

A Case Study

The Greater Rape Intervention Program (GRIP)



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Prepared by Tulane University:

Kristin Neudorf
Tory M. Taylor
Tonya R. Thurman

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ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
CSW	Commercial Sex Worker
DoH	Department of Health
DoJ	Department of Justice
DSD	Department of Social Development
ESI	Enhancing Strategic Information
GBV	Gender-based violence
GRIP	Greater Rape Intervention Program
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
JSI	John Snow Incorporated
MARP	Most at Risk Populations
MER	Monitoring, Evaluation and Reporting
NGO	Non-governmental Organization
NPA	National Prosecuting Authority
PEP	Post-exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
SAPS	South African Police Service
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

South Africa has one of the highest rates of gender-based violence (GBV) in the world (Jewkes et al, 2009). Women who experience violence – either sexual or physical – are at increased likelihood for a range of physical, mental and emotional health difficulties (Campbell et al, 2002). GBV also increases the risk of contracting the human immunodeficiency virus (HIV), a particular concern in South Africa where an estimated 17.3% of adults are living with HIV (Statistics South Africa, 2010). An integrated, multi-sector approach is required to effectively address the country's concurrent GBV and HIV epidemics.

Addressing GBV and HIV is a priority in the government and non-governmental sectors, and there is an urgent need for research that identifies effective programming and best practices for addressing GBV and HIV in the South African context. This case study aims to contribute to the growing knowledge base on interventions addressing GBV by documenting the activities carried out by the Greater Rape Intervention Program (GRIP), which offers a range of support services to survivors of GBV in the Mpumalanga province of South Africa, including psychological support and medical and legal assistance.

GRIP was established in 2000 in response to the high levels of sexual violence and HIV in the Nelspruit area. The program has established close working relationships with the South African Police Service (SAPS), the Department of Health (DoH), the Department of Justice (DoJ), the National Prosecuting Authority (NPA), and the Department of Social Development (DSD). GRIP's main point of service provision is its 29 Care Rooms located in police stations, hospitals and courtrooms throughout Mpumalanga province. Care Rooms are staffed by GRIP's Volunteer Counselors, who are trained to provide survivors with immediate police and medical attention, emotional support, and courtroom assistance. GRIP also offers pre-court training for survivors who bring cases to trial, in order to prepare them for courtroom procedures, improve their confidence and reduce associated stress and trauma.

GRIP's community-based activities extend beyond Care Rooms. The same Volunteer Counselor who works with the survivor in the Care Room also conducts a minimum of four home visits to provide ongoing support. GRIP has established a Community Nursing program that offers specialized HIV services in the survivor's home and support groups for HIV positive survivors. In 2010, GRIP established a shelter, known as *Ekhaya*, where female survivors of domestic violence can have their basic needs for food and shelter met while also receiving psychological support and life skills training. GRIP further undertakes community outreach campaigns to raise awareness about GBV and the support services available. In late 2009, GRIP introduced a program for most-at-risk populations (MARPs), which provides commercial sex workers (CSWs) with life skills training and psychosocial support so they are able to reintegrate into the community and secure alternative employment.

Since inception GRIP has provided a growing number of care and support services to more than 25,000 survivors of GBV in Mpumalanga province. As an organization, GRIP has grown from a small group of committed volunteers working primarily in the Nelspruit area to a registered non-profit organization with 29 Care Rooms

spanning two districts and a team of 30 staff members and 110 volunteers. In 2010 GRIP served 2,151 survivors of sexual and domestic violence at its 29 Care Rooms.

GRIP has developed a comprehensive model for providing immediate and ongoing assistance to survivors of sexual assault and domestic violence. GRIP's services are widely accessible, with Hospital and Police Care Rooms open 24 hours a day, seven days a week, and continual support delivered through visits to the survivor's home.

GRIP faces a number of challenges in ensuring that survivors receive the full range of services they need, quickly and efficiently. Resource and staffing constraints at partner organizations such as SAPS and DoH have affected capacity for service delivery, resulting in long wait times for survivors at hospitals and police stations. Another ongoing challenge for GRIP is that cases are frequently postponed within the court system due to lack of evidence or inefficiencies in the investigation process. While there is indication that conviction rates are increasing as a result of GRIP's Court Intervention Program, the high number of perpetrators that are acquitted causes stress and frustration for survivors as well as for the GRIP team.

From an organizational perspective, GRIP has successfully reduced volunteer turnover by providing stipends and financial incentives. GRIP further provides psychological support to staff and volunteers through monthly de-briefing meetings and counseling sessions to reduce the emotional stress that comes with helping survivors deal with the trauma of violence and abuse. In addition, GRIP offers ongoing training to volunteers and opportunities for paid employment within the organization. However, ensuring that staff capacity-building and professional development keep pace with rapid program expansion has been a challenge.

Looking to the future, GRIP hopes to expand its program into the Nkangala District of Mpumalanga. Improving financial sustainability is also a priority, and GRIP hopes to diversify funding in the coming years. GRIP is also working to improve program monitoring and data collection, to gain a better understanding of the linkages between program interventions and court outcomes.

GRIP receives funding from the US President's Emergency Plan for AIDS Relief (PEPFAR), the South African National Lottery Fund, the Joint Gender Fund, the DSD and Kinderfonds Mamma's. In addition, the community provides GRIP with in-kind donations, including teddy bears and other items for care kits distributed at Care Rooms.

This case study was made possible by technical and financial support from the Academy for Educational Development (AED) and the United States Agency for International Development (USAID) in Southern Africa, as part of the Enhancing Strategic Information (ESI) project implemented by John Snow Incorporated (JSI) in collaboration with Tulane University's School of Public Health and Tropical Medicine (TSPH). Information gathering activities for this report began in March 2011 and included document review, site visits, key informant interviews and focus group discussions with volunteers at GRIP headquarters in Nelspruit and the program's regional site in Piet Retief. The authors hope this case study will prove useful for GRIP and for other organizations committed to addressing GBV.

