to determine their life outcomes. Underlying principles of the USAID policy emphasize approaches that:

- ❑ Are inclusive of both genders;
- ❑ Are partnership oriented;
- ❑ Are innovative;
- ❑ Take into account and harness science and technology;
- ❑ Address high conflict contexts; and,
- ❑ Are thought-leading and learning-oriented.

Violence Against Women (VAW) is a subset of gender-based violence, and focuses specifically on exposure to violence among women. VAW is defined by the World Health Organization (WHO) as including physical, sexual and psychological abuse or neglect from intimate partners, deprivation of liberty and economic deprivation, as well as sexual violence or exploitation perpetrated by non-partners (WHO, 2002). Globally, emphases on addressing VAW are related to the acknowledged higher vulnerability of women to GBV, and the higher severity of GBV including psychological harm, physical injury and mortality occurring among women.

In South Africa in the 1990s, it was found that 10% of adult women in three provinces had experienced physical partner violence in the past year and 4% said that they had been raped (Department of Health & Macro International, 2002). South Africa has one of the highest rates of rape in the world, including high rates of coercive sex and partner violence (Outwater et al., 2005; Fox et al., 2007). Levels of reporting of rape and conviction of perpetrators are acknowledged to be low. For example, it is estimated that only one in nine rape events are reported, and that fewer than 10% of these result in convictions (Seedat et al., 2009; Peacock et al., 2008).

A study of eleven countries in Africa, South America, Asia, Europe and the Pacific, found that factors associated with recent intimate partner violence (IPV) among women were similar between countries (Abramsky et al., 2011). Higher education, higher socio-economic status and being formally married were associated with lower IPV prevalence. Alcohol abuse, cohabitation, younger age, having sexual partners outside the relationship, having attitudes supportive of IPV, having been abused in childhood and perpetrating violence as an adult were associated with higher IPV prevalence.

## 1.1 VAW and HIV

In conjunction with high prevalence of VAW, South Africa has a severe HIV epidemic with HIV prevalence being the fourth highest globally, and considerably higher HIV prevalence among women in comparison to men (UNAIDS 2012). In defining a research agenda on the links between VAW and HIV, the World Health Organization (WHO) identified four focal areas for further research, noting that: forced sex may directly increase women's risk for HIV through physical trauma; violence, and threats of violence, may limit women's ability to negotiate safe sexual behavior; sexual abuse as a child may lead to increased sexual risk taking as an adolescent/adult; and, women who test for HIV and share test results with partners may be at increased risk for violence (WHO, 2000). While mathematical and epidemiological modeling may help to substantiate the extent of the contribution of VAW to new HIV infections, it is acknowledged that many of the underlying estimates needed for such models are not available (see Klot et al, 2012).

Although vulnerability to HIV infection is complex and multifaceted, and causal factors are not readily disentangled, a number of studies have confirmed the relationship between VAW and higher likelihood of HIV infection. Causal pathways linking VAW to HIV include direct exposure to HIV through rape and sexual violence as well as indirectly through disempowering psychological and contextual factors that increase risk (Campbell et al., 2008; Andersson Cockcroft, 2012). In South Africa, it has been found that women who report experiences of violence are more likely to have higher HIV risk behaviors and also have higher HIV prevalence (Fox et al., 2007; Jewkes et al., 2006). Men who perpetrate partner violence are also known to have higher risk behaviors for acquiring HIV (Dunkle et al., 2006). Relationship inequity and IPV have also been found to increase the risk of HIV infection among young women in South Africa (Jewkes et al., 2010). Alcohol consumption exacerbates exposure to violence, including IPV, and both violence and alcohol are associated with risk of HIV infection (Zablotska et al., 2007).

## 1.2 Prevention of VAW

Prevention of VAW can be understood as involving primary, secondary and tertiary levels of intervention (WHO, 2010):

- ❑ Primary prevention relates to reducing the incidence of VAW 'before it occurs';
- ❑ Secondary prevention relates to providing support and services to women who have experienced VAW and to address contexts of risk to reduce continued violence; and
- ❑ Tertiary prevention focuses on long-term care of women who have experienced VAW as well as addressing perpetration of VAW, including identifying, 'treating', and prosecuting perpetrators.

Studies on prevention of VAW, including links to HIV, have included the documentation of participatory learning approaches such as Stepping Stones, economic support through microfinance, and other strategies which have been found to reduce risk factors for IPV and HIV (Jewkes et al, 2008; Pronyk et al, 2006). For example, *Raising Voices*, a community mobilization approach developed in East Africa, emphasizes a holistic approach that integrates learning materials, training and capacity strengthening, mass media communication and events, advocacy and local activism (Michau, 2007). A randomized controlled trial is also underway in Uganda to explore the impacts of the *Sasa!* Intervention – derived from *Raising Voices* – which includes a 'stages of change' approach to addressing GBV prevention (Abramsky et al, 2012).

### 1.3 Initial design of the Prevention in Action program

The Prevention in Action (PIA) Program was developed (and named) during the course of a four-year initiative that was implemented by Project Concern International (PCI) in partnership with two provincial networks on VAW based in KwaZulu-Natal and Western Cape respectively. The program was funded by the United States Agency for International Development (USAID) / President's Emergency Plan for AIDS Relief (PEPFAR) in September 2008 and sets out to address HIV prevention through changing social norms related to sexual and other GBV against women. The program fell under the Umbrella Grants Management (UGM) Program of FHI360. The main objectives of the UGM are to provide grants to USAID and PEPFAR sub-partners as well as ensure adequate resource flow to foster scale-up of activities; implement effective monitoring, evaluation and reporting systems; and provide ongoing capacity building to support and enhance the scale-up and sustainability of activities and sub-partners.

The explicit goal of the program was to reduce HIV transmission by changing social norms related to sexual and other gender-based violence against women. Result areas included:

- ❑ Mobilizing public and private sector partners to combat VAW;
- ❑ Improving the enabling environment for changing social norms related to VAW;
- ❑ Developing and implementing a sustainable program to address VAW.

The program approach included mass media communication to address social norms perpetuating GBV in conjunction with harnessing the province-wide reach of the two province-based networks, to mobilize response to VAW, and to engage a range of sector partners to further foster the initiative. The role of PCI was to manage sub-awards, provide capacity building and support to the two networks, and to conduct a communications campaign to 'amplify' the concept of VAW prevention. The initial model is illustrated in Figure 1 (PCI, 2008).

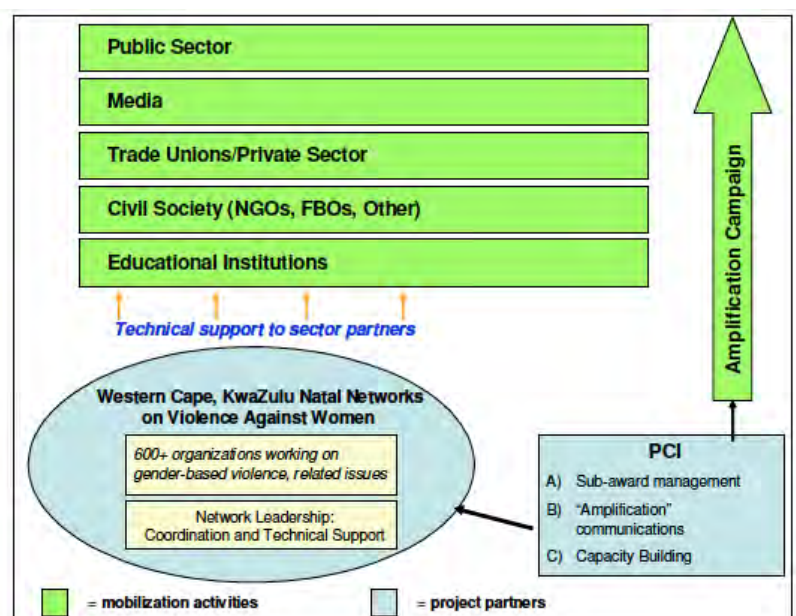


Figure 1: Envisaged prevention program to address VAW



Taking into account a provincial orientation, the program was envisaged with the purpose of reducing the prevalence of sexual and other GBV with an emphasis on VAW in both urban and rural areas. This was to be achieved through a large-scale social mobilization program that would:

- ❑ Mobilize public and private sector partners to combat VAW (Result 1);
- ❑ Create an enabling environment for changing social norms related to VAW (Result 2); and
- ❑ Develop and support the implementation of multi-sectoral activities which will achieve and maintain significant reductions in VAW (Result 3).

The program's first year of operation was specifically focused on addressing the predetermined objectives as illustrated in Figure 2 (PCI, 2008).

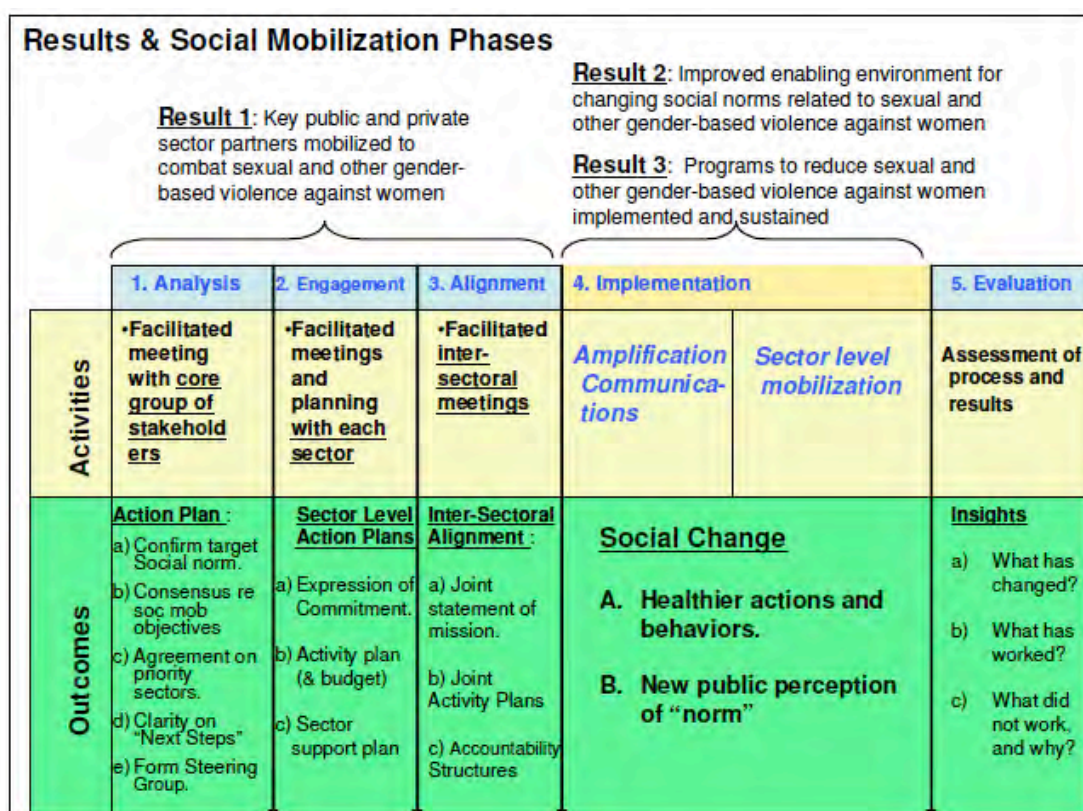


Figure 2: Initial program design for social mobilization

During this period, key activities included: developing a monitoring and evaluation (M&E) plan; conducting stakeholder workshops; conducting research, including small-scale qualitative studies on norms and VAW; selecting an agency to assist with province-wide communication; and conducting a baseline survey for the program in KwaZulu-Natal and the Western Cape. Financial and management support systems were also established and assistance was provided to the two networks to strengthen capacity to conduct activities at a larger scale.

Analysis workshops were conducted with stakeholders in 2009 in both provinces to explore and understand causal factors underpinning VAW, including social norms, and opportunities to address these. Qualitative research was also conducted in communities in both provinces to inform understanding of attitudes, values and norms that exacerbated VAW. These findings were integrated



into a campaign under the broad theme *'What is keeping Violence Against Women alive?'*.



Activities during this period included:

- ❑ A 'road-show' style campaign in KwaZulu-Natal conducted via bus-based community visits that engaged with the issue of VAW and allowed community members to pledge their commitment to end VAW by writing messages on the side of buses which served as massive white boards;
- ❑ A play entitled 'Flipping the Script' which was presented to communities in the Western Cape;
- ❑ A series of radio advertisements highlighting problematic attitudes, beliefs and social norms perpetuating VAW and calling for an end to VAW;
- ❑ A public relations strategy that included endorsements by popular figures and promotional articles related to the program concepts in print and broadcast media; and
- ❑ A multi-week campaign entitled *'Changing Faces'* that took place during November and December 2009 as part of the international 16-days of activism to end GBV campaign. The initiative involved two 5-story high billboards erected in Durban and Cape Town that included an image of a woman's face transitioning over time to illustrate the effects of physical abuse. This visual image was mirrored in local print newspapers and a parallel short message service (SMS) campaign was used to allow viewers to commit to the rejection of VAW, as the face transitioned back to normal.

Activities were complemented by events, including marches and gatherings to show support for VAW prevention, pre-testing of communication concepts, and collection of baseline data.

#### 1.4 Shifts in strategy

The Monitoring and Evaluation (M&E) Plan developed at the outset of the program sought to determine the outcomes and impacts of the intervention over the implementation period through quantitative and qualitative research. A multi-wave panel survey was designed that included a sample of 3,000 respondents, representative at provincial level by sex, age, and race. The panel survey approach included plans for baseline, mid-term and end of project surveys to be conducted through engaging the same group of respondents during each wave. In this way, awareness, change-dynamics and impacts of the program could be tracked over time (Parker & Makhubele, 2010).

The baseline study, conducted in late 2009 explored a range of issues including experiences of general violence and GBV, attitudes and beliefs related to VAW, and perceptions of VAW at community level. The survey questions included a series of ‘norm statements’ that potentially underpinned and fostered VAW that had been gathered prior to the study through qualitative research and analysis workshops with stakeholders. Findings included:

- ❑ Six per cent of women who had had a sexual relationship in the past year had been hit with a fist or slap by their current partner in the past month, with 4% indicating that their current partner had been violent towards them while he was drunk. Men also reported being recipients of partner violence in the past month, albeit at lower levels (3%), and both men and women reported having hit their current partner (4% vs 3%).
- ❑ Fifty per cent of the overall sample agreed with the statement ‘men in this community often hit their girlfriends’, and 40% agreed with the statement ‘married men in this community often hit their wives’, and 21% agreed that a female friend of theirs had complained of being hit by a partner. More than a third, (38%) agreed that women and girls were often raped in the survey communities and around two thirds (65%) agreed that it was not safe for a woman to be outside late at night.
- ❑ Thirty two per cent agreed with the statement that ‘police in this community take quick action when a woman reports rape’ and 31% agreed that ‘police in this community take quick action when a woman reports violence by her husband or boyfriend’. Half of the respondents indicated that they agreed that the government was doing enough to combat violence against women.
- ❑ There was low awareness of the national toll-free Stop Gender Violence helpline – 0800150150 – with only 38% being aware of the line and only 13% being able to state the number.

Surprisingly, an overwhelming majority of respondents rejected the ‘social norms’ statements that were thought to underpin and perpetuate VAW. Most respondents recognized that such attitudes and beliefs were inappropriate. For example, only 1% of respondents agreed that a husband could hit his wife when they have a disagreement, and the notion that if a husband hit his wife, it was a sign of love, was also not widely held (4%). Similar low levels of support were found for other ‘social norms’ statements, and there was also a general agreement that people should not be silent in response to VAW.

Experiences of general violence were high, with 8% of persons in households surveyed in the past year having experienced physical assault, and this was higher for men than women (44% vs 38%). Both men and women were most likely to have been assaulted by a male stranger (54% and 32%), although within the household, women were more likely to have been assaulted by an adult of the opposite sex (24% vs 2%). Among respondents who reported being threatened with a gun or knife in the past year, 55% indicated that they believed the perpetrator to be under the influence of alcohol, while 21% indicated that they were themselves under the influence of alcohol. A multivariate analysis of the data showed that younger females were more likely to have experienced GBV.

#### **1.4.1 Implications of baseline findings**

While the general findings of perceived high levels of VAW in communities in the two provinces illustrated the importance of addressing VAW through the program, the fact that the ‘social norms’ statements were understood as inappropriate and were rejected by the vast majority of respondents was unexpected and led to a refocusing of the program. In the original program proposal, social norms that failed to problematize GBV were assumed to be pervasive, and furthermore, it was assumed that such

norms contributed to the acceptance of VAW. This in turn, was believed to underpin incidence of VAW while also discouraging reporting and prosecution of VAW. The unexpected and contrary findings prompted a deeper review of the program assumptions regarding the links between social norms and VAW.

A number of health and behavioral researchers and theorists have adopted a ‘social norms approach’ to addressing attitudes, beliefs, behaviors and practices that are framed by norms, and have demonstrated change processes through ‘social norms interventions’. The basis of this theory of intervention is that social behavior is influenced by incorrect estimations of how others act, and that over-estimations of ‘normative’ behavior of others contributes to adoption of the behavior (Berkowitz, 2004). For example, campaigns to reduce excessive alcohol abuse among college and university students have been found to reduce risks by publicizing the difference between widely held over-estimations of alcohol intake and actual drinking practices (DeJongh et al., 2006).

In general usage,<sup>2</sup> social norms can be understood as the sum of attitudes, beliefs and values that are dominant and therefore also socially binding on the behaviors and practices of society or sub-groups within society. It is assumed that the majority of people seek to conform to social norms with a view to being accepted and approved of by others (O’Sullivan et al., 1994). Social norms include: 1) behaviors and practices that are considered to be normal, 2) beliefs and attitudes that are considered to be dominant, 3) socially accepted behaviors and practices (i.e. that are unlikely to evoke sanction). Social norms are upheld and sustained by threat of social disapproval or sanction, with enforcement varying in relation to the social or legal impacts of transgressions. Social norms thus include prescribed and proscribed formats of behavior and practice that are formally described in law, rules and guidelines, as well as in the form of attitudes, values and beliefs that are not formally described. Social norms are established over time and can be understood as contributing to social order, and shift and change as part of cultural processes over time (Therborn, 2002).

The rejection of the negative ‘social norms’ statements in the baseline survey illustrated high awareness of the wrongfulness of VAW in South African communities. This awareness is potentially related to developments in the legal sphere in South Africa following the political transition to democratic government in 1994. For example, equitable rights of men and women were enshrined in the new Constitution and a Women’s Charter for Effective Equality framed post-1994 legal changes, including the Domestic Violence Act 116 of 1998, further defined partner violence and strengthened police intervention (Amien, 2001). Elements of the law included the introduction of protection orders and prosecution of perpetrators.

It was thus concluded that the statements that were largely rejected by respondents could be considered ‘explanatory’ statements that informed assumptions by community members of the attitudes and values of perpetrators and people who appeared to accept VAW – ie. this was an expression of their assumptions about beliefs held by others (Parker & Makhubele, 2010).

The findings were extensively discussed by the implementation team, and led to the conclusion that there was a need to overcome passivity prevailing around the issue of VAW. A commitment was thus made to developing a ‘social brand’ that validated and motivated acts and behaviors that addressed and prevented VAW. The focus of the program thus became transforming a norm of *‘inaction in response*

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<sup>2</sup> There are many approaches in the social sciences to social norms and related theories and this discussion should not be seen as exhaustive.

to *VAW* to ‘*action in response to VAW*’, with the goal being to increase the ‘number of women and men advocating or acting against VAW’ (PCI, 2010a).

The strategic direction of the program also shifted as a product of changes in funding in 2010, with a 33% budget cut for onward funding being introduced by USAID as a product of strategic shifts in HIV prevention funding. The initial budget of \$4.5-million a year was reduced to \$3.1-million for subsequent years<sup>3</sup>. This change, in conjunction with the baseline study findings, brought about the following key changes:

- ❑ A shift in communication orientation from mass media communication to small media, interactive communication formats in conjunction with promotional activities that amplified ‘single acts of defiance’;<sup>4</sup>
- ❑ Reduction of the geographic scope of the program to selected districts in each province<sup>5</sup> and the development of a community-based approach based on the Popular Opinion Leader model to train community members to engage with other community members to interact with neighbors and friends to change behaviors and social norms (See Valente, 2010; Watts & Dodds, 2007);
- ❑ Revision of the evaluation approach – given that the envisaged province-wide panel survey, which involved repeat survey waves with the same group of respondents, would not be useful for measuring change within smaller geographic areas. The revised approach included a focus on two case-study communities – Wentworth in KwaZulu-Natal and Khayelitsha in the Western Cape – where program interventions could be evaluated within community settings. This orientation also reinforced the importance of developing and adhering to emerging research findings (ie. emphasizing the utility of Strategic Information). Vulnerability to HIV was also taken into account, given that both communities fell within high prevalence areas. HIV prevalence was high throughout KwaZulu-Natal, while Khayelitsha was among the highest HIV prevalence areas in the Western Cape (Department of Health, 2011).

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<sup>3</sup> Following a report by the Office of Inspector General, USAID in 2011, which recommended that the budget cut be reconsidered, funding was increased for the final year of the program to \$4-million. See Office of Inspector General/USAID, 2011.

<sup>4</sup> This concept was later modified to ‘amplifying positive actions to address VAW’.

<sup>5</sup> In KwaZulu-Natal, the eThekweni district was selected. While Western Cape continued at a province-wide level in 2010, this was changed to focus only on Khayelitsha in 2011. Criteria were to focus on high risk areas for HIV and VAW as well as proximity to Network offices for ease of implementation. This shift to a community intensive approach required a much higher level of Network involvement than envisaged by initial proposal.

## 2. KEY ACTIVITIES OF THE PREVENTION IN ACTION (PIA) PROGRAM 2010-2012

While the above description of the program provides insight into activities conducted during 2009, the main focus of this report is on the 2010-2012 period during which the PIA program was developed and implemented. This latter period was directly focused on developing activities that promoted taking action in response to VAW in communities in KwaZulu-Natal and the Western Cape through experimentation, research and development, and informing model development.

### 2.1 Program management and activities

The partnership between PCI and the KwaZulu-Natal and Western Cape Networks on VAW was defined through annual sub-agreements. Activities conducted by PCI included overall program and financial management, provision of technical capacity support and training to the management of the two networks, and centralized research, monitoring, reporting and evaluation. PCI also managed the development, production and dissemination of various communications materials and resources. While both networks had been operating over many years, both had received limited funding during the period leading up to the partnership with PCI. Consequently, an additional aspect of the partnership was the provision of assistance by PCI in the spheres of governance, finance, HR, organizational management and resource mobilization.

