SAARTJIE BAARTMAN CENTRE FOR WOMEN AND CHILDREN

EXTERNAL EVALUATION

Commissioned by the Department of Social Services (PAWC) and the Board of Management of the Saartjie Baartman Centre for Women and Children

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1999/2001 Funding Proposals
2000/2001 Annual Reports
Motivation from Government for the Centre
Centre’s Constitution
Board Meeting Minutes
Partnership Meeting Minutes
Other/General Government Background Information

*The abovementioned annexures are available upon request from the Centre Manager
EXECUTIVE SUMMARY

The Saartjie Baartman Centre for Women and Children was established during 1999 as the first one-stop service centre for abused women in the country. Initially politically inspired, the Centre’s history reveals various challenges that had to be overcome – mostly due to the consequences of a poorly defined public private partnership. Nevertheless, the Centre has – three years later – evolved to be the prime example and learning site, nationally, for providing holistic, integrated services to victims of violence within one multipurpose centre.

The external evaluation process involved wide consultation with founding parties, the governing Board, Management and staff, on-site service providers, clients of the Centre (past and present), as well as with some external role-players. The Centre was also compared to some other “traditional” shelters and found to be the preferred model for service delivery.

The results of the evaluation reveal that the services provided by the Centre are of good quality, relevant to local needs and to have a positive impact on the reduction of violence, healing of victims, and empowerment (skills training and job creation) of its clients. The report resulting from the valuation process contains various recommendations with regard to maximizing the mission fulfillment of the organization.

It has been found that the Centre needs to include a number of services in its continuum of care which are currently absent from the range, whilst other currently-existing services need to be significantly strengthened if the Centre is to maximize its cost-benefit ratio and to optimize client satisfaction levels. The Centre particularly needs to focus on the establishment of second phase accommodation (or after-care programme) and expanding its current skills development and economic empowerment programmes.

The organization is managed well in terms of its resources (both human and financial) and is also governed prudently. The on-site partnership structure seems to provide several benefits, but should be fully developed, to the level of delivering integrated, shared programmes. One of the most significant developmental lessons learnt from the analysis is the fact that “partnership” is not an easy model to work with, and that, notwithstanding its apparent benefits, the concept poses many challenges in practice. Several recommendations have been made in the report in an attempt to address the development and concretization of the on-site partnership structure at the Centre.

Strategically, the Centre faces a number of critical issues, of which funding forms part. Whilst the model that is promoted by the Centre is viewed to be viable, the concept of sustainability (particularly in the short term) is described to represent an illusion. Continued government support (in the form of a subsidy) is hence recommended, whilst specifically-identified services are proposed to be “packaged” for the purpose of
submitting funding proposals. Likewise, some income-generating opportunities have been identified and proposed.

Replication of the model has been described to be in need of proper planning, based on a model of comprehensive services (as developed by the evaluation process) and should then be considered in a more rural setting (such as George) within the province.

Finally, the Centre’s purpose is what is commended – providing integrated, on-site service choices to women and their children who have been marginalized by abuse – in order to render them survivors, and not victims, of violence.
1. FOREWORD

1.1. Introductory Comments

The incidence of violence against women, especially domestic violence, is so high that it is cited in more than half of all divorce actions brought by women. Yet, even this does not reflect the full extent of the problem, as many women - for a variety of reasons (including fear and shame) - do not want the violence in their relationships to be made public. Often women also stay in violent relationships because they believe they have no other recourse. Many abused women also typically present with mental health problems of varying degrees. In the absence of affordable accommodation and the means to support themselves, compounded by a social service delivery system that is generally perceived not to be user-friendly, this belief pattern is reinforced.

Particularly over the last decade, there has been a concerted move away from piecemeal approaches in addressing the problems of violence against women, towards a multi-disciplinary approach as being the most appropriate policy response in practice. Such an integrated approach also serves to place violence against women as a crime in its rightful context.

The availability of the then Avalon Centre in Manenberg, Cape Town provided an opportunity to role-players to develop an appropriate multi-agency service delivery model for effective management, treatment and prevention of violence - particularly domestic violence - against women. It was also perceived to represent an opportunity to give effect to the Beijing Platform of Action, in a partnership approach between government departments and the non-government sector. Today the Centre is the prime example of an integrated public-private partnership, concretized in a one-stop service centre that strives to provide holistic services to victims of abuse – both women and their children.

1.2 A Note on Saartjie Baartman: The Woman

Saartjie Baartman was born on the banks of the Gamtoos River during 1787. In 1810, while living in a shack on the Cape Flats, she was seen by a ship’s Surgeon named Dr Alexander Dunlop, who persuaded her to accompany him to England with promises of great rewards and repatriation after two years.

She was, however, put on public display in London and Paris for several years. A British court ruled at one stage that she was not “being kept against her will” and that the exhibition could continue. Saartjie died in Paris during 1815 of an “inflammatory and eruptive sickness” having been abandoned to a “showman of wild animals”. Parisians regarded her anatomy as “unusual” and French scientists described it in great detail.

Subsequent to her death in 1815, a scientist obtained her body and, after making casts of it, dissected the corpse, preserving her skeleton, brain and genitals which were then exhibited in the Musee de l’Homme (Museum of Mankind) in Paris until recently.
Saartjie Baartman has become a symbol of the Khoi’s struggle for political recognition and today she is commonly referred to as the “Hottentot Venus”. On Human Rights Day 1997, a “Bring Saartjie Baartman Home Campaign” was initiated and after many years of negotiation between the South African and French governments, Saartjie Baartman returned home and was formally buried in her country of origin on Women’s Day 2002.

The story of Saartjie Baartman, the violation of her rights and the eventual return of one women to this country, even so many years after her death, serves not only as an inspiration to all efforts to eradicate violence against women, but also has inspired the identity and vision of the Saartjie Baartman Centre for Women and Children.
2. INTRODUCTION AND BACKGROUND

Violence against women, manifesting in such forms as domestic violence and rape, is a complicated and complex issue, often a symptom of deeper societal disease and power imbalances. Approaches to working against this form of violence also need to be more sophisticated, especially with regard to the services provided to the survivors of violence. Working in partnership with organizations that assist survivors of violence, offers an ideal opportunity to respond to such violence more comprehensively.

The Saartjie Baartman Centre for Women and Children is such a partnership initiative. In 1999, member organizations of the Western Cape Network on Violence Against Women responded to the government's (then the Department of Health and Welfare’s) invitation to establish a women's centre that could provide an effective and comprehensive community programme for women experiencing violence in their lives. The strength of the Centre is generally perceived to stem from the fact that the on-site organizations have a strong history of providing committed intervention work in direct response to the identified needs of abused women and their children. The benefits of working in partnership include the strengthened range of services available to women, as well as the cost-effective sharing of resources and the establishment of a collective programme by these service providers. The Centre also aims to develop capacity-building/training programmes for organizations linked to the Centre.

The Saartjie Baartman Centre provides services to a very wide and diverse constituency. Based in Manenberg, on the Cape Flats, it offers relatively easy access to communities in Athlone, Heideveld, Montana, Gugulethu, Nyanga, Hanover Park and Langa. Manenberg has also been identified by local government as a priority area for community development.

Partner organizations already on-site include the Western Cape Network on Violence Against Women, Rape Crisis, NICRO, Child Protection Services Protocol (afterhours only), the shelter, a crèche, SANCA, Rafiki (soap-making project) and the Economic Kitchen. Each partner offers its own services to women, but their aim is to develop joint programmes, sharing resources wherever possible. Thus the Centre strives to be a “one-stop” centre for women and their children who experience violence in their lives.

In 1999, the then Minister of Social Services (Mr P Marais) identified as one of his interest areas the establishment of a one-stop women's centre. He had already identified a vacant building - the previously known Avalon Hospital in Heideveld - as a possible site for this centre. This project would be one of the first initiatives to represent a partnership between the Departments of Health and Social Services.

The Department of Social Services then initiated a process to find a suitable private welfare organization that would be willing to develop this concept in the absence of no other known one-stop centre in the country. The Salvation Army agreed to manage the project in collaboration with the Department of Social Services and the Centre was
officially opened on 29 May 1999, named The Saartjie Baartman Centre for Women and Children.

The Department of Social Services has funded the programme over the past three years, with limited funding being received from other private organizations. The Centre is governed by the Board of Management of the Centre, which consists of the Directors of all the on-site partners in the Centre, the Department of Social Services and representatives from the shelter and the local community. The Centre is considered a national learning site as the only one-stop centre for abused women in the country.
3. INITIATION, HISTORY AND DEVELOPMENT OF THE CENTRE

3.1 Rationale for, and Genesis of the One-stop Centre

During October 1998, the then Minister of Health and Welfare in the Western Cape Province, Mr P Marais, announced his vision to initiate a one-stop centre for abused women. An empty building (then the Avalon Hospital) was identified and agreement was reached that the facility would be developed into the proposed multipurpose centre. The Department of Social Services would provide the funds in order for a private welfare organization to render the services, while the Department of Health would provide the building and support services. Thus the purposed centre would represent a public private partnership.

The Department of Social Services was given a very tight (if not unrealistic) timeframe in which to develop a business plan and to implement (or launch) the Centre. Several initial meetings between the two departments already signaled early warning signs of poor communication, the prevalence of misperceptions and inadequate planning (with, for example, the Department of Health also planning to use part of the facility for a community-based health service).

The next obstacle to overcome was situated internally within the Department of Social Services, relating to treasury and financial constraints. Once the Network on Violence Against Women had been consulted in the province (raising several concerns at the time), a project of the Salvation Army – Carehaven – was identified to take on responsibility for the new project. Due to political pressure, the Centre had to be opened within one month of signing the service agreement, which was contained in a memorandum of understanding between the parties.

The building and facilities were, however, poorly and incorrectly equipped and required substantive renovations. The Centre’s name was changed to the Saartjie Baartman Centre for Women and Children and was officially opened on 27 May 1999.

Apart from all ill-defined agreement, the next major issue surfaced when the Salvation Army progressive managed and governed the Centre as if it were an extension of their Carehaven Shelter, whilst the other role-players envisaged the establishment of a joint (or intersectoral) governing structure. Initially it was agreed that, in principle, representatives from the other role-players would join the Carehaven Board.

The budget, and hence the subsidy provided to the private welfare organization, amounted to R605 300 – an amount that was based purely on guestimation. The newly-established facility furthermore (soon after their arrival) discovered some co-tenants who were not anticipated, but legally occupied the premises, including a crèche, two NGO’s and the mental health component. This scenario necessitated the involvement of yet more role-players, including Metropole Health Management, the G F Jooste Hospital and Grootte Schuur Hospital, who finally resolved that the tenants had
to co-habitate. The Department of Health and Social Services agreed to contribute 25% and 75% respectively to the operational costs (electricity and security) of the Centre.

The current situation is that the Department of Health, who has been administering the operational costs in terms of the electricity and security of the facility, will vacate the premises altogether and that the Department of Public Works will facilitate the hand-over of the entire building to the Department of Social Services.

The next major challenge manifested in the Salvation Army’s decision (during March 2000) to relocate the incumbent of the Shelter Management position and to replace her with someone who had no experience in the management of a shelter or a one-stop women’s centre. This led to dissatisfaction among staff, further disagreement between the partners and, eventually, the incident led to the termination of the contract between the Department of Social Services and the Salvation Army.

A task team was next established to separate the assets and to oversee the transition of the Centre, chaired by the Department of Social Services (as primary funder). As could be expected, the separation of assets caused much unhappiness yet again. An interim Board took over some of the Salvation Army staff and appointed NICRO to act as financial steward (or conduit) for the organization.

After some strategic planning sessions were conducted in November and December 2000, a Board of Management for the Centre – consisting of Directors of various service providers, the Department of Social Services and key-community representatives – was established during February 2001. The organization’s Constitution was finalized in March 2001 and it received its NPO registration in June of that year.

### 3.2 Bringing On-site Partners On-board

After commencing with the operation at the newly-established Centre in June 1999, Rape Crisis (Cape Town) relocated a satellite office (Heideveld) to the Centre. SANCA was already on the premises. They were joined during September of that year by the Western Cape Network on Violence Against Women, when the latter moved their provincial head office to the Centre. In October 1999, a Salvation Army Second-hand Store opened on the premises, while the NICRO Women’s Support Centre decided to operate a satellite counseling service from the Centre.

In the same month, the Athlone After-hours Child Abuse Protocol started operating from the Centre. During March 2001, the Rafiki job skills programme (soap-making) started at the Centre, while the newest partner – the Economic Kitchen – commenced with their training programme in July 2001.