INTRODUCTION

The prevalence of HIV and GBV in South Africa are among the highest in the world. GBV, which includes sexual assault and all other forms of intimate partner or domestic violence, disproportionately affects women. Several studies in South Africa have documented the alarmingly high rates of GBV experienced by women in South Africa (Dunkle et al, 2004; Jewes et al, 2001). Correspondingly, a recent study among men in three districts in the Eastern Cape and KwaZulu-Natal provinces of South Africa found that 27% of the men interviewed admitted to having raped one or more women in the previous year (Jewkes et al, 2009). In 2009-10, there were more than 68,000 sexual offences reported to SAPS, and it is believed that many more incidents went unreported (SAPS, 2010).

Women who have experienced sexual and/or physical violence have a 60% higher rate of health difficulties, including a range of gynecological, central nervous system, psychological and stress-related problems (Campbell et al, 2002). All forms of violence against women, and sexual violence in particular, are strongly linked to increased risk of contracting HIV and other sexually transmitted infections (STIs), through both direct and indirect mechanisms (WHO, 2004). Indeed, research among women attending antenatal clinics in Soweto, South Africa, found that those who had experienced sexual and/or physical violence were 50% more likely to be HIV positive (Dunkle et al, 2004). The overall prevalence of HIV in South Africa is also alarmingly high, with 17.3% of adults estimated to be living with HIV or AIDS (Statistics South Africa, 2010). The epidemic disproportionately affects women in sub-Saharan Africa, with women comprising 60% of all people living with HIV and representing 56% of new infections (UNAIDS, 2010).

Addressing violence against women and children in South Africa is a growing priority in both the government and non-governmental sectors. Yet the evidence base around uniquely South African approaches that provide comprehensive support to survivors is limited. The purpose of this case study is to contribute to knowledge on programs and interventions for survivors of sexual and intimate partner violence. This case study provides an in-depth examination of activities undertaken by GRIP, a non-governmental organization (NGO) operating in Mpumalanga province since 2000 that aims to address both GBV and the concurrent high levels of HIV among survivors.

This case study report provides a detailed description of GRIP's activities and services, describing how the organization is working to help survivors of sexual and domestic violence. The authors hope that this synthesis of experiences, including lessons learned, will offer practical future guidance for GRIP's work, as well as for other organizations implementing similar programs. The study detailed here is part of the ESI project, funded by USAID Southern Africa. ESI supports the availability of high quality health systems information that contributes to sustainable policy planning and programmatic decision-making. TSPH works in partnership with the prime ESI funding recipient, JSI, to produce knowledge that will improve existing practices and guide future investment in programming for vulnerable populations.

METHODOLOGY

Information gathering for the case study began in March 2011 with a preliminary review of program documentation. Annual reports, previous research and program reports were studied in order to gain a general understanding of the program model, the key activities and services offered, and to inform the development of interview and focus group discussion guides. Site-based data collection took place in April 2011 through a series of 29 in-depth interviews with key informants, two focus group discussions with volunteers, and observation of program activities. Fieldwork was conducted at GRIP's headquarters office in Nelspruit and at a program sites in the Ehlanzeni and Gert Sibande Districts of Mpumalanga, including nine Care Rooms and Ekhaya, the GRIP women's shelter.

ACTIVITIES

In-depth interviews were semi-structured and covered topics such as GRIP's history, services offered, activities undertaken to provide services, program successes and challenges, and plans for program development. Individuals were selected for interview based on their managerial or coordination roles and a history of intensive program involvement. A total of 14 interviews were conducted at GRIP's headquarters office in Nelspruit and included the Acting CEO, Executive Assistant to the CEO, the Operations Manager, the Donor Relations Officer, the Finance and Administrative Manager, the Senior Regional Manager, two Area Managers, the Community Nurse, the HIV Facilitator, the Caregiver Facilitator, the MARP Facilitator, the Monitoring, Evaluation and Reporting (MER) Officer, and the Assistant Accountant.

Two focus group discussions were convened with a total of 14 Volunteer Counselors and Volunteer Coordinators. One group took place in Nelspruit and included six participants, while the other occurred in Piet Retief with eight participants. All of the focus group participants were women and at least 18 years of age. Interviews and focus group discussions were facilitated and conducted in English, were audio taped with permission from the interviewees, and were transcribed for use in generating this case study report.

By April 2011, GRIP had established 29 Care Rooms, 28 of which were operational at the time this case study was conducted, and one which was in the process of being relocated, with activities temporarily suspended. Nine Care Rooms and Ekhaya, the women's shelter, were visited as part of the case study. During these visits, interviews were conducted with one Area Manager, six Volunteer Counselors, one Volunteer Coordinator, one Shelter Coordinator, and two Friends of the Court. In addition, four interviews took place with representatives from the partner organizations, including one Police Officer, one Forensic Nurse, one Court Manager, and one SAPS Volunteer for Social Crime Prevention.

FOCAL SITES

This case study had a geographic focus on Mpumalanga, the province with the second highest HIV prevalence in South Africa with an estimated 35.5% of all adults age 15 to 49 living with HIV (Day, 2009). Information gathering activities were conducted in Nelspruit and Piet Retief and at nine additional program sites, six in Ehlanzeni District and three in Gert Sibande District. These activities began with program document review. Subsequently, interviews and focus group discussions were conducted at the headquarters office and in Piet Retief. Nine site visits took place in Care Rooms, three in urban areas and six in rural or semi-rural areas. Interviews were conducted with staff and volunteers at each site.