The activities of the two networks were to conduct the social mobilization program through formal links with sector partners. During 2010, Memorandums of Understanding (MOUs) were signed with five sector partner organizations in KwaZulu-Natal and 12 organizations in

the Western Cape. Organizations included government departments, police services, non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs).



*Activities conducted during 2010 included Action Media Workshops, CE training and recruitment and training of CIs.*



During 2011, the Kwazulu-Natal Network added three partner organizations, while the Western Cape Network reduced the scope of intervention to Khayelitsha only, reducing the number of sector partners from 12 to four. MOUs included allocation of funds for stipends to be paid to Community Engagers (CEs), airtime costs for cellphones, and costs related to training of community participants.

The reasons for the increase of partner organizations in KwaZulu-Natal was related to intensification of activities in the focal eThekweni District. Conversely, in the Western Cape, it was found that the province-wide approach did not achieve reach targets, and it was clear that a more intensive focus in a single area with a large population would allow the program model to be developed with an improved management focus. This *adaptive* approach was a characteristic of the approach to the program over the period.

A partnership was also entered into between PCI and LifeLine which runs the national tollfree Stop Gender Violence helpline to allow for extended hours of service. The helpline provides support in all South African languages, and provides callers with information and referral as well as telephone-based counselling. The extension of hours of operation allowed the Helpline to serve as a referral point for telephone counselling for women who experienced VAW.<sup>6</sup>

Sector partnerships were largely oriented towards each organization providing and/or recruiting a number of Community Engagers (CEs) who were to be trained and supported to guide and oversee community level activities to prevent VAW. In some organizations, CEs were comprised of existing staff members, whereas in other organization's, CEs were volunteers.

CEs were tasked with recruiting participants in their respective communities who had the potential to lead responses to VAW. This group of participants were called Community Influencers (CIs) and were trained by the CE's in small group sessions of 90 minutes each.<sup>7</sup>

After the second session, CIs were given a toolkit and tasked with forming Prevention in Action Groups (PAGs), comprising a group of 5-10 friends and associates who could also assist with prevention activities. Through this cascade model, it was envisaged that each CE could reach up to 100 CIs, who would in turn recruit 5-10 friends into the movement.

CEs were trained by PCI and network partners, and then went on to train CIs. CEs who were volunteers received modest stipends<sup>8</sup> for completing this training. The training curriculum was developed as program activities unfolded, following modular sessions delivered to CEs during multi-day workshops by PCI and the two Networks. An initial 3-day training session set out to increase knowledge on violence against women issues including the relation to HIV prevention; ensure CEs have the skills to identify, recruit; and, train quality CIs. Sessions included developing knowledge and awareness of various aspects of VAW and fostering action in response to VAW.

Core aspects of the program that were promoted among CEs and CIs included:

- ☐ Committing to the values of the manifesto of the PIA movement;
- ☐ Increasing personal knowledge of VAW and ways to prevent VAW;
- ☐ Maintaining sound working relationships with sector partners and service providers;

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<sup>6</sup> Financial support was discontinued at the end of 2011 due to the fact that the helpline received other funding to provide a 24-hour service.

<sup>7</sup> Snacks and an airtime allowance of around US\$1 were provided to CIs at training sessions.

<sup>8</sup> These stipends amounted to around \$25 for conducting each training session with CIs.

- ❑ Being active contributors towards taking action to prevent VAW in their communities
- ❑ Taking part in training activities and supporting and mentoring other PIA members;
- ❑ Committing to long-term involvement in PIA activities.

## 2.2 Research, monitoring and evaluation activities

Throughout the life of the program, there was a strong commitment to research, monitoring and evaluation and the strategic, real-time use of information for decision making and learning towards improved performance. Apart from the baseline study, other research included:

- ❑ An evaluation of the ‘changing faces’ billboard activities during 2010;
- ❑ A series of Action Media workshops during 2010 to inform development of a logo, slogan and concepts for communication and community mobilization;
- ❑ Mapping of the Wentworth and Khayelitsha communities to inform the scope and boundaries of implementation areas and to provide data on local community infrastructure, resources and ‘hotspots’ where VAW was known to occur;
- ❑ A series of Action Meetings in four communities in KwaZulu-Natal and one in Khayelitsha during 2011, to determine emerging actions following initial training;
- ❑ A series of focus group discussions with CEs, CIs, PAG members and community stakeholders over the 2010 to 2012 period that explored participant perceptions of various aspects of the program; and
- ❑ Two focus group discussions with counselors at the national Stop Gender Violence Helpline in 2011.

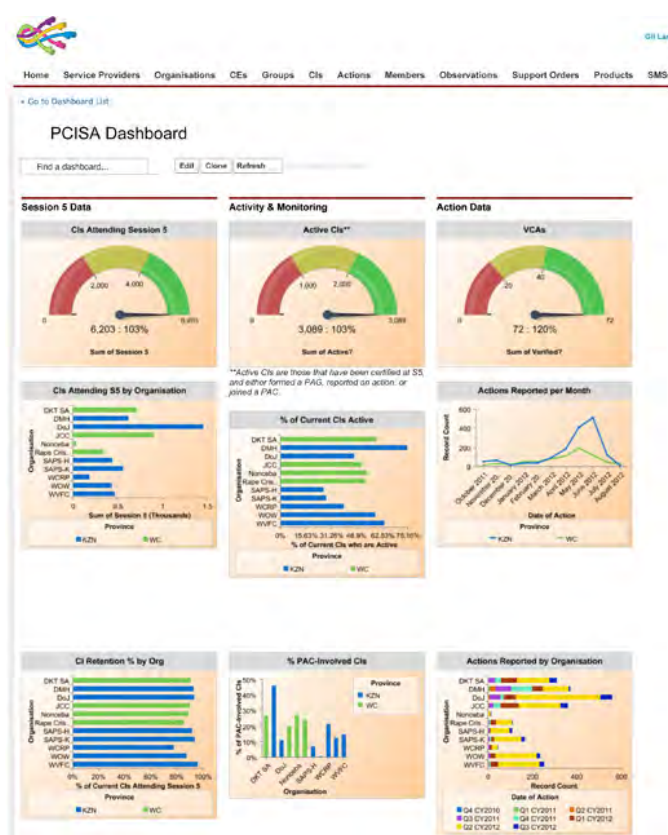


Figure 3. Sample ‘dashboard’ summary in Salesforce

A monitoring system was established using *SalesForce* – an internet ‘cloud’-based software platform that can be accessed by multiple users through an internet-enabled computer and that allows for centralized and timeous tracking of program activities.

*SalesForce* was utilized to track the number of CEs and CIs trained by the program per network, including contact details and activities undertaken. Order forms and other logistics management activities were also incorporated into the monitoring system. Emerging actions to address VAW were also tracked through narrative reports. Outcome goals were established for key activities and ‘dashboard’ summaries allowed for visual representation of progress (Figure 3). Such representation



was acknowledged to be useful for sharing information among the implementation team, as well as with partners, the UGM, donors and other stakeholders. The results focus also contributed impetus to achieving output goals. Monitoring of program activities was bolstered by conducting periodic Routine Data Quality Assessments (RDQAs), to verify the quality and accuracy of data reported.

Key outcome indicators included the number of CIs recruited and trained, and the number of CIs who were considered to be ‘active’ by virtue of having established a PAG or having reported an action. This definition was expanded in mid-2012 to include CIs who had joined PIA Committees.

### 2.3 Communication activities

The communication focus of the program shifted from a mass media amplification orientation in 2009 to the development of toolkits and support materials that were more directly relevant to supporting community mobilization.

The revised communication strategy and emerging communication materials and mobilization approaches were directly informed by a series of Action Media workshops conducted in both provinces during 2010. Action Media is an established methodology that employs a series of participatory workshops with a group of up to 20 community participants to develop communication concepts and related strategies to address community-level health challenges (Parker, 2009).

The workshops, which were conducted in Durban and Cape Town, addressed understanding and perceptions of VAW in the respective communities and explored reasons why VAW remained prevalent. Ideas for individual and community-based approaches and actions to address and prevent VAW were explored and concepts for supportive communication including symbols and slogans were also developed.

A range of draft symbols and slogans emerged through the workshops and these were further reviewed by stakeholders and pre-tested with participants in other communities. This led to the finalization of the *Prevention in Action* slogan, supported by the phrase ‘Working together to prevent violence against women’ and a logo comprising multicoloured hands and intertwined arms.



*Communication activities included a PIA toolkit to support training of CEs and CIs, a Facebook page, and promotion of action through public relations advocacy in news media.*

In mid-2010, a toolkit was produced to support taking action to prevent VAW through the cadre of CEs and CIs. The toolkit included a booklet and manifesto on taking action to prevent VAW as well as a branded T-Shirt, a branded bag, a branded cellphone holder, stickers and badges including the logo, and an A4 poster promoting the Stop Gender Violence Helpline.

PIA participants were encouraged to take action to prevent VAW through developing their own strategies.

During this period a *Facebook* page was launched to encourage sharing of information between CEs, partner organizations, CIs and others who had computer access. Public relations activities were also undertaken to increase community understanding of the initiative including promoting ‘action heroes’ – typically through local newspapers.

During the first six months of activities in 2010, it was unclear as to the extent or nature of actions being conducted. Consequently, in early 2011 a series of ‘Action Meetings’ were undertaken in four areas of KwaZulu-Natal and in Khayelitsha in the Western Cape with groups of CEs, CIs and PAG members. Participants were asked to reflect on the concept of action for prevention and to share ‘actions’ that they had undertaken. A number of these actions were then documented through video recording.

The emerging ‘action’ recordings were edited into short 60-90 second clips and formed the basis of a first-round ‘Action booklet’ that included further information on taking action as well as a DVD of the recorded action concepts. Action concepts were also translated into photo-comic that was included in the booklet.

A process of action tracking was introduced whereby PIA participants could send a ‘please call me’ SMS at no cost to a contact number managed by each of the two Networks. These requests prompted a return call from Network staff who documented the actions via short narrative summaries entered into the *SalesForce* monitoring system. Submitted narratives were also appraised for potential to be amplified through further video recordings and promotion in the news media.

A number of story-sharing days were held that encouraged community members to share and record their actions. Recordings were posted to the PIA *Facebook* page and to a *YouTube* channel. Recordings



Communication resources related to the recording and sharing of action stories.



were also reproduced in an expanded version of the ‘Action booklet’. *SalesForce* was also used to archive news reports on actions and other communication materials.

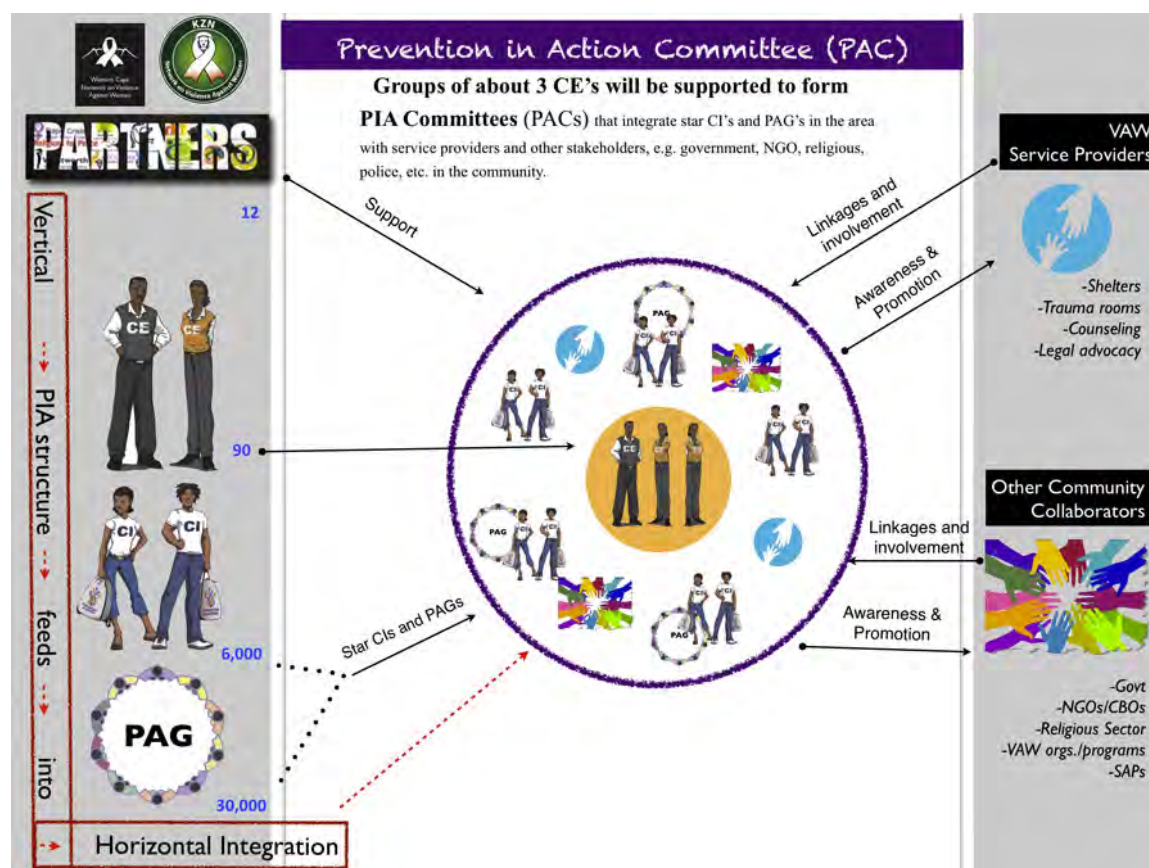


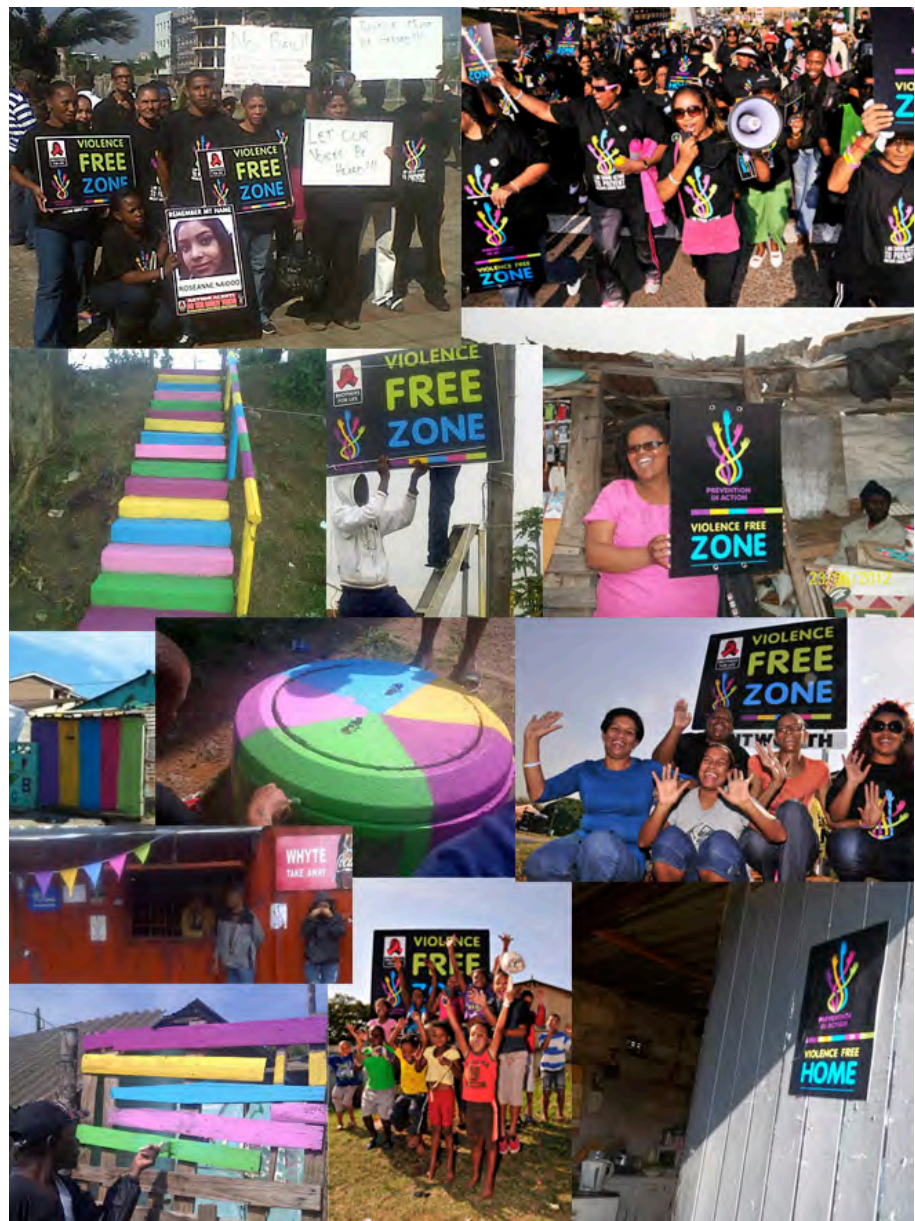
Figure 4. PIA Committee structure

As the number of ‘actions’ increased, research meetings with PIA participants explored progress in relation to community mobilization. Participants noted that although the CE, CI and PAG structure usefully fostered action in response to VAW, they were concerned that the structure was somewhat vertical in that CEs, CIs and PAG members functioned under the auspices of individual sector partner organizations rather than a community-wide association linkages between participants. It was felt that that community mobilization could more readily be fostered if CEs, CIs and PAGs were able to communicate across the partner structures, with a view to unifying the community response. This led to further research meetings to explore the possibility of establishing community-level structures that would integrate a range of community actors and allow for planning and action to be undertaken at community level. During this period, the concept of geographically defined violence-free zones was also explored.

As a product of these discussions, the concept of ‘PIA Committees’ was developed (Figure 4). The PIA Committees were established by groups of CEs in community sub-areas through involving partner organizations and local stakeholders, CIs, PAGs, service providers and other community organizations in committee structures.

PACs led a number of 'visible' community actions including protest marches and other events with activities extending into the development of Violence Free Zones.

These zones involved PIA Committees defining a geographically bounded area in their community where violence was frequent and set into motion further planning meetings related to the zones. Communication materials were developed to support the zones including logo stencils and spray paint; paint kits in the PIA logo colors for demarcating walls and other areas; various sized logo stickers for car and taxi bumpers, windows and doors; branded fridge magnets; bunting in the colors of the PIA logo; signage to demarcate the zone boundaries; jackets for PIA members; multi-colored bracelets for PIA and community members; whistles for PIA members, and posters with a manifesto committing to taking action to address VAW.



*Violence Free Zones in Khayelitsha and Wentworth.*

Following boundary identification, signage was erected at main entrance and exit points to demarcate the Violence Free Zones. This was followed by recruiting community members to join in for a community clean-up where refuse was collected and removed from public spaces. A door-to-door campaign was conducted to introduce the PIA movement to households in the zone using a 'script' of key points developed by the PIA Committee. Households who wished to commit to the program signed the manifesto poster and could choose to place PIA stickers on doors, walls or windows of their home as well as obtaining other branded items. High visibility areas were also adorned with bunting and painted in the logo colors.

Violence Free Zones are managed by the PIA Committees on an ongoing basis and are envisaged as sustainable community structures. PIA Committee activities include monitoring of violence in the area



and responding through the CE, CI and PAG structures, as well as drawing in partners where necessary. In situations where severe violence or environmental problems need to be addressed – for example alcohol abuse, drug abuse or criminal violence – links are established with community policing forums. By September 2012, 37 Violence Free Zones had been established – 28 in various areas in KwaZulu-Natal including Wentworth, and 9 in Khayelitsha.

## 2.4 Training curricula

The training curriculum was developed as program activities unfolded. These were conducted in modular sessions delivered to CEs during multi-day workshops by PCI and the two Networks. CEs were also trained to deliver 90-minute sessions to CIs based on the themes as follows:

Training of CIs by CEs involved 10-20 participants and were around 90 minutes in duration. Themes included:

- ❑ *Session 1:* Orientation to the PIA movement and VAW (A focus on enabling the CIs to begin discussion of VAW with people in their sphere of influence);
- ❑ *Session 2:* Taking group action to prevent VAW (Distribution of the CI toolkit with a focus on establishing PAGs in their communities);
- ❑ *Session 3:* Taking group action to prevent VAW (Distribution of the Action Story Booklet / DVD with a focus on acting to stop VAW and reporting actions);
- ❑ *Session 4:* Empowering the CI to form PAGs (Distribution of the PIA Manifesto poster with a focus on encouraging the CIs to be active in the movement);
- ❑ *Session 5:* Sustaining the PIA Movement (A final session encouraging the CIs to join their local Prevention in Action Committees and support their Violence Free Zones).

## 2.5 Gender Challenge Fund

During 2012, an additional tranche of funds (\$300,000) was received by the KwaZulu-Natal Network on VAW as part of PEPFAR's Gender Challenge Fund initiative. Emerging activities were conducted in partnership with Johns Hopkins Health and Education South Africa (JHHESA) to allow for linking of the activities of the national-level men's program – Brothers for Life (BFL). BFL is a national campaign focused on adult men to address HIV prevention and gender-based violence with an emphasis on the



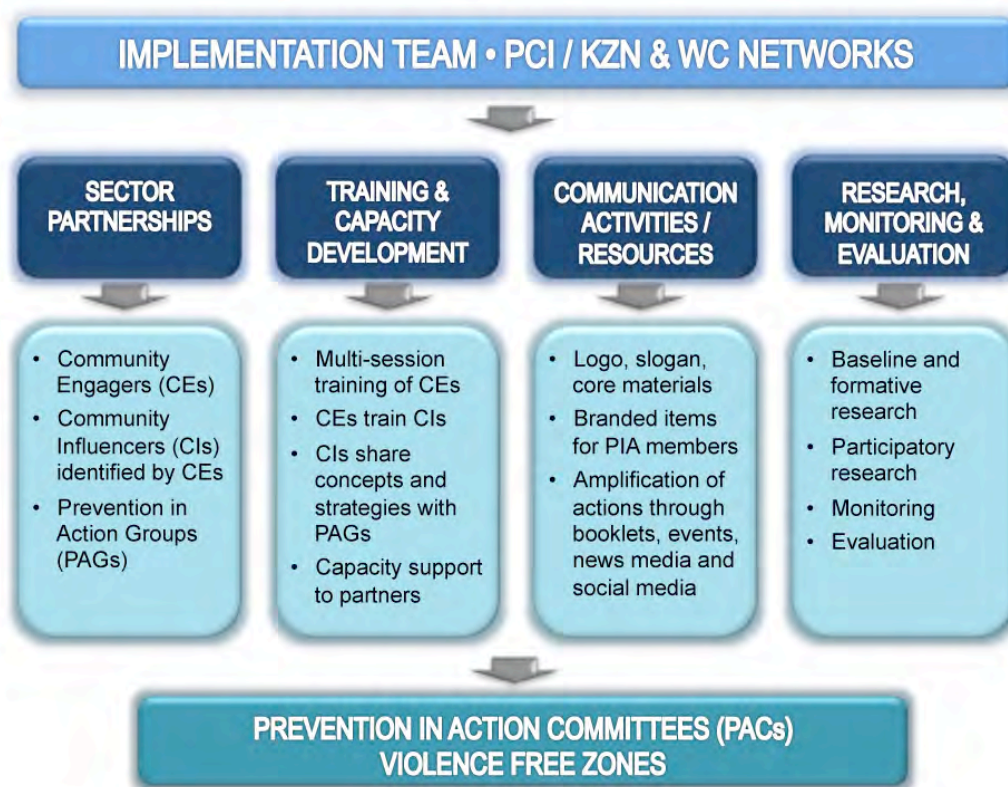
*Branded taxis that formed part of the Gender Challenge Fund initiative in Wentworth.*

concept of responsibility and brotherhood. JHHESA is one of a number of partners leading the program.