### 3.3 Historic Development: Lessons to be Learnt

Reviewing the traumatic initial stages of establishing the Centre, a number of lessons are apparent and it is proposed that note be taken of these lessons, prior to embarking
on any plans to replicate the learning site elsewhere in the country. The most important messages include the following:

- there is a clear need for proper planning, rather than political inspiration when initiating a developmental project of this nature
- government departments are complex organizations (particularly from a financial systems perspective) and hence inter-departmental mechanisms are required to facilitate efficient implementation
- proper written contracts, rather than verbal agreements, are required to facilitate a process of this nature
- public private partnerships, as a concept, is still novel and – due to its complexities – require clear communication, preferably with one “Project Manager” in place to integrate the inter-organizational activities
- partners – also private partners – need to be selected carefully
- expectations should be clarified up-front with clearly-defined roles and expected minimum outcomes
- new initiatives of this scale should be properly budgeted for
- regular meetings, involving all relevant parties, are required to monitor and assess the process, with accurate records being kept
- public private partnerships are difficult to implement and need to be carefully (if not intensely) managed.
4. THE PURPOSE, VISION, MISSION AND PROGRAMME GOALS OF THE CENTRE

4.1 The Centre’s Reason for Existence/Purpose

The purpose of the Saartjie Baartman Centre for Women and Children is to provide holistic, integrated services to survivors of abuse – women and their children – empowering them with skills and knowledge to enable these clients to make informed choices.

4.2 Vision and Mission

It is the Centre’s vision to offer an integrated range of services on a continuum of care to abused women and their children, in order to reduce the secondary trauma experienced by these survivors of violence and to offer them hope for recovery through providing high quality, comprehensive services.

The Centre’s mission is to develop and implement, through public private partnership, the concept of an one-stop integrated and comprehensive women’s centre for abused women and children that offers accommodation, employment, counseling services, training, research and community outreach programmes, as well as prevention projects.

4.3 Programme Goals

The programme goals of the Centre include the following:

- to ensure that an effective 24-hour service is accessible to abused women and their children, including an emergency shelter
- to ensure that all services (a comprehensive range) that women who have been abused might need, is integrated into the Centre
- to bring into the Centre various service providers operating in the field of violence against women in order to ensure collaboration and co-operation
- to develop with partners employment opportunities at the Centre that offer the possibility of jobs to the women trapped in the cycle of violence
- to create space for all the partners to integrate their field of expertise into the Centre in order to create an one-stop approach.

4.4 Rendering Services: Process Flow

Clients who enter the Centre are most often referred to the shelter by various sources, including:

- the police
- NICRO, or one of the on-site partners
- other shelters.
Once the Centre has been identified as the solution to the emergency accommodation needs for the client, a typical process of service delivery follows, which could be summarized as follows:

- **Intake and Initial Assessment**
- **Orientation to the Centre**
- **Safety and Basic Needs**
- **Referral to Partners for Counseling Services, Legal Advice and Emotional Support**
- **Life Skills Development and Job Skills Training**
- **Links to Employment Opportunities**
- **Planning for Termination and Future Accommodation**

4.5 Description of the Programme and its Sub-projects

4.5.1 Accommodation: Emergency Shelter and Second Phase Housing

The Centre includes a shelter, which accommodates fifty-five clients at any time, including women and their children, in semi-private (shared) rooms. Clients are allowed to remain in the shelter for a maximum period of three months. They participate in a
shelter programme, are responsible for several house-keeping activities and prepare their own food.

The shelter programme consists of a variety of activities, including:

- counseling sessions
- support groups/women's groups
- group work with children
- life skills development
- court preparation activities
- parenting workshops
- information sessions
- job skills development and training
- various outings and events
- holiday activities
- workshops
- gym and relaxation
- spiritual guidance
- arts and crafts
- income generation opportunities.

The Centre does not have a separate intake facility, nor does it have second phase accommodation (after-care services) available for women when leaving the shelter.

4.5.2 Support and Counseling Services

Clients of the Centre receive counseling from various (optional) sources, including:

- NICRO
- the shelter’s resident Social Worker
- Rape Crisis
- a part-time Psychologist.

These services have been evaluated to be inadequate, mostly due to a lack of resources available, while the social programme rendered in the shelter is also lacking in activities and variety. The programme could be perceived to contain three main phases:

- initial intake and emergency services
- shelter programme, aimed at healing and skills (life and job skills) development
- termination (including planning for future accommodation and income-generation).
4.5.3 Training and Skills Development

The training and skills development programmes offered by the Centre includes the:

- Economic Kitchen’s training programme
- Rafiki (soap-making) project
- administrative/office skills developed through employment by the on-site partners.

These have been evaluated to provide limited opportunities and it has been recommended that the programmes be significantly expanded. A further note on the nature of the Economic Kitchen pertains to the profit-orientation of the initiative – which, of course, is the very idea of having them on-board – but begs the question as to whether any conflict of interest might exist between their economic objectives (providing goods/services in order to generate profit) and their training objectives (capacitating clients to find external job opportunities/employment). This aspect needs further investigation, so as to determine the best approach for structuring such training programmes at the Centre.

4.5.4 Job Creation and Employment Opportunities

The employment opportunities created by the Centre are limited to the opportunities within the Economic Kitchen, the office administration role provided to on-site partners, income generated through Rafiki and some temporary/part-time opportunities such as security services and cleaning of cars.

The Centre is challenged by the local economy and the limitations of finding suitable employment opportunities for its clients, given their levels of skill and particular personal circumstances. It has been recommended that closer links be established with local businesses in order to address this problem.

4.5.5 Research Activities

The Centre provides ideal opportunities for researching and documenting the one-stop service model and it is suggested that this opportunity be utilized more fully, given the notion that the Centre is a learning site and with the view of possibly replicating the model.

4.5.6 Community Outreach and Prevention Initiatives

This aspect of the Centre’s activities has not been developed well yet, but has been identified by Management as a future development area, including the development of a volunteer programme.
4.5.7 Diagrammatic Representation of the Programme

The following diagramme illustrates the services provided by the Centre:

- **Emergency Accommodation and Basic Human Needs** connected to Shelter
- **Emotional Care and Psychological Well-being** connected to Counseling Services
- **Educare of Children** connected to Shelter and Crèche
- **Legal Assistance** connected to Shelter Programme and On-site Partners
- **Life Skills and Healing/Counseling: Choices** connected to Shelter Programme and On-site Partners
- **Training/Development and Job Skills** connected to On-site Partners
- **Employment Opportunities** connected to Economic Kitchen and Links to External Employees
- **Outreach Programme and Prevention Work** connected to Centre Management
- **Centre Research Activities** connected to Centre Management
5. TERMS OF REFERENCE FOR THE EVALUATION

5.1 Introduction to Terms

The Consultant was invited to conduct an evaluation of the one-stop Centre, funded by the Department of Social Services for the period 1 June 1999 to 31 May 2002. It was indicated that the evaluation report should be accompanied by:

- 1999 – 2001 funding proposals
- 2000 and 2001 annual reports
- Motivation for Centre by government
- Constitution
- Board meeting minutes
- Partnership meeting minutes
- Relevant government background information.

Such documentation appears as the Annexures to this report.

5.2 Broad Goals of the Evaluation

The terms stipulated the broad goals of the evaluation to include the following:

- to evaluate the feasibility and viability of a public private partnership in the development of an one-stop women’s centre
- to document the developmental lessons learnt in the development of the Centre
- to measure the impact of the Centre’s services (on-site partnerships, demand for service, client satisfaction, responsiveness to local conditions and needs, as well as alignment with national goals)
- to evaluate the programme in its entirety through assessing whether the Centre is achieving its vision, mission and key goals (programme conceptualization, project implementation, management, structure, financial and resource management)
- to assess the self-sustainability, viability and cost-effectiveness of the programme
- to recommend and inform strategic direction of the one-stop Centre and future roll-out of this model.

The Saartjie Baartman Board of Management and the Department of Social Services furthermore indicated that they would like an evaluation of the following:

- description of the programme (structure, projects, rationale for the programme, management and good practice achievements to date)
- design process through which partners can give feedback on:
  - the management of the public private partnership
  - the impact of the public private partners on individual partner organization’s capacity to interact with clients
- development of Saartjie Baartman Centre for Women and Children as public private partnership: strengths and concerns

- implement the process above through careful and documented interviews with relevant stakeholders
- design and implement a process through which clients (past and present) describe and evaluate their experience of the Centre
- find out qualitative and quantitative data – were the goals achieved and how – SWOT analysis of programme / effectiveness of programme in attaining programme objectives and component projects goals
- facilitating (with partners) the evaluation of themselves as a partnership: short/medium/long-term
- appraisal of programme, answering the question: “can it be replicated”? and recommendations for such replication
- human and financial resource utilization within the programme
- attempt to assess the responsiveness of programme to the changing local conditions and identified needs
- compare this programme with the outcomes of a traditional shelter in terms of the relevance/impact on the lives of women
- attempt to assess whether the Centre can meet the demand for the need of its services
- recommendations – lessons learnt – the learning experience.

5.3 Evaluation Process

The Evaluator was asked to follow these guidelines in operationalizing the evaluation process:

- familiarize herself/himself with all the relevant background documents
- develop a clear understanding of the Centre’s operations and strategic direction for 2002/2003
- collect information from a variety of sources on the following sub-reports:
  - how the partnership was operating
  - whether the programmes were benefiting women who came to the Centre for help
  - whether being in one building facilitated partnerships and what was the outcome of the partnerships (positive or negative)
  - whether the goals set for the Centre by the Department of Social Services were achieved, based on qualitative and quantitative data
  - whether the programme contributes positively to ending violence against women (relevance of programme to national priorities)
  - whether the programme is replicable
  - whether the public private partnership works efficiently as developed in this programme
  - whether human and financial resources are effectively and appropriately utilized
- whether the one-stop programme is more effective in intervening in the lives of abused women as opposed to a shelter
- assess whether the Centre can meet the demand for its services
• for each sub-project, the Evaluator is free to identify those whom she/he feels could be of assistance in the rich description and assessment of what has been achieved
• develop a report on the basis of this information which:
  - offers a broad profile of the achievements and limitations within each sub-project
  - identifies areas of concern in relation to the sub-projects as seen by those within the Centre and those outside the Centre
  - describes the successes or limitations of the modus operandi of the Department and other key partners as perceived by the stakeholders and participants such as the Department of Health
  - assesses its current strengths and weaknesses
  - make recommendations to the Board of Management and to the Department of Social Services on the workability and replicability of the project (such recommendations should include proposals regarding the workability of a partnership between two governments departments in initiating such a project again, as well as recommendations regarding the arena of partnerships per se).

5.4 Methodology and Resources

The evaluation was to be carried out by one or more External Consultants with experience in the areas of gender, organizational development and related human and capacity-building techniques. She/he would also have knowledge of the NGO-sector and partnerships per se. The Consultant was expected to make use of the following resources:

• programme reports and documents
• the goals and objectives of the overall programme and also of the sub-projects
• internal government documents
• interviews with Programme Managers, staff of the Centre and of any of the partners
• interviews with relevant government officials involved in the overseeing of the programme
• interviews with beneficiaries (both past and present) from this Centre, as well as from other shelters in the province
• interviews with other funders and any other relevant parties who have knowledge of, or interest in, a one-stop centre programme.

5.5 Timeframe and Logistics

The timeline for the evaluation was three months, starting on 1 June 2002 and ending with a final report which was to be compiled by no later than 30 August 2002.
A task team of the Board of Management of the Centre in partnership with the Department of Social Services, was responsible to oversee the selection of the External Evaluator, as well as the logistical management of the overall evaluation process.
6. EVALUATION METHODOLOGY

6.1 Introduction to Methodology

The Saartjie Baartman Centre for Women and Children is perceived to be a unique developmental initiative in South Africa, initiated in May 1999. The Centre is progressively attracting attention due to a number of factors, including (among others):

- the multi-disciplinary approach instituted at the Centre, which promotes the provision of integrated, intersectoral services to women (and their children) who are survivors of abuse
- the public-private partnership arrangement between more than one government department, an NGO and private business
- the range and quality of holistic services provided by several service providers, accommodated within one structure, governed by a representative Board of Management
- the sustainability model that the Centre is attempting to develop.

Three years since its establishment, the Centre has reached a point that calls for an external evaluation of the progress to date, for recording the lessons learnt during this innovative development process and for making recommendations with regard to future planning.

6.2 Motivation for Conducting the Evaluation

The evaluation of the Centre was conceptualized already during May 1999, when the Department of Social Services’ funding of the Centre commenced and during which time the Department included an external evaluation of the programme’s impact into their goals for the Centre.

The external evaluation was required in order to:

- provide an “objective” external assessment of the Centre
- document the developmental lessons learnt in the process
- measure the impact of the Centre’s services
- determine whether the one-stop Centre is achieving its vision, mission and purpose
- evaluate the successes-obstacles of the public private partnership
- assess the self-sustainability of the programme, make recommendations on its viability, cost-effectiveness and future funding
- comment on the replicability of the model
- contribute to the future strategic planning of the Centre.
6.3 Objectives and Measurable Outcomes

The overall goal of the evaluation was to assess the impact of the Centre, given its purpose and the specific model that the programme promotes.