Twenty-five of the 29 Care Rooms are located in the Ehlanzeni District of northeastern Mpumalanga. It is comprised of five local municipalities and encompasses the city of Nelspruit, the largest urban area in the province with a total population in 2001 of approximately 220,000 (Statistics South Africa, 2001). The rest of the district is primarily rural or semi-rural. Ehlanzeni District borders Mozambique to the northeast and Swaziland to the southeast, and includes the southern portion of Kruger Park, South Africa's largest wildlife reserve. Ehlanzeni, with a population estimated at 1.6 million in 2010, is served by 10 public hospitals and 107 government clinics (Day et al, 2009). Eighty percent of district residents live in households where siSwati is the primary language. There is a high level of poverty in Ehlanzeni - an estimated 58% of the population in 2007 had no source of income, and an additional 8% earned less than R800 per year (approximately USD110). More than 60% of adults ages 15 to 65 were unemployed or considered not economically active, and 30% of those over age 20 reported that they had never attended school (Statistics South Africa, 2007).

Four of GRIP's 29 Care Rooms are located in the Gert Sibande District, a primarily rural district in southern Mpumalanga, bordering Swaziland to the east and Ehlanzeni District to the north. Gert Sibande is comprised of seven local municipalities, the largest of which encompasses the city of Piet Retief. Poverty levels are similar to those in Ehlanzeni District, with 48% of the population in 2007 reporting having no source of income, and an additional 14% who reported incomes of less than R800 per year (approximately USD110). Unemployment is high, with 21% of adults unemployed and an additional 34% considered not economically active. Twenty-six percent of those over 20 reported not having had any formal schooling (Statistics South Africa, 2007).

PROGRAM DESCRIPTION



GRIP was established in 2000 by Barbara Kenyon and a group of local women who were concerned about GBV in the region and recognized the need for resources to assist survivors, many of whom were children. The organization was founded to provide services

oriented toward humanitarian assistance, rehabilitation and empowerment for survivors of rape, sexual assault and domestic violence. Working with the DoH and the criminal justice system, GRIP decided to create and staff Care Rooms in local hospitals and police stations where survivors could seek immediate assistance 24 hours a day, seven days a week, in a friendly environment that ensured privacy, confidentiality, and sensitivity to survivors' needs and concerns.

In 2000, the first two Care Rooms were established in Nelspruit – one at Rob Ferreira Hospital and one at Nelspruit Police Station – and from there the GRIP program was born. In the early days, the entire GRIP program was run by a group of committed volunteers, some of whom are still working with GRIP at the time of this case study, more than a decade later. By 2011, GRIP was delivering services in 29 Care Rooms and had reached more than 25,000 survivors in its 11-year history. Data collected by GRIP from 2005 to 2010 indicates that 92% of survivors reporting sexual violence at GRIP Care Rooms are women, and approximately 55% are children under the age of 18. Approximately 90% of survivors seeking assistance at Care Rooms following domestic violence are adults, and more than 95% are female. GRIP currently operates in the Ehlanzeni and Gert Sibande districts of Mpumalanga. Under Kenyon's leadership, GRIP received early funding from local businesses and was soon able to expand beyond Nelspruit, establishing a Board of Trustees and adopting a constitution.

The GRIP Approach

The GRIP approach to service delivery aims to ensure that the survivor:

- Is believed throughout the justice process;
- Is protected from further trauma;
- Receives ongoing support;
- Receives justice;
- Experiences closure to reduce negative feelings and heal.

"GRIP has affected the lives of ordinary people, with little income, who live in rural areas, and has given them a safe place and someone to turn to."

- Acting CEO

OVERVIEW OF SERVICES

Key GRIP activities and services are summarized below and detailed in the conceptual model that follows and in subsequent sections of this report.

Immediate medical and police assistance is offered to survivors of rape and domestic violence through GRIP Care Rooms in police stations and hospitals. These “victim-friendly facilities” aim to reduce secondary trauma for survivors during the reporting process by providing a safe and supportive environment. The facilities are open 24 hours a day, seven days a week, and are operated by Volunteer Counselors who provide victims with confidential counseling, information and assistance obtaining medical and police attention. As of April 2011, GRIP was operating 16 Police Care Rooms and eight Hospital Care Rooms. Each Police and Hospital Care Room is staffed by four to five Volunteer Counselors and one Volunteer Coordinator, who take turns staffing the Care Room to ensure that the facility is open and available at all times. Care Rooms are equipped with beds so that survivors can stay overnight as necessary.

“People are very appreciative that you come to their place, and they want to get as much from you as possible. They want you to be the social worker, police, nurse and friend. You can’t leave them dissatisfied. You have to give them hope.”

- Community Nurse

Immediate psychological support is provided for survivors as they deal with the shock and trauma of their ordeal. **Ongoing psychological support** is delivered through home visits that help the survivor cope with the physical and mental health impact of their experience. Survivors are also offered referrals to local counselors and Social Workers to promote access to a wider range of helpful services. Counselors follow up on referrals during home visits to make sure that the survivor has access to needed services. Parents and caregivers of survivors may also participate in GRIP-run support groups designed to address their unique challenges.

Assistance and guidance navigating the criminal justice system, including GRIP’s pre-court training which prepares survivors for trial. Five Court Care Rooms are staffed with GRIP Friends of the Court who provide emotional support and guidance to survivors throughout the trial. The Court Care Rooms provide a safe and welcoming space for survivors while they are at court.