In Wentworth, a ‘Taxi-Talk’ campaign, involved 70 co-branded PIA and BFL taxis with the slogan ‘Action Alert: Do the right thing’. A series of ten audio skits and songs promoting taking action to prevent GBV were played to commuters as they travelled on the taxis from June 2012 onwards. Other activities through the Fund included providing support to the launch of Violence Free Zones in Wentworth and other areas of the eThekweni district. An inter-sectorial training workshop on VAW was also conducted jointly with the Department of Justice (DOJ). As a product of the specifics of the funding, these activities were not carried out in Khayelitsha.

## 2.6 Program intervention model achievements against indicators

As discussed above, the research-oriented experimental approach to developing the PIA program included iterative adaptation processes leading to a final implementation model. This model is depicted in Figure 5.



**Figure 5: Prevention in Action Intervention Model**

During the life of the program, a range of outputs and indicators were identified for purposes of reporting to the program funder, PEPFAR/USAID. Key outputs included capacity building support to the two networks that led to action plans in the spheres of sustainability, human resources management, governance, monitoring and evaluation, program management and resource mobilization (through technical assistance provided by the FHI360 UGM and PCI).<sup>9</sup>

<sup>9</sup> Both Networks underwent USAID Guideline Audits for 2009 /10/11/12 that were passed successfully.

Areas of operation for KwaZulu-Natal reporting were selected communities in the eThekweni district, while in the Western Cape, activities were restricted to selected sub-areas of Khayelitsha.<sup>10</sup> Partner organizations and the number of CEs per organization are listed in Table 1. Partners included service providers from diverse sectors:

- ❑ GBV support providers: Wentworth Victim Friendly Centre (WVFC); Wentworth Organization of Women; Rape Crisis; Nonceba; Mosaic/Simelela;
- ❑ AIDS service providers: Wentworth AIDS Action Group (WAAG), DKT South Africa (DKTSA);
- ❑ Religious groups: Joy Christian Church (JCC), World Conference for Religion and Peace (WCRP);
- ❑ Social services organizations: Durban Mental Health (DMH); National Institute for Crime Prevention and the Reintegration of Offenders (NICRO)
- ❑ Government departments: Department of Justice (DoJ)
- ❑ Government services: South African Police Services (SAPS)

**Table 1: Partner organizations and total certified CEs 2010-2012**

	Male	Female	Western Cape Khayelitsha	KwaZulu-Natal Wentworth	KwaZulu-Natal eThekweni
<b>Organization</b>					
Brothers for Life Wentworth (BFL)*	13	0	0	13	0
Department of Justice (DoJ)*	28	26	0	0	54
Durban Mental Health (DMH)*	2	24	0	0	26
DKT South Africa (DKTSA)*	3	7	10	0	0
Free Gender	0	2	2	0	0
Joy Christian Church (JCC)*	7	18	25	0	0
Mosaic / Simelela	0	4	4	0	0
National Institute for Crime Prevention and the Reintegration of Offenders (NICRO)	3	8	11	0	0
Nonceba	1	7	8	0	0
Rape Crisis Khayelitsha*	0	5	5	0	0
South African Police Services Hillcrest (SAPSH)*	9	8	0	0	17
South African Police Services KwaMakhutha (SAPSK)*	0	6	0	0	6
Wentworth AIDS Action Group (WAAG)	0	2	0	2	0
Wentworth Organization of Women (WOW)*	0	4	0	4	0
Wentworth Victim Friendly Centre (WVFC)*	0	6	0	6	0
World Conference for Religion and Peace (WCRP)*	3	3	0	0	6
<b>TOTALS</b>	<b>69</b>	<b>130</b>	<b>65</b>	<b>25</b>	<b>109</b>

\* Active partner in 2012

<sup>10</sup> Note that in the descriptions below, implementation data are described by province, although apply to the respective sub-areas of KwaZulu-Natal and Western Cape.



A total of 199 CEs attached to 16 sector partners<sup>11</sup> were trained over the 2010 to 2012 period – around a third of whom were male. The brief of the CEs was to recruit CIs and facilitate training sessions with groups of up to 20. CIs were provided with toolkits and were expected to engage in community level responses to address VAW as well as establishing PAGs.

During the 2010-2011 period, CEs recruited and facilitated training sessions 1 and 2 with 12,783 CIs, of whom 2,889 (23%) were male. Around three quarters of the CIs (8,507) were reached in KwaZulu-Natal, and the remainder in the Western Cape (4,276). These CIs each received the program toolkit and were "certified" to recruit Prevention In Action Groups (PAGs) to act to stop VAW in their communities.

In the following 12 month period through to 30 September 2012, CEs facilitated training sessions 3, 4, and 5 with 6,203 of the CIs certified during 2010-2011. Around 23% (1,426) were men and 26% are between the ages of 15-24 while 74% were over 25 years old. Over two thirds of the total CIs reached with all 5 session are in KwaZulu-Natal (4,193), the rest in Western Cape (2,010).

With a view to measuring progress against action goals, CIs were deemed to be 'active' if they had either reported establishing a PAG, had reported an action, or joined a PAC. Of the CIs who attended all 5 sessions, 2,032 were active in KwaZulu-Natal (exceeding the target of 2,000), and in Western Cape, 1,085 were active (exceeding the target of 1,000). A total of 1,885 PAGs were reported formed; 1,315 in KwaZulu-Natal and 570 in the Western Cape. During the 2011-2012 period, the establishment of PIA Committees (see Figure 5 above) was also initiated. In Kwazulu-Natal, 45 PIA Committees were established by 34 CEs, and included 705 CIs and 520 stakeholder members. In the Western Cape, 9 PIA Committees were established by 9 CEs, and included 472 CIs and 169 stakeholder members.

By the end of the implementation period in September 2012, a total of 37 Violence Free Zones had been established – 28 KwaZulu-Natal and 9 in the Western Cape.

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<sup>11</sup> There was a subset of additional sector partners, mostly in the Western Cape, that initiated training of CEs. Their involvement was discontinued during the early phases of the program and numbers are therefore excluded from the table.

### 3. STUDY TO DETERMINE A MODEL FOR SOCIAL MOBILIZATION TO PREVENT VAW

Throughout the life cycle of the PIA program, lessons learned have been identified and integrated through an ongoing process of operational research that was informed by a Monitoring, Evaluation and Reporting Plan. This plan was regularly revised to address changes in program strategy as the PIA program evolved. Monitoring and evaluation research over the period included:

- ❑ Analysis workshops with VAW organization representatives and stakeholders in KwaZulu-Natal and Western Cape, to understand challenges and identify gaps in the response to VAW;
- ❑ Qualitative research with community members in KwaZulu-Natal and Western Cape to identify ‘social norms’ perceived to be perpetuating VAW in both provinces;
- ❑ Pre-testing and post-testing of communication components during the early phase of the program;
- ❑ A province-level survey to understand perceptions of VAW and the extent of indirect and direct experiences of violence and VAW;
- ❑ A series of Action Media workshops to guide understanding of potentials for community mobilization and develop communication materials;
- ❑ A series of ‘Action Meetings’ to explore emerging actions to prevent VAW among PIA members;
- ❑ A series of Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) conducted with partners, stakeholders and PIA members;
- ❑ FGDs conducted with staff of the Stop Gender Violence Helpline;
- ❑ Ongoing monitoring through *SalesForce*;
- ❑ Data collection at the end of the program period that contributed to taking stock of lessons learned.

While operational research and process evaluation activities were ongoing from program inception in 2009, the findings of the baseline survey in conjunction with a budget cut that occurred in 2009, led to the reshaping of the program. To address the development of a replicable model for social mobilization to address VAW, this study mainly considers the 2010 to 2012 period. It was during this period that the community-based adaptive ‘field experiment’ approach was applied in sub-areas of KwaZulu-Natal and Western Cape, with Wentworth in KwaZulu-Natal and Khayelitsha in the Western Cape serving as case study communities.

#### 3.1 Key questions for the study

The implementation of the PIA program fostered deeper understanding of the dynamics of VAW prevention among program partners, participants<sup>12</sup>, and community members, leading to substantive action to address VAW at community level. This, in turn, informed the development of a model for community mobilization that has potential for replication in other settings. Key questions explored to identify the components of a replicable model for intervention include:

- ❑ How and why did the program evolve and what were the key milestones leading to the final program design?

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<sup>12</sup> Community Engagers, Community Influencers and PAG members.

- ❑ How did participants conceptualize and lead an organized response to prevent VAW in the two target communities?
- ❑ What were the patterns of response in the two target communities and how were these perceived at community level?
- ❑ What are the key elements of a model for social mobilization to prevent VAW?

## 3.2 Methods

A multi-method approach was followed that included reviewing documents and data from the 2010-2012 period. The following data sources were considered:

- ❑ Program documents, including the original proposal, 2009 baseline survey, work plans, quarterly reports, monitoring data, and operational research reports;
- ❑ A series of in depth interviews (IDIs) conducted between August and October 2012 including IDIs with 1) PCI Vice President Strategic Information for Impact; 2) Director and managers of PCI/SA; 3) Directors, managers and implementing staff of the two province-based networks on VAW; and, 4) PIA program partners in each province.
- ❑ Focus group discussions (FGDs) conducted between August and October 2012 with groups of 6-10 CEs, CIs and PAG members respectively in Khayelitsha and Wentworth.
- ❑ FGDs with two groups of 6-10 community members exposed to the PIA program respectively in Khayelitsha and Wentworth;
- ❑ A community survey with 590 participants in Khayelitsha and Wentworth.
- ❑ ‘Action’ narratives documented in *SalesForce* over an 18-month period (January 2011 to June 2012).

### 3.2.1 IDI and FGD methods

IDIs and FGDs were convened at venues where a private discussion could take place. Each interview or discussion took between one and two hours. Participants were briefed on the purposes of the study and on ethical aspects of participation and were required to sign consent forms. Participants who were resident in study communities were provided with a token cash payment towards transportation and in recognition of time taken.<sup>13</sup> All discussions were conducted in the language of preference of participants. FGDs included a facilitator and note-taker, while IDIs were conducted by a single interviewer. All discussions were digitally recorded, translated into English where necessary, and transcribed verbatim into text files.

Question guides for all participants addressed perspectives on: 1) The history of the program; 2) VAW prevention and change over the implementation period; 3) Communication activities and resources; 4) Leadership and partnerships; 5) Management and logistics; 6) Successes, challenges and gaps; and, 7) Sustainability. Additionally, PIA members were asked about motivation for their involvement, personal changes, sense of ownership and involvement in taking action. Community members were asked to reflect on their understanding of the program and on changes occurring at community level.

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<sup>13</sup> This amount was the equivalent of less than US\$9.

### 3.2.2 Survey methods

A two-stage cluster sample design was used for the community survey. Boundaries of the PIA program intervention areas were demarcated onto Google satellite maps. Within each community, 300 households were selected using a random procedure to select every n'th household. Male or female household residents 18 years and older were selected alternately in each household and a random method<sup>14</sup> was used to determine participation if there were more than one person of the selected sex. Selection was also determined by age allocations with a view to obtaining approximately equal distribution between participants aged 18-30 and over the age of 30. Households were substituted if no person was at home. Following selection, participants were briefed on the purposes of the study and on ethical aspects of participation and were required to sign consent forms. There was only one refusal among all selected participants. Questionnaires were available for administration in English, Afrikaans and Xhosa.

**Table 2: Demographic characteristics of survey participants**

	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Went.</b>	<b>Khay.</b>
<b>n</b>	590	286	304	295	295
<b>Place</b>					
Khayelitsha	50%	49%	51%		
Wentworth	50%	47%	53%		
<b>Age</b>					
18-30	43%	44%	41%	42%	43%
31-50	35%	38%	33%	32%	39%
51+	22%	17%	26%	27%	17%
<b>Language</b>					
English	49%	49%	48%	96%	1%
Afrikaans	6%	12%	1%	1%	12%
Xhosa	41%	35%	46%	0%	81%
Other languages	4%	4%	5%	3%	5%
<b>Education</b>					
Completed primary schooling or less	17%	19%	15%	11%	22%
Some high school	45%	42%	47%	55%	35%
Completed matric	31%	29%	32%	29%	32%
Post-school qualification	8%	10%	6%	5%	11%
<b>Employment</b>					
Unemployed	67%	62%	73%	67%	67%
Student	7%	8%	5%	5%	8%
Employed	26%	30%	22%	27%	25%
<b>Marital Status</b>					
Married/Cohabiting	35%	34%	36%	36%	34%
Unmarried	52%	60%	45%	49%	55%
Divorced, widowed, other	13%	7%	19%	15%	12%

<sup>14</sup> Throw of a dice.

Table 2 outlines the demographic characteristics of the survey sample. A total sample of 590 participants was achieved, equally distributed between Wentworth and Khayelitsha, with participation by sex being roughly equal. More than half the participants (47%) were over the age of 30. The majority of participants in Wentworth spoke English (96%), while Xhosa was spoken by the majority in Khayelitsha (81%). Around two fifths of participants had completed high school, and this was higher in Khayelitsha than in Wentworth (43% vs 34%). Around a third of participants were married (35%).

### 3.3 Data collation and analysis

Transcripts for all qualitative data were imported into a qualitative analysis program (*HyperResearch*) and coded thematically, with themes being analyzed separately. All quantitative data was double-entered into Microsoft Excel spreadsheets and then imported into SPSS for analysis. Action narratives were exported from *SalesForce* into *Microsoft Excel* and a random sample of 20 per cent of narratives was drawn. These were then imported to *HyperResearch* and coded thematically.

### 3.4 Ethical considerations

Field research for this study was guided by professional standards of evaluation as established globally and in Africa,<sup>15</sup> including developing an understanding of the needs of participants in relation to the study, protection of the study participants from harm, cultural competence of the study teams, dissemination of study findings to relevant stakeholders, and transparency in interpretation of findings. Written informed consent was required from all participants in qualitative and quantitative study components. The study protocol was reviewed by the Research Ethics Committee of the Human Science Research (HSRC) and approved in August 2012.

### 3.5 Strengths and limitations of the study

This study considers a wide range of data drawn from the life cycle of the program and the multi-method research approach allows for data triangulation. The emphasis of the study was to distil a range of pertinent findings from the research and development process followed by the program that are specific to a model for the prevention of VAW that has potential for replication in other communities. Given this focus, it was not possible to conduct a cost analysis of the activities undertaken as expenditure on research and development activities are different to costs of replication of the approach.

The orientation towards developing a model focuses primarily on successful elements of intervention, and does not dwell on activities that were not adopted or sustained as a product of being unfeasible or not directly relevant.

While the data considered towards the model includes interviews with a range of partners and narratives of action that emerged in five areas of KwaZulu-Natal, the main emphasis is on two case study communities – Wentworth and Khayelitsha. The approach includes study of ‘real life’ activities and events in context using multiple methods. Case studies allow for an understanding the ‘how and why’ of social phenomena and provides an holistic view of events (Noor, 2008). Such studies allow for testing of hypotheses and are oriented towards developing program logic models and theoretical frameworks (Yin, 1994). Apart from these benefits, case studies also have limitations – notably the

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15 United Nations Evaluation Group, 2008; Independent Evaluation Group, 2007.

focus on only a few contexts may limit the extent of potential outcomes and also limit the potential that findings are widely generalizable.

While this study is based on the experiences of the PIA program relevant for developing a model for social mobilization to prevent VAW, it is important to emphasize that the end point of data collection considered the introduction of Violence Free Zones. It was therefore not possible to explore the extent to which these formations were effective on a longer-term basis, nor whether or not they were sustainable.

Finally, the lead researcher of this study contributed to strategy development process of the program and conducted and oversaw ongoing operational and evaluative research over the 2009-2012 periods. A multi-disciplinary team including the lead researcher, worked together to gather data for the final phase of the study in late 2012. Given the integration of the lead researcher in informing and conducting ongoing research that guided experimentation and adaptation, the present study may be considered to be an ‘internal’ understanding of the program lessons and achievements. This approach can be contrasted with ‘external’ studies and evaluations where teams have little prior knowledge of or involvement in the program. A strength of the ‘internal’ research approach is that it is based on a deep understanding of the history and dynamics of the program while also directly influencing ongoing programmatic and strategic approaches of implementing partners. A limitation of the approach is that it is not intended as a critical appraisal of all elements of the program, and, in this instance is specifically focused on elements of the program deemed relevant towards a replicable model for VAW prevention at community level.<sup>16</sup>

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<sup>16</sup> An external evaluation of the program was commissioned by FHI360 UGM in October 2012.

## 4. FINDINGS

### 4.1 Perspectives of PIA and community members

Participants in the final round of FGDs had been involved in the program for a period of six months or more, with some having been involved since 2010, when the program approach was initiated. Two FGDs were also conducted with community members in Khayelitsha and Wentworth respectively. Community members who knew of PIA were recruited from areas where the PIA program had been active. Experiences of involvement in the PIA program were explored including perspectives on:

- ❑ Motivation for involvement in the program;
- ❑ Changes over the period of the program;
- ❑ Effectiveness of the program approach;
- ❑ Communicating prevention of VAW including through emerging Violence Free Zones; and
- ❑ Perspectives on sustainability.

Data was also drawn from reports on previous FGD with PIA members over the period of the program.<sup>17</sup>

#### 4.1.1 What were the motivations for becoming involved in PIA?

An overarching finding was that participation in the PIA program was empowering as a product of allowing processes of self-reflection, support and healing, as well as improving self-esteem and self-confidence as the social relevance of participation in the program expanded.

Interest in participating in the PIA program was often motivated by having previously experienced violence and wanting to become involved in processes that avoided the perpetuation of violence and *‘assisting others who are in the same situation’*.

As a CE in Khayelitsha reflected, PIA had saved her from domestic violence and made it possible for her to speak out: *“I am at peace now and I am grateful to this campaign”* (FGD, CEs, Khayelitsha). Engagement with the program also included shifts in psychological wellbeing: *“I’ve come from a very abusive relationship... For my personal self it was very, very good. It made me feel good”* (FGD, CEs, Wentworth). Another participant shared that she had grown closer to others, whereas previously she kept to herself while others indicated that they appreciated their newfound capacity to make a difference in the lives of others and being appreciated as a person who could provide help.

Participants were motivated by feelings of solidarity that flowed from membership and being part of movement responding to VAW. This also included influencing participants to have a more positive outlook on life: *“By wearing that badge and becoming a member and showing everyone, you know, I’m a member of this movement, can make me feel more positive about my situation than I was feeling previously”* (FGD, CEs, Wentworth).<sup>18</sup> This included recognition that the movement was growing and that participants were *‘fighting for one mission’* and not working alone. Respect from younger people was also tangible: *“After this Prevention in Action, children got respect for you. Before [PIA] the*

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<sup>17</sup> The majority of quotations are from data collection conducted from August to October 2012. Where data is derived from operational research during the course of program, this is indicated with a footnote.

<sup>18</sup> Discussion conducted in April 2011



*children wouldn't greet you. Now it's like: good morning aunty Roslyn, good morning aunty Candy, how are you ladies?"* (FGD, CIs, Wentworth).

A further motivating aspect was that changes that had occurred were tangible, and these changes motivated sustained involvement: *"What motivates me, is to see the change and the excitement within my community...to see the excitement, and how thirsty these people are for the knowledge...I know that just by doing what I'm doing, it's making a difference in someone's life"* (FGD, CEs, Wentworth). Another participant mentioned that her ongoing involvement in PIA as a person helping others led community members to refer to her as a 'social worker'.

Female PIA members acknowledged that the program provided new insights into domestic violence for couples, and that involving their partners in the program led to positive outcomes for violence in their own relationships: *"I was a victim of domestic abuse and things have changed since I joined the campaign and I have also encouraged my husband to join and go to these meeting with me. He is part of the campaign and things are much better between us"* (FGD, CEs, Khayelitsha).

The fact that the PIA program was able to focus on promoting partner dialogue to heal relationships and to foster care for one's family appealed to men. As a PAG member in Khayelitsha shared: *"The only reason I joined Prevention in Action is that does not say that women must oppress men. Instead it says both men and women must be one... and protect their children"*. This included recognizing the importance of the role of men within the family and being respectful, *"because the moment you insult a man and show him disrespect in his home then you have killed his manhood"* (FGD, Male PAG member, Khayelitsha).

For male participants, the PIA program provided an opportunity to reflect on one's own beliefs and behaviors, with membership leading to a shift in attitudes and values, and to *'become a better person'*. Involvement provided encouragement to engage with others on the wrongfulness of VAW:

*It has been a great eye-opener to us at first and we took it, we ran with it. It's been of great advantage to our life as well because we ourselves have started to break the norms that we grew up with... It gave us courage to go out and teach other people, that it is not good to beat a woman. There are other ways and means that you can address your problems... It's just been so effective in our lives* (FGD, Male CE, Khayelitsha).<sup>19</sup>

A male PAG member mentioned that through his involvement in PIA he was able to control his temper with his partner, *"and have a peaceful discussion to reach a solution without getting angry"* (FGD, PAG members, Khayelitsha). A male CE observed: *"We were also ashamed to discover that we were doing exactly what Prevention in Action is against and you had to reprimand yourself of that behavior before you can go out there to reprimand others"* (FGD, CEs, Khayelitsha).

In summary, findings regarding motivation for involvement in the PIA program include:

- ❑ The PIA program is appealing to women and men who have previous direct experiences of VAW;
- ❑ Participation in the PIA program improves psychological wellbeing following previous experiences of VAW, as well as improving self-esteem as a product of helping others;

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<sup>19</sup> Discussion conducted in April 2011

- ❑ Participation in the PIA program contributes to empowerment through self-reflection, support and healing as well as building self-esteem as a product of being part of socially relevant program activities;
- ❑ Participation in the PIA program positively impacts relationships of male and female participants including promoting healing, dialogue and family-focused values; and
- ❑ Men who participate in the program appreciate learning new values and are committed to adopting gender-sensitive relationship practices.