The specific objectives of the external evaluation included:

- document the development of the Centre, from inception to date
- record the history in terms of the establishment of a one-stop centre
- provide feedback to the initiators and current partners within the Centre on the impact of its services
- create an opportunity for the Board of Management to receive feedback from its clients, in order to learn from the past and to incorporate these lessons into future planning
- report on the level to which the programme has reached its initial goals
- facilitate a process for the partners to evaluate their own/each other’s contribution to the process and the quality of their interaction
- optimize the management of the Centre by improving aspects of the operation that might be assessed negatively by its various stakeholders and to impact upon its cost-effective management
- determine the self-sustainability of the Centre
- comment on the replicability of the public private partnership model
- compare the one-stop Centre with a “traditional” shelter
- make recommendations, based on the lessons learnt to date, including future funding scenarios.

The measurable outcomes of the evaluation included:

- a report to the Department of Social Services (as commissioning agent) and the Board of Management of the Centre
- the evaluation results compiled in a “re-packaged” format for the purposes of marketing and future funding of the Centre
- a strategic review session with the Board of Management in order to provide feedback on the results and to assist them with future planning (in the light of the results and recommendations)
- recommendations for the replication of the model, also to be used by other public private partnerships who wish to embark on such a process/transform their current shelters into one-stop service centres
- feedback to the various partners to inform their own participation/future involvement with the Centre.

6.4 Main Elements to be Evaluated

The evaluation assessed the following main components of the programme:
• initiation and history
• realizing the Centre’s vision – the contribution to ending violence against women
• goal attainment and mission fulfillment
• impact of services
• the public private partnership: challenges and opportunities
• the elements of an integrated, one-stop service to victims of abuse
• the sustainability of the model
• Board governance
• quality of management and cost-effective utilization of resources (human, structural and financial)
• funding, government support and financial management of the Centre
• comparison of the Centre with traditional models
• developmental lessons learnt and strategic impact of best practices.

6.5 Evaluation Process

The evaluation was conducted via the implementation of the following process, consisting of various sub-processes, each with their respective activities:

6.5.1 Pre-evaluation Process

• submission of proposal and obtaining approval
• consultation with the Board of Management to agree the action steps and time frames
• design and development of the evaluation methodology (quantitative and qualitative)
• logistical arrangements for execution of the evaluation.

6.5.2 Evaluation Process

• implementing the evaluation schedule
• conducting the research (including document reviews, focus groups, interviews, etc)
• collecting the data, analyzing the results and interpreting the assessment.

6.5.3 Report Construction

• drafting the evaluation report, including the recommendations
• re-packing the results into a funding proposal format.

6.5.4 Feed-back

• providing feed-back to the partners
• facilitating a workshop with the Board of Management to conduct strategic planning, based on the evaluation results.
6.5.5 Post-evaluation Process

- Facilitate a future funding application for the Centre.

6.6 Evaluation Techniques

The methodology used included both quantitative and qualitative research methods, incorporating the following techniques:

- a document analysis process
- interviews with strategic partners
- focus groups with current clients
- interviews with a sample of past clients
- meetings with the Centre’s Management and governing structure (Board of Management)
- personal observations
- comparison with “traditional” shelters
- model construction.

6.6.1 Focus Group and Interviewing Schedule

The following interviewing questionnaire/focus group schedule guided the discussions during the gathering of the data:

- What do you believe is the philosophy that underpin your service delivery at the Centre?
- What are the unique characteristics of the Centre?
- What makes the Centre different from a traditional shelter?
- What are the advantages of a one-stop Centre?
- List some examples of the best practices of the Centre over the years.
- Do you believe the concept is viable?
- What are the elements of a holistic service delivery model to victims of abuse?
- What are the developmental lessons learnt over time?
- Can the model be replicated?
- How do we roll-out the pilot to other areas?
- What concerns do you have with regard to the Centre’s future?
- How are the sub-projects of the Centre structured?
- What are the benefits of a public private partnership? (what works well?)
- What are the obstacles to efficient partnerships in the Centre? (what does not work well?)
- What are the contributions made by the partners?
- How are the various services integrated/co-ordinated? (or do partners simply share office accommodation/space?)
- What were the contributions of the initial founding partners?
- What services are provided by the Centre?
• What gaps in service delivery do you believe exist? (are any potential service providers absent from the Centre?)
• What is the quality of service delivery?
• To what extent does the Centre attain its purpose/goals?
• What is the impact of the Centre’s services on:
  - reducing violence
  - facilitating healing for victims
  - creating jobs for women
  - training and skills development?
• What aspects of the Centre are managed well?
• What aspects of the Centre are not managed well?
• How is the organization governed?
• Does the Centre have sufficient capacity and resources to meet the need?
• Are the services provided relevant to local needs?
• Are resources utilized in a cost-efficient manner?
• How are the human resources of the Centre applied?
• What is the process of a client entering the Centre, to leaving?
• What services are offered in the following categories:
  - accommodation
  - employment and job creation
  - support and counseling services
  - training and skills development
  - research
  - prevention initiatives
  - community outreach programmes?
• How is the Centre being funded?
• What is the Centre’s current financial position?
• What are the Centre’s needs with regard to funding?
• Could the Centre become self-sustainable?
• Does the Centre require continued government support?
• What are the:
  - strengths
  - weaknesses
  - opportunities
  - threats
of/to the Centre?
• How responsive is the Centre to the needs of clients when referred by outside parties?
• Does the experience at the Centre have long-term/lasting effects/benefits for clients/past clients?
• How do children at the Centre experience the services?
• Does participation in the programme lead to any social stigma?
• How many jobs/employment opportunities have been created by the Centre?
• How many clients have received services from the Centre of the past three years?
• How do you assess the quality/impact of your services?
• What is the future strategy of the Centre?
• How is/will exposure/marketing be created for the Centre?
• What are the challenges to accommodating children in the Centre?
• What are the benefits of accommodating victims along with their children?
• What resources are shared by partners?
• What is the purpose/goal/reason for being of the Centre?

6.6.2 Respondents

The respondents who participated in the evaluation process included:

• initial/founding partners – Department of Health, Department of Social Services and Salvation Army
• the governing structure (Board of Management) as individual Board members and as a collective Board
• Centre Management and staff
• Shelter Management and staff
• the on-site service providers (Economic Kitchen, NICRO, Rape Crisis, Rafiki, SANCA, Child Protection Protocol After-hours Services, the crèche
• residential clients
• past client (or day clients)
• children accommodated in the Centre
• comparative “traditional” shelters (St Anne’s, Carehaven and Sisters Incorporated).

6.7 Outline of Evaluation Time Schedule

The evaluation was implemented within the following time schedule:

The Pre-evaluation Phase was completed during June 2002, while the actual evaluation took place during June and July 2002. The report was constructed during August 2002 and feed-back was arranged for the last week of August 2002. The drafting of the funding applications will be facilitated during September and October 2002. The following action plan was implemented to ensure that the evaluation time schedule could be met:
### SCHEDULE FOR FIRST WEEK OF EVALUATION (24 – 28 June 2002)

<table>
<thead>
<tr>
<th>Time</th>
<th>MON 24 June</th>
<th>TUE 25 June</th>
<th>WED 26 June</th>
<th>THU 27 June</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 10:00</td>
<td>Individual interview with Centre Manager (1)</td>
<td>Focus group with 10 current residential clients</td>
<td>Focus group with 10 past/day clients</td>
<td>Second individual interview with Centre Manager</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Focus group with Centre Management and staff (5)</td>
<td>Focus group with children’s group (small, aimed at age group 12+)</td>
<td>Focus group with outside parties (6)</td>
<td>Documentation and wrap-up</td>
</tr>
<tr>
<td>LUNCH</td>
<td>First focus group with 4 of 8 on-site partners/service providers</td>
<td>Individual interview with Shelter Manager (1)</td>
<td>Visit to and interview with comparative shelter (2)</td>
<td>Documentation and wrap-up</td>
</tr>
<tr>
<td>13:00 – 16:00</td>
<td>Second focus group with 4 of 8 on-site partners/service providers</td>
<td>Focus group with Shelter Management and staff (5)</td>
<td>Visit to and interview with comparative shelter (2)</td>
<td>Fly Cape Town - JHB</td>
</tr>
</tbody>
</table>

### SCHEDULE FOR SECOND WEEK OF EVALUATION (09 – 10 Jul 2002)

<table>
<thead>
<tr>
<th>Time</th>
<th>TUE 09 July</th>
<th>WED 10 July</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 10:00</td>
<td>Individual interviews with founding partners (2)</td>
<td>Individual interviews with Board members (4)</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Individual interviews with founding partners (2)</td>
<td>Individual interviews with Board members (4)</td>
</tr>
<tr>
<td>LUNCH</td>
<td>Individual interviews with founding partners (2)</td>
<td>Board meeting</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Individual interviews with founding partners (2)</td>
<td>Collective Board assessment from 14:00 to 16:00 (8)</td>
</tr>
<tr>
<td>15:00 – 16:00</td>
<td>Individual interviews with founding partners (2)</td>
<td></td>
</tr>
</tbody>
</table>

### SCHEDULE FOR THIRD WEEK OF EVALUATION (21 August 2002)

<table>
<thead>
<tr>
<th>Time</th>
<th>WED 21 Aug</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 – 10:00</td>
<td>Feed-back to partners and stakeholders</td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>Feed-back to Board</td>
</tr>
<tr>
<td>LUNCH</td>
<td>Strategy planning session with Board and Centre Management</td>
</tr>
<tr>
<td>13:00 – 16:00</td>
<td>Strategy planning session with Board and Centre Management</td>
</tr>
</tbody>
</table>
6.8 Evaluation Budget

The total evaluation budget included the following:

- design of the evaluation process and methodology
- development of the research technology (questionnaires, interviewing schedules, etc)
- execution/implementation of the evaluation process
- collecting the data, analyzing and interpreting the results
- constructing and typing the evaluation reports
- packaging the results into funding proposal and submitting (via the Board of Management) such proposal to two funders
- binding and duplicating the reports
- travel and accommodation costs of the Evaluator
- conducting the feed-back workshop to the Board of Management and partners.
7. EVALUATION RESULTS

This section of the Evaluation Report presents the findings of the external evaluation. The results have been organized in order to reflect on the:

- major impact areas of service delivery (such as achieving the organization’s mission, the range and outcomes of service delivery, etc)
- findings of the SWOT analysis
- quality of services as perceived by various parties
- organizational efficiency (cost effectiveness and resource utilization)
- the public private partners and on-site partnerships
- Board governance and management of the Centre
- Financial aspects and funding.

Each sub-section is concluded with a number of “recommendations” or comments as to the implications of the specific results.

7.1 Realizing the Centre’s Vision, Goal Attainment and Mission Fulfillment

Probably the most fundamental question to ask in any organizational evaluation of this nature has to do with whether the organization fulfills its reason for existence. There are many ways to address this question, for which the starting point is to be found in the Centre’s vision of empowering the survivors of abuse in order to ultimately end the cycle of violence within their lives.

On the matter of whether the Saartjie Baartman Centre for Women and Children renders services of high quality to survivors of violence, relevant to their specific needs and in line with the local community context, the answer is a resounding yes. The Centre is not only successful in providing services to abused women and children, it also empowers marginalized people and provides them with opportunities for healing and hope for creating a better future.

On the question of comprehensive service delivery, the Centre yet again “scores high” with regard to the range of services available, as well as providing convenient access and choices with regard to receiving such services. Since no reality is perfect, some services are still absent, but plans are afoot to obtain some of these that have been identified as missing on a continuum of comprehensive services.

Creating partnerships, on-site, is what makes the Centre unique and it is this element that differentiates the Centre from more “traditional shelters” (that mostly focus on providing safe accommodation for women only). This dimension also creates the greatest challenges to the Centre. The critical question here is to what extend has the model managed to integrate services into a truly “one-stop centre”. The honest answer is that the Centre has managed to create ready access to on-site services, that service providers (or on-site partners) do enjoy the benefits of shared resources, that the
structure does facilitate networking, that collaboration and co-ordination of activities do take place, but simultaneously it is true that the partnership concept is in its early days of development, mainly focused on logistical co-ordination and that is has not yet developed into joint programmes (or truly integrated service delivery, directly aligned with a commonly-shared vision).

Nevertheless, the approach does have several advantages (as is discussed elsewhere in this report), including several benefits of sharing space by professional service providers operating within one field of expertise/discipline, of which not least is the fact that the Centre successfully minimizes the secondary trauma experienced by (other) clients of the (broader) system, who are re-victimized by poor services being provided by a fragmented social service delivery system.