Specialized HIV services are provided, beginning with follow-up HIV testing at the survivor’s home. Survivors are initially tested for HIV by a nurse at the Hospital Care Room as part of their medical examination, and survivors who test negative receive follow up HIV tests in their home by GRIP’s Community Nurse after two months, and again after six months. GRIP Care Room staff members also help facilitate survivors’ access to post-exposure prophylaxis (PEP) in the immediate aftermath of a sexual assault. In addition, GRIP runs specialized support groups for survivors who are HIV positive to help them cope with the dual trauma of rape and an HIV diagnosis, and to reassure them that they are not alone in their experience.

Protection and support for survivors of domestic violence is offered at Ekhaya, the GRIP women's shelter. The facility can accommodate up to 36 women and children at a time. Along with providing basic needs, such as housing and food, the shelter offers psychological support to help women rebuild their lives.

Support and life skills training for CSWs through group and one-on-one counseling and life skills sessions that focus on helping women reintegrate into the community and leave the sex industry.

Community outreach and education to raise awareness about the many types of violence and abuse, and to increase the likelihood that survivors will report abuse to legal authorities and seek care and support services.

BENEFICIARIES

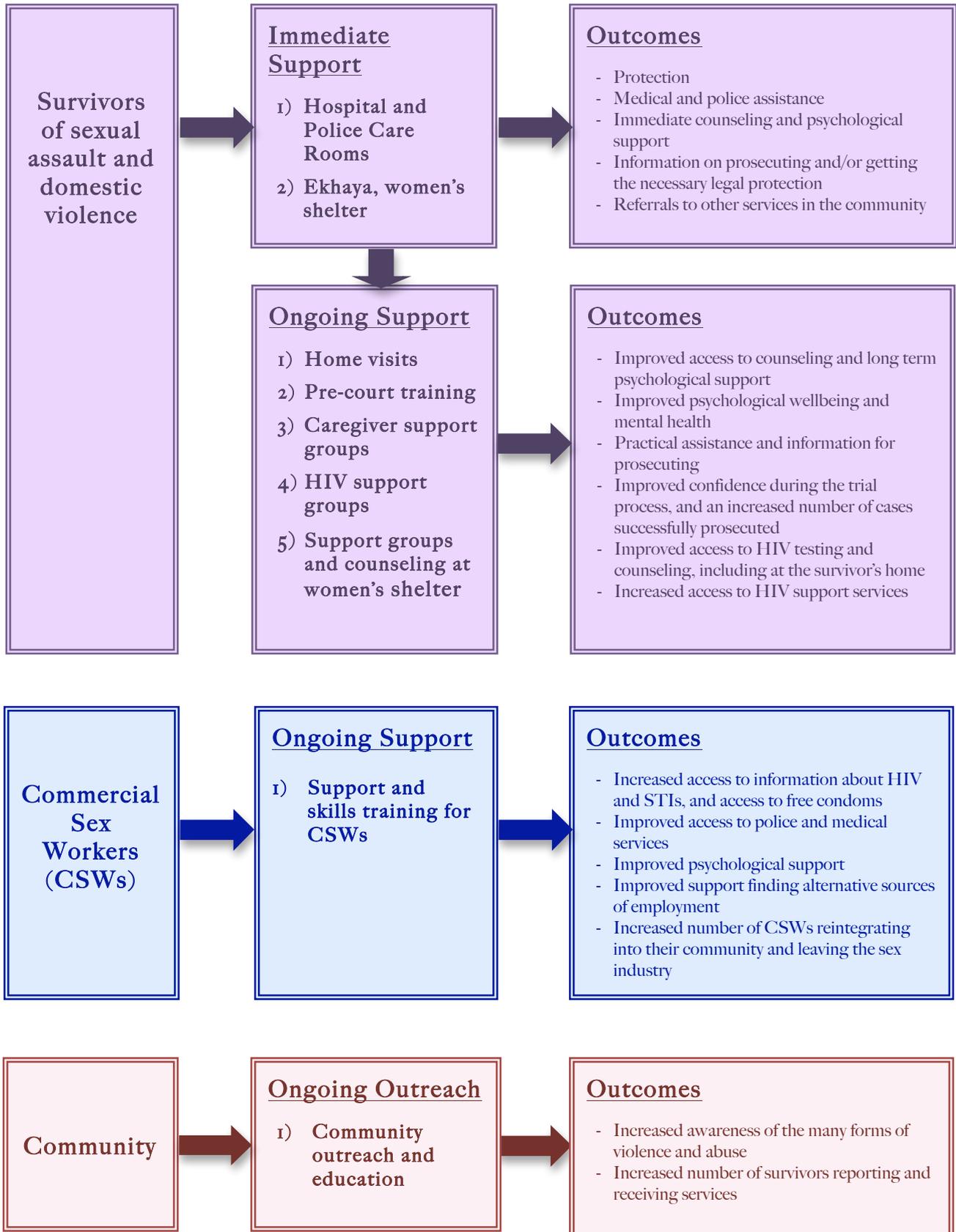


Hospital and Police Care Rooms are the first point of program entry for survivors with whom GRIP works. Since GRIP was established in 2000, an estimated 25,000 survivors have received services through the Care Rooms. Data from 2010 indicate that approximately one-third of beneficiaries were survivors of domestic violence and two-thirds were survivors of sexual assault. Fifty-five per cent of sexual assault survivors and 7% of domestic violence survivors were children under the age of 18. The vast majority of survivors – 93% – were female. The annual caseload has increased as the number of Care Rooms has increased. In 2006, 861 survivors sought services from 12 Care Rooms, and by 2010 those numbers had more than doubled, with 2,151 presenting at 29 Care Rooms.

GRIP aims to make its services accessible to all survivors, and to remove the economic and other barriers that may prevent survivors from getting the long-term support and treatment they need. To improve service accessibility, Volunteer Counselors conduct home visits and GRIP offers travel reimbursements for survivors to attend support groups and pre-court training. However, GRIP staff and volunteers believe that there are still a vast number of survivors who do not report crimes perpetrated against them or seek medical assistance. GRIP-sponsored advocacy campaigns are designed to increase reporting and service access.