#### **4.1.2 Has the PIA program brought about tangible change over time?**

When PIA members, reflected on changes over time it was said that PIA had revived ‘ubuntu’ – a concept which blends notions of ‘humanity’ and ‘caring for others’. PIA was also noted to be providing a means to understand that action was possible:

*Prevention in Action has taught us that we have a responsibility to ourselves and to our communities to do something even before the damage is done. We now have means of intervening in situations such as domestic violence, now that there are more people who have joined the campaign [and people] are alerting each other when there is a need to take action (FGD, CEs, Khayelitsha).*

Community members directly related changes that had occurred to PIA activities, observing that perpetrators had curtailed their violent behavior – as was noted in Khayelitsha:

*I would say Prevention in Action is responsible for the change... You sometimes see that the man who was abusing his wife is shaken up by the action taken by these young men and women. It is unlikely then to see the perpetrator repeating his violent behavior (FGD, Community Members, Khayelitsha).*

Similar observations were made in Wentworth:

*I’ve seen it a lot, hitting and beating. Since this campaign has come in, it went to those families. They talked to the husband and now the husbands are not fighting because they are scared there are people who are watching ... and now they are beginning to open their eyes (FGD, Community members, Wentworth).*

It was recognized that PIA members were courageous in their interventions, and that changes that had taken place were tangible: “It is not easy to go to people’s houses to intervene when you hear that there is a fight taking place, but the people from Prevention in Action were able to do that... I would say there is visible change” (Community member, Khayelitsha). Disrupting secrecy surrounding perpetration of VAW was an important element of response, as such disruption discouraged repetition of violence:

*This revives the culprit’s conscience because the situation has now become a community affair, whereas before the campaign nobody knew what was going on behind each household’s closed doors. The campaign has given the community power to react to situations of violence (FGD, CEs, Khayelitsha).*

Changes were also brought about in relation to previous approaches to addressing VAW, such as the arrest of perpetrators. When this occurred, perpetrators were released on bail the following day, and it

was said that the cycle of VAW continued. Approaches adopted by PIA shifted accountability of perpetrators away from legal accountabilities enforced by the police through being arrested and charged towards social accountabilities that were maintained by the community:

*Normally, in cases where something happens in the community, the first people that would be called to the scene would be the police. But what we have gained from Prevention in Action is that now the community has been empowered, and the community has the knowledge to deal with such cases... The police are the last resort. And we also believe in talking about things because people will get arrested and the next day they're out doing the same thing... But by speaking with people and telling them they have done wrong... This is how they can change their behavior. That's how we've seen prevention being effective in our community as compared to just putting the person in prison and he's out the next day. So that has been a real special ingredient (FGD, Community members, Khayelitsha).*

PIA participants noted that having both men and women involved in the response to couple conflicts had the advantage of allowing for women to speak to the female partner, and men speaking to the male partner. It was also emphasized that PIA was not there to “*break families, but to build and strengthen the families*” (FGD, CIs, Khayelitsha).<sup>20</sup>

Engagement through discussion was seen as a valuable asset to the PIA approach, and it was highlighted that PIA brought communication to the forefront in addressing VAW. As a community member observed: “*Like you sit, you talk. And then this is how we solve things. So I think that's how Prevention in Action has brought change within the community*” (FGD, Community Members, Khayelitsha). Such responses were further cemented by neighborhood visits by PIA members, including door-to-door activities where households were encouraged to put up PIA stickers, which led to recognition that violence was not tolerated in the community:

*They've done door-to-door, teaching and preaching the word of Prevention in Action... also putting up the Prevention in Action stickers and people now know there's a sticker in that house, then you don't mess around, or you don't rob anyone in that street where there's Prevention in Action” (Community member, Khayelitsha).*

It was also said that the stickers served an educational purpose as they stimulated discussion about the prevention of VAW and violence in general, including educating children.

PIA members noted that community members were prompted to also take action as a product of the examples set by PIA members: “*What's also nice is that people are willing to get out of their beds at two, three in the night, and help. People are willing to get out of their beds and go next door...*”, and “*People are becoming more proactive. People have come up to me and apologized for not taking action. People have apologized for not taking action*” (FGD, CIs, Wentworth). Similarly in Khayelitsha: “*People also know that they cannot just sit back and relax whilst their neighbor is being abused*” (FGD, CIs, Khayelitsha). Change over time was also attributed to improved understanding of rights among women: “*This program has really educated women. They know what to do now. They're equipped so they stand up for their rights now*” (FGD, CEs, Wentworth).

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<sup>20</sup> Discussion conducted in April 2012.

As the above examples illustrate, recipients of the PIA program improve their understanding of their own circumstances and are empowered to transform them.

In summary, findings regarding perceptions of change over time include the following:

- ❑ The PIA program is associated with humanistic values related to caring for others by participants and is empowering for beneficiaries of the program;
- ❑ Women are more aware of their rights and face-to-face communication supported by communication materials helps to reinforce values related to VAW prevention;
- ❑ PIA members are recognized as being courageous and proactive by their communities, and have contributed to an understanding that it is important and fruitful to take action when VAW is known to occur;
- ❑ ‘Breaking the silence’ around VAW through exposing perpetrators of VAW creates an understanding of accountability to community members and community values that reject VAW;
- ❑ The PIA approach entrenches the engagement of perpetrators in relation to the wrongfulness of VAW in ways that are different from accountabilities to policing and justice systems. For example, when a person is arrested for domestic violence and released on bail, there is a weak accountability to the community for his actions. Conversely, when arrest is seen as a last resort preceded by PIA members engaging with perpetrators, it is reported that commitment to change occurs; and
- ❑ Engaging with couples in conflict, including where male PIA members speak to men and female PIA members speak to women, contributes to ‘*building and strengthening*’ couples and families.

#### **4.1.3 Was the program approach effective?**

PIA members highlighted that the participatory approach to the program had contributed to a united front in response to VAW. This was supported by training that contributed markedly to their understanding of their own situation, including changing their own attitudes to VAW. There were some concerns that training had been inconsistent over the period of the program, with information ‘*chopping and changing*’. This was linked to shifts in the program design as understanding of community response and needs evolved.

A particularly difficult aspect to grasp was the concept of ‘actions’ and action reporting as there were not initially sufficient examples to draw from. As a CI in Khayelitsha observed: “*I was confused about this because I didn’t have enough information; as a result I gave people inaccurate information about an action*” (FGD, CIs, Khayelitsha). Conceptualizing actions became clearer as the program progressed and as examples of actions were disseminated.

It was also felt that separating out training for CEs and CIs did not foster unity between members. Participants also mentioned that the topics addressed in training could have been extended – for example, anger management and counseling skills. There was a lack of clarity on how participants could transition between levels – for example, transitioning between being a PAG member to become a CI. It was however noted that the structure was not particularly hierarchical: “*Nobody is left to feel inferior to the next one... You’re not made to feel that you’re just a PAG member. No, it’s not like that. Everybody sits down... We discuss.*” (FGD, PAG members, Wentworth).

Recruitment processes for drawing participants into the program were not always seamless. In some instances, the urgency in addressing growth in numbers of participants as was required by the networks

to meet PEPFAR targets, was said to have placed undue pressure on CEs. For example, in Wentworth, CEs observed that it would have been preferable to recruit CIs systematically by area, rather than increasing numbers through personal links and organizational contacts, as this led to an uneven spread of CIs in the community. Particular skills were also noted to be important when recruiting CIs, such as being assertive and being able to speak in public. Such criteria were not observed when there was pressure to hasten recruitment.

In Khayelitsha, a subset of PIA members had been assisted financially to cover costs of transportation and snacks were also provided at some of the meetings. This practice was later discontinued, but discontinuation raised suspicion that monies were possibly being ‘pocketed’ instead of being passed on. Some participants were discouraged when they were not able to be reimbursed for transport costs they had incurred. Such suspicions undermined interest in PIA to the extent that some participants decided to withdraw from the program. As a CI reflected: *“This does not sit well with Africans because to them what you did at the beginning is the norm and if you change from that norm then there are bound to be problems which is why we are now being accused of taking their money”* (FGD, CIs, Khayelitsha). A similar situation occurred when participants were required to travel to a central venue to collect branded jackets that they had been promised, with participants having to expend their own funds for transport. This led to the view that there was an imbalance between having made ‘sacrifices’ as a volunteer and not being adequately compensated for costs incurred and time taken.

The requirements of monitoring systems were also not initially well understood – for example, documenting participation through registers of participants. Initially registers were inadequately completed and poorly managed, with inconsistencies occurring in names, signatures and contact details. Where names could not be verified, they were removed from membership lists, and this created confusion among some participants who felt they had been arbitrarily removed from the program by the Networks. It was also felt that certain rules and guidelines were ‘imposed’ and that changes to the way activities, reporting and accountabilities were monitored were not addressed with sufficient consultation with participants. This created tensions between participants and the Network structure, and it did not appear that there was a mechanism to address such conflicts.

Intervening in response to VAW was not without risk, but being able to link one’s response to a broader movement to address VAW, assisted in justifying intervention. Recipients of actions were also invited to attend PIA meetings and to join the movement:

*It happens sometimes that you get into trouble whilst trying to solve a problem. Some people take your involvement in their problem quite personally. But as soon as you try to explain the reason for your involvement and they have all that information, they calm down. We do invite them to the meetings and some do come and are part of the program.* (Female PAG member, Khayelitsha)

It was noted that working in groups strengthened capacity to respond, and participants were advised to avoid acting alone if the violence they were responding to was likely to be severe. *“If they feel it’s a big fight, I always tell them – ‘If it’s like kind of hectic, phone the police. Don’t just get yourself involved in it but take some of your CIs with you’ ”* (FGD, CEs, Wentworth).

While the focus on VAW was well recognized as valid, abuse of men by their female partners was acknowledged to be an ongoing problem that was not adequately addressed: *“We come across incidents where some men are being abused as well. Now, with a man going to report this case at the police station, it would only be turned into a laughing matter instead of being taken seriously”* (FGD, CIs,

Khayelitsha). In Wentworth, male involvement and the introduction of male perspectives on partner violence was bolstered through the partnership with Brothers for Life, and it was observed that men were now ‘confident’ and “*We’ve got our platform now – Brothers for Life*” (FGD, CEs, Wentworth). There were also various examples of PIA members assisting men who had been abused by their partners.

Participants highlighted that drugs and alcohol were a factor that undermined community safety and contributed to VAW. It was said that both men and women ‘*drink a lot*’ and that salaries were expended on ‘*drinking sprees*’ that diminished household income. Alcohol led to partners disrespecting each other, and in Khayelitsha it was mentioned that men were ‘*lured*’ into paying for drinks by women with the expectation of sex afterwards. This brought about conflict and contributed to VAW including sexual assault – as a community member in observed: “*Women who spend their time at the shebeens stay there until very late. [When] they go home alone is when they become victims of rape because there were men who were looking at them the whole night who will follow them when they leave and rape them*” (FGD, Community members, Khayelitsha). PIA members mentioned that speaking to shebeen owners, as well putting up helpline posters and PIA stickers were useful ways of raising awareness at alcohol venues.

It was felt that while alcohol had been a long-standing problem and concerns were raised about the lack of legislation or action governing times that alcohol was sold in shebeens.<sup>21</sup> Drug abuse was also said to be an emerging problem that was now rife, and both alcohol and drug abuse contributed to VAW as they were linked to expenditure of household income. For example: “*Drugs cause violence at home. If the husband goes home and he wants money from his wife and he’s not going to get it, he’s going to beat her for that money. So that is a major problem, the drug is a major problem*” (FGD, CEs, Wentworth).

In summary, findings in relation to the effectiveness of the program approach include the following:

- ❑ Training of PIA members helped to improve understanding of VAW, although there were some limitations to the curriculum as it was inconsistent over time. Gaps include topics addressing anger management and counseling;
- ❑ Although there are tiers to the PIA structure – ie. CEs, CIs, and PAGs – this is not considered to be hierarchical or disempowering. However, engaging with participants within separate categories – for example, as a product of separate training workshops – was seen as counterproductive to building unity within the program (and movement);
- ❑ Provision of funds and reimbursements to PIA members was confusing, with rationale and guidelines not being well communicated. CIs are typically unemployed and while their involvement is voluntary, time taken and expenditures met for transportation and other activities need to be taken into account;
- ❑ Monitoring requirements and systems were not initially well understood and rationale and for monitoring and related guidelines could have been better communicated. There is a need for clear channels of communication between PIA participants and lead organizations where misunderstandings and conflicts occur;

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<sup>21</sup> Informal bars established as small businesses at private dwellings.

- ❑ It was felt that recruitment of CIs had occurred haphazardly at times as a product pressure to increase numbers of participants to meet targets. This led to uneven recruitment of CIs in relation to geographic distribution, and some CIs who were recruited who were less suited to the tasks at hand. Skill and leadership criteria for CIs should be adhered to;
- ❑ The concept of actions to prevent VAW was not easily understood at the outset of the program, although this became clearer over time and was strengthened through sharing examples and stories of actions taken;
- ❑ Responding to violent situations required a cautious approach. The ‘right to respond’ was however bolstered by recognition that PIA members were part of a program and movement that was there to address VAW. Encouraging people who had experienced VAW or who were perpetrators of VAW to learn more about PIA including attending meetings of the program and joining the program;
- ❑ Participants were encouraged to involve the police in responding to situations of severe violence;
- ❑ The emphasis of the PIA program on VAW, with less acknowledgment of partner violence experienced by men is considered to be a gap. This was however addressed through partnering with Brothers for Life – a program that focuses on men and relationship values; and
- ❑ Alcohol and drug abuse were underlying problems that contributed to VAW. This included risks of VAW at venues where alcohol was consumed, as well as conflicts occurring in relationships in relation to the impacts of alcohol and drug consumption, including related financial concerns. Engaging with owners and promoting PIA and VAW prevention at alcohol venues were potential strategies for intervention.

#### **4.1.4 How did the communication resources and activities support the PIA concept?**

Perspectives of PIA members on the logo and communication materials were regularly reviewed through an ongoing series of FGDs with participants, with discussions often informing the design of additional materials. The logo resonated strongly with PIA members and community members alike, with conceptual associations being made with notions of unity, working together to address violence, and violence affecting all people. As a community member reflected:

*I think those hands, you know, you can relate, you know, you can relate to a design. Together, work together, you know, togetherness, you know, unity, let's do it, it's happening, it's ours, it belongs to us, you know, you can [act]. There are a lot of words that you can put along when you just see the design as well. And even the colors... The Rainbow Nation is all about us (FGD, Community members, Khayelitsha).*

Branded utility items such as T-shirts enabled PIA members to identify each other, and encouraged interaction and friendship:

*I would say the program has developed a circle of friendship for us. We are more like a family now because it is not easy to pass by someone who is wearing these T-shirts. You are bound to stop and greet whenever you see one of them, even though you have never met before, because you are in the same campaign fighting for peace in our communities (FGD, CIs, Khayelitsha).*



Wearing the T-shirts and displaying the bags also reinforced the sense that PIA members were valued as people who helped others in the community: *“Through our dedication, because whenever they see T-shirts now, also these bags, they feel like we are the social workers of the universe”* (FGD, CIs, Khayelitsha).<sup>22</sup> Being recognized through portrayals in news media, also boosted confidence and self-esteem: *“When they see me they’ll say to me – ‘good work, girl, good work because violence has been so much. There was no-one that ever came’”* (Female CE, Wentworth).

Participants strongly endorsed the value of the various communication materials, providing examples of how these had been applied in their contexts. Stickers were appreciated for their versatility, as they could be applied to vehicles, doors, windows and other places in the community. They were also durable: *“The materials are good... and the stickers and the brooches and all that, that is good... Guys ask for them for their cars – ‘give us a sticker for our car’ and you just put a sticker on their cars”* (FGD, CEs, Wentworth). The DVD’s and booklets were also appreciated for clarifying concepts of actions: *“We used the DVDs as follow-up to each demonstration. So this actually consolidates the whole program”* (FGD, CEs, Khayelitsha).

The inclusion of the national toll-free Stop Gender Violence Helpline provided opportunities for PIA members to provide an immediate link to telephone counseling. The service provided by the line was noted to be inconsistent, with mention being made of calls not being answered or confusion being created as to whether the number provided a link to PCI or the Networks:

*There are people who are more secretive about their problems and they have resorted to using the toll-free number instead. But some people were confusing the Stop Gender Violence campaign with PCI to an extent that they would call the toll-free number and expect to get a response from PCI and sometimes come to us for more clarity* (FGD, CIs, Khayelitsha).

There was however also good demand for the service, with some PIA members reporting that they had to regularly replace PIA Helpline posters in public areas when the ‘tear-off’ numbers on the posters had been expended: *“I set the example by pasting these posters close to the shebeens, clinics and schools and I discovered that people have taken these numbers and have actually used them when faced with a crisis.”* (FGD, CIs, Khayelitsha).

In summary, findings in relation to communication resources and activities include the following:

- ❑ Participatory engagement with PIA members in communication development and review processes usefully contributed to robust and relevant resources being adopted and utilized by participants. The logo and slogan were particularly useful in communicating concepts of unity and action in response to VAW;
- ❑ Branded items such as bags and shirts allowed PIA members to symbolize their involvement in the PIA program and fostered the understanding that PIA was a movement involving community members;
- ❑ The range of communication materials allowed for clear communication of PIA values and VAW prevention actions. Materials such as stickers and badges allowed community members to symbolize their endorsement of PIA values; and

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<sup>22</sup> Discussion conducted in April 2012.

- ❑ Parallel promotion of the national toll-free Stop Gender Violence Helpline was relevant to the program, although there were concerns regarding the efficiency of the service. There was also confusion regarding contact numbers for the implementing organizations.

#### 4.1.5 *Did the PIA program bring about new ways of articulating VAW prevention?*

The final phase of the program involved intensive community engagement in Khayelitsha and Wentworth produced shifts in the way VAW prevention was expressed through signs, symbols and language. Symbolically, much of this new language was embedded in the meaning attached to the PIA logo and slogan which was displayed on the doors of homes, in public spaces and incorporated as a sign of activism and solidarity on T-shirts worn by PIA members, as well as branded bags, buttons and other items.

The colors of the logo were further incorporated into the geography of communities through the development of the Violence Free Zone concept, where they were used to decorate previously bland walls, poles, pathways, roads, bus-stops, and playgrounds, among others. Such integration became a point of reference for confronting and dissipating violence:

*[I saw a group of young men] fighting amongst themselves. And the one guy screams out, 'Hey! This is a violence free zone area! There's no fighting!' ... And I love that because everybody seems to say that. Even the children are now saying it. The children say it's a violence free zone area. You can't fight in our area. So yes, that impact... " (FGD, CEs, Wentworth).*

Similarly in Khayelitsha:

*There is this corner where gangs of young men were robbing people that are coming from work. They would gather around waiting for people to pass by. But that place has been declared a Violence Free Zone and you can see it now when you pass. The young men are not sitting there anymore. The people are able to walk freely, because now this has been identified as violence free (FGD, Community Members, Khayelitsha).*

There was a strong motivation for working towards violence free areas among PIA members including realizing benefits for one's family: *"I'm still raising a son. I don't want him, when he's about 15, to be involved with the gangsters and stuff. I just want a violence-free Khayelitsha"* (FGD, CIs, Khayelitsha).<sup>23</sup> In discussions leading up to the development of the Violence Free Zones it was noted that the PIA movement was mainly driven vertically through the Networks and partner organizations – each of which managed a cadre of CEs who, in turn, were linked to a subset of CIs. It was recognized that this was a gap in the PIA concept, as it impeded the possibility of a community-level movement where PIA members were linked 'horizontally' irrespective of their links to particular sector partners.

*I think it's important that time is set aside where CEs, CIs and the PAG members have an opportunity to meet, always to reinforce their commitment, to motivate, to challenge each other, to become more proactive, to expand. You know, to become a solid membership, solid support. Because even us, as CIs, we need support from*

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<sup>23</sup> Discussion conducted in April 2012

*each other. And we need to support each other, so I think that, for me, is crucial, so that the movement can move forward (FGD, CIs, Wentworth).<sup>24</sup>*

These discussions led to the formulation of interlinked PIA Committees (PACs) which then led to the development of the Violence Free Zone concept. Commitment to violence free areas was said to require local-level partnerships if the concept was to succeed. A particular strength of PIA was that it was not an organization but rather ‘a movement’, which was said to be “*something that a community pushes forward... You’ve got to take ownership*” (FGD, CIs, Wentworth).<sup>25</sup>

Communication support materials for Violence Free Zones included branded signage, stickers, colored bracelets, fridge magnets, stencils and paint. Initial activities also included a community clean-up, followed by erection of signage and ‘branding’ of community spaces. The concept was seen as a logical next step in the PIA process: – as a CE in Wentworth observed: “*I think this is just my dream that came true. I always wanted to do something but I never knew what I wanted to do... When the Violence Free Zone came, that stirred me and I said this is something!*” (FGD, CEs, Wentworth).