It should also be remembered that the Centre’s (as opposed to the shelter’s) main role and function is to co-ordinate the services (rather than providing them) in order to ensure the delivery of holistic services, rendered by a one-stop centre. In this way, the Centre has also successfully managed to promote and to operationalize the concept of working developmentally with women and their children, as well as to give effect to the country’s international obligations to address and to rectify gender imbalances, and to eradicate all forms of violence against women.

Recommendations from these results include the following:

- Facilitate the integration of services fully via developing the partnership model and concretize the added value benefits to the clients of the Centre through clarifying and operationalizing a commonly-shared vision, implementing joint service programmes and entering into partnership agreements.

7.2 Relevance of Services to Local Needs and General Service Quality Levels

In general, all parties who participated in the evaluation process – internal and external, past and present process – indicated the level of service quality to be high. It should be borne in mind that, to some degree, such levels also result from the level of funding that is available, which restricts both “what can be done” and “how well it could be done” by the relevant organization.

In the case of this Centre, and much due to the grant/subsidy received from the Department of Social Services, funding the operation (or the lack thereof) has not over the three year period caused the typical “crisis management” style or pattern that so often manifests with new projects or initiatives. The fact that the Centre frequently receives referrals from other shelters also seem to indicate that the organization is well respected by external service providers operating within the same field. Sufficient
evidence also exists to indicate that other service providers/shelters visit the Centre on a regular basis in order to investigate the workings of a one-stop service programme.

The trend that seems to indicate that progressively more service providers (on-site partners) have, or are intending to join the Centre, also points toward the credibility of the organization, who enjoys high levels of co-operation from most colleagues in the field.

In summary, the overall quality levels are good, whilst both the range of services and its quality is mostly restricted by limitations of capacity/funding only.

With reference to the relevance of the services being provided, most respondents also agree that the Centre is well situated to meet the needs within its immediate environment. However, the Centre’s statistics indicate that the shelter is almost always fully occupied and hence could never perfectly meet the level of need in the community. A second point that does attract attention is that the Centre almost exclusively services the Coloured community and the question is posed as to whether there would be any merit in striving to accommodate more Xhosa-speaking clients. Furthermore, the outreach programmes of the Centre have not been developed very extensively yet and it is proposed that giving attention to this matter should assist the organization with reaching out and ensuring that their services are in line with local needs.

In particular, it is proposed that the Centre devises a scheme or strategy to involve local business to a far greater extent with the organization. Forming appropriate alliances could have several advantages, but specifically two are most relevant in this scenario:

- generating funding opportunities
- creating increased links to employment opportunities.

Finally, a note on “competition”: A second (traditional) shelter operates within relative close proximity to the Saartjie Baartman Centre for Women and Children, which does make for some “competitiveness” between the organizations (and which need not necessarily be a bad thing). However, it is recommended that, in light of the history of the two organizations, the two Managers meet and develop a more co-operative spirit, in the interest of improved client service levels for both organizations.

### Recommendations from these results include the following:

- Regularly (at least annually) review/assess the service levels and quality of the organization through an (informal) focus group with clients, partners, colleagues, referral points, staff, etc.
- Develop a strategy to form an alliance with some local businesses, both with the view to fundraising and creating more links for economic empowerment of the Centre’s clients.
- Strengthen the community outreach programme and preventative work.
Develop a co-operative relationship with the neighbouring shelter in the local community.
Identify those services that are restricted by limited funding and fundraise specifically for that purpose, by developing and submitting such dedicated funding proposals.

7.3 Range of Services and Gaps in Service Delivery

The current range of services provided by the on-site partners at the Centre include the following:

- safe accommodation
- legal assistance (albeit limited)
- psychological counseling
- training and skills development programmes
- employment opportunities
- educare facilities for children
- life skills and a shelter programme
- prevention and community outreach activities
- research, networking and information-sharing.

It is apparent that a number of limited, but significant, gaps in service delivery currently exists. The services that are presently not provided by the Centre include:

- medical services (such as those to be provided by a Professional Nurse)
- a focused HIV/AIDS programme
- dedicated counseling services for children
- second phase accommodation (after-care programme)
- a dedicated intake programme (separate from the shelter accommodation).

It is strongly recommended that these services be obtained and included into the current range of services being provided. It is furthermore suggested that a number of currently existing services be significantly strengthened, since the impact of these services are not optimal, with specific reference to the following:

- implementing a comprehensive staff development programme
- developing a volunteer programme for the Centre
- strengthening the legal advise component of the service, as well as providing assistance with the court process
- expanding the current shelter programme (“social” activities)
- increasing the availability of individual psychological counseling services significantly
- links with some form of employment agency
• an extended network with local business in order to obtain greater access to employment opportunities
• developing a therapeutic programme for the children in the crèche, to be separated away from the shelter.

Recommendations from these results include the following:

• Plan, fundraise for and obtain the services enlisted in the first category of “gaps” in service delivery, including on-site medical services, an HIV/AIDS programme and second phase accommodation/after-care programme.
• Strengthen and develop the services currently not operating at optimal level as enlisted in the second category above.

7.4 Impact of Services on Violence Reduction, Facilitating Healing, Developing Skills, Empowering Women and Creating Employment Opportunities

The results of the evaluation indicate that the Centre does positively impact each of the areas of:

• creating a safe environment for victims of abuse
• reducing violence in the lives of its clients
• facilitating healing and “rehabilitating” women as survivors of violence to make informed choices, develop life skills and create a better future
• developing market-related job skills, that enables them to seek employment, or to generate income for themselves
• empowering women to take charge of their destinies and to lead constructive lives again
• creating (albeit) limited employment opportunities, that facilitates economic empowerment of previously marginalized women.

However, the extend to which the Centre (as is the case with most traditional shelters) manages to actually reduce the cycle of violence in the lives of its clients remain an open question. Some of the women would appear to be leaving the Centre simply to join another shelter. The major obstacles in the way of facilitating change and transforming the situation of the Centre’s clients into a position of empowerment, is the organization’s own limitations with regard to creating or linking clients to employment opportunities (on the one hand) and the limited time available with these clients in order to facilitate long-term change (on the other).

In this regard it is suggested that the current Economic Kitchen either be expanded, or that similar income-generating projects be established on-site. It has also been mentioned previously in this report that the Centre should develop a strategy in order to
create a closer link with businesses with the view of creating greater access to employment opportunities.

In summary, the Centre does make a significant contribution to:

- reducing violence in the lives of its clients, but then mostly “inside” (the shelter) and not necessarily in the longer term
- facilitating healing, which is linked to facilitating immediate relief, but (mostly due to limited resources and the resulting three-month duration restriction), it is a “rushed” programme that often cannot afford the “luxury” of in-depth therapeutic counseling or psychotherapy
- developing skills and training women – with which a good start has been made, but it needs much expansion
- economically empowering women – although the statistics indicate low numbers of “success stories”, people’s lives cannot be reduced to statistics and every success story equates to a victory for one human individual; yet much work and many challenges lie ahead in this area.

Recommendations from these results include the following:

- Increase or expand the skills development programmes on-site.
- Develop a business strategy that links the Centre to local business in order to increase economic empowerment opportunities.
- Consider the idea of developing/linking with some form of an employment agency.
- Increase the psychotherapy services available to individual clients.

7.5 Impact of Accommodating Children along with Clients

One of the Centre’s unique characteristics pertain to its accommodation of children along with their mothers in the Centre. This arrangement has significant advantages for the women and the children, who are already traumatized due to the circumstances within their home environments, and who need not to be further traumatized by experiencing separation from their mothers.

It does, however, also pose a number of challenges, such as the need for discipline, the need to provide proper educare facilities, managing conflict among parents/children themselves and the risk of internal abuse (within the Centre) due to the gender and age differences between the children.

Most clients nevertheless site this aspect to represent one of the greatest advantages of the shelter which forms part of the Centre. It hence leaves for the Centre to meet the needs of the children accommodated within the shelter, including their:
• safety
• educare
• therapeutic counseling
• social re-integration.

In this regard, it has been proposed that the current crèche needs to be separated away from the shelter (into a separate building on the premises), properly equipped and a therapeutic programme be implemented. It is recommended that such an initiative is “packaged” as a separate project and that funds are sought specifically for this purpose.

**Recommendations from these results include the following:**

- Develop the crèche separately and implement a therapeutic programme.
- Obtain specialized counseling services for the children.
- Ensure social re-integration of the children with other children, outside the Centre.

### 7.6 Strengths, Weaknesses, Opportunities and Threats: SWOT Analysis of the Organization

This particular question was posed to all the categories of participants who contributed to the evaluation (and with a few exceptions, to almost every person interviewed). The results are here integrated to provide an overview of the Centre’s internal strengths and weaknesses, as well as external (environmental) opportunities and threats, as perceived by the various stakeholders.

#### 7.6.1 Strengths

The Centre’s major strengths include the following:

- its partnership approach
- quality of the services provided
- accessibility to safe accommodation
- the job and life skills programmes
- utilization of resources and quality of management
- open communication between partners
- high level of goodwill
- the strengths of the Board members
- provision of a comprehensive range of services
- a history of working together among the service providers/partners
- meeting local needs
- frequency of cross referrals
- professional support and sharing expertise with partners
• proximity of service providers
• the location of the Centre
• meeting the core needs of its clients
• quality of counseling services
• willingness to develop as a team
• common vision of holistic service delivery
• competent Centre Manager.

7.6.2 Weaknesses

The most frequently mentioned weaknesses include:

• lack of a dedicated intake programme and separate facilities for this purpose
• the three-month duration period allowed in the shelter
• a lack of privacy in some areas of the shelter
• limited job skills training
• limited funding and human resources capacity
• inadequate shelter (counseling) programme and limited (social) programme activities
• development and capacity-building of staff
• few employment opportunities created by the Centre
• the need for more economic empowerment programmes
• the positioning of the crèche facility
• lack of therapeutic counseling for children
• a lack of sufficient community outreach programmes or prevention initiatives
• the service quality of the security service company at the Centre
• the perceptions around the quality of food as perceived by shelter residents
• the image of the building (not gender sensitive or “women/child-friendly”)
• the risk of client’s partners finding/visiting the Centre
• theft within the shelter
• insufficient therapeutic counseling services (individual psychotherapy)
• lack of volunteer training.

7.6.3 Opportunities

The opportunities perceived to exist in the organization's external environment include the following:

• bringing more partners “on board” who work in the field of combating violence against women (those identified as currently absent)
• developing the training facility into a properly equipped conference room
• developing and equipping the crèche with a professional therapeutic programme
• involving volunteers in a structured way at the Centre
• funding the Centre through a focused funding plan
• developing the on-site partnerships
• conducting research and documenting the model with the view to advising similar initiatives in the future
• strengthening the Board
• developing a dedicated HIV/AIDS programme
• opportunities for joint lobbying/advocacy
• developing second phase accommodation/after-care programme
• involving local businesses to a greater extent
• design and implement an “adopt a client” programme
• marketing the successes to date, nationally and internationally
• future replication possibilities of the one-stop service model
• developing a commonly-shared strategy and organizational culture for the Centre
• joint fundraising by partners
• developing joint intervention programmes

7.6.4 Threats

The major threats to the organization include:

• a very steep learning curve for all role-players with almost no guidelines
• the possibility of partners withdrawing for a variety of reasons
• non-integration of service delivery
• future funding and sustainability of the centre
• potential conflict of interest between on-site partners with regard to fundraising
• the challenges posed by partnerships
• poor economic environment poses many challenges to funding employment opportunities for clients
• “shelter-hopping” by some clients.

Recommendations from these results include the following:

• Centre Management is encouraged to identify those items on the “weaknesses” list (above) for which an action plan could be devised in order to address such development areas, while capitalizing on, or maximizing the benefits which could be derived from the list of “strengths”, particularly with regard to marketing and funding the Centre.
• Simultaneously, the “opportunities” (as enlisted above) should be included in the business plan, while the risks posed by the items within the “threats” category should be managed where possible and within the organization’s own restrictions.
7.6 Service Quality Audit: Results

7.7.1 Client Feed-back: Results of Residential and Day Clients, Past and Present

The interviews with both current and past (day) clients have generated the following results:

The major benefits derived from the Centre’s services are perceived to include the following:

- the assistance provided in escaping the abusive home environment
- the safety of the shelter environment
- the counseling services received in re-discovering one’s self-worth
- creating an awareness of choices and consequences for the survivors of violence
- developing coping mechanisms and ending the cycle of self-blame
- creating space to be rejuvenated as a person
- gaining confidence and learning to trust again
- being linked to income-generating opportunities and developing market-related job skills
- the benefits derived from the Centre following an integrated approach that addresses “mind, body and soul” issues.

The most negatively evaluated aspects of the Centre’s operation include:

- the quality and variety of food (specifically fresh vegetables) available in the shelter
- a lack of sufficiently stimulating programmes or “social” activities, particularly over week-ends
- the fact that the crèche is not properly separated from the (parents in) the shelter
- the (short) duration allowed in the shelter (three months)
- the lack of second phase accommodation available/after-care programme
- limited planning or assistance provided to clients with regard to what happens after their stay at the shelter
- the restrictive range of, and limited number of employment opportunities created by the Centre, as well as the methodology used to select clients to participate in these opportunities (referred to as “favouritism”).