Fifteen survivors of domestic violence utilized the Women's Shelter between August and December 2010, and the program is working to increase awareness of and utilization of this important resource. Women are referred to the shelter through the Care Rooms, or on occasion, through police assistance. Through the MARP program 87 women involved in commercial sex work received support from GRIP in 2010.

GRIP Conceptual Framework



KEY ACTIVITIES

Care Rooms

Police Care Rooms are physically separated from the main reporting area of the police station to ensure privacy and confidentiality for survivors. Prior to the introduction of Care Rooms, survivors had to make their report in the station's charge office, with limited to no privacy.



The bedroom in GRIP's Masoyi Police Care Room.

The Care Rooms, by contrast, are designed to have a home-like feel, and are comfortably furnished with couches and beds, and stocked with toys, coloring books and stuffed animals. When establishing a new Care Room, GRIP works with the police station to find a suitable space within the station. If there is no space available inside the station, GRIP builds a small Care Room unit on the station grounds. GRIP provides all the furnishings for the Care Room, and ensures it is staffed around the clock.

When a survivor arrives at the Care Room, the Counselor allows the survivor to disclose information at her/his own pace. The Counselor provides survivors with information regarding their rights and what they can expect from the criminal justice process. The Counselor also talks to the client about why it is important to go to the hospital. Counselors explain the risks of HIV, other STIs and pregnancy, and discuss the various medical tests and examinations that will be offered.

Survivors are provided with a care pack that includes a washcloth, personal hygiene pad, a pair of underwear, a toothbrush and toothpaste, and for children, a teddy bear. The items in the care packs are often donated to GRIP by businesses and individuals in the community. If there is a shortage of donated items, GRIP purchases the necessary items to ensure that each care pack is complete and Care Rooms are sufficiently stocked.

"We create a wellness-giving environment, even in poverty stricken areas. We make [the survivors] feel that they are valued as people, and that someone will give them support."

- Community Nurse

Once the survivor is sufficiently calm and ready to make a statement, the Counselor contacts the police and requests an officer of the same gender as the survivor to come to the Care Room to take a statement. The Counselors are careful not to rush the survivor during the debriefing or statement processes, to avoid affecting the quality of information provided. The Counselor remains with the survivor while the statement is taken. Counselors are mindful not to interfere in the process, but if an officer is observed not to follow proper procedures the Counselor notifies the Area Manager, or Operations Manager, who then investigates the matter with the appropriate authorities at the police station.

Each Care Room is equipped with a photocopier, and Counselors make a copy of all reports and dockets to ensure that information is not lost in the system. Photocopies of police statements and medical exam reports (Form J88) made in Care Rooms are included in the survivor's file, kept in a locked cabinet at the GRIP office.



GRIP's Area Manager, Volunteer Counselors, and Coordinators outside the Piet Retief Police Care Room

For survivors who consent to medical assistance, the police provide transportation to the Hospital Care Room while the Counselor at the police station notifies the Counselor at the hospital that the survivor is en route. Police Care Rooms are furnished with beds in case a survivor needs to spend the night. Tea and biscuits are always available for survivors, and for those who spend the night, food is provided either through the police kitchen or purchased with petty cash kept in the Care Room.

Counselors often refer the survivor to other resources, such as local social workers who can provide ongoing assistance and connect the survivor to other services like psychological or family support. Records of referrals are made by Volunteer Counselors, using the DSD Form 25, a copy of which is kept at the GRIP office. Original copies of Form 25 are collected by a social worker on a monthly basis, so that the social workers have sufficient information for case follow up.

Hospital Care Rooms are designed to be comfortable, home-like spaces, stocked with toys, coloring books, and stuffed animals. Rather than a regular bed, however, the Hospital Care Rooms have a standard medical examination bed. When a survivor arrives at the Hospital Care Room the Counselor begins by talking to her about her experience, and then provides information on the forensic examination to be conducted with the survivor's consent by the nurse or doctor on duty. Counselors explain that swabs are taken for DNA evidence when the case goes to court, and discuss this clinical process with survivors to help them understand how and why it is carried out.

"You have to have a lot of patience when working with GRIP because of all the traumatic things you see everyday. But at the end of it, that person will get through it and come to you and thank you. That's why we don't call them victims but survivors, because they get through it."
- Regional Manager

The Counselor also counsels the survivor on HIV testing, and the importance of taking prophylactic antiretroviral (ARV) treatment. The Counselor talks about possible side effects from the medication, and why the treatment needs to be taken for a full 28 days. Side effects from treatment may cause survivors to end treatment before the full course has been administered, so the Counselor discusses these possible outcomes and ways to manage them. The survivor is encouraged to come back to the hospital if side effects experienced are severe. The Counselor stays with the survivor throughout the medical exam and acts as her advocate. The Counselor

maintains copies of the J88 form (the medical examination report) and other relevant documentation, which are kept in the survivor's file at the GRIP office.

In cases where the client goes to the Hospital Care Room before going to the police station, the Counselor contacts the police station and an officer comes to the hospital to discuss with the survivor the value of producing a police report of the incident. With the survivor's consent, the officer takes a statement and provides a crime kit to carry out the forensic examination.

The number of survivors that present on a weekly basis varies by Care Room, with some Care Rooms in urban areas seeing as many as 15 survivors a day, and others in more rural areas seeing fewer than 15 in a typical month.

By early 2011 GRIP was operating 16 Police Care Rooms and 8 Hospital Care Rooms in Mpumalanga province.