It was said that the zones raised awareness among perpetrators that VAW would not be accepted: “*Men are more aware that they’re being watched... They are aware that it’s not going to be tolerated by other women*” (FGD, Community members, Wentworth). Furthermore, the manifestos which were circulated during house-to-house visits conducted as part of the process of establishing Violence Free Zones were acknowledged as helping entrench the concept of violence free households: “*The manifestos have made a contribution because they are used in most households and they are signed and put on the wall. Most CIs have these manifestos in their houses*” (FGD, CIs, Khayelitsha). It was also said that the concept promoted a sense of caring among community members:

*The program has also resulted in a loving community where you find that people can actually see each other now and greet each other whereas before the program they would just pass each other by without greeting or taking note of the other person (FGD, PAG member, Khayelitsha).*

Painting of Violence Free Zones was acknowledged to have transformed civic spaces and it was felt that this contributed to a change in the way such spaces were viewed and ‘respected’:

*I like those paintings a lot. They have really done their job, because even in the bus stops, you would find ads for abortions and so on. But now the bus stops are not the same as before anymore. People used to pee there, but now that bus stop is very clean. Before, those bus tops would have the gangsters paintings on them, but now that is no longer the case (FGD, PAG members, Khayelitsha).*

However, it was also necessary to ensure that municipal bylaws were adhered to – even when these were ignored by criminal elements in the communities. This might be frustrating at times – for example, participants in Khayelitsha were disappointed that they could not replace gang-related graffiti at a local park:

*The Khayelitsha municipality prohibited Prevention in Action in painting the walls when they were busy with the Violence-Free Zones campaign. The park was one of*

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<sup>24</sup> Discussion conducted in January 2012

<sup>25</sup> FGD Wentworth VFZ April.doc

*the areas that were identified and they were able to paint only one chair and few poles. Instead what you see there are these gangster paintings in those areas. The municipality prohibited us from painting such murals because it is their property but now those areas are smeared with all these gangster paintings (FGD, Community Members, Khayelitsha).*

It was said that people were ‘*taken aback*’ by the decline in crime and that there was a ‘*huge difference*’ as a product of the introduction of one of the Violence Free Zones in Khayelitsha. PIA members had also actively engaged youth who were involved in petty crimes, leading to assistance being provided for alternative activities, including encouraging families to get involved in community anti-violence patrols:

*The culprits disclosed that the reason they get involved in crime is because they didn’t have anything to do. So Prevention in Action offered to assist with soccer equipment if they formed the soccer teams and provided jackets for people who will be involved in the neighborhood watch (FGD, CEs, Khayelitsha).*

While PIA members were overall enthusiastic about the promise of the Violence Free Zones, there were also concerns that certain insidious forms of crime were not readily eradicated – for example, drugs and gangsterism – which potentially needed additional support and resources:

*We need now to be backed up with a project that’s going to help us with the drug issues in our area. Because it’s no use trying to clean and stop violence when the drugs are still there... If we don’t stop the drug issue and don’t try to do something about it... Whatever we’ve worked for is going to fall in (FGD, CIs, Wentworth).*

Notwithstanding these concerns, the Violence Free Zone concept has formed the basis for new ways of articulating rejection of violence in communities. For example, using the phrase ‘Violence Free Zone’ as a ‘war cry’ was said to challenge and dissipate occurrences of violence:

*Participant 1: In our area when there’s a fight happening we’ve got a song!.  
Facilitator: What’s your song?. Participant 1: We all come out and we all start screaming Violence Free Zone! We start screaming. [Those who are fighting] stop immediately what they’re doing and they walk away. Participant 2: Because we tell them it’s a Violence Free Zone. We spell it out for them. We want to spell it out, and we say a war cry for them. And everybody like just disappears. Facilitator: And that stops it? Participant 2: Yes. (FGD, CIs, Wentworth).*

VAW prevention was further integrated into the cultural frame of reference of community members through other forms of symbolic communication and language. For example, whistles had been provided to PIA members in Wentworth to draw attention to occurrences of violence:

*Participant: [When there is] domestic violence, we have the blue whistles we were given from the Network. We just start blowing this whistle and everybody knows we’ve got the whistle and everybody comes out to see where the problem is.  
Facilitator: And then does it stop the fight? Participant: Yes. (FGD, PAG member, Wentworth).*

Participants in Wentworth also noted that the taxi campaign conducted as part of the Gender Challenge Fund had prompted ‘vocalization’ of VAW prevention:

*Participant: The wave. The wave on the taxis. Facilitator: What’s the wave?*

*Participant: There’s a Prevention in Action campaign that is on the taxis... The taxis have a massive sticker on the side with Prevention in Action and the hands and at the back of the taxi, it has [the word] ‘Wave’. So whenever you see that taxi with the Prevention in Action, you just wave and the driver hoots. Facilitator: And it happens? Participant: I do it all the time. (FGD, PAG member, Wentworth).*

PIA was also attached to concepts of political activism drawing on the language of democratic struggle in South Africa, with PIA being linked to the word ‘*Amandla*’, meaning ‘power’, and ‘*Viva*’, meaning ‘long live’: “It’s regularly used now – ‘Viva Prevention in Action’! Or when someone gets up, before talking – ‘Viva PIA!’ It’s like comradeship” (FGD, Community Members, Khayelitsha). In Khayelitsha, it was also said that youth used references to PIA jokingly amongst each other as a way of highlighting the intolerance of violence that was associated with PIA members:

*Even the youth use this as a joke where you find them when see you saying, ‘Here is the Prevention in Action lady, tell her...’ and they see it as some kind of protection because they would say... ‘I will report you, here is a member of Prevention in Action’, even though it is said as a joke (FGD, CEs, Khayelitsha).*

In Khayelitsha, shifts away from household violence were referred to by the saying ‘*umnqayi awungeni endlini*’ which means ‘the stick does not get into the house now’, in reference to physical assault no longer occurring. PIA has also been translated into a hand sign attached to a slogan in Xhosa – ‘*nqanda kungenzeki*’, which means ‘prevent it before it happens’. Other associations with the concept in Xhosa included ‘*impilo*’, which means ‘life’ as a product of being ‘*uplifted*’, and ‘*sisonke*’ which means ‘together’. In the case of the latter concept, participants described a ‘*sisonke*’ group where participants “gather and just share their trials and tribulations, and also work together in how they can help each other in improving their lives” (FGD, Community Members, Khayelitsha). PIA members were also respectfully referred to by community members as ‘*health givers*’, ‘*counselors*’ and ‘*social workers*’ in recognition of their contribution to helping others: “...because they’re helping other people. So it also boosts them, their self-esteem. I think it’s one of the names they were using because they could see there’s life in this” (FGD, Community Members, Khayelitsha).

In summary, findings in relation to new ways of articulating VAW prevention include the following:

- ❑ The PIA logo and slogan symbolized a new way of bringing the concept of VAW prevention into the public domain, while at the same time allowing PIA and community members to demonstrate their support of the core values of the program;
- ❑ Personal attachment to the values of PIA and participation in the program was supported through utility items such as bags, T-shirts, buttons and other items that could be worn and displayed on one’s person. Additionally, commitments could be made through signing manifestos and demarcating one’s home was violence free through use of stickers;
- ❑ The integration of the logo and colors of the program in Violence Free Zone areas reshaped and transformed the prevention of violence in the demarcated areas. This included supporting prevention of VAW as well as other forms of physical violence and contributing to the promotion of caring between community members;

- ❑ The phrase – ‘Violence Free Zone’ – has become a means to articulate social rejection of violence that serves as a means to shame perpetrators. This concept was evoked in both Wentworth and Khayelitsha. Similarly, whistles have been used to alert community members to the occurrence of violence, while waving and hooting attached to the taxi campaign in Wentworth provides a means of publicly expressing attachment the values of PIA. In a similar way, there are examples of deference to the likelihood that PIA members would take action in response to VAW – for example among youth in Khayelitsha;
- ❑ The language of resistance has been attached to PIA through words such as *Amandla* and *Viva*, in Khayelitsha, evoking comradeship, unity, struggle and working together towards a common goal for change;
- ❑ PIA participants are associated with a range of words and concepts related to care giving that is explanatory of their role in communities, while also being related to boosting the self-esteem of participants; and
- ❑ Change has been expressed among youth by evoking the likelihood of action by PIA members in response to VAW or violence in general.

#### **4.1.6 What are the perspectives of PIA members on sustainability?**

The broad structure and activities of the PIA program were conducted in Wentworth and Khayelitsha during the final 18-months of the program. A general view was that the PIA ‘movement’ was ‘owned’ by PIA members who were each ‘*leaders of their own making*’ who had the potential to continue with activities indefinitely, and that the CEs were the ‘*driving force*’ behind the program: “*We have taken ownership of it now and we will move on with it. There is no turning back*” (FGD, CEs, Khayelitsha). It was also acknowledged by participants that they had a good understanding of how to identify and respond to VAW and where to direct people for additional help.

A number of participants voiced disappointment that the program funding was coming to an end. It was however noted that apart from personal motivation, continued involvement in PIA was also motivated by expectations of community members that PIA activities should continue: “*Because now the people look up to us ... We can’t afford to let them down now so it just has to go on. It’ll go on. It has to*” (FGD, CEs, Wentworth). Participants had also benefited through their involvement by obtaining satisfaction from helping others while some had also resolved personal experiences related to VAW. Voluntary involvement was said to be strongly grounded in personal motivation, as a participant in Wentworth observed: “*I mean it’s voluntary, we’re not sitting here and getting paid to do it, and we’re like bored, no, we’re sitting here because we have the heart to do it, we want to help people*” (FGD, CIs, Wentworth).

It was felt that by holding regular meetings, identifying challenges and developing strategies for ongoing activities, it would be possible to sustain activities such as, for example, seeking out further training or addressing funding needs through fund raising. While access to communication materials and resources was acknowledged to be important, it was felt that communication by word of mouth could continue in the absence of such resources. Multi-sectoral involvement in the program was also expected to contribute to sustainability as was ensuring that the program also addressed violence against men. As PAG members in Khayelitsha highlighted: “*We would like that the program include men and not just focus on women and children. Most men are discouraged the moment they hear that the*

*program is about violence against women and children, and nothing is said about men” (FGD, PAG members, Khayelitsha).*

A sense of community ownership was also fostered by the concept – including strengthening linkages with local civic structures, and increasing the interest and involvement of men:

*I have organized a Violence-Free Zone campaign in my area and there was a substantial number of men from SANCO<sup>26</sup> who attended and they really commended the campaign... They mentioned that the community at large should own this campaign and take action whenever there is a need to do so. The men in my area have formed a neighborhood watch and they take turns patrolling because of the crime and violence that is rife in the area. (FGD, CIs, Khayelitsha).*

In summary, findings in relation sustainability include the following:

- ❑ PIA members have a strong sense of ownership of the PIA concept and see themselves as leaders who can continue the program indefinitely, even if this was difficult to do;
- ❑ Community experiences of the program to date produced expectations that PIA members continue, and there was impetus among PIA members to continue providing assistance on a voluntary basis;
- ❑ PIA members acknowledged the role of sector partner organizations and CEs as providing an important anchor to the program;
- ❑ Adding a focus on partner violence experienced by men would address the issue and the program would be seen as less alienating to men; and
- ❑ Violence Free Zones bolster opportunities for community involvement through community civic structures, and include avenues for male participation.

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<sup>26</sup> South African National Civic Organization.



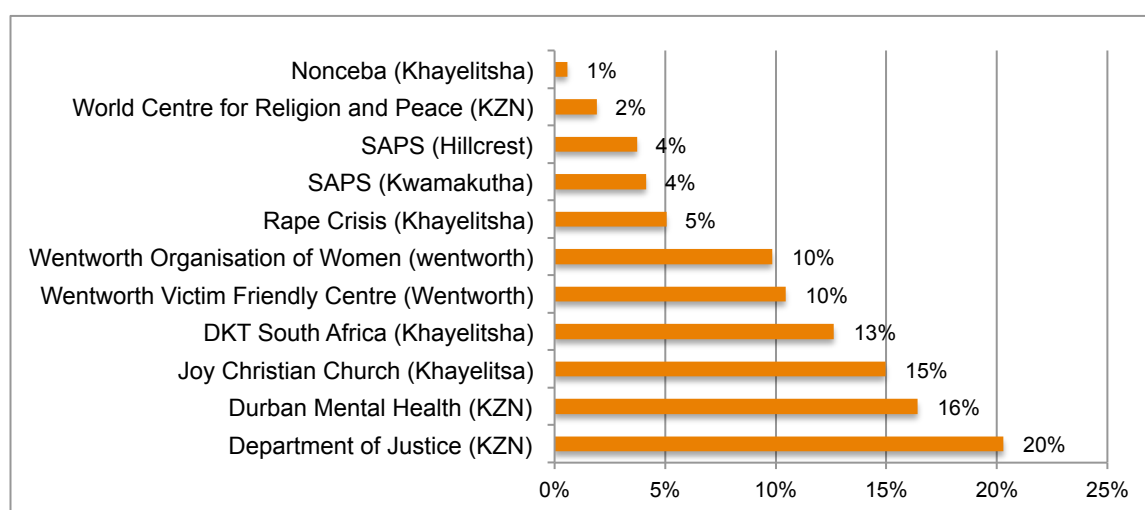
## 4.2 Findings from the analysis of narratives of action to prevent VAW

The following findings explore a random sample of the 2,429 action narratives documented by the Networks in KwaZulu-Natal and Western Cape through *SalesForce* over an 18-month period from January 2011 to June 2012. Action reports were linked to eleven partner organizations – four in Khayelitsha, two in Wentworth and three in other areas of KwaZulu-Natal.

PIA members were free to report as many actions as they had undertaken,<sup>27</sup> with actions ranging from strategic meetings and promotional events through to direct interventions that actively engaged with VAW (although other forms of violence were occasionally addressed). During the early phases of reporting, PIA members were provided with T-shirts in recognition for their stories.

Stories were assessed for their merits in relation to advocacy potential, leading to ‘amplification’ of stories in print or radio, recording stories for inclusion in a DVD promoting actions, distribution through YouTube, and story narratives and links on Facebook. Over 80 stories were amplified in this way.

Figure 6 shows the distribution of action narratives by partner organization. Numbers of actions reported were influenced by a range of factors including the number of PIA members (CEs and CIs) linked to a given partner organization, the geographic locale of PIA members, the nature of actions conducted and the relative interest of PIA members in reporting actions, and the extent of exposure to violence that would prompt action in the first instance. While some PIA members also reported multiple actions, operational research discussions indicated that actions were not routinely reported. The action narratives that were documented in *SalesForce* are thus a subset of the total actions taken by PIA members. Figure 6 illustrates that high proportions of response had been achieved by organizations from diverse sectors – for example, 15%-20% of actions were reported by a religious group (Joy Christian Church), a non-governmental service organization (Durban Mental Health), and a government department (Department of Justice). This reflects the potential for the PIA program to lead to action outcomes when situated within organizations with varied approaches to addressing social issues.



**Figure 6** Action reports by organization (n=2,429)

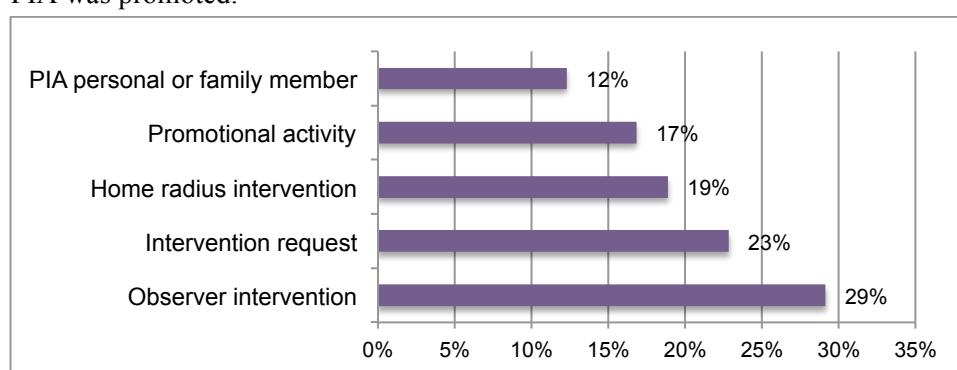
<sup>27</sup> Reasons for not reporting actions included gaps in the conceptual understanding of actions, difficulties accessing the SMS numbers, and disinterest in reporting actions.

#### 4.2.1 Analysis of action narratives

An analysis was conducted of a subsample of action narratives. This involved selecting and coding a random sample of a fifth of the total narratives to determine types of action taken, reported outcomes of actions, the gender of intervening PIA members, and whether actions were conducted on an individual or group basis. Many of the narratives included information on the outcomes of the actions.

#### *What were the formats of VAW prevention actions?*

Figure 7 illustrates the distribution of formats of action: Around one in eight actions (12%) were related to personal experiences of violence by PIA members or members of their families; around one in five (19%) involved intervening within one's home radius; around one in four (23%) involved being asked to assist or intervene; while 29% involved intervening as a bystander or observer of violence. In a number of instances, persons helped were drawn into the PIA movement and 17% were activities where PIA was promoted.



**Figure 7**      **Formats of response**

PIA family member or personal responses included PIA members experiencing violence themselves or knowing of violence that affected members with their immediate or extended family. In some instances PIA members were themselves dealing with the longer-term effects of previous experiences of abuse and violence. The following examples illustrate actions taken:

*A member of the PIA group was being abused by her husband. The CI and PAG members intervened by talking to the man about keeping his home happy and non-violent. This action has helped because now the family is happy and they are thankful (eThekweni District)*

*The CI was abused at an early age and this continued for a long time. She attended the PIA Sessions with her CE, and afterwards she broke down and told her CE about the abuse. Her CE counseled her and referred her to a priest where she got help. Now she is okay and wants to help other abused women (Wentworth).*

**Home radius or neighborhood intervention** included intervening on the basis of overhearing sounds of distress, observing altercations including physical violence or being told about violence by others. The following examples illustrate actions taken:

*A CI heard a lady crying in the neighborhood and went out to look and saw a couple who were fighting outside their house. Other people heard the cries and they went there and shouted at the couple to stop what they are doing and they stopped. The*

*CI decided to take it a step further and educate them on abuse and violence and its consequences. She told them about the PIA movement, they listened to her and promised not to fight again, nothing has happened since (eThekweni District).*

*A CI was watching TV when she heard a loud voice of a woman crying and calling for help. She called her aunt as they are both in the PIA movement, and went to the neighbor to check what the problem was. They knocked and a woman opened the door. Her face had cuts and her clothes were covered in blood. They quickly called the ambulance to come and take her because she was in pain, and the police were also called to arrest the man. After few days she came back home from hospital and she was grateful to the CIs and decided to join the movement to pass the message and help those who are in the abusive relationships (eThekweni District).*

**Intervention requests** included direct requests for help, usually on the basis of knowing that a member of PIA was able to help. The following examples illustrate actions taken:

*A CE was approached by a young lady who was physically and mentally abused by her fiancé. She was crying and didn't know what to do. She was even thinking of ending her life. The CE got advice from the local community policing forum and took her to the police station to get a protection order. The fiancé was also served with a court interdict. On the day of the court case the PIA members supported her by attending. The girl is now a PIA member and has left her fiancé (eThekweni District).*

*A CI was approached by a lady who asked him to speak to her husband because he comes home drunk at night and demands food. He even demands sex when she is not in the mood. The CI spoke to him and told him that women have a right to say no, when they are not in the mood. He said it was up to them as men to control themselves. The man said he understood. Some days later he bumped into the man who thanked him saying that now he and his wife now understand each other whereas before she wanted to have him arrested. He now respects his wife and she is not scared to speak to him. The CI encouraged them to join the PIA movement (eThekweni District).*

**Observer or bystander interventions** involved taking action on the basis of directly observing violence or engaging with the results of violence. This included intervening on the basis of overhearing sounds of distress, observing altercations including physical violence, and conversing with women who appear upset or who have injuries that appear to be the product of partner violence. The following examples illustrate actions taken:

*A CE was in a taxi and met a lady that was crying and had bruises all over her face. She asked her what happened but the woman was afraid to talk saying her boyfriend warned her not to tell anyone. The CE got the boyfriend's details and had a meeting with him and his family. As she works for the Department of Justice the CE explained the consequences to him if he continues with the abuse. Afterwards the lady came to her at work and her face was clear and she thanked her (eThekweni District).*

*A CI was walking down the road when she saw a couple fighting. She screamed as loudly as she could and people rushed over to see what was happening. The man ran away and the woman was taken to hospital as she needed medical attention. The CI doesn't know the couple but was happy she took action (Wentworth).*

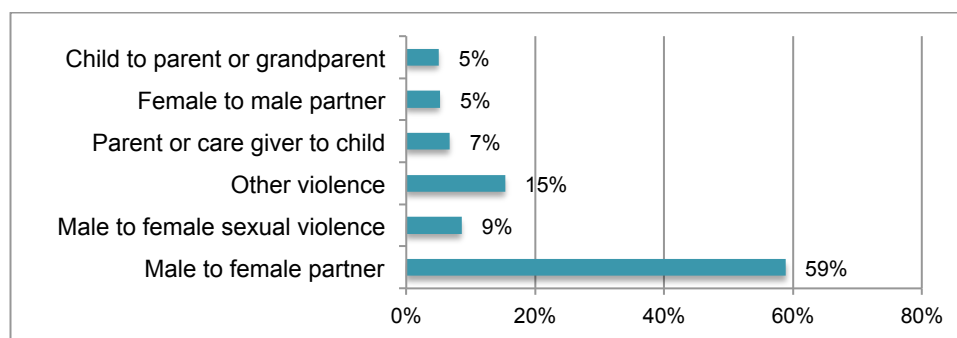
**Promotional activities** were typically conducted within neighborhoods including door-to-door activities, community walk-through activities, marches, small events at shopping centers and other common community areas, and support activities such as gathering at a court during a VAW-related prosecution. Communication materials including badges, stickers, booklets and helpline posters were usually distributed.

In summary, findings regarding formats of action to prevent VAW include:

- ❑ A subset of PIA members have experienced VAW directly or within their families. Participation in PIA allows experiences of VAW to be addressed towards achieving resolution and healing;
- ❑ PIA members are vigilant of occurrences of VAW in their immediate neighborhood, and are prompted to respond when they become aware of such violence. Similarly, PIA members are prompted to respond to VAW when they encounter instances in contexts away from their home environments;
- ❑ Community members are aware that PIA members are able to assist in response to VAW and seek help when needed; and
- ❑ Promotional activities are conducted to raise awareness of the PIA program and potential to respond to VAW. Communication materials usefully support such activities.

### ***What are the typologies of response to address VAW?***

Figure 8 illustrates the distribution of typologies of response. Around two thirds of responses (67%) addressed male to female violence, of which 9% were sexual violence including rape by non-partners. One in twenty responses (5%) addressed female to male partner violence, and the same proportion of responses involved child to parent or grandparent violence. One in fourteen responses (7%) involved addressing parent or care giver to child violence, and one in seven (15%) involved other violence.