These clients’ views with regard to proposed improvements at the Centre include the following:

- obtaining sponsorship specifically for food and clothing to clients in the shelter
- developing an extended programme that will involve clients over a longer (than the three months) period
• devising a different mechanism or system for the preparation of food by shelter clients themselves
• expanding the activities provided for the children in the shelter (in order to address (“boredom”))
• establishing second phase accommodation on the premises/an after-care programme
• including physical exercise and a greater variety of social activities as part of the shelter programme.

In comparison to other shelters attended by some of the current clients, the Centre is perceived to be:

• less rigid
• more tolerant and less prescriptive or judgmental of the client
• offering a shelter programme with less variety of activities
• offering much the same counseling services as traditional shelters
• providing, albeit very limited, skills development and employment opportunities.

### Recommendations from these results include the following:

- Re-consider the three month duration of the programme.
- Develop second phase accommodation (after-care programme) on the premises of the Centre.
- Re-develop the crèche and capacitate the facility.
- Design and develop a comprehensive programme for shelter clients, in collaboration with on-site partners (that is, joint programmes).
- Increase social work staff capacity in order to expand such a programme.
- Increase both skills development training programmes and links to creating employment opportunities.

### 7.7.2 Outside Parties’ Views

Initially, the evaluation plan included a focus group discussion with some outside parties, which was aimed at involving sources who mostly refer clients to the Centre, such as:

- the police
- a local school
- representatives from the Lentegeur Hospital.

Due to logistical obstacles, the focus group was cancelled by the team responsible for overseeing the implementation of the evaluation plan. The time was then used to visit more than the initially planned (one) shelter.
7.7.3 The Experiences of Children

The evaluation included a focus group with children who are currently accommodated at the Centre. The results of the session with them included the following trends:

- the Centre is considered a place of safety, providing a haven away from their homes which are filled with conflict and violence
- many of the children come from homes where substance abuse characterizes the home environment, often resulting in a lack of food
- the children perceive the Centre as an environment within which their mothers are given the opportunity to “sort out their lives and solve their problems”
- clearly the educare programme has managed to educate the boys in particular “not to do the things their fathers are doing”
- it is interesting to note that the children do not report negatively on the quality of the food provided by the shelter or at the crèche
- the children are aware of the need for discipline and the rules governing the Centre
- the current positioning of the crèche is not healthy and should be reconsidered
- the crèche is in need of a specific therapeutic programme for the children.

Recommendations from these results include the following:

- Develop the crèche separately from the shelter and facilitate the capacitating thereof through a separate funding proposal.
- Include the development of a therapeutic programme for the children.
- Ensure that the educare programme is integrated with a community programme that guarantees re-integration into society for these children.

7.8 Organizational Efficiency

7.8.1 Organizational Efficiency: Management and Staff Perspectives

The Centre Management at the Saartjie Baartman Centre for Women and Children departs from an underlying assumption that promotes the empowerment of women in the delivery of their services. They consider their clients as people who have been marginalized by society and strive to provide them with access to a variety of services, including:

- physical safety
- emotional care
- economic empowerment.

Of significance is their approach that promotes the recognition of choices to woman and taking responsibility for the consequences of such choices. The Centre’s philosophy is
based on breaking the cycle of violence for these survivors of abuse and creating a better future for previously abused women and their children. It is important to note the extend to which emphasis is placed on clients as survivors, rather than victims, of abuse. Some service providers furthermore consider the Centre’s services to be based on a “feminist philosophy” (that perceives the root cause of violence to be related to the abuse of power differentials between men and women and gender inequality in society) promoting the notion of putting women first, assisting them to take responsibility for their own lives and empowering them with life and job skills.

Management considers the Centre to be different to “traditional” shelters in that the Centre:

- provides services through on-site partners who have extensive experience in the field of providing services to abused women
- attempts at realizing the benefits of partnerships between service providers
- takes the concept of networking into practical reality
- provides choices in even the services being received by a client
- renders one-stop services
- incorporates job skills development programmes
- creates an opportunity to share resources among partners
- affords service providers the space to learn from each other/jointly explore new approaches.

With regard to the notion of partnerships, it is apparent that some partners are far more actively involved with the Centre, than others (who simply appear to be “sharing space or accommodation”). All partners seem to agree on the need for the concept to be clearly defined and that the notion of partnership should be developed to the “next level” of shared programmes (rather than just shared resources). Partners do seem to make frequent referrals to other on-site organizations, since each organization provides its own/unique services to clients. Partners also make a financial contribution to the operating expenditure of the Centre.

Many of the problems experienced by the partnership arrangement seem to stem from the fact that on-site partners are simply “branches” of their own organizations (at provincial level) with limited decision-making authority and complications/challenges around effective communication.

The general perception held by Management and staff is that the Centre provides good quality services to its clients – a notion which is borne out by the results of the assessment by both current and past clients. Management and staff are furthermore “in touch with”/aware of the complaints of some clients and, most importantly, have identified the gaps in their own service delivery. It should also be remembered that the Centre has little, if any, control over the nature and quality of services rendered by on-site partners – an issue which should be addressed by the clarification of the partnership arrangement (or structure), the expected contributions by partners and the right/responsibilities of on-site organizations, in a formal partnership agreement.
Both the finances and the systems of the Centre are well managed, but the human resources of the Centre are inadequate to continuously provide services of a high quality. In particular, it is recommended that the shelter programme be supported by at least an Auxiliary Social Worker.

With regard to the funding of the Centre, it is clear that the programme will remain in need of continuous government subsidizing, as well as:

- private funding to support its operational expenses
- income-generating initiatives, specifically aimed at creating increased employment opportunities for its clients
- funding to improve the current facilities (infrastructure)
- funding for developing the partnerships.

Centre Management and staff firmly believe that the one-stop centre is a viable concept, which should be replicated elsewhere in the country. In this regard, they foresee the Centre to be playing a leading role in generating the material that will assist other initiatives to be converted into one-stop centres in the future.

With regard to the model of service delivery as operationalized by the Centre, it is apparent that at least two significant service elements are lacking:

- the on-site access to medical treatment (such as the services of a part-time nursing professional)
- an HIV/AIDS programme.

In the opinion of the Evaluator, the aspect of community outreach programmes and prevention initiatives are also under-developed. Likewise, the research element is still within its infancy stage of development and it is hoped that the evaluation process will contribute to documenting the elements of the model, best practices, obstacles and lessons learnt over the three year period.

Some role-players seem to indicate a need for focusing on a men’s programme, a dedicated youth programme and addressing the specialized needs of (abused) women with disabilities, which also need to be considered in the future planning of the Centre’s activities.

7.8.2 Centre Capacity and Human Resources Utilization

As is to be expected, and much aligned with the general trend within the NGO-sector, the Centre is understaffed and various role-players take on a variety of functions in order to do what needs to be done. It has been mentioned before that the shelter programme needs strengthening.

The roles of the Centre Manager and the Shelter Manager also seems to overlap in certain areas and it is proposed that these roles be clarified. Simultaneously, there is a
need to specify the reporting structure and roles of the various on-site representatives of various other organizations, in relation to the Centre Manager. Should the Centre Manager’s future role and focus shift away from the actual day-to-day management of the Centre to, for example, fundraising and consulting to other similar centres, then it might well be advisable to investigate the need for administrative support to the incumbent of that position.

In general, the staff of the Centre are loyal and committed to the cause, as well as to the Management team. While human interaction always makes for some level of disagreement from time to time, nothing has led the Evaluator to believe that the organizational climate at the Centre is unhealthy. The only division that could be identified seems to exist between “older” and “newer” staff members – a natural consequence of the fact that some staff members have been working with the Centre Manager over an extended period of time/in previous work environments, resulting in that they are naturally perceived to be in close alliance with Management. In this regard, the Centre Manager, Shelter Manager and Psychologist are seen to form a closely knitted team. The one aspect of human resources management that is in need of attention, is the development of the necessary policies and procedures, as well as ensuring compliance with the relevant labour legislation. It has also already been mentioned earlier in this report, that the staff of the Centre are in need of a focused staff development programme, based on a skills audit and the development/capacity-building needs of the respective incumbents. Finally, staff – as is the case with all staff, need to receive regular feedback and recognition.

On a practical note, the Centre Manager might want to consider whether it would be appropriate to include a staff report as part of the Executive Report supplied to the Board. Such report could focus on human resources issues, needs and problems, as well as a section that particularly focuses on the capacity-development of staff members. It is also important to ensure that members of staff are aligned with the organization’s vision and Management’s strategy rather than developing an attitude of “just working here, earning a salary”.

The vast majority of systems that have been developed and implemented at the Centre seem to be working well.

All in all, the resources appear to be utilized effectively, the budget to be managed conservatively and the available resources to be managed optimally. The physical buildings and support services, such as the security services are, however, not up to standard. Several of the staff and clients have commented on the poor services received from the security company. It is strongly recommended that the contract with this service supplier be reviewed. The physical appearance of the building still reminds of a hospital or clinic and it is also strongly recommended that funding be sought to change the image of the Centre into a “woman-friendly” environment. The same suggestion applies to the facilities of the Night Supervisor at the shelter. The time (and energy) required to obtain house-keeping/maintenance services from the Department of Public Works also impacts negatively on the efficient operational/logistical management...
of the Centre. It has also been proposed, earlier on in this report, that the crèche be physically separated away from the shelter.

Recommendations from these results include the following:

- Employ an Auxiliary Social Worker in the shelter.
- Review the security services at the Centre.
- Upgrade the appearance of the facilities to a “women-friendly” environment.
- Implement a focused staff development programme.

7.8.3 Cost Effectiveness and Financial Management

Apart from “traditional” concerns with regard to funding any NGO, the Centre appears to be in a relatively “comfortable” position with the “guaranteed” subsidy received from the Department of Social Services. Nevertheless, the financial position of the Centre indicates that this aspect is prudently managed and that all expenses are cautiously considered. If anything, the approach seems to be conservative.

Whilst initially it was most complicated to analyze and separate the financial statements and asset register of the Centre, it currently operates smoothly under the fiduciary care of the Board of Management. The aspect of funding the Centre and its future sustainability is dealt with elsewhere in this report.

One aspect of the Centre that is in need of attention is the current marketing of the organization, which is lacking. The organization needs a progressive marketing plan and tools to create awareness of the Centre and to generate income to cover its costs.

Funding the operational expenditure of the Centre (that is, the running costs of the shared assets and facilities, systems and services), could present tension in the future and it is suggested that attention be given to how this matter will be dealt with, particularly with regard to fundraising activities. Simultaneously, the capacity of Centre Management in the discipline of marketing should be developed, while the “success story” of the Shelter Manager presents a “competitive advantage” or opportunity for the organization that should be capitalized on in terms of creating marketing exposure and promoting the impact/results of the one-stop Centre’s services.

7.9 The Public Private Partnership: Challenges and Opportunities

It is this particular element of the evaluation process which has led the Consultant to initially question the timing of the then proposed external evaluation. Very early during the consultation discussions, it became apparent that the partnership arrangement between the on-site partners was still in its formation stages and hence it was felt that the evaluation might be more appropriate a little while later. However, the Board of
Management convinced the Evaluator that the purpose of the exercise was indeed to inform future planning and to facilitate “taking the next steps”.

Consequently, and by way of introduction to this topic, it is noted that the on-site partnerships are at present not yet firmly developed. Whilst all the parties agree at a conceptual level on the benefits or potential benefits to be derived from the partnership structure, on the philosophy of providing integrated, holistic services, on the practical advantages of sharing resources and the financial benefits of not duplicating services, in practical terms, their understanding of partnership remains yet undefined. Likewise, their expected contributions to the Centre as an entity has not been clarified. The logical consequence is that mechanisms aimed at concretizing the interaction between partners and the integration of services at the Centre seem to mostly focus on “housekeeping” issues, rather than the actual integration of services.

Recommendations from these results include the following:

- Jointly clarify the concept of “partnership” (what is understood by the on-site partners?)
- Develop the partnership structure and concretize the relationships through partnership agreements.
- Develop the value-added concept into real benefits beyond resource-sharing and cost-saving, both for clients and on-site partners, through designing and implementing joint/shared programmes.
- Continuously manage, monitor and evaluate the implications, challenges and benefits, and recognize/celebrate “small” successes.

7.9.1 Founding Partners and their Roles

The initial founding partners consisted of:

- the (then combined) Departments of Health and Social Services (subsequently divided into two separate entities)
- the Salvation Army (as the private welfare organization).