Court Intervention Program

The criminal justice system can be overwhelming, particularly for those who are unfamiliar with the process and people involved. GRIP established the Court Intervention Program to provide care and support to survivors as they bring their cases to trial. The program includes pre-court training, Court Care Room services, and emotional support for survivors during a trial from GRIP's courtroom staff, known as Friends of the Court. Pre-court training prepares survivors for what to expect at each stage of the process, and the Court Care Rooms provide a safe space for survivors inside the courtroom so they can avoid coming into contact with the perpetrator. Four Court Care Rooms have been set up in regional courts, and one has been established at a district court. GRIP has four Friends of the Court who run the Court Intervention Program and provide emotional support to survivors during court preparations and trial.

"Our role is to make sure that the rights of the survivor are taken into account throughout the entire court process... We want to make sure that they feel that GRIP has been with them the whole way through."

- Friend of the Court

Survivors whose cases will proceed to trial are encouraged to attend the three-session **pre-court training**. Sessions are held once per month for three consecutive months. This training is coordinated by a Friend of the Court, and facilitated by specially trained Volunteer Counselors. There are usually several Volunteer Counselors present at each pre-court training session so that each participant receives one-on-one attention. Sessions usually take place on Saturdays so as not to interfere with school or work, and are offered throughout the year. Session participants are grouped by age, and GRIP's curriculum can be modified for children as young as two. All children who are able to talk about what happened to

them are invited to attend pre-court training. The curriculum was developed by Witwatersrand University and piloted by GRIP in 2004 as part of coordinated efforts initiated by the DoJ to improve the child witness program.

The first pre-court session focuses on preparing for trial, and teaching survivors how to tell the difference between truths and lies. The second session clarifies what happens during a trial and introduces the various participants and their roles, including the magistrate, defense, and prosecutor. The third session takes place

“At the pre-court training the survivors meet each other and see that they’re not alone. This makes it easier for them to participate and share their story.”

- Volunteer Counselor

in the courtroom and involves role-playing, with each survivor taking on the role of one of the main players in the court, such as magistrate, defense lawyer, prosecutor, and witness. The sessions are two hours in length. The first hour for children is playtime, to help them relax and feel comfortable with one another. Similarly, for adults, each session begins with a more informal time to talk and get to know one another before they begin the formal curriculum. Following the completion of the three sessions, each survivor receives a certificate from GRIP, and all children who have taken part in the training are invited to attend GRIP’s annual Christmas party.

“Sometimes the survivors blame themselves, and they don’t want to prosecute. And we just keep saying, ‘it’s not your fault, it’s not your fault. Rape happens and it is a terrible crime. The perpetrators can’t go unpunished; they must be brought to justice.’”

- Volunteer Counselor

GRIP considers the pre-court training program to be one of its greatest successes. Some families do not want their children to testify, preferring traditional methods of resolving problems between families. While survivors are not obligated to testify, GRIP encourages them to do so, and provides them with the information and support they need to prepare for a trial. The DoJ has recently increased the fees for dropping cases to

R300 (approximately USD40), which deters some survivors from accepting money from perpetrators in exchange for dropping the case. Anecdotal evidence from GRIP indicates that survivors who are willing to report an assault are usually willing to proceed to the prosecution stage, and very few cases brought by survivors receiving GRIP support are dropped before trial.

Court Care Rooms are open during regular court hours, and are staffed by GRIP’s four Friends of the Court. GRIP has Care Rooms operating continuously at four regional courts, and at one district court operating on a periodic basis. Each Friend of the Court oversees activities at one regional Court Care Room, and Friends of the Court coordinate their schedules to ensure coverage for the district court as well when it is in session.

Friends of the Court greet survivors when they arrive at Court Care Room and guide them through the trial, ensuring they are at the right place at the right time and answering any questions. They also accompany the survivor into the courtroom and remain there throughout the trial as a supportive, familiar presence.

In some cases, child survivors are allowed to provide testimony from the safety of the child witness room via closed circuit television, which ensures no contact with the perpetrator during the trial. The child witness room is designed to be comfortable and child-friendly, stocked with toys, coloring books, stuffed animals and a television.

Following the trial a Friend of the Court debriefs the survivor. Program records from 2010 indicate that 30% of cases adjudicated on behalf of GRIP survivors resulted in a 'guilty' verdict. Those that resulted in 'not guilty' verdicts were largely due to insufficient evidence. In cases with outcomes like these, the Friend of Court takes care to explain to the survivor that it is still important to have brought the case to trial, regardless of the outcome. Counselors try to emphasize that every case taken to court, unlike those that go unreported, at least offers the possibility of conviction. In addition, going to trial can empower survivors and serves to raise awareness about violence and contribute to a culture of greater accountability.

GRIP Care Rooms by District	
<p>Ehlanzeni District:</p> <p><i>Police Care Rooms:</i></p> <ol style="list-style-type: none"> 1) Barberton Police Station 2) Bushbuckridge Police Station 3) Hazyview Police Station 4) Hluvukane Police Station 5) Kabokweni Police Station 6) Kanyamazane Police Station 7) Lows Creek Police Station 8) Machadodorp Police Station 9) Malelane Police Station 10) Masoyi Police Station 11) Matsulu Police Station 12) Nelspruit Police station 13) Schoemansdal Police Station 14) White River Police Station <p><i>Hospital Care Rooms:</i></p> <ol style="list-style-type: none"> 1) Barberton Hospital 2) Mapulaleng Hospital (Bushbuckridge) 3) Matikwana Hospital 4) Rob Fereira Hospital (Nelspruit) 5) Shongwe Hospital 6) Tintswalo Hospital 7) Themba Hospital room (White River) <p><i>Court Care Rooms:</i></p> <ol style="list-style-type: none"> 1) Bushbuckridge Court 2) Mhala Court 3) Nelspruit Court 4) Tonga Court 	<p>Gert Sibande District:</p> <p><i>Police Care Rooms:</i></p> <ol style="list-style-type: none"> 1) Piet Retief Police Station 2) Driefontein Police Station <p><i>Hospital Care Rooms:</i></p> <ol style="list-style-type: none"> 1) Piet Retief Hospital <p><i>Court Care Room:</i></p> <ol style="list-style-type: none"> 1) Piet Retief Court

Home Visits

Each survivor receives a minimum of four **home visits** after seeking services at a Hospital or Police Care Room. The same Counselor who works with the survivor in the Care Room also conducts all four of these home visits, to ensure continuity and to reduce the number of times the survivor has to newly discuss her/his ordeal.