**Figure 8** Typologies of response

**Male to female partner violence** included violence among married or cohabiting couples, as well as non-cohabiting and less formal relationships. The following example illustrates one such action:

*The CI helped a girl in her area who was being beaten by her boyfriend. She phoned the police who responded immediately and arrested the man. He was out the following day and the group felt that his actions still need to be condemned, even though he was out of police custody. They introduced themselves as PIA members and their role as Prevention in Action Group in the community. They told the man that his actions towards his partner will not be tolerated and next time he beat his wife, they would make sure he stays behind bars. The embarrassed man apologized and promised not to ever lay a hand on his partner again, and he hasn't (Khayelitsha).*

**Female to male partner violence** included violence among married or cohabiting couples, as well as non-cohabiting and less formal relationships. The following examples illustrate actions taken:

*A man was being abused by his wife, physically, emotionally and verbally. She has even stabbed him at one stage. The man has tried to run away from her but she always has a way of finding him and he ends up going back to her. He decided to attend the PIA sessions and it was here that he had the courage to share his problem. The group referred him to Simelela where he can get professional attention and counseling. He was advised to get a court interdict, which he did. He is grateful to PIA for giving him his freedom back (Khayelitsha).*

*The CIs aunt physically and emotionally abused her husband. She would shout at him and hit him in front of other people, saying that he is useless because he doesn't work, even though she knows that he is busy looking for a job and cant find work. The CI asked for advice from her PAG group and they helped her uncle by taking him to a psychologist who helped him deal with the emotional abuse. He is getting better now (eThekwini District).*

**Male to female sexual violence** included sexual violence among married or cohabiting couples, as well as non-cohabiting and less formal relationships. Actions addressing rape and sexual violence by men who were not partners were also reported. The following examples illustrate actions taken:

*The CIs friend was raped by a man that she knows. She arrived at the CIs house sobbing and shaking. At first the CI was at loss on what to do but decided to accompany her friend to a nearby hospital. On her way, she thought it would be best if maybe they went to Simelela instead, and that's where they went. The man got arrested but was later out on bail. He is now awaiting trial (Khayelitsha).*

*In my area there was a woman who was abused by her husband who claimed that he loved her. The man used to demand sex everyday and when the woman refused he will beat her up. These happened until one day someone told this woman about prevention in action and she came to us. She then reported everything to us and she asked us to come to her house so we can talk to the man. The next day my team and I went to her house and we spoke to the man and we explained everything about abuse and prevention. He was happy we came and advised him first without calling the police and he promised to be the a good man that he was before and he also promised that he will never abuse his wife again (eThekwini District).*

**Child to parent or grandparent violence** involved a range of scenarios, many of which were related to drug or alcohol abuse or involved violence related to demands for money. Victims were often older women. The following examples illustrate actions taken:

*There was a woman who was being abused by her son. He would demand money and has taken over his mother's banking cards. He would go out all night, come back in the early hours of the morning and play music out loud. He just has no respect for his mom at all. The group has been observing this and finally decided on taking an action. They called the boy to a meeting and told him that either he changes his ways and starts treating his mother with respect or they will take him straight to the police and make sure he never comes back again. He apologized and ever since then, there has not been a sign of violent behavior. He has changed a lot (Khayelitsha).*

*A young man who is a drug-addict has been abusing and assaulting his mother for a while now. The boy's mother went to the CI to ask for assistance. The CI contacted a man in the community who has previously helped other addicts. They organized for the young man to go to rehab. He has since been admitted to a rehabilitation center. The mother is now also part of a PAG (Khayelitsha).*

**Parent or care giver to child violence and abuse** involved a range of scenarios including neglect of children as well as physical and sexual abuse. The victims were typically young females. The following examples illustrate actions taken:

*The CI was called by a neighbor's daughter who had seen a neighboring 4-year old being raped by her stepfather. She quickly ran to save the child. To her surprise, the mother was also around. She questioned her how she could allow this to happen. She said she was afraid to report this, as the man was the breadwinner. The CI took the child to the clinic. She then opened a case at the police station and the stepfather was arrested. Tomorrow she is attending the case as a witness (eThekweni District).*

*The CI helped a 10-year old who had stopped going to school due to negligence from her alcoholic mother. She went to the school and set up a meeting with the class-teacher, the principal and also the mother was called to the meeting. After lengthy discussion with the mother, it was decided that the young girl will be accepted back to school and the school together with the CI will hold the mother accountable for any school day missed by the young one. The girl is now back at school and doing well (Khayelitsha).*

**Other forms of violence and abuse** that were addressed included a range of scenarios to do with family disharmony, violence between men or between women that were not partner-related, gang-related or criminal violence. The following example illustrates one such action:

*The CI and her PAG members went to the police station and asked the police to be visible in their area. This was because of gang-related fights and people being robbed in broad daylight. Sometime the gang fights would take over the community park where children are playing. Ever since then, the police have been involved and*



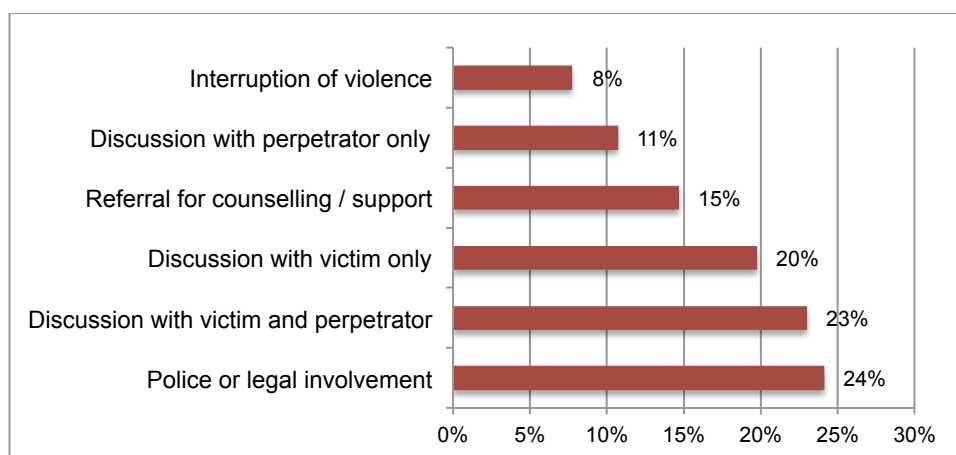
*they do rounds in the community and there have been no gangs fighting in that area for a long time (Khayelitsha).*

In summary, findings regarding typologies of response to prevent VAW include:

- ❑ PIA members predominantly respond to VAW when it occurs in a wide range of relationship formats including formal marital or cohabiting relationships as well as less formal relationships;
- ❑ A small proportion of responses assist men who have been abused by their female partners. Although focused on VAW prevention, PIA members are also able to competently provide support to partner violence that occurs in the opposite direction;
- ❑ Responses to sexual violence include addressing rape by non-partners, but also within established relationships. Assistance includes engaging legal processes such as arrest of perpetrators, as well as linking survivors to support services;
- ❑ More than one in nine actions involved providing support to inter-generational conflict and violence. This included sexual abuse of children, parental and carer negligence as well as abuse of parents, grandparents and carers. PIA members were able to competently provide support to such violence, responded even though these occurrences were not directly linked to VAW partner violence; and
- ❑ Around one in seven responses addressed general violence in the community including gang-related violence and criminal violence such as robbery. Responses include engaging with police to address such problems.

### ***What are the approaches adopted to address violence prevention and conflict resolution?***

Figure 9 illustrates the distribution of approaches to violence prevention and conflict resolution. Many of the narratives included multiple strategies of response. Around one in four responses (24%) included police or legal involvement, while a similar proportion (23%) included discussion with the victim and the perpetrator. A further 20% involved discussion with the victim only, while 11% involved discussion with the perpetrator only. One in seven responses (15%) involved referral for counselling or support, and 8% involved interruption of violence.



**Figure 9 Approaches to violence prevention and conflict resolution**

**Discussion with perpetrators only** included direct confrontation as well invitations for discussion. The following examples illustrate actions taken:

*The CIs neighbors are always fighting. After the CI had her sessions with the CE she decided to go and talk to them. When she got there she talked to the man of the house. She told him about abuse and that what he is doing to his wife is abuse. She told him the consequences of abuse and that abuse is not tolerated anymore. The man thanked her and promised to stop abusing his wife (eThekwini District).*

*This man always beats his wife and sometimes locks her outside at night. After this had happened for a while the CI organized her PAG members to come and talk to this man about his conduct. He welcomed the group and listened to what they were saying as well as being informed about PIA. He confessed that abuse is his problem. The CI then arranged that sees counselors at FAMSA, which he did and their situation is much better than before (eThekwini District).*

**Discussion with victims only** included providing immediate support, as well as ongoing assistance. The following example illustrates the action taken:

*The CI was approached by a lady who knows that she is a PIA member. She told her that she is being abused by her husband physically for a long time and doesn't know what to do. The CI sat her down and told her not to accept this. She told her that she needs counseling and gave her the toll-free helpline number to phone for free counseling. She then advised her to go and apply for a protection order so that she will be protected from further abuse. The lady thanked her and took her advice because the next time they met she told her that all was well (eThekwini District).*

**Discussion with victim and perpetrator** included providing immediate support, conflict resolution and ongoing assistance. In a number of instances apologies and commitments to ending violence were made. The following example illustrates an action taken:

*The CIs married neighbors were abusing each other. It was mainly the man doing the abuse. The CI mobilized her PAG and they asked the community committee to accompany them to their house. When they got there they told them that abuse is not right, and that they should live in peace with their children and respect each other. The husband agreed with them and when they left he thanked them for coming. The PAG visited them again to see if all is well, and everything was good (eThekwini District).*

**Police and legal involvement** included calling police to address severe violence, reporting violence to police following violence, and obtaining protection orders and interdicts. The following example illustrates an action taken:

*The CI saw a couple fighting and helped the wife by intervening. She also assisted the wife to the nearest police station to open a charge against the husband. While on their way she educated the wife on the PIA movement and VAW (eThekwini District).*

**Interruption of violence** usually occurred as a product of seeing or hearing occurrences of violence. The following example illustrates an action taken:

*The CI was driving towards the local post office when he noticed a man and a woman fighting. He stopped his car and got out to separate them. They were very*

*angry with each other. They continued to call each other names. The CI advised them to calm down and try to deal with the issue by discussing it in a respectful manner. By the time he left, the couple and they seemed to have taken his advice and were speaking calmly (eThekweni District).*

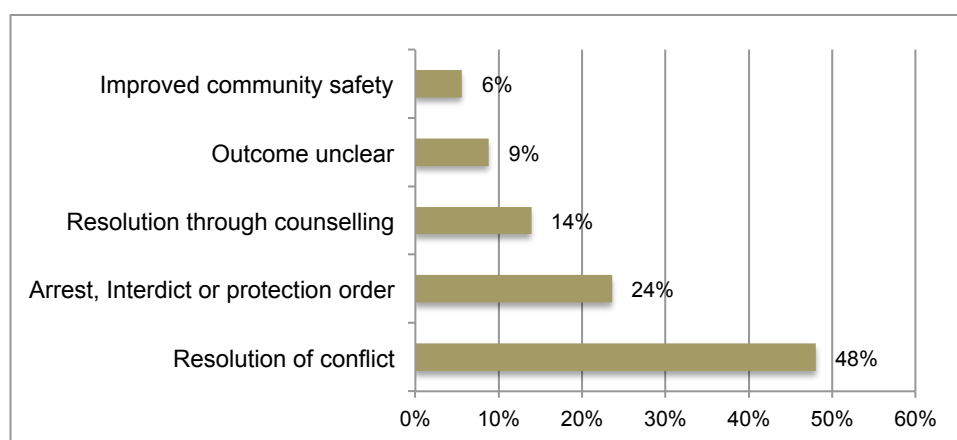
**Referral for counseling or support** included referral to social workers, community and non-governmental organizations – including those focused on women, and also referral to the Stop Gender Violence Helpline.

In summary, findings regarding approaches adopted to address VAW prevention and conflict resolution include:

- ❑ Problems may be resolved through discussions and support being provided to victims only, perpetrators only, or victims and perpetrators together. All three formats of approach lead to resolution of the problem at hand. Discussions that include perpetrators include outcomes such as apologies being made, participation in counseling, and improved accountability to partners and PIA members that reduces recurrence of violence.
- ❑ PIA members are observant of instances of violence occurring as they go about their day-to-day activities, and step in to interrupt violence when this is feasible. Disruption of violence de-escalates the severity of violence, although it is not always practical for PIA members to provide or prompt ongoing support towards conflict resolution.
- ❑ Around one in seven responses include referral to services for counseling or other support – and this is aided by PIA members being aware of available services for referral. Telephonic support and counseling via the Stop Gender Abuse Helpline is also a useful point of referral.
- ❑ A quarter of responses included involvement of police or referral to legal services or processes, which illustrates that violence that is encountered is severe enough to merit such responses. Such referral includes accompanying victims to the police station when they require such support.

### ***What were the outcomes of actions reported?***

Figure 10 illustrates the distribution of outcomes of actions to address violence. Most action narratives included a reference to, or illustrated a resolution of conflict.



**Figure 10 Outcomes of actions**

Nearly half of the responses (48%) led to resolution of immediate conflicts, and around a quarter (24%) included a legal outcome such as arrest, an interdict or a protection order. One in seven (14%) included resolution through counseling, and 6% improved community safety. In 9% of narratives, the outcomes were unclear.

**Resolutions of conflict** were largely related to speaking to either the victim and perpetrator together, or separately, or having authorities intervene. Responses included apologies and commitments to ongoing care between partners. **Arrests, interdicts and protection orders** were outcomes in cases of severe incidents of violence, or cases of ongoing and unresolved violence. **Resolution through counseling** typically involved referral to services or professional counselors, as most PIA members do not themselves have counseling training. Responses in these various categories are illustrated in many of the narratives further above.

**Improvements in community safety** were usually related to addressing more general violence and improving the safety of community spaces. Narratives reviewed in this analysis excluded the establishment of violence free zones, which occurred from July 2012 onwards. The example below provides insight into community safety improvements prior to the violence free zone initiative:

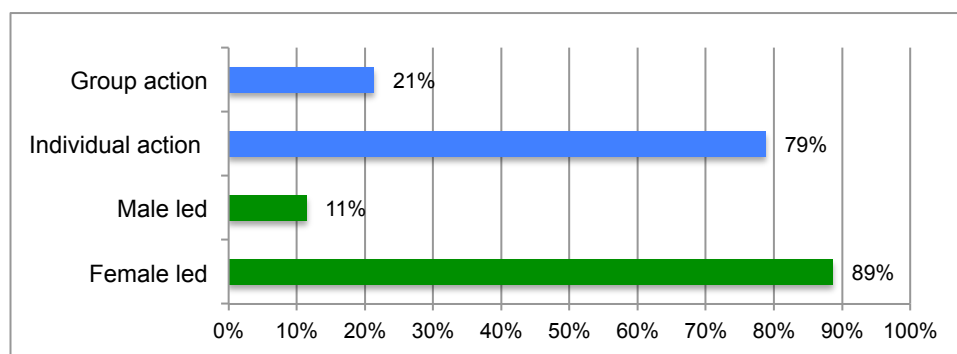
*The community has taverns and both genders are so violent at these venues. The CE asked for permission from a tavern owner to talk to the customers about the gender-based violence going on around his place. At first he was reluctant as he felt this might negatively affect his business. The CE then talked to him about the high rate of gender based -violence in the community and the influence of alcohol. He agreed that some action needs to be taken to stop violence from continuing. The CE followed up by holding talks and distributing materials. It seems that the presentation made a positive impression since there are now quiet nights in the area (eThekweni District).*

Findings regarding the outcomes of actions include:

- ❑ A typical outcome to PIA members responding to VAW and other forms of violence was direct resolution of conflict in the period immediately following the occurrence.
- ❑ In situations where police or legal responses were involved, arrest of perpetrators and/or issuing of interdicts or protection orders were a typical outcome.
- ❑ Where PIA members were not themselves able to assist in resolving the problem, referral to other service providers for counseling and support led to resolution.
- ❑ While action reports included information on resolution of violence following intervention, outcomes were not always clear, and PIA members were not always able to document processes that occurred following their intervention.
- ❑ Apart from addressing interpersonal conflict, a subset of actions addressed community safety in general. This included activities in emerging violence free zones and engaging with risky contexts such as alcohol venues.

### *Actions by group vs individual response and gender*

Figure 11 illustrates the distribution of group versus individual led responses. Most responses were individual led (79%) compared to 21% for group responses. Most responders were also female (89%), which is largely a reflection of the predominantly female membership of PIA.



**Figure 11**      **Actions by group vs individual and gender**

**Individual and group responses** are illustrated in many of the examples further above. Group responses included promoting PIA in the community. Group responses were also more likely to occur in instances where violence was severe, or where female PIA members drew on the support of male members to speak to male perpetrators, as the following example illustrates:

*The men in a PAG had stopped the man who was physically abusing his wife. They approached him to talk as men. They introduced PIA movement and gave him an ultimatum that if he did not stop they will report the matter to the police and deal with him as private individuals as well. The man stopped beating the woman from that day (eThekweni District).*

The proportion of **female and male led responses** related to PIA membership distribution and also to levels of exposure to VAW. Men also often intervened in situations where attitudes of other men were addressed, or situations where other men spoke of intending to harm their partners, as the following examples illustrate:

*One evening a male CI was chilling with his friends. Because they seemed bored, he decided to play the PIA Action DVD for them. Afterwards they had a long debate on how they saw themselves contributing to VAW. Some responded negatively, and some really wanted to change their society and how they view women, especially as young men. Ever since then, he has encouraged debate and dialogue with his peers (Khayelitsha).*

*A male CI reported that couple of weeks ago he was at a braai with his friends. One of his friends had a fight with his girlfriend. The friend said that he wanted to beat and ridicule his girlfriend in front of everyone. The CI got upset at that kind of attitude from his friend. He said to the friend that if he was going to beat his girlfriend, it would be better if they were no longer friends as he did not need a friend who was abusive towards women. As a result, the friend did not beat his girlfriend, and a few days later, he apologized for his intentions, and reported that*



*his relationship was happy. The CI has accepted his friend again, and is happy for the stand he took. The friend has now joined PIA and has attended two training sessions and is 'doing his bit' in fighting violence against women (Khayelitsha).*

Findings regarding group and individual response and responses by gender:

- ❑ Responses to VAW and violence in general have been addressed by PIA members as individuals and groups. Group response is a useful format to address more severe forms of violence.
- ❑ Male PIA members are strongly committed to the ideals of VAW prevention and adopt innovative ways of engaging with their peers on the issue. This includes being steadfast in promoting values that foster respect for women and that reject violence as a means to address problems in relationships.

### 4.3 Findings from a survey of community members in Wentworth and Khayelitsha

As described further above, a survey was conducted with community members who lived in areas where they were likely to have been exposed to the PIA program.

Participants were asked to indicate their perceptions of the prevalence of violence including VAW in their communities (Table 3). Overall, both communities were perceived to be seriously affected by violence with 82% of participants in Wentworth and 58% of participants in Khayelitsha agreeing that violent crime was a problem. Around nine out of ten participants (91%) agreed that alcohol abuse and drug abuse (87%) were factors causing violence in the communities – and this was similar in Wentworth and Khayelitsha. More than two thirds (70%) felt that their communities were not safe for women outside at night. Around half of participants (56%) agreed that men in their communities often hit their girlfriends, and levels of agreement were significantly higher in Wentworth (73%) and among women (62%). Two fifths of participants (40%) agreed that men experienced violence from their girlfriends and this was significantly higher in Wentworth (52%). Half of the participants (50%) agreed that women were often raped in their communities, and this was significantly higher in Wentworth (67%). Most (87%) agreed that alcohol abuse caused VAW in the community.

More than a fifth of participants had personally experienced violent crime where they were threatened with a gun or knife (31%) and this was significantly higher in Khayelitsha (31% vs 13%). Partner violence towards a female friend in the past year was mentioned by 31% of participants, and a female friend reporting such violence to police was mentioned by 22%. Around one in eleven participants (9%) mentioned that a female friend had reported being raped to the police. Of participants in relationships, around one in eight reported either being hit by their partner or hitting their partner in the past month. Being hit by ones partner was reported at similar levels by men and women (13% vs 14%), but hitting one's partner was more likely to be reported by men in comparison to women (17% vs 11%). Partner physical violence was more likely to be reported in Khayelitsha.

**Table 3 Perceptions of the prevalence of violence at community level**

n	Total 590	Male 286	Female 304	Went. 295	Khay. 295
<b>Perceived community level violence and partner violence</b>					
Violent crime where people are hurt or threatened by violence is a problem in this community (Agree)	70%	58%*	81%*	82%*	58%*
Abuse of alcohol causes general violence in this community (Agree)	91%	88%	94%	95%*	87%*
Abuse of drugs causes violence in this community (Agree)	87%	85%	89%	89%	85%
In this community it is not safe for a woman to be outside late at night (Agree)	70%	66%	73%	76%	64%
Men in this community often hit their girlfriends (Agree)	56%	50%*	62%*	73%*	40%*
Men in this community often experience violence from their girlfriends (Agree)	40%	36%	43%	52%*	28%*
In this community, girls and women are often raped (Agree)	50%	38%*	61%*	67%*	33%*
Abuse of alcohol causes VAW in this community (Agree)	87%	82%	92%	93%*	81%*
<b>Personal experiences of violence and VAW</b>					
In the past year have you been a victim of a violent crime where a gun or knife was used to threaten or harm you? (Yes)	22%	26%	18%	13%*	31%*
In the past year, a personal female friend of mine has complained that her husband/boyfriend/partner has hit her	31%	24%	38%	28%	34%

In the past year, a personal female friend of mine has reported violence by her husband/boyfriend/partner to the police	22%	21%	24%	23%	22%
In the past year, a personal female friend of mine has reported being raped to the police	9%	7%	11%	6%	12%
<i>Currently in a relationship (Yes, n=295)</i>	50%	56%	44%	41%	59%
In the past month, has your partner hit you with a fist or slap? (of yes)	13%	14%	13%	6%	18%
In the past month, have you hit your partner with a fist or slap? (of yes)	14%	17%	11%	7%	19%

\* Statistically significant differences found by sex and place

Participants were asked about explanatory ‘norm’ statements that had been identified during the development of the province-wide baseline survey in 2009 (Table 4). The findings are consistent with the levels of disagreement with these statements that were found at baseline and illustrate that the vast majority of participants do not support partner violence in either direction. There was also strong disagreement with keeping silent about partner violence or not taking action. Responses were similar between men and women and between the two communities with the exception of the statement ‘When a man hits his wife or girlfriend, it is a sign of love’ – men were significantly less likely to disagree with this statement than women, and participants in Khayelitsha were also less likely to disagree.

**Table 4 Perceptions of explanatory ‘norm’ statements**

n	Total 590	Male 286	Female 304	Went. 295	Khay. 295
It is okay for a man to hit his wife when they have a disagreement (Disagree)	96%	94%	98%	99%	94%
It is okay for a woman to hit her husband when they have a disagreement (Disagree)	96%	95%	97%	95%	98%
When a woman has been abused by her husband through being hit, she must NOT tell others about it (Disagree)	86%	82%	88%	84%	87%
When a man has been abused by his wife through being hit, he must not tell others about it (Disagree)	85%	84%	87%	83%	88%
When a man hits his wife or girlfriend it is a sign of love (Disagree)	88%	83%*	93%*	94%*	82%*
When it is known that a man hits his female partner, family members should not do anything about it (Disagree)	84%	84%	84%	82%	85%
When it is known that a woman hits her male partner, family members should not do anything about it (Disagree)	84%	84%	83%	82%	85%
If you knew that a woman in your family was being hit by her husband or boyfriend, would you keep silent about it (Disagree)	88%	90%	87%	91%	86%

\* Statistically significant differences found by sex and place

Participants were asked to mention organizations in their community that could help women who experienced partner violence (Table 5). The question was not prompted by possible responses and multiple organizations could be mentioned. The main resource organizations mentioned were police services (67%), clinics and hospitals (35%), social welfare services (28%) and churches/FBOs (10%). Partner organizations of the PIA movement were also mentioned at varying levels. While Prevention in Action and Brothers for life are not organizations per se, they were mentioned by 13% and 9% of respondents respectively – and at higher proportions in Wentworth than in Khayelitsha.