The major contributions by each were as follows:

The Department of Health provided the actual facilities (building) and some support services, such as security services, etc. The Department of Social Services, in turn, initiated the concept and funded the actual operating costs of the shelter. Later, as on-site service providers joined the Centre, they started contributing to the operational costs of the Centre. The Salvation Army provided the actual service (or programme as it would be called within this context).
The first level of partnership hence existed between a provincial government department and a NGO. Some of the traumatic developments that followed in the history of the Centre directly resulted from the structure of this partnership. Once the government department was separated into two entities, it was discovered that the Department of Health retained some services within the building which was perceived to have been dedicated to the Centre, while the Department of Health was most unhappy about carrying the costs for support services provided to a facility that was mainly used by another Department (Social Services). These costs were perceived to be a burden and to be unfairly split between the two departments (80:20 – Health: Social Services). Thus, the partnership was based on what was termed on “unfounded political mandate”, causing much tension between the partners.

During the evaluation, the Department of Health indicated their intension to vacate the building altogether and to hand the entire facility over to the Department of Social Services. Reflecting back on their partnership, the Department of Health’s advise for similar initiatives pointed directly towards the need for a commonly-shared vision, properly budgeted for, as well as a fair and equitable division of expenses in order to avoid frustration and confusion.

In similar vain, the Department of Social Services questions the viability of such a partnership between two government departments, in particular where the partnership is formed “by default” rather than as a properly planned activity.

Regrettably, also the partnership with the private welfare organization was not without its own problems. Here the major obstacle was caused by a change in leadership at the organization from a person with expertise in the field and a progressive leadership style, to someone without experience and who was perceived to be judgmental. After much turmoil and conflict resolution, the programme of the Salvation Army was terminated and transferred to an interim management structure, administered by NICRO, until the Centre was registered as a NPO with its own governing structure in place.

Some of the outstanding lessons learnt as cited by almost all the initial role-players, relate to:

- clarifying roles and expected outcomes of partners
- the need for frequent communication between stakeholders.

**Recommendations from these results include the following:**

- Carefully select partners and ensure a common vision.
- Clarify expectations up-front.
- Calculate the financial implications and reach agreement on the allocation of expenses.
- Design and implement the necessary communication structures,
particularly within and between complicated structures, such as two government departments.

- Ensure that all partners are aligned and that the autonomy of organizations are still respected.
- Enter into formal partnership agreements.
- Alternatively, (that is, if the abovementioned criteria cannot be met) initiate the project within one department only.

7.9.2 Multi-purpose, Intersectoral Contributions by On-site Partners

Initially, the on-site partners consisted of the Network on Violence Against Women who joined the shelter of the Centre. At present, the following on-site partners contribute their services:

- emergency accommodation provided by the shelter
- psychological services provided on a part-time basis by a Psychologist
- training and skills development services provided by the Economic Kitchen
- counselling services provided by either of the shelter’s Social Worker as part of their programme, NICRO, Rape Crisis or SANCA
- employment opportunities provided by Rafiki, a soap-making project
- networking, information and capacity-building services provided to service providers by the Network on Violence Against Women
- child protection services provided by the Child Protection Protocol (after-hours service)
- educare services provided by the crèche.

During the evaluation it was revealed that partners are not equally involved with the Centre, notwithstanding their good intentions to contribute to “the partnership”. Whilst the on-site partners agree on the need to approach and to provide their services in a holistic fashion, as well as on the need to work developmentally with women and their children, they do experience some challenges and problems with the practical implementation of the partnership concept, including the following:

- some sharing of resources does, at times, lead to internal conflict
- roles have not been clarified
- ownership of certain facilities or equipment can become a problem
- some partners are more business-orientated than others (for example, the Economic Kitchen)
- the boundaries of these partnerships are unclear to some participants
- partnership meetings need to be attended regularly and by the same representatives from the service organizations, if they are to be meaningful.
Recommendations from these results include the following:

- Define the nature of the partnership, its rights, responsibilities and boundaries up-front.
- Clarify the expected contributions of each partner to the Centre.
- Concretize the arrangements in formal agreements.
- Facilitate frequent communication and provide each other with feedback in an open, honest environment.
- Structure the partnership meetings.
- Evaluate the partnership regularly.

7.9.3 Co-ordination and Integration of Services

The question as to whether sharing common accommodation equates to providing holistic, integrated services, has been much debated. The answer must be found in whether partners, who each provide their specialized services, manage to move beyond the boundaries of their own organization, to a level of co-ordinating and integrating the services of the Centre as a whole.

At the Saartjie Baartman Centre for Women and Children, a number of resources are shared by on-site partners, including the:

- security services
- receptionist/switchboard
- building/offices
- office equipment (a safe, photocopier, fax, etc).

Likewise, frequent referrals between the organizations do happen and joint planning, as well as joint case reviews, do take place. The co-ordination of logistical and operational matters are seen to during monthly partnership meetings. However, it is in two of the most crucial areas that the partnerships have not yet managed to derive the projected benefits:

- clarifying the nature and outcomes of the partnership, also in relation to funding the Centre (as opposed to fundraising for their own organizations)
- developing joint (or integrated) programmes that transgress the boundaries of specialized service delivery by (separate) entities, into holistic service delivery, provided by interdisciplinary, multi-sectoral service providers working in close collaboration towards attaining a commonly-shared goal.

Recommendations from these results include the following:

- Operating beyond the boundaries of one’s own profession or
organization does not come naturally to most incumbents and need to be planned, facilitated and managed.

- Appointing a task team to develop a joint programme for clients of the Centre might be the most practical way to facilitate closer collaboration.
- A joint programme should be designed, based on two dimensions – the needs of clients and the expertise available among on-site partners (or future partners).
- Developing a joint pool of volunteers might also assist in implementing a centre programme rather than individual organizational services.

7.9.4 Benefits

In general, the role-players agree on the benefits of the partnership approach, including:

- easy access to services for clients
- proximity
- exposure for the partners to each other
- ease of cross referrals
- inter collaboration among service providers
- the availability on-site child care services
- the security of the facility
- organizational support provided to partners
- creating a safety net and networking opportunities
- facilitating the integration of service delivery
- providing comprehensive, holistic services
- providing clients with choices
- empowering women in a variety of ways, including life skills, choices, training and job skills, employment opportunities
- sharing resources and saving costs.

7.9.5 Obstacles

The initial obstacles in the public private partnership arrangement mostly resulted from structural issues and misperceptions between the two government departments who later split into separate entities. Some of these obstacles resulted from a lack of documenting decisions and poor record-keeping, causing confusion and conflict, misperceptions and poor utilization of existing resources. The financial structures/mechanisms and the separation between the two departments furthermore created much frustration for all parties. The political inspiration of the funding of the Centre also facilitated a lack of business planning, with poorly defined responsibilities.
A second move of obstacles presented with the separation of the Centre away from the initial private welfare organization as partner, which again stressed the need for clear roles and records.

The obstacles to efficient on-site partnership are varied, but could be categorized into a few core problem areas that have been recorded earlier in this report:

- defining the concept and sharing a common understanding of what is meant by the term
- clarifying the expected roles, rights and contributions of each partner
- facilitating clear and frequent communication with partners, amongst others, during partnership meetings
- sharing resources without providing a licence for abuse of facilities, equipment, etc
- being vigilant about the autonomy of service providers and balancing that with the commonly-shared denominator or core purpose of the one-stop centre
- structuring the reporting lines to be sufficiently meaningful in order for the Centre Management to be able to “orchestrate” the operations
- developing an integrated service delivery paradigm that implies multiple roles for on-site partners
- facilitating joint funding for the Centre, without jeopardizing the position of individual service providers, creating market competition/confusion.

A significant challenge relates to balancing the objectives of the partner’s own organization with those of the Centre. It is critical to structure the partnership set-up in such a way as not to create conflict of interests or concerns at the “home” bases of these organizations, whilst still respecting their autonomy and simultaneously sharing a common vision of joint service delivery.

7.9.6 Feasibility

Partnership is a concept that could be operationalized at several levels, including:

- the most simple level of sharing space or joint accommodation
- advancing to sharing resources (mostly aimed at meeting cost-saving objectives)
- loosely-defined working agreements between parties with similar objectives, services or a shared target market/clients
- joint programmes, aimed at integrated service delivery of comprehensive services (often aimed at addressing complex, multi-disciplinary problems of a social or medical nature)
- formal partnership agreements with shared targets/objectives, specified contributions and clarified roles/outcomes.

In the case of the Saartjie Baartman Centre for Women and Children, the on-site partners have, at best, advanced to the third level, with much attention being given to administrative/logistical matters, rather than the integration of services through
rendering joint programmes. The recommendations for facilitating this process have been noted in several sections of this report and will not be repeated here, except to comment on one critical factor which might well be the single most important factor in determining the feasibility of public private partnerships, such as manifested among the on-site partners at the Centre, namely joint funding. It is critical to resolve how the Centre is to be funded from a fundraising perspective in the future, in order not to create competition, confusion or duplication of, for example, grant applications.

Closely linked to this success factor is the key issue of communication and the need to share openly and honestly among partners. Typically, the initial period of the partnership is characterized by a “honeymoon” period (during which all is perceived to be working well), whereafter the friction often manifests in the form of small frustrations (mostly linked to infrastructural issues and the sharing of resources). It is imperative that the on-site partners at the Centre use the partnership meetings to define common purpose, resolve problems and to plan in order to integrate their service delivery in a constructive manner.

Recommendations from these results include the following:

- Urgently resolve the mechanism for future fundraising of the Centre.
- Optimize communication, during monthly partnership meetings and through other new/innovative mechanisms

7.10 Board Governance and Centre Management

The Centre is managed by a most competent Manager, who is clearly well experienced in the operations of shelters and services provided to survivors of abuse. The incumbent furthermore enjoys a constructive relationship with the governing structure.

The Board of Management is constituted by the Directors of the various on-site partners, the Centre Management as well as the Department of Social Services and representatives from managed the staff and the community. The composition of the Board is well balanced and the individual members share many years of experience in this field. The current composition, however, requires to be strengthened and diversified (with regard to cultural groups) and consideration should be given to co-opting a shelter representative onto the structure as well.

As with many governing structures, the strengths of the Board are vested in the people who serve on the Board (as is the case with Management and the expertise of incumbents of such positions). At this Centre, one of the most pivotal success factors is vested in the Chairperson, who is a visionary leader, demonstrating her passion towards the cause and inspiring all around her to strive towards goal attainment (with relatively high levels of impatience). The Board’s major strengths include the following:
• Board members are strategically positioned
• the expertise and experience of the members currently serving as Directors
• the positioning of members in their own organizations
• their willingness to develop the partnership concept
• a strong history of (informal) networking with each other
• high levels of trust and goodwill
• the absence of any apparent power struggles
• credibility of the on-site partners in their own right.

The development areas (“weaknesses”) of the governing structure include:

• the Board needs to sharpen its focus, as well as to develop and implement their strategic decisions
• a mechanism needs to be developed to ensure that strategic initiatives/actions are followed-up and followed through
• a future funding/sustainability plan is absent
• a crystal-clear vision for the Centre has not been internalised by all the members yet
• the Board needs to develop specific service standards in consultation with Management
• the governing structure should strategically position the Centre in the future and inspire Management towards attaining such vision – not the other way around.

With regard to the alignment between the Board and Management, the parties report a high level of close collaboration and shared future vision for the Centre. Management is frequently provided with feedback, in particular during monthly meetings which are characterized by high levels of interaction. However, with some of the Directors being on-site, the need exists for the roles and boundaries between the Board and Management to be defined, in particular “who and when to consult on what issues”. In this regard it is recommended that particular portfolio’s be created for the members of the Board, which should go a long way towards clarifying focus areas. It is furthermore suggested that a performance agreement be developed and entered into with the Centre Manager, specifying her expected outcomes on a yearly basis.

In general, the Centre is in a fortunate position to have committed members on the Board, who regularly attend meetings and constructively contribute to the governance of the organization. The Board is, however, reminded to focus on matters strategic, such as the future positions, funding, management of the quality of services, policy issues and evaluating the impact of the organization, rather than the operational management of the Centre.

The strategic issues which the Board are likely to face in the near future include:

• concretising the strategy and crystallizing a commonly-shared vision for the Centre
• compiling a business plan, which should also form the basis for the Centre Manager’s performance agreement
• funding and sustainability of the Centre
• marketing the Centre nationally and internationally
• developing the partnerships and capitalizing on the one-stop Centre in order to provide real value-added services.

Recommendations from these results include the following:

• Bring the composition of the Board in line with the suggestions above, to also include Xhosa-speaking members, a shelter representative and more community representatives.
• Conduct a focussed strategy planning session with all the Board members involved.
• Draft a business plan and enter into a performance agreement with the Centre Manager.
• Develop a professional funding plan for the Centre and market the learning site as a national asset.
• Clarify the concept of partnership and develop into a fully-fledged reality with concrete partnership agreements.