“The fact that people from GRIP, from the outside, can accept a survivor makes their family and community more willing to accept them.”

- Community Nurse

The first home visit takes place four days after the survivor comes to the Care Room, and the primary objective of this visit is to make sure the survivor is taking PEP ARV medication as directed. The medication is given in two courses: the first is for seven days, and once this is completed survivors

return to the hospital to receive a 21 day course of medication. This schedule reduces rates of non-adherence and encourages the survivor to come for a follow-up visit at the hospital. The opportunity to follow up in person helps the hospital staff monitor the survivor’s progress and ongoing medical needs, and increases the likelihood of the survivor receiving post-test counseling and HIV test results, which take four days to process.

Survivors receive a second home visit approximately six weeks after presenting at the Care Room. The purpose of this visit is to ensure that the survivor is being adequately cared for and receiving emotional support at home. While there are no formal assessment procedures, the Counselor looks for signs of a supportive or stigmatizing environment, to ascertain whether or not a school-age survivor is still attending school, and for assurances of general coping. The Counselor may talk to family members, teachers and other community members in an effort to address and reduce stigma. Some families try to withdraw cases from court and resolve the problem between the perpetrator and the survivor’s family with financial compensation rather than through due process. This is partly due to cultural taboos around sexual violence, but also reflects traditional community methods for resolving problems. The Counselors talk to the survivor’s family about the importance of bringing the case to court and seeking legal justice for the survivor and perpetrator, in lieu of settling informally.



On the third visit, which takes place three months after the survivor’s initial contact with GRIP at a Care Room, the Counselor brings GRIP’s Community Nurse to the survivor’s home to conduct a follow up HIV test. Many barriers prevent individuals from going to local hospitals or clinics for an HIV test, such as stigma, high costs of transportation to the nearest town, and reluctance to seek medical attention without symptoms of illness. Conducting the test in the privacy of the survivor’s home

mitigates these barriers and reduces secondary trauma. When the Counselor and Nurse arrive, the Counselor explains who the Nurse is and asks the survivor's permission for the Nurse to administer the test. Very few survivors decline to take the test, and those who refuse initially often change their minds once the test has been explained in more detail. In fact, the Community Nurse reports that it is common for other members in the household to ask that she test them as well. As time and supplies allow, the Community Nurse will do these additional tests.

The final home visit takes place approximately six months after the survivor first came to the Care Room, and the Community Nurse joins the Counselor to conduct a third HIV test if the previous test results were negative, as it can take several months to detect HIV in individuals who were only recently infected. The Counselor also talks with the survivor about next steps for moving the case forward, including the opportunity to attend GRIP's pre-court training. The Counselor also talks about relevant health precautions and other services that may be of interest to the survivor.

Counselors reported that they generally make more than the mandated four home visits in order to provide sufficient and ongoing emotional support to survivors. They may also follow-up with phone calls between visits, and often give the survivor their personal contact information for use anytime.

Caregiver Support Groups

As approximately 55% of those receiving services at GRIP Care Rooms are children, GRIP started a parent/caregiver support group program that is run in conjunction with the pre-court training. While children attend pre-court training in the Court Care Room, their parents are invited to join the caregiver support group, which takes place in another room in the court and is led by GRIP's Caregiver Facilitator. Participants share and discuss the emotional difficulties of supporting the child and their own coping experiences. For part of the session, a police officer and social worker are brought in to explain the court process and answer questions. The Caregiver Facilitator helps participants come up with strategies for overcoming their emotional challenges as well as dealing with issues encountered within the criminal justice system, such as difficulties working with a particular officer or obtaining referrals to state social workers.

"We believe that if one part of the body is injured the whole body is injured. Parents need a chance to tell their story. We want them to feel that they've grown through the session."

- Caregiver Facilitator

There is a manual for the support groups, which promotes general guidelines for the sessions. The manual focuses on topics such as what to expect from survivors as they deal with the emotional aftermath of a sexual assault, how to provide effective support for survivors, and the details of the court process. For the most part, the participants steer the support group sessions, sharing their stories and challenges. While the manual provides suggested discussion topics, the Caregiver Facilitator reports that each group is different in terms of participants' needs, and it is important to keep the sessions flexible and let participants take the lead.

GRIP offers travel reimbursements to survivors and their family members to cover the cost of traveling to pre-court training and caregiver support group sessions. If a survivor does not show up to the pre-court training, the Counselor continues to follow-up, and in some cases the Caregiver Facilitator or Friend of the Court will conduct home visits to provide the pre-court training there to survivors who are unable to attend those held at the court.

"We also work with the families, because sometimes they don't know how to treat the survivor, they think it's the survivor's fault. We have to explain that no one deserves to be raped."

- Volunteer Counselor

HIV Support Groups

GRIP has established specialized HIV support groups in each area where the program works, to provide information and psychosocial support to survivors living with HIV. Through these support groups, GRIP aims to create a safe place for survivors to talk about their experience and help one another cope with the unique challenges they face. Participants who need help beyond the support group are referred to a nurse, psychologist or a social worker as appropriate. For those who are not able to work and face financial constraints preventing them from accessing treatment and other resources, referrals are made to a doctor who can assess eligibility for a disability grant.