**Table 5 Perceptions of organizations that can help women who experience partner violence**

	<b>Total</b> 590	<b>Male</b> 286	<b>Female</b> 304	<b>Went.</b> 295	<b>Khay.</b> 295
Police services	67%	74%*	60%*	55%*	78%*
Clinic / hospital	35%	43%*	27%*	17%*	53%*
Social welfare services	28%	38%*	18%*	17%*	38%*
Churches/FBOs	10%	16%	5%	9%	12%
Wentworth organization of women (PIA partner)	49%	48%	50%	49%	-
Wentworth Victim Friendly Centre (PIA partner)	40%	18%	59%	40%	-
Nonceba Family Counseling Centre (PIA partner)	47%	52%	42%	-	47%
Rape Crisis (PIA partner)	18%	27%	9%	-	18%
Prevention in Action (PIA)	13%	14%	11%	18%	7%
Brothers for life (PIA partner)	9%	14%	4%	13%	5%

\* Statistically significant differences found by sex and place

Participants were asked about their perceptions of change in relation to VAW in their communities in the past year (Table 6). Similar proportions of participants agreed that the phenomenon was either decreasing, increasing or staying the same (31%, 35%, 34%). Reasons for decrease or increase were unprompted and allowed for multiple mentions. Reasons for decreases in VAW were largely attributed to people in the community taking action – notably women (68%), the police (48%), neighbors (39%), members of PIA (34%) and men (29%). Police action was perceived as more prominent in Khayelitsha (70%) in comparison to Wentworth (25%), while PIA members taking action was more prominent in Wentworth (40% vs 28%). Reasons for perceived increases were largely related to environmental and economic factors – for example, drug abuse (72%), alcohol abuse (70%), and unemployment (46%). About two fifths felt silence (41%) or fear (38%) including fear of perpetrators (37%) were factors. Lack of action by people in the community was mentioned by around two thirds of participants (36%). Other factors included gangsterism (35%), stress (29%), lack of police action (28%), lack of neighbour action (22%), among others.

**Table 6 Perceptions of change in VAW over the past year**

<b>When it comes to VAW in this community in the past year, would you say it is decreasing, increasing, not changing at all?</b>	<b>Total</b> 590	<b>Male</b> 286	<b>Female</b> 304	<b>Went.</b> 295	<b>Khay.</b> 295
Decreasing	31%	36%	27%	31%	32%
Increasing	35%	22%	48%	48%	22%
Not Changing at all	34%	43%	25%	21%	46%
<b>Reasons for decrease (n=185)</b>					
Women in this community are taking action when there is VAW	68%	77%	55%	65%	70%
The police are taking action	48%	46%	51%	25%	70%
Neighbors are taking action	39%	50%	27%	37%	42%
Members of PIA are taking action when there is VAW	34%	42%	23%	40%	28%
Men in this community are taking action when there is VAW	29%	36%	20%	21%	37%
Family members are taking action	26%	31%	20%	12%	40%
There are stickers/posters/signs in this community about preventing VAW (Prevention in Action)	21%	29%	11%	21%	21%
There are PIA violence free zones in this community	18%	25%	11%	12%	25%
'I have personally taken action'	14%	19%	7%	7%	20%
Organizations in the community are taking action when there is violence against women	13%	17%	8%	9%	15%
Living conditions are improving	16%	22%	10%	8%	25%

<b>When it comes to VAW in this community in the past year, would you say it is decreasing, increasing, not changing at all?</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Went.</b>	<b>Khay.</b>
	590	286	304	295	295
Other	11%	11%	11%	18%	4%
<b>Reasons for increase (n=208)</b>					
Drug abuse is a problem in this community	72%	60%	77%	73%	70%
There is too much alcohol abuse in this community	70%	52%	78%	69%	73%
There is a lot of unemployment	46%	35%	50%	48%	42%
Women are silent about abuse	41%	34%	44%	39%	46%
People are scared to speak out	38%	32%	41%	36%	44%
People fear the perpetrator	37%	26%	41%	34%	42%
People are NOT taking action when there is violence against women	36%	37%	35%	33%	42%
There is a lot of crime or gangsterism	35%	31%	37%	29%	47%
There is a lot of stress in the community	32%	26%	35%	28%	42%
People mind their own business	29%	26%	31%	26%	36%
The police are not taking action	28%	25%	28%	28%	26%
Neighbors are not taking action	22%	19%	23%	19%	27%
Family members are not taking action	14%	13%	15%	16%	12%
Organizations are not taking action	14%	8%	16%	10%	21%
Other	6%	8%	6%	9%	1%

There was an overall high awareness of the PIA program and logo, with 70% of participants having seen it, although this was significantly more likely in Wentworth than Khayelitsha (85% vs 55%). When asked without being prompted, to indicate the meaning of the logo, most participants mentioned 'Prevention in Action' (50%), and this was followed by seeing the logo as promoting community members working together to deal with VAW (39%), or taking action to prevent VAW (37%). The logo was also associated with general violence.

**Table 7 Awareness of the PIA logo and meaning**

	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Went.</b>	<b>Khay.</b>
	590	286	304	295	295
Have you seen the Prevention in Action logo? [Showcard used] (yes)	70%	67%	72%	85%*	55%*
<b>What does it mean (of yes)</b>					
Prevention in Action	50%	46%	53%	56%*	39%*
The community must work together to deal with VAW	39%	30%	47%	32%*	49%*
Community taking action to prevent VAW	37%	34%	39%	35%	39%
Community taking action to prevent any violence	34%	26%	41%	30%	40%
Violence affects people from all walks of life / all people	27%	21%	31%	23%	32%
Other	15%	19%	11%	19%	9%

\* Statistically significant differences found by sex and place

Participants were most likely to have seen PIA stickers in their community (70%), PIA members wearing branded clothing (64%), and Violence Free Zone signs (60%) and all were significantly more likely to be mentioned in Wentworth. Around a quarter of participants had attended a PIA event (29%), and around one in eight (13%) knew of a person who had been helped by PIA, including friends (11%) and family members (6%), while 6% were also themselves helped directly. Direct exposure was more likely in Wentworth in comparison to Khayelitsha.

Two fifths of participants (40%) were aware of a national tollfree helpline that addressed VAW.

**Table 8 Awareness of PIA program activities and enagement with the program**

	Total 590	Male 286	Female 304	Went. 295	Khay. 295
Do any of the following apply to you					
I have seen Prevention in Action stickers in my community	70%	67%	73%	86%*	55%*
I have seen people wearing Prevention in action T-Shirts/Jackets in my community	64%	61%	67%	81%*	47%*
I have seen Violence Free Zone signs	60%	57%	64%	78%*	42%*
I have attended a meeting / rally / event involving PIA	29%	28%	31%	35%	24%
I know of a person in this community who has been helped by PIA	13%	13%	14%	16%	10%
A friend of mine has been helped by people from PIA	11%	12%	9%	13%	9%
A family member of mine has been helped by PIA	6%	8%	5%	7%	5%
I have personally been helped by Prevention in Action	6%	7%	5%	7%	5%
Do you know of a national helpline that gives free advice about VAW? (yes)	40%	36%	43%	39%	41%

\* Statistically significant differences found by sex and place

Participants who were aware of PIA were compared to those who were unaware of PIA. Awareness was defined as knowledge of the PIA logo, exposure to PIA components, participation in PIA events, and knowing or having been helped by PIA. Participants who were aware of PIA were significantly more likely to say they would speak out or take action in response to VAW; were significantly more likely to perceive community members as helping others in the community, and were significantly more likely to leave a partner who was violent towards them.

**Table 9 Relationship between exposure and VAW attitudes**

	Total 590	Unaware of PIA 124	Aware of PIA 466	P Value
If you knew that a woman in your family was being hit by her husband or boyfriend, would you keep silent about it (Disagree)	88%	84%*	90%*	P=0.001
If you saw a man hitting his wife or girlfriend would you think it is okay, because she must have done something to deserve it (Disagree)	83%	72%*	86%*	P<0.0001
People usually avoid helping others in this community (Agree)	63%	52%*	66%*	P=0.002
If you were in a relationship and your partner hit you often, would you end the relationship (Agree)	73%	57%*	77%*	P<0.0001

#### 4.3.1 Implications of survey findings

Violent crime is common in both study communities and community members strongly attribute such violence to alcohol and drug abuse, with alcohol also being said to underpin VAW. Direct experiences of criminal violence affected around a third of participants in Khayelitsha, while participants in both communities highlighted having friends who had experienced VAW at similar levels – although knowing someone who had reported being raped was twice as high in Khayelitsha.

The findings also illustrate an inverse relationship between perceptions and experiences of violence – for example, participants in Khayelitsha were significantly less likely to agree that violent crime was a problem in comparison to Wentworth (58% vs 82%), yet 31% in Khayelitsha had themselves directly experienced violent crime in comparison to 13% in Wentworth. This inverse relationship suggests that participants in Khayelitsha are more accustomed to violence and this reduces their perception that it is overly prevalent, whereas in Wentworth, participants have an elevated sense of higher prevalence of violence, even though they are less directly exposed to it.



The two communities are not considered to be safe for women at night and more than half of participants felt that men often hit their female partners, half agreed that women were often raped, and two out of five also agreed that women hit their male partners. Participants in Khayelitsha were more likely to report having been hit by their partner than in Wentworth (18% vs 6%). It is also important to note that physical partner violence is bi-directional at similar levels. For example, 14% of men who were currently in a relationship said their partner had hit them in the past month, with much the same proportion of women (13%) agreeing that this had occurred. Although a higher proportion of men (17%) of men in comparison to women (11%) agreed with the follow-on question asking whether they had hit their partner, the finding confirms that both men and women are perpetrators of physical violence in relationships.

Although there are variations in perceptions and direct experiences of violence and VAW reported in both study communities, the overall finding is that violence and VAW are pervasive in both communities and it remains relevant for programs concerned with public health to reduce such violence.

As with the provincial survey conducted in 2009, the vast majority of participants rejected the explanatory ‘norm’ statements regarding the acceptability of VAW, partner violence, and being silent or failing to act in response to partner violence. It remains that the police services are seen as the main entities providing assistance to women who experience partner violence, with clinical and social welfare services also being mentioned. In both Wentworth and Khayelitsha, some PIA partners were mentioned by around half of participants – Wentworth Organization of Women, Wentworth Victim Friendly Centre and Nonceba Family Centre. While PIA itself was only mentioned by 13% this is potentially due to PIA not being an organization, but rather works through partner organizations which provide support services more directly.

Participants had mixed views about whether VAW had changed in their communities over the past year – with an equal distribution between perceptions that it was increasing, decreasing, or staying the same. Among participants who perceived a decrease, there was a strong attribution to women, police, neighbors, PIA members, men and families taking action in response to VAW. This is illustrative of an understanding that PIA responses contribute to reduction of VAW.

Among participants who were of the view that VAW was increasing, attribution was made to endemic underlying problems such as drug abuse, alcohol abuse, unemployment, silence and fear, gangsterism, stress and lack of concern about others. The findings here also re-emphasize the importance of attribution to alcohol and drugs contributing to violence as shown in Table 3 – and the equal weight of attribution given to both alcohol and drug abuse suggests that both are severe underlying problems in the two communities.

There was an overall high awareness of the PIA logo in Wentworth (85%), although only around half of participants in Khayelitsha were aware of the logo. This illustrates variations in the level of saturation of communication materials between the two areas. Notwithstanding these variations, participants who were aware of the logo predominantly associated with the term ‘Prevention in Action’ or the values linked to the PIA program – ie. taking action or working together to address VAW or violence in general.

All participants were asked whether they had seen various elements of the PIA program. The majority in both communities had seen stickers, and in Wentworth, majority awareness also extended to having seen people wearing PIA branded items or Violence Free Zone signs. In Khayelitsha, awareness of

these items was significantly lower. More than one in ten participants were aware of a person in the community who had been helped by PIA, and there was also an indication given by between 5% and 13% of participants that their friends and family members had been helped, or that they themselves had been helped.

While the small sample, and household level sampling approach don't allow for sufficient statistical power to analyze or attribute differences between participants who were exposed and not exposed to PIA, variances were found in relation to exposure, with those who were exposed being more likely to respond to address VAW or partner violence, or to perceive community members as being more proactive when it came to helping others.

#### 4.4 Findings on perspectives on program management and partnerships

The following section consolidates findings emerging from IDIs conducted with key staff members of the implementation team at PCI and the two Networks, as well as representatives of sector partner organizations. Data was collected on the basis of confidentiality and direct quotations are therefore presented without clear identifiers, apart from indicating whether the person being quoted is a member of the implementation team or a partner representative.

##### 4.4.1 Research and conceptual development

Research was an ongoing activity that was described as a *'rolling ball'* that informed the evolution of the program through identifying gaps and opportunities and that drove *'creativity and innovation'*. This included a number of important key moments where research prompted new directions or established foundational elements for the program. For example, the survey conducted at the outset of the program guided new thinking and served as a turning point. As an implementing team member observed: *"That was definitely an absolutely critical point that made us stop and rethink. And we spent quite a bit of time trying to figure out exactly where this project needed to move"*.

Contextual insights were aided by the implementation 'Action Media' workshops in each of the provinces, which led to the development of the logo and slogan for the program, as well as providing insights into community-level approaches to prevent VAW that *'drove and fed the program communications'*. It was observed that the iterative testing of the logo and slogan following the workshops ensured that the emerging concepts were shaped through participation, and were validated for the intended purpose: *"Everybody was thrilled about it – the approval came from them"*. The Action Media approach was also said to have served as a foundation for the development of the *'model'* for the program.

*'Action Meetings'* with PIA participants were a follow-on research activity that allowed program managers to understand whether actions to prevent VAW had emerged as a product of the first few months of diffusion activities. During these meetings a number of *'actions'* were identified and documented on video. This period was said to have marked the shift from processes of *'engineering communication content, to capturing content'*.

Following an extended period of implementation, research activities informed the development of Violence Free Zones. The latter were initiated by the development of community level partnerships through creating a leadership structure that linked PIA members in the communities with various community stakeholders and partners. The emerging PIA Committees then became the foundation for the establishment of Violence Free Zones, which, as an implementing team member put it, represented the opening of the *'flower of the program'*. PIA committees were grounded in research with PIA members that explored ways to consolidate and entrench activities as the number of VAW prevention actions escalated. Specifically, there was an interest in moving beyond the vertical leadership of the PIA concept that occurred through implementing partners, towards fostering horizontal engagement between PIA participants that allowed for leadership at community level.

While the continuous nuancing of program activities in response to research findings was said to take implementers *'out of their comfort zones'*, there was a strong commitment to participatory engagement and *'continuous learning'*. As a program staff member observed:

*Everything that we produced and everything that we put together to form the next step was from those small focus groups within the process evaluation system. The violence free zones... these are also the things that came from the participants themselves. We never decided on them. We consolidated their ideas.*

#### **4.4.2 Management and implementation**

In 2009, the budget cut, in combination with the baseline survey findings, led to reshaping of the program. A significant shift was the transition from province-wide intervention areas to activities conducted at District and community level. This shift reoriented the program towards a research and development approach that included implementation in two focal communities that would serve as case studies.

Objectives for the sub-contracts between PCI and the Networks included a capacity building component that allowed the Networks to shift their administrative systems towards supporting an evolving program that was directed towards social mobilization. To address needs for intensive support to the program, funds were committed to meeting most of the staff salaries and direct office costs of each Network. As a consequence, this arrangement required prioritization of PIA program activities relative to other aspects of the work of the Networks – for example lobbying, advocacy and capacity building member organizations. The need for intensive support to the PIA program led to a hiatus in many Network functions and, as a consequence, it was difficult for the Networks to mobilize their member organizations at times when collective action was needed.

In contrast to this limitation, it was acknowledged that the Networks had ‘grown immensely’ through capacity development and support to their organizational development, with management, financial and administrative systems being significantly strengthened. By the end of the program period, it was observed that the Networks had developed considerable ‘intellectual and physical assets’ from which they could continue to build.

The development of skills and capabilities in relation to monitoring were strongly appreciated by staff at both Networks – particularly the Routine Data Quality Assessments (RDQAs) and the *SalesForce* data management system. As one implementation team member put it: “*SalesForce just streamlined everything... It made the program manageable... Suddenly [planning processes] became a lot more manageable and a lot more practical and real and enabled me to manage the program*”. Another team member observed that the *SalesForce* system allowed identification of program participants who were ‘movers and shakers’ and who were ‘growing the movement’. *SalesForce* was also utilized for managing logistical arrangements such as distribution of materials, cellphone airtime and refreshments for meetings, with financial managers, administrative and program implementation staff being trained in the system. The approach simplified reporting against PEPFAR targets and was considered to have contributed to integration of monitoring and evaluation systems by the implementation staff team.

The process of reporting actions through a call-back system based on SMS requests resulted in thousands of action narratives being captured into the *SalesForce* system. However, it was also

acknowledged that prompting PIA members to report actions was no easy task.<sup>28</sup> As one implementation team member outlined:

*We motivated, we pushed, we trained, we went in the field, we did everything we could but it was so difficult to get people to change their mindsets on reporting actions because some people would do something and they didn't know it was an action, you know. So there was a little bit of a struggle on that one.*

#### **4.4.3 Partnerships**

Partnerships between the implementing Networks and organizations in each province were guided by Memorandums of Understanding (MOUs) that commitment to training and outreach targets, and incorporated modest funding for activities. It was noted that partners had to be carefully selected to ensure good fit with the principles of the PIA program as well as having the capacity to meet targets in the specified locales.

The structure of the program – comprising CEs, CIs and PAGs – offered a good fit with a range of organization types while allowing for a consistent vision of VAW prevention to be incorporated into the activities of partners. Partner organization managers mentioned involvement in PIA as offering a good ‘*return on investment*’ for both parties with output targets being approached with ‘*zeal*’. The extent of community participation and ownership of the program was described as impressive and innovative by partner managers, with the approach ‘*adding value*’ in relation to organizational goals for addressing VAW.

Challenges that impeded implementation of the PIA program included turnover of staff managing the process in a minority of organizations as well as retention of CEs and CIs (some of whom withdrew as a product of loss of interest, finding employment or changing residential arrangements).

For some partners, PIA activities were directly linked to social mobilization objectives, whereas for others, activities extended the functions of employees and volunteers. Some partner organization managers mentioned that PIA responsibilities contributed to fundamental changes in the nature of work of their organizations – for example, changing the balance between a counseling focus and an outreach focus, or needing to address too intensive a focus on PIA activities at the expense of normal organizational activities.

Some partners felt that the evolving training curriculum was unwieldy as it was difficult to be clear on ultimate directions of the program. Specifically, during the course of implementation, output goals shifted as the PIA program evolved.

The overall structure of the PIA membership was considered to be valuable and was acknowledged as readily fostering action for VAW prevention. The PAG structure was said to be particularly important, given that previous resistance to taking action was centered around the risks of responding as an individual – whereas the PAG structure provided for ‘*safety in numbers*’. CEs and CIs also took action in groups independently of PAG structures.

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<sup>28</sup> An alternative approach introduced towards the end of the program was to ask CEs to gather narratives from CIs directly using a narrative template. This approach was said to be effective, although action narratives were gathered at a much slower pace and it is unclear whether the approach would work on a sustained basis.

Given that output targets required a reach to 12,000 participants, flexibility was allowed in terms of determining the number of CIs allocated to each CE. It was felt that at times this had been unwieldy, and that it was preferable to have each CE be responsible for two to three groups of CIs with associated PAGs, rather than much larger numbers. This would allow CEs to invest more time with their respective CIs. Another aspect pertaining to the PIA participant model was the extent to which financial support should be provided to CEs – for example, CEs were volunteers who received stipends, and it was felt that there was potential to shift this approach to salaried positions.

A number of partners had relatively small budgets and faced ongoing funding challenges for their broader activities. This raised concerns when partnering with an entity – the PIA program – that appeared to have excessive funding as evidenced by events and activities that were obviously costly. It was felt by some partners that higher levels of financial support to the partnership arrangements should have been considered. A related concern was a perceived lack of involvement and consultation when planning community events and activities. It was also felt that there were inconsistencies in logistical support to the program – for example, difficulties in timeously supplying communication materials, or disappointments brought about by late delivery of certificates. Deadlines were also imposed for activities or reach targets that were also perceived to be unmanageable at times.

#### **4.4.4 Communication approaches**

Branded utility items such as T-Shirts, bags and jackets ensured identification with the program and provided impetus to the sense of a social movement. These items were recognized for their value in incentivizing PIA participants and were spoken of by partners as being *‘worn proudly’*. Consistent approaches to reproducing the logo throughout various materials and the adaptive use of the colors of the logo enabled *‘brand building’*. The approach was described as innovative and imaginative, and was described by a partner representative as having *“brought in a colorful, creative atmosphere – and even if you were skeptical, you would come through and say, okay, let me just see what’s happening because, this looks good”*.

Attaching meaning to the evolving brand occurred incrementally, and it was highlighted that it took time for PIA participants to develop a consensus in understanding of the concept. As a member of the implementation team highlighted: *“You don’t just go and take 2, 000 people all at once and expect them to be on the same page”*.

An important shift between 2009 and 2010 was the budget cut that limited opportunities for expenditure on mass media, which prompted *‘having to think more creatively and think more resourcefully’* when it came to reinforcing the PIA concept and amplifying core ideas. This contrast was described as moving from *‘pushing from the top down’* to *‘amplifying from the ground up’* through drawing on experiences of PIA members in communities.

The interactive approaches to communication were appreciated – including performances that took place during community events. Video portrayals of action narratives were highlighted as an innovative approach for disseminating action concepts. It was noted that these narratives were captured in *‘raw form’* without a brief or script to portray *‘real stories about real people’*, and with limited editing of the final products. The development of the narratives into DVD formats offered an accessible means for PIA participants and community members to disseminate information, as DVD players were readily available. Innovation also extended to adapting social media platforms such as *Facebook* and *YouTube* to disseminate content to partners, implementation team members and a subset of PIA participants who



had internet access. This documentation of a large number of narratives from a wide range of PIA participants was also said to foster a sense of inclusion.

Communication materials were an important complementary resource for training activities, with specific materials being developed in support of phases in the session-based curriculum. As a partner representative pointed out: *“That was good, because when you were going and doing these sessions you were not just talking. People had something to work from and I think that helps... What they developed, was visual, as well, participants could see it – it wasn’t just a pamphlet with writing.”*

The stickers were described as ‘*amazing*’ as a product of their versatility in disseminating the logo and slogan in community spaces, homes and on vehicles as well as providing an indication of endorsement of the PIA concept. This included unexpected responses – for example, a decision taken by a Taxi Association in Phoenix to place PIA stickers on all their taxis.