7.11 Financial Management and Funding

It has been earlier recorded that the financial management systems of the Centre would appear to be operating efficiently. Likewise, in the previous section, the challenges facing the Centre with regard to fundraising for the operation, have been briefly introduced.

However, the funding of a one-stop centre of this nature remains a sensitive issue which requires some further attention. It is generally accepted that the shelter component of the Centre will, like most (if not all) other shelters, remain in need of continued government funding (through a subsidy system). Funding of the operational costs (mostly related to infrastructure and support services) could also be derived from two other sources, including:

• income earned through charging on-site partners for such facilities/services
• generating income through initiating a specific project, operated with that particular purpose (income-generation) in mind

In the case of the Centre, such an opportunity does exist with regard to upgrading the training facility into a properly-equipped mini “conference centre” – a notion to which more attention will be given later on in this report. For the purpose of this discussion (funding), it is proposed that a proposal be drafted to facilitate a grant aimed at upgrading the said facility, as a focused income-generating project for the Centre.
In similar vein, it is proposed that “common” areas (also relatively “easy to sell” areas of operation), such as the crèche and its redevelopment, be “packaged” and promoted for the purpose of raising funds. Another example would be the funding of a dedicated HIV/AIDS Programme (which is – at present – high on the agendas of funders).

The funding of specialized services provided by individual service organizations, should of course, remain their own responsibility. It does, however, require a certain level of co-ordination to ensure targeted funding and to prevent any duplication. The funding aspect of the on-site partners’ operations should furthermore be addressed in the earlier proposed formal partnership agreement between such on-site partners and the Centre.

Recommendations from these results include the following:

- Continuously ensure prudent financial management of the Centre’s affairs.
- Clarify the future funding strategy of the Centre, incorporating the plans of on-site partners.
- “Package” and market Centre-specific projects, such as the crèche, an HIV/AIDS Programme and upgrading of the Centre facilities (building).
- Obtain a grant for one focussed income-generating project such as the proposed conference facility.

7.12 Summary of Evaluation Results: Main Trends

In summation, the evaluation results indicate the following main trends:

- the general quality of service delivery by the Centre is good, given its own restrictions in terms of funding and capacity
- the Centre successfully provides a wide range of services to survivors of abuse, relevant to local needs
- services provided to both women and children and rendered by on-site partners, creating a variety of benefits as a one-stop centre, over “traditional” models
- some gaps in service delivery do exist (for example medical care, HIV/AIDS and second phase accommodation/an after-care programme) and these “absent partners” should be added to the current range
- some services (for example community outreach, prevention, psychotherapy) are not well developed yet and should be strengthened
- the services provided appear to positively impact on the immediate reduction of violence, facilitating healing, developing skills and empowering women (albeit to a very limited extend), as well as on creating access to job opportunity
• the skills development and economic empowerment programmes (for example, the Economic Kitchen) should be developed or expanded significantly if the Centre’s impact and cost-benefit ratio is to be maximized
• the Centre need to specifically link more closely with local business in order to gain excess to job-creation opportunities
• the restrictive three-month duration restriction on residents in the shelter impacts negatively on client satisfaction levels
• children who are accommodated at the shelter are in need of separate crèche/educare facilities
• in general, the organization is managed well, with efficient financial management/administration systems in place
• marketing as a function is currently lacking
• the human resources are insufficient and the staff development programme needs to be further developed
• the physical infrastructure and appearance of the Centre needs to be upgraded to “women-and-child-friendly” facilities
• the public private partnership structure is conceptually well supported, but in reality (and practice) still much underdeveloped
• the concept should be clarified, expected outcomes defined and partnership agreements entered into
• most importantly, shared or joint service delivery programmes should be developed by on-site partners
• partnership development, however, is not an easy process that needs to be constantly managed and assessed over time
• the Centre is both well managed and governed prudently
• the future funding of the Centre is in need of urgent attention and some income-generating opportunities do exist, which should be explored.

The recommendations resulting from these main trends are summarized in the section of the report entitled “Recommendations”.

8. COMPARISON OF THE CENTRE WITH TRADITIONAL SHELTERS

8.1 Differences between the Centre and Traditional Shelters

Initially the Centre was to be compared to one “traditional” shelter only, but during the evaluation, the Evaluator developed a need to consult to more organizations and so three “traditional” shelters were compared to the Centre. It is important to note here that these shelters were visited/interviewed for comparative purposes only (that is, to establish how their operations might differ from the Centre) and not with the view to evaluating the shelters themselves.

Surprisingly, the results indicated far greater similarities than differences between the Centre and other shelters. The major difference, as is to be expected, resided in the “proximity of services” dimension, with all or most of the services being on-site at the Centre, whilst other shelters had to refer their clients to such service providers when in need of their services. However, the other shelters claim that (often due to good working relationships with these service providers) their clients had equally good access to “outside” services. Admittedly, physical distances do pose challenges such as time and transport requirements to these shelters.

Some of the comparative shelters do provide second stage accommodation (or after-care programmes), and they confirm the value of (or need to have) such facilities. In some instances, the shelter programmes offered by the comparative organizations appear to be more varied and comprehensive than those offered by the Saartjie Baartman Centre for Women and Children. However, past clients (who had attended more than one facility) criticize these organisations for enforcing a particular belief system and for being overly rigid/disciplinarian in style.

In this regard, the Centre’s approach of promoting a wide variety of choice is preferred to the philosophy of “one dimensional service delivery”, promoted by other facilities.

8.2 Comparison and Findings

By comparison to the other shelters, the approach followed by the Centre appears to be more developmental in nature, offering a comprehensive range of services on-site, including educare services for the children of the women, and focusing on the economic empowerment of women. Yet, the Centre needs to develop second phase accommodation (or an after-care programme) as offered by other shelters, as well as to consider the development of a perpetrator management programme.

Recommendations from these results include the following:

- Research and borrow from other shelters ideas with regard to developing the current shelter programme.
- Develop second phase accommodation facilities, on-site.
9. **A MODEL FOR HOLISTIC SERVICE DELIVERY TO SURVIVORS OF VIOLENCE**

9.1 **Philosophy and Underlying Assumptions**

Any model for service delivery, regardless of its nature/contents, is based on some underlying values. The model proposed by the Centre and as a result of conducting the present evaluation, is also based on at least the following underlying principles:

- services to survivors of abuse need to be of high quality and that dimension could never be compromised
- due to the nature and complexity of the problem, a comprehensive (range of) services is required
- equality significant to the need for such services, is the dimension of integration of service delivery into a holistic continuum of care
- both these aspects, coupled with the need to share scarce resources among NGO’s, government, private business and civil society, lead us to believe that the public private partnership is the relevant model for the future
- such partnerships are equally complex and not easy to initiate or manage, but should be developed around a common purpose.

9.2 **Unique Characteristics**

What makes the Saartjie Baartman Centre for Women and Children unique, is not necessarily the fact that attending the Centre provides access to a range of services for clients, but the:

- accommodation of children (also older children of both sexes) along with their mothers
- the emphasis of the Centre’s philosophy on choices – choices in the matter of what services to make use of, choices in the daily operating of the shelter, choices with regard to training and skills development and, ultimately, choices in terms of lifestyle and the focus on accepting responsibility for the consequences of such choices
- the Centre does put services to abused women above all other priorities
- the model does strive to rendering one-stop services, although this aspect has not yet been fully developed
- the Centre creates, on-site part-time employment/income-generating opportunities for clients
- the Economic Kitchen which combines the training of clients with “real time” on-site employment contributes to making the model unique.

9.3 **Elements of an Integrated, One-stop Service to Women and Children**

The following elements are perceived to form part of an integrated, holistic service to survivors of abuse, provided within a one-stop centre:
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Program Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Security/Shelter and Safe Accommodation</td>
<td>Legal Advise and Support</td>
</tr>
<tr>
<td>Emotional Care/Compassion</td>
<td>Spiritual Guidance</td>
</tr>
<tr>
<td>Social Support and Healing</td>
<td>Educare and Support Programme for Children</td>
</tr>
<tr>
<td>Medical Attention, including HIV/AIDS Services</td>
<td>Centre Management</td>
</tr>
<tr>
<td>Psychological/Therapeutic Counseling</td>
<td>Integration of Services and Partnership Development</td>
</tr>
<tr>
<td>Life Skills Development and Choice</td>
<td>Community Outreach Programme</td>
</tr>
<tr>
<td>Market-related Job Skills Training</td>
<td>Prevention Work, including Parenting Skills and Conflict Management</td>
</tr>
<tr>
<td>Links to Employment Opportunities</td>
<td>Research, Model Construction and Consolidation</td>
</tr>
<tr>
<td>Advocacy and Lobbying</td>
<td>Governance</td>
</tr>
<tr>
<td>Second Phase Accommodation and Social Reintegration</td>
<td>After-care Programme</td>
</tr>
<tr>
<td>Centre Administration</td>
<td>Perpetrator Management Programme</td>
</tr>
<tr>
<td>Networking, Lobbying and Information-sharing</td>
<td>Men’s Programme</td>
</tr>
</tbody>
</table>
9.4 Advantages of One-stop Services

Throughout the evaluation it has become apparent that one-stop services provide several advantages over “traditional shelters”. These include, by no means the exhaustive benefits of:

- proximity of service providers
- cross referrals between organizations
- joint learning by intersectoral professionals
- sharing of resources
- financial cost-saving
- a variety of choices to clients
- multi-disciplinary, intersectoral integration of services
- minimizing secondary trauma of victims
- joint training of service providers
- specialized focus within one service centre.

9.5 Viability and Sustainability of the Model

Almost without exception, all respondents in this research process believe that the one-stop centre is a viable concept. In fact, it is generally believed, as with most organizations (profit-oriented and NPO’s) that our changing environment necessitates partnerships, alliances and closer co-operation (rather than competition) among service providers with (inevitably) limited resources, attempting to address needs that will seemingly always surpass the resources that are available.

The threat does, of course, exist that partners will come and go as organizations come into being and cease to exist, or if and when a partner decides to terminate their participation in the Centre for whatever reason. The very nature of NGO’s and their financial challenges might, however, contribute to their need for sharing resources and collaborating with partners in the same field, on-site (or “under one roof”). To a large degree, it has been noted that the success of the Centre, as with most organizations, is closely linked to the people who make it work. This factor also poses a risk in that, should a significant role-player leave, the model might not survive or might suffer serious damage (as was the case when the initial private welfare organization changed its human resources. The strength and obvious advantages of teamwork (a professionally popular term these days) might also contribute to making the Centre viable, provided that no conflict of interest develops within/between the Centre and the on-site partners/their regional, provincial or national structures.

One other aspect, already addressed in this report, which might well determine the future viability of the Centre, is the degree to which it is going to be successful in raising funds for the Centre as an entity, as opposed to funding the individual services or programmes that on-site partners provide.
The question of the Centre becoming self-sustainable remains. The evaluation process, also in relation to evaluations of other organizations operating within this sector, has led the Evaluator to believe that sustainability is an illusive concept. As much as we would like to see the Centre supporting itself, it is unlikely to happen in the short to medium term. At best, the Centre could progressively raise funds for dedicated purposes (which would then be expended for those purposes), partners could contribute to the administrative costs to a higher level in future and more costs could be saved through sharing resources. The Centre will, however, remain in need of both government subsidies and private funding.

9.6 Best Practices and Developmental Lessons Learnt

With the benefit of hind-sight, many participants in the evaluation process commented on some of the developmental lessons learnt on the three-year period, to include the following:

- political support of an initiation such as the Centre initially expedites development, but may have other consequences later in the process
- positive working relations between service providers (public and private) working in this field, paved the way for (later) collaboration in a one-stop service centre
- public-private partnerships require intense conflict management intervention
- the quality of services provided to survivors of violence cannot be compromised and should, above all, but put first
- on-site partnerships – in practice – often imply some form of a matrix (or dual responsibility) system, which is infamous for facilitating conflict of interest and consequently requires careful management and monitoring
- simply sharing accommodation and good intentions to co-operate do not equate to partnership
- partnership is a concept that manifests at various levels and which needs to be jointly defined and understood by the participants
- efficient partnership are only possible if the roles have been clarified and expected contributions or outcomes specified
- partnerships represent the future direction for ensuring integrated service delivery, but are not easy to develop
- one-stop services, integrated into a holistic service continuum, incorporate many elements
- sustainability (economic independence) is an unlikely target to be achieved for a centre of this nature
- funding will remain at the core of the strategic issues faced by the organization, for whom costs are high
- competent management and a passionate Board are some of the critical success factors in an operation of this nature
- the challenges of the local economy exasperates the difficulty of finding clients – already marginalized by their circumstances – employment opportunities
• in comparison to single-dimensional service delivery of traditional shelter, a model of holistic, integrated and comprehensive services is the preferred model for service delivery
• combining the services and expertise of individual service-providing organizations in a joint centre does positively impact of the quality of services rendered and create opportunities for mutual support, as well as networking and collective learning
• having on-site partners does not necessarily mean that they share programmes, nor does it warrant a shelter programme which is lacking in substance and variety
• partnerships are best concretized through written agreements that clarify roles and expected outcomes/minimum contribution levels
• government departments should be clear on what their actual commitment to an issue or initiative is, before embarking on and funding new projects
• all new development programmes should, ideally, be planned properly, with guidelines in place and sound financial records being kept
• multi-purpose, intersectoral service programmes are in particular need of responsible management infrastructures
• policy cannot drive development, rather a commonly-shared vision inspires people, also service providers (professional and volunteers) to serve
• compassionate people with visionary leadership makes the difference.

9.7 Replication Possibilities

Whilst the Centre Management and staff appear eager to replicate the model developed by the Centre, and for which there appears to be a definite need (measured against the frequency of inquiries), the governing structure and funding parties to the process appear to be more cautious, and rightfully so – the argument is one based on a philosophy of consolidating the phenomenal progress to date first, before loosing focus on the core activities of the Centre.

Before the current human resources (limited as they already are) should venture into replicating the model/advising external parties who wish to do so, they would be strongly recommended to ensure that:

• sufficient funding is available
• the necessary research has been conducted
• a set of guidelines ("how-to manual"), containing "lessons learnt" by this Centre be developed first (in whatever would be an user-friendly format, potentially including a workshop)
• the human resources capacity is available to do both the tasks of managing the Centre and “reaching out”.

It is hoped that this process of external evaluation will facilitate the genesis of documenting the processes, its success and pitfalls.
Simultaneously, it is strongly recommended that the Department of Social Services carefully plan, cost and select partners for any additional or further “learning sites”. Should they wish to replicate the model in the near future, it is the Evaluator’s opinion that a more rural setting be selected, where the model is (naturally) expected to take on a different variation of the model, such as in a setting in the George area of the province.

It is envisaged that a second one-stop centre would enjoy the benefits of more informed planning, careful (and less hasty) selection of partners, with written contracts (rather than verbal agreements) in place.
10. RECOMMENDATIONS

This section of the Evaluation Report summarizes the recommendations made at the end of each sub-section of the findings of the external evaluation, focusing on an “action-oriented” approach, or proposed action plan for consideration by the governing and management structures of the Centre. It also comments on some strategic issues, general concerns and suggests some implications for future planning.

10.1 Service Delivery: Range, Quality, Impact, Relevance, Integration and Goal Attainment

The Centre currently provides a wide range of services, but some services are absent from the range and should be included, either as additional on-site partners, or as shared/part-time programmes. Here the most significant ones are:

- medical services, including a HIV/AIDS programme
- a dedicated intake programme
- therapeutic counseling programme for children
- second phase accommodation/after-care programme.

A number of currently provided elements within the continuum of services available are furthermore in need of strengthening or development. Here the most important ones include:

- a staff development programme
- a volunteer programme
- the shelter “social” programme
- individual psychological therapeutic services for clients
- a therapeutic educare programme for the crèche
- legal assistance to clients
- stronger links with local business.

The quality of services has been evaluated to be generally good, limited by the restrictions of resources available and varying from one on-site partner to another. The safe accommodation element (shelter component) of the Centre is most developed, while the lack of second phase accommodation (or after-care programme) is most frequently mentioned as the greatest weakness of the Centre. The most important recommendations with regard to improving the Centre’s services relate to:

- obtaining sponsorship for developing joint programmes
- changing the appearance of the facility to a “woman-and-child-friendly” environment
- establishing second phase accommodation/after-care programme
- separating the crèche away from the shelter.
With regard to the impact of the Centre’s services, general agreement exists that the organization does reduce violence in the lives of its clients, does create a safe environment which facilitates healing, develops skills and trains the women, as well as economically empowers them by creating (albeit restricted), employment opportunities, but – in most cases – to a limited extent. Here the most important recommendations included:

- increasing the skills development programmes
- implementing a strategy to link closer with local businesses, with the view to creating more job employment opportunities.

The services provided by the Centre have been evaluated to be relevant to local needs, but the organization needs to develop its community outreach and volunteer programmes.

The level of integration of services revealed that on-site partners do share resources and frequently refer clients to each other. However, in three crucial areas the partnership arrangement has not yet derived the projected benefits – clarifying the exact outcomes/minimum contributions expected from each partner, developing and facilitating joint programmes and jointly fundraising for the Centre. Here the most important recommendations included:

- developing a shared service programme
- clarifying the roles and then drafting a joint funding plan.

With regard to the realizing the Centre’s vision and purpose, it is the three-month duration restriction which is in most need of revision, while a comprehensive model for holistic service delivery, comprising the following elements, has been proposed:

- social support and healing
- educare and support programme for children
- medical attention, including HIV/AIDS services
- centre management
- life skills development and choice
- community outreach programme
- links to employment
- opportunities
- advocacy and lobbying
- governance
- second phase accommodation and social reintegration
- after care programme
- centre administration
- perpetrator management programme
- a men’s programme
- networking, lobbying and information-sharing.
10.2 Organizational/Operational Issues and Management Efficiency

In general, the Centre is managed by a competent and well experienced Centre Manager. The organizational systems have also been evaluated to be mostly efficient while resources – both human and financial – are utilized well. The most important recommendations in this category included:

- the need to change the physical appearance of the Centre into a woman-friendly environment
- marketing the Centre properly, which is currently lacking
- separating the crèche away from the shelter
- implementing a staff development programme
- entering into a performance contract with the Centre Manager
- developing the necessary human resources policies and systems
- employing an additional Auxiliary Social Worker at the shelter
- reviewing the security services of the Centre.

10.3 Governance of the Organization

The Centre is at present prudently governed, with a strong and committed Board in place, led by a passionate Chairperson, as one of its greatest strengths. Here the most significant recommendations pertain to:

- broadening the composition of the Board, specifically with reference to community and business representation
- aligning the on-site partners with the Centre’s vision through joint strategy planning
- ensuring an action orientation and focus on following up and following through Board initiatives and decisions.

10.4 Viability of the Public Private Partnership

The benefits of the initial public private partnership have been questioned by almost every participant in the evaluation process, generally indicating several obstacles, poor planning and inefficient communication, resulting in much frustration and “damage control”. Likewise, on-site partnerships are not easy to develop for a wide variety of reasons, notwithstanding its apparent benefits. In an attempt to address the many obstacles, the following recommendations were made:

- carefully selecting partners and clarifying roles
- if not possible, rather retain the service programme within one entity (such as one government department)
- entering into formal partnership agreements
- facilitating open, honest and frequent communication and feed-back between partners
- constantly managing and assessing the process
• continuously aligning partners towards a commonly-shared goals or vision.

10.5 Centre Sustainability: Continued Government Support, Income-generation and Future Funding

The concept of self-sustainability has been described as an illusion and projected to represent an unrealistic target for the Centre in the near future. It has been suggested that the Centre will remain in need of continued subsidizing from the Department of Social Services, whilst it should fundraise for specific activities, such as upgrading the facilities, establishing the crèche separately, initiating an HIV/AIDS programme and for supporting centre-specific (as opposed to shelter-specific) activities.

With regard to funding, it has been recommended that:

• the potential conflict in joint funding, as opposed to individual fundraising by on-site partners, be resolved out timeously
• a joint funding plan be developed and specifically-identified needs be “packaged” and grant applications submitted to select funders.

In terms of income-generation, the training facility (or conference centre) has been identified and proposed to represent a focused, realistic opportunity to be explored, funded and operationalized.

10.6 Replication and Role-out of the Model

The elements of a holistic model have been described in detail and with regard to replicating the model, the need for cautious identification of another learning site, preferably within a more rural setting such as George, was suggested.

The Centre has furthermore been compared to “traditional” shelters and found to represent the preferred model for holistic service delivery to survivors of violence. Replication of the model presupposes a number of minimum requirements, including:

• that sufficient funding and capacity be available
• careful note is taken of the lessons learnt in the current Centre
• proper research be conducted
• informed planning is facilitated
• comprehensive support is made available to the initiators.

10.7 Concerns and General Recommendations: Strategic Issues

Some of the concerns expressed with regard to the functioning of the Centre and planning its future operations have been discussed in the report, mostly pertaining to the following strategic issues:
• the need to diversify the Centre’s funding base and to implement a professional funding plan
• the need to create strategic focus through joint planning with the partners
• incorporating some currently absent services from the Centre’s range of services provided to clients (such as medical and HIV/AIDS services, etc)
• fully and meaningfully developing the partnership approach between on-site partners
• increasing the impact of the Centre, with specific reference to developing its job creation programme
• strengthening the Centre’s community outreach activities
• re-designing the shelter’s programme and increasing therapeutic services to clients
• urgently attending to the need for second phase accommodation/after-care programme
• planning, funding and implementing at least one focused income-generating project (such as the conference centre)
• developing the capacity of the Centre’s human resources
• replicating the model in a more rural setting.

All of the above will require strategic planning, proper funding, sufficient human capacity and infrastructural support, committed on-site partners, as well as visionary leadership, focused management and prudent governance.

10.8 Implications for Future Planning

It is recommended that a joint strategy planning session be convened, involving the governing Board, the on-site partners, as well as the funding partners of the Centre in order to consider the results of the evaluation and to integrate the findings and those recommendations which are accepted by the Centre, into a future operational plan.

Should the recommendations pertaining to future funding be accepted by the Board, the Evaluator will proceed to draft, in collaboration with Centre Management, the relevant grant proposal for submission to funding agents/grantmakers.
11. CONCLUDING REMARKS

11.1 The Critical Questions Answered

In the final analysis, an external evaluation is less about "what is" (how good or bad we are doing) and more about "what should change" (or what the opportunities might be). Such has been the case also with the Saartjie Baartman Centre for Women and Children: the evaluation never aimed at providing a critical overview, focusing on the possible imperfections of the current model, but rather it aimed at facilitating a process of reflecting on the lessons learnt to date, as well as at creating an opportunity for informing future planning of the Centre.

The significant questions that needed to be addressed really included a few core issues, summarized here as singular questions, with equally focused answers:

- **Does the Centre contribute meaningfully to reducing violence in the lives of its clients within the community where it is situated?**
  It does more – it saves lives.

- **Is the one-stop service delivery model more beneficial than a traditional shelter?**
  Undoubtedly yes – it is the only way to optimize integrated service delivery.

- **Does the public private partnership work and what are the obstacles to realizing such partnerships?**
  For many and varied reasons, partnership is the preferred future direction, but (regrettably) the obstacles – specifically with regard to roles, expected contributions and real added value from "pooling" resources – are great.

- **How do various parties, but specifically clients, view the quality of the services provided by the Centre?**
  No centre is perfect, but generally the quality is perceived to be good.

- **Are there any significant gaps in service delivery?**
  The shelter programme needs to be seriously strengthened, incorporating such (currently poorly developed) elements as, legal advice, medical care (including an HIV/AIDS programme) and second phase accommodation/after-care programme.

- **Is the Centre likely to become self-sustaining in the future?**
  No – sustainability for a high-cost operation (in comparison to a traditional shelter) such as this, is probably an illusion.

- **How efficient is the (on-site) partnership concept in a centre of this nature?**
  Slightly early to tell – the predictions are positive, but unless properly planned and concretely managed, the Centre could become a “shopping mall of services
with partners sharing available space” rather than a centre with an integrated programme of comprehensive services.

- **What do the results reveal with regard to the Centre’s management, governance, capacity and utilization of resources?**
  That the Centre is generally well managed by a competent Manager with good governance practices by a strong Board, optimally utilizing both its human and financial resources.

- **Does the Centre manage to simultaneously facilitate the provision of safe accommodation and emotional healing (on the one hand) and economic empowerment (on the other)?**
  Not yet sufficiently, mainly due to a lack of resources, but also because of the challenges of creating/finding these women actual employment opportunities, given their situation/skills and the limitations of the local economy.

- **What are the critical issues facing the Centre at a strategic level?**
  Developing second phase accommodation/an after-care programme, focusing on one income-generating opportunity, funding certain identified elements of the Centre, concretizing the partnerships and expanding the economic empowerment opportunities for its clients.

- **Should government continue to fund the Centre and what about replicating the model?**
  Yes – the shelter will always require a subsidy, the Centre should fundraise for centre-specific services and consideration should be given to a “second” learning site – this time based within a more rural community, like the George area within the Western Cape Province.

11.2 **A Note of Gratitude**

I wish to express my most sincere gratitude to all of the stakeholders and role-players who have devoted many hours in order to share with me their views and thoughts on the Centre. It has been a privilege to be allowed to enter a world that is both complex and challenging and an experience which has, once again, humbled the Evaluator. I salute those of you who have chosen to dedicate your professional lives to caring for women who have been marginalized by abuse, assisting them to rise above their circumstances, and to become survivors of violence.

**Dr Riaan C Els**
**Johannesburg, 14 August 2002**