During focal periods such as ‘*16 Days of Activism against Violence Against Women*’, activities included events incorporating large screen displays, music, dance and sharing of stories. It was acknowledged that such activities were resource intensive and were likely not to be replicable under more modest budget regimes, while outcomes and benefits were not readily quantified. Similarly, it was noted that the benefits of investment by the program in extending the hours of the national tollfree Stop Gender Violence Helpline could not be quantified. Such investments were recognized as ‘*part of the learning process*’.

#### **4.4.5 Sustainability**

In reflecting on sustainability of the program beyond the end of the funded period, there was a strong overall sense that PIA members and communities were committed to the PIA concept, and that activities were likely to continue. This was said to be probable in the case of Violence Free Zones which had been brought about by an organized response. Similarly, the PIA logo, slogan, provided a foundation for ongoing response.

There were concerns that the transition to a state of zero funding would make certain functions impossible – for example, funds for transport for CEs, or costs related to bringing CIs and other participants together. Meeting of costs by participants themselves was not possible, given that the vast majority were unemployed and did not have surplus funds to contribute to activities. No longer having access to communication materials was also expected to hamper awareness raising and amplification of actions – although it was noted that the history and ‘*story*’ of the PIA concept would continue to be available on *Facebook* and through existing materials. It was felt that some CIs would lose interest in the program and that sustainable activity would inevitably be driven by a smaller core of committed CIs, CEs and PAG members. PIA Committees and Violence Free Zones were also well positioned for continuation.

It was acknowledged that the Networks and partner organizations provided an important driving impetus to ongoing activities during the implementation period, and there was potential for such support to be continued. Partner organizations that had a strong volunteer base such as faith-based organizations could readily continue, given that their structures were not strongly dependent on funding. In Khayelitsha, for example, CEs were entrenched within the JCC structure, while the PIA concept was also readily sustained as part of crime prevention advocacy conducted by the police services. Larger, service-based organizations infrastructure and funding base to continue PIA activities without necessarily needing additional funds although it was pointed out that the funding environment

remained challenging. For example, international donors were phasing out direct funding of NGOs, while local funding through entities like the National Lottery Fund could not be relied upon as their approach to funding was inconsistent.

The partnership with Brothers for Life, which was part of the Gender Challenge Fund initiative in Wentworth, was said to have potential for continuation. There was also interest from people in neighboring communities who had been exposed to the changes in the PIA communities. Endorsements of the PIA program – for example, as had occurred through the KwaZulu-Natal Premier’s Office, were acknowledged to have helped to validate the importance of the PIA approach and were also seen as contributing to sustainability.

## 5. DISCUSSION

The PIA Program has emerged through a multi-phase adaptive and experimental approach to program development leading to the design of a robust model for community mobilization to address VAW.

### 5.1 Development of the PIA Intervention Model

The development of the PIA program fell within a well-funded initiative to address gender-based violence in two provinces in South Africa as part of the United States Government's PEPFAR program. The first year of operation included following a theoretical framework that sought to mobilize partners in multiple sectors through two province-based networks to transform '*social norms*' that were assumed to be driving VAW. Overcoming passivity was the core of the program approach through transforming '*inaction in response to VAW*' to '*action in response to VAW*'. This was clearly an appropriate starting point for a new direction in addressing VAW.

The progress of the program was strongly grounded in a communications strategy that utilized mass media including print, broadcast and outdoor media complemented by a 'public relations' strategy and events that expanded understanding of the issue of violence in relationships with a particular emphasis on VAW.

There was a strong commitment to the integration of research, monitoring and evaluation at the outset of the program, and it was this orientation that guided the program towards developing a revised program as a product of the budget cut and research findings that showed that the assumed 'social norms' were not upheld by people in the two provinces.

Participatory research processes provided a sound basis for the development of the '*Prevention in Action*' slogan and logo and provided a conceptual anchor for subsequent activities. Similarly, participatory research through '*Action Meetings*' with PIA participants informed understanding of ways that community members could take action to prevent VAW, and formed the basis for the amplification of examples of action that prompted ongoing prevention activities. Analysis of the action narratives illustrates the diversity of organic strategies for action as well as providing insight into the constituent components of VAW prevention: interruption of VAW as it occurs (which disrupts occurrence and decreases severity), engagement with victims and perpetrators (which allowed victims and perpetrators to develop strategies for non-recurrence of VAW), and resolution of VAW (where pathways followed to prevent recurrence of VAW). Research meetings also informed understanding of formats of organized response at community level, leading to the conceptualization of PIA Committees (PACs) and the initiation of Violence Free Zones.

A robust monitoring system guided reporting of output indicators for USAID/PEPFAR as well as documenting activities such as training of CEs and CIs, narratives of action and media reports promoting the program. The customized interface developed for *SalesForce* usefully facilitated monitoring processes and was strongly appreciated by the management team in PCI and the two Networks. Reports and dialogues on *Facebook* also served as a way for program implementers including sectoral partners to share ideas and document activities through informal reporting and uploading of photographs. Video recordings also captured narratives of action.

Key program activities led to the refinement of a PIA Intervention Model that can be understood as involving four core pillars of intervention as illustrated further above in Figure 5. This includes

- ❑ An overarching *implementation team* to lead the process – in this instance, PCI in partnership with the two province-based networks. PCI and the networks managed MOUs with sector partners and led the program through training, capacity development, operational research and monitoring.
- ❑ *Sector partnerships* with organizations that include VAW prevention within their mandates – for example, non-governmental organizations, faith-based organizations, government departments and police services.
- ❑ *Training and capacity development* of sector partners and participants to support program activities including a primary structure of CEs directly linked to the sector partner organizations who recruit, train and guide CIs who are resident in intervention communities. A subset of CIs are also sufficiently capacitated and motivated to establish PAGs.
- ❑ *Communication activities and resources* provide an anchor to the program concept through inclusion of the PIA logo and slogan in all communication materials and activities, while providing relevant communication resources and tools to prompt and sustain action at community level. Branded utility items such as T-shirts and bags convey understanding of affiliation to the program among PIA participants (CEs, CIs, PAG members), while badges, stickers, bracelets and signing of manifestos allow for community members to associate themselves with the values of the program. Amplification of core concepts is further reinforced through booklets, DVDs, events, news and social media.
- ❑ *Research and monitoring* allow for processes of understanding response and taking stock of activities that allow for adaptation. *Evaluation* is also necessary to determine progress at given points in implementation.
- ❑ *PIA Committees* and *Violence Free Zones* represent the culmination of program where values of VAW prevention are entrenched through close community engagement supported by signage and other communication.

The model requires a sequential process of implementation as follows:

1. *An adequately resourced lead implementing agency* to maintain the program vision and integrity of the model.
2. *Sector partner identification and alignment of goals* expressed through a memorandum of understanding or contract between lead implementers and sectoral partners.
3. *Development and implementation of operational research and monitoring systems* to track activities and actions, and contribute to adaptation of program design through timeously providing strategic information.
4. *Training of CEs* supported by communication materials including the PIA logo, slogan and other support materials.
5. *Supervision of CEs by sector partners* including recruitment and training of a cadre of volunteer CIs by CEs and prompting the establishment of PAGs.
6. *Stimulation of actions*, documentation and amplification of actions on a sustained basis until the establishment of PIA Committees becomes viable.
7. *PIA Committees* determine the boundaries of Violence Free Zones and follow a process of community engagement to establish the zones.

8. *Evaluation* allows for incorporation of strategic information into program development approaches, while of outcomes and impacts allows consolidation of lessons learned.

## 5.2 A community mobilization model for VAW prevention

Focus groups with PIA members addressed a range of perceptions of their involvement in the PIA program including their understandings of processes of change. Involvement in PIA included internalizing understanding that PIA members could become agents of change to prevent VAW through making commitments and taking action to prevent VAW. Processes of taking action were understood as having potential to entrench repertoires of action as new formats of behavior and practice including new ways of symbolizing or speaking about taking action to prevent VAW.



**Figure 6: Theoretical model of community mobilization for VAW prevention**

To determine whether PIA has been effective in this regard, the study draws on a model for behavioral and social change that identifies cultural change processes. The model considers individual behavioral and social domains of change derived through the implementation of the PIA program by CEs, CIs and PAG members. The model was formulated to provide a theoretical framework for understanding social change through the implementation of social and behavior change communication (SBCC) programs and has been adapted to describe the change processes of the PIA program (See Parker & Connolly, 2010).

The model draws on the concept of cultural scripts which can be understood as reflecting '*background norms, templates, guidelines or models for ways of thinking, acting, feeling, and speaking, in a particular cultural context*' (Goddard & Wierzbicka, 2004). In relation to the PIA program, the conceptual, situational and social resonances of the PIA concept are considered in relation to change processes. This requires that PIA members internalize the values of the PIA concept, which then frames potential for making commitments to act and taking action. Actions provide tangible evidence of

transformative processes, and when these are linked to symbols (for example, the PIA logo), new language (ie. the way PIA is spoken about) and new social practices (actions that engage with and prevent VAW). Through these latter processes, social change becomes entrenched. As the PIA program unfolds in the community, PIA members become empowered to act and produce social change – contributing also to the empowerment of program beneficiaries (recipients of actions).

Figure 6 above offers a theoretical framework to illustrate the following inter-related components that are relevant to community mobilization.

- ❑ *Conceptual resonance* relates to participants understanding that the PIA program was an activity that was relevant to introducing new ideas for addressing VAW prevention – for example, participants referred to the PIA concept as being an ‘eye opener’ and the program promoted healthy relationships and family values.
- ❑ *Situational resonance* relates to how PIA participants applied their understanding of program to their own situation including previous direct or indirect experiences of VAW – for example, participants referred to their own previous experiences of VAW and an interest in helping others.
- ❑ *Social resonance*, relates to PIA participants recognizing the social benefits to addressing VAW prevention at the broader community level – for example, acknowledging that addressing VAW is beneficial for one’s children and that action to address VAW is possible.
- ❑ *Internalized meaning* is related to conceptual resonance and includes deepening understanding that it is possible for participants to act in response to VAW by joining PIA as a CE, CI or PAG member.
- ❑ *Commitments and actions* are related to situational resonance and include committing to, or taking action to prevent VAW as is evidenced by the numerous examples of commitment, personal change and actions taken to address VAW.
- ❑ *New language and social practices to prevent VAW* represents the final outcome of the PIA process whereby changes have been brought about at a community level that are relevant for VAW prevention. This aspect was reinforced in a range of ways through the PIA program including:
  - Broad understanding of the PIA logo, slogan and concept of taking action to respond to VAW
  - Personalized association with PIA as expressed through wearing branded items as well as social practices such as placing stickers on doors of homes, applying the logo and colors representing PIA on homes and community spaces and signifying commitment through signing manifesto’s
  - New social practices expressed by PIA members through responsive action when VAW is known to have occurred
  - New language that recognized the role of PIA members as supportive agents for VAW prevention through references to ‘social worker’ and ‘counsellor’ and linking the program to concepts such as ‘impilo’ (life) and ‘sisonke’ (together)
  - Association of PIA responses with concepts of struggle and resistance through use of terms such as ‘Viva PIA’ and ‘Amandla PIA’
  - Expression of new community values for VAW prevention through blowing of whistles, waving and hooting, recognition of PIA members in their role as responders to VAW, verbalizing the phrase ‘Violence Free Zone’.

Taken together, it is clear that the PIA program has reshaped understanding of the prevention of VAW to the extent that PIA members developed social practices (actions) to respond to VAW, and that beneficiaries of these actions reduced their vulnerability to VAW. This process was supported through



the social construction of new meaning in relation to VAW prevention that was anchored by symbolic elements of the program – the logo, slogan, communication materials, community events, and visibility of PIA members (through wearing branded items, or increasing community knowledge of PIA participants).

In addition, these changes express new formats of accountability between community members – as illustrated in both qualitative and quantitative findings. VAW is no longer tacitly accepted as a product of silence and inaction. Instead, whenever VAW becomes known (through being overheard, seen, or spoken about), PIA participants take action in response. This diminishes the possibility of silence and passivity surrounding VAW. PIA members have created a shift in accountability in relation to perpetration of VAW. By talking to perpetrators they have made it known that VAW is not tolerable, and that they intend to address any recurrence. Perpetrators are thus bound to understand that their actions are accountable to PIA members (and their community) and that they cannot act without recourse. This format of accountability is not always envisaged as punitive. For example, in situations where it is possible, PIA members follow a process of improving communication in relationships and enhancing the capacity of couples to move towards healthy ways of being together. Where violence is severe, PIA members readily involve police or assist with processes of obtaining protection orders and prosecution of perpetrators, while providing support to victims. As a community participant highlighted, prior to the introduction of the PIA program, when perpetrators were released back into the community on bail, there was little sense of accountability to the community for their actions. This was contrasted with scenarios where PIA members made it clear that perpetrators were being scrutinized by community members and were thereby accountable to ensure that their transgressions were not repeated.

Involvement in the PIA program contributed to empowerment of PIA participants as a product of processes of conscientization, self-reflection and support from peers. The self-esteem of PIA participants increased as a product of their involvement in a socially relevant activity that involved helping others. PIA beneficiaries were also empowered through making changes to their individual circumstances and reducing their vulnerability to VAW. Some beneficiaries also joined the PIA program. Empowerment in this sense fits within a general definition put forward by Page & Czuba (1999):

*Empowerment is a multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power (that is, the capacity to implement) in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important.*

Mosedale (2005) associates empowerment with concepts related to ‘power within, power to, and power with’. ‘Power within’ is related to self-esteem and self-confidence; ‘Power to’ relates to increasing the boundaries of what is achievable; and, ‘Power with’ refers to processes of group action. Taken as a whole, this involves transcending inaction and passivity to confront problems and challenges at individual and community level.

The scope of the PIA program and theoretical model of community mobilization illustrate the inter-related processes of psychological and social change that enhance individual and community capacities to address the social challenge of VAW to the extent that the problem is diminished over time through prevention. In understanding empowerment in this way, it is important to acknowledge that *empowerment* is not bestowed upon participants by the program. Rather, the program provides a

framework that facilitates empowerment through processes of conceptual, situational and social resonance that lead to internalization of new meaning that is externalized through making commitments and taking action. Conducted at group and community level, and acting upon the pressing challenge of VAW, this empowerment becomes transformative at community level as the problem of VAW is engaged and diminished – including through shifting understanding of community accountabilities to new values in relation to VAW. As this process continues, the PIA program shifts towards social mobilization with PIA participants constituting a new social movement.

## 6. CONCLUSIONS

This study set out to understand the history and outcomes of a multi-faceted initiative that followed an adaptive and experimental approach to conceptualize and implement community mobilization activities that engaged with the prevention of VAW.

The four-year PIA program has delivered important insights into the importance of participatory and adaptive process of program implementation that allow for the embedding of community perspectives and needs into the program vision and activities. The development of the PIA approach included contributions to the program concept from all key role-players including program leadership through (PCI and the two Networks), sector partners in KwaZulu-Natal and the Western Cape, PIA participants (CEs, CIs and PAG members) and community members in implementing areas. The development of the program was supported by a robust research agenda including operational research, monitoring and evaluation.

The outcomes of the program fit well with the broad goals of USAID's Policy on Gender Equality and Female Empowerment – notably increasing the capacity of women to determine their life outcomes, gender inclusivity of program participants, a commitment to partnership, and following a learning orientation.

The model that has emerged from this study comprises two components – firstly, an intervention model comprising four pillars of activity – Sector partnerships; Training; Communication; Research/Monitoring/Evaluation – that incorporate step-wise processes leading to Violence Free Zones as an outcome; and secondly, a theoretical model that describes the processes of conceptual, situational and social resonance that lead to internalized meaning, actions and commitments, new language and social practices to prevent VAW.

The outcomes of the program and emerging model provide clear evidence of impact on VAW as evidenced through the thousands of action narratives that describe how VAW was addressed, including preventing recurrence of violence. PIA members have described how participation in the program was empowering and transformative for themselves, and that through their actions, others were empowered. As actions in response to VAW accumulated, and as community members understood and endorsed the program, a new vision for articulating values and accountabilities in relation to VAW emerged. This new vision included mobilizing community-level leadership of the PIA concept through PIA committees along with the establishment of Violence Free Zones, where community members were able to commit to VAW prevention on a household basis, and also symbolize endorsement of these new values through visually transforming visible private and public spaces in their communities.

Successful implementation of the program in two South African communities illustrates that the emerging model has potential for replication in other similar communities in South Africa where VAW is prevalent. The period of implementation necessary to achieve the development of Violence Free Zones extended over 18-months, and 12-18 months would appear to be a likely timeframe for impetus to be generated by sufficient teams of CEs and CIs. Such a timeframe is inter-dependent with the capacities of sectoral partners supporting community-level activities and the capacities and resources of an implementing agency. Replication in a sufficient number of communities has potential to contribute to a new social movement and broader social mobilization processes to address VAW.

An aspect of the approach that bears further consideration is the need to address the conceptual focus on VAW versus the more holistic concept of gender-based violence (GBV). It was well acknowledged by men and women in communities that both sexes experience partner physical violence in relationships,

and the extent of such experiences was demonstrated in the surveys conducted as part of the PIA program and in action narratives. Although men participated actively in the PIA program – with more than a quarter of CEs and CIs being men – there were concerns that the VAW focus was too narrow and that it alienated men. Such concerns were partly addressed in Wentworth, when the PIA program partnered with Brothers for Life under the Gender Challenge Fund initiative – and there is potential to consider such partnerships in future.

Another aspect of VAW and GBV that was underemphasized in the program was the definition of partner violence beyond physical violence – for example, psychological or economic forms of abuse. Clearly, physical violence was a tangible expression of VAW and GBV, and this allowed for PIA participants to justify their intervention. However, a relevant longer term goal would be to ‘extend the conversation’ beyond physical violence.

Throughout the action narratives and other data, there was very little direct reference to HIV prevention. While the links between VAW prevention and HIV have been established through various studies and analyses, it is unclear to what extent VAW prevention addressed by PIA contributed to HIV prevention. For women, experiences of violence are understood to exacerbate susceptibility to HIV as a product of producing psychological vulnerabilities that are related to risk (Campbell et al., 2008; Andersson et al., 2008; Fox et al., 2007; Jewkes et al., 2006). Men who perpetrate partner violence are also known to have higher risk behaviors for acquiring HIV (Dunkle et al., 2006). Many of the actions undertaken by the PIA program contributed to moderating HIV risks and vulnerabilities, and the emerging model and formats of engaging communities in response to social challenges such as VAW could be considered as a means to directly address HIV. A recent study of South African community perspectives on addressing high prevalence of HIV among adult women (Parker, 2012), found that communities felt that they had been alienated from participation in the response to the epidemic and recommended greater involvement and support to community members to organized response and problem solving.

With regard to broader impacts of the program, as PIA members understood that taking action in response to VAW could produce tangible changes, there was a realization that the concept could be applied to other forms of violence. The action narratives provide examples including addressing inter-generational violence, child abuse and crime. While the Violence Free Zone concept was primarily concerned with addressing VAW, the term ‘violence free’ encapsulates violence in general – and there were examples of such violence being addressed. It is within Violence Free Zones through the leadership of PIA committees that entire communities have potential become participants in a new vision for their communities where there is intolerance and active response to many forms of violence.

It was not possible to develop a costing framework for the PIA program as costs are interdependent with the resources available to implementing partners and sectors. Certain costs have already been absorbed by the research and development processes undertaken during the present program including development of the intervention model and accompanying resources such as the logo, slogan and a range of communication materials (which can be adapted at minimal cost as needed). It is also important to take into account that volunteers in poorer communities are typically unemployed, and are not able to commit resources to transport, refreshments and other costs necessary for mobilizing groups of people. Such costs need to be taken into account.

It is important to note that Violence Free Zones are not necessarily the end point of the ‘model’. The present body of evidence demonstrates an approach that includes multiple iterations of action to prevent

VAW (among other violence), leading to the establishment of PIA Committees and Violence Free Zones as an outcome. However, there was not an opportunity to understand how Violence Free Zones might evolve over time, and this is an important area for further research.

## 7. RECOMMENDATIONS

The following recommendations are made:

- ❑ The PIA model provides a coherent strategy for addressing the prevention of VAW that has been proven in community settings in two provinces in South Africa. It is a relevant approach for replication in other similar settings where VAW is a social challenge.
- ❑ The model for implementation envisages a funded program addressing VAW at community level. While some understanding was obtained regarding the sustainability of the PIA approach and model following a period of funding, there is much that still needs to be understood about sustainability and further research on sustainability in the present PIA implementation communities is recommended.
- ❑ The ultimate goal of the program was to contribute to HIV prevention through preventing VAW. While the links between HIV and VAW prevention were well recognized by program implementers, and articulated through training of program participants, it remains that further research is necessary to determine the extent to which VAW prevention materially impacts on HIV prevention. The inclusion of a more overt orientation towards addressing HIV prevention could also be considered in future application of the model. This might include stronger linkages with organizations and services related to HIV prevention.
- ❑ Following a model involves a clear understanding of the spheres of implementation necessary for replication. Educational materials to share the experiences of the PIA program should be developed to foster and support sharing of lessons learned and potential replication of the model.
- ❑ A number of communication materials produced as part of the implementation of the PIA program are immediately relevant for initiatives that seek to replicate the model. For example, the logo and slogan are transferrable to other settings. Additionally, many of the communication resources such as explanatory booklets, DVDs, and utility items could be immediately utilized, with minor modification as relevant. This would reduce the start-up costs of replication.
- ❑ The training curriculum for CEs and CIs should be expanded into guidelines suitable for replication that include clarification on key knowledge, tasks, activities and examples of action for VAW prevention.
- ❑ The *SalesForce* monitoring system was used to track a range of key indicators relevant for understanding progress of the program, and these remain relevant for activities replicating the model. This includes systems of incorporating and tracking action narratives and could serve as a basis for monitoring systems for replication.
- ❑ While the emphasis of the operational and evaluative research conducted during the PIA program was focused on model development, it is important to acknowledge that operational research remains part of any process of implementing the PIA model. Strategic information delivered through ongoing research is vital. A particular value of the research was the participatory orientation that allowed for in-depth understanding PIA members engaged with their communities through the program, with challenges, gaps and opportunities being drawn into the development process. While the emerging PIA model represents a means to address VAW that is likely to lead to VAW reduction,

it remains that communities are sufficiently different to require that operational research be conducted to ensure that challenges, gaps and opportunities are timeously addressed.

- ❑ A costing framework for implementation of the model needs to be developed to support interest in replication of the PIA model.
- ❑ The PIA model for VAW prevention shows promise for addressing other social challenges at community level where lack of response is characterized, not by a lack of concern about the detrimental effects of a pressing social issue, but an entrenched passivity and lack of understanding of how to take action to address such issues.



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