Support groups take place in the Care Room if space allows, or at a suitable facility nearby, such as a local church. The support groups are open to survivors of any age, and groups are organized by age. GRIP's HIV Facilitator – a trained nurse – leads the groups. Parents of younger children typically attend the sessions with their children. A support group manual has been developed

"GRIP believes in walking the walk with the survivor. The aim is to create a safe place for the survivors to talk about their issues, and cope with their [HIV test] results."

- Operations Manager

by GRIP, which includes topic guidelines and tools to help the facilitator address a range of important issues (see box below for a list of topics). The group sessions allow participants to tell their stories, discuss challenges, receive critical information about HIV care and services, and share the emotional process of coming to accept their HIV-positive status in a supportive environment. The HIV Facilitator reports that many myths and stigma around HIV persist in the communities where GRIP is working and that these are frequent themes in the group sessions. Along with dispelling myths about HIV and teaching participants about self-care, the Facilitator works on helping participants realize that HIV can be managed successfully.

The support groups originally took place in a series of ongoing, once-monthly sessions, with ongoing enrollment. However, the HIV Facilitator has recently introduced a new structure consisting of four sessions, after which participants graduate with a small ceremony and a certificate. The first graduation from the new system will take place in May 2011. These changes were made because reported attendance was erratic, which made it difficult to provide a consistent level of care.

Moreover, support group participants are now provided with a travel reimbursement to cover the cost of coming to the support group, which has also increased consistent attendance.

In 2008, 185 individuals participated in support groups, including those for HIV positive survivors as well as the caregiver support groups. By 2010, this number had grown to 300 participants.

HIV Support Group Topics by Age Group			
Childhood	Youth	Early Adulthood	Late Adulthood
<ul style="list-style-type: none"> • Nutrition • Safe play • Managing minor ailments • Regular medical care • Reporting any discomfort • Caregiver empowerment 	<ul style="list-style-type: none"> • Nutrition • Self-care • Expanding knowledge on HIV and AIDS • Managing minor ailments • Preventive measures • Peer pressure and behavior modification • Medical care 	<ul style="list-style-type: none"> • Nutrition • Expanding knowledge on HIV and AIDS • Preventive measures • Skills development 	<ul style="list-style-type: none"> • Nutrition • Expanding knowledge on HIV and AIDS • Preventive measures • Safety

Ekhaya Women’s Shelter

The GRIP Women’s Shelter, known as *Ekhaya*, which means “at home” in siSwati, opened in 2010 to provide a safe haven for women who have experienced domestic violence and need emergency shelter. The family-friendly facility can house up to 36 women and children, who can stay for one night or up to six months.

In its first year of operations, Ekhaya prioritized providing housing and food, and the women staying at the shelter shared the cleaning and cooking duties. In 2011 new management was brought into the shelter and psychological support programs were introduced to provide a more holistic care approach. The newer services include one-on-one counseling; group therapy; healing through art and creative writing/journaling; workshops on gender-sensitization and empowerment; and a weekly movie and discussion featuring a film that addresses issues related to women’s empowerment.

“The shelter is for women who have suffered through domestic violence. [It aims] to ensure that women who are unemployed and are being abused have an alternative, so they can leave that abusive environment.”

- Operations Manager

Once women have left Ekhaya, GRIP volunteers follow-up with them on a regular basis through phone calls and/or home visits to ensure that survivors have found a safe place to live, a job, and any necessary support services. Unlike for survivors

who come to the Care Rooms, there is no set schedule for follow-up visits, and communication takes place as necessary. Referrals are made to Social Workers who also provide ongoing support.

Three volunteers staff Ekhaya, working in shifts so that someone is on duty 24 hours a day. At the time of this case study, GRIP was in the process of recruiting a Shelter Manager to oversee operations, and was introducing a shelter-specific training for volunteers.

Awareness and Community Outreach

GRIP has developed an **awareness and outreach** program, known as *Asikhulume*, which means “Let’s Talk” in siSwati. GRIP believes that sexual and domestic violence are significantly underreported in the communities where the program works, and these campaigns are intended to raise awareness about violence. GRIP also works to inform the community about services available, and encourages survivors to report sexual violence and seek help through GRIP. The campaigns take place in busy public areas, such as shopping centers and churches. Teddy bears with the GRIP logo and t-shirts with slogans such as “No Means No”, “Children are People Too” and “Real Men Don’t Abuse” are often distributed during community campaigns. Awareness campaigns also take place at schools. In March 2011 GRIP visited 29 schools, with a total of 11,075 students attending awareness talks given by GRIP’s Volunteer Counselors and staff.



GRIP staff and volunteers model t-shirts that are given out during community outreach campaigns.

Targeted Services for Most-at-Risk Populations

Starting at the end of 2009, GRIP implemented an outreach and support program for CSWs working in six areas around Nelspruit that are known to be “hot spots” for the sex industry. The areas include downtown Nelspruit, Malelane, Lydenburg Road, Swartfontein, Komatipoort and White River. GRIP employs a full time MARP Facilitator who conducts all related activities. GRIP focuses on providing non-judgmental support and service referrals to help CSWs reintegrate into the community. CSWs are identified through word of mouth from other CSWs and through the police, who notify the MARP Facilitator when they become aware of any new CSWs working in the area.

“The best thing about the job is seeing the changes in the lives of the CSWs...but it is challenging to [help them] find jobs. That is always a challenge because most of them are not educated.”

- MARP Facilitator

The MARP Facilitator usually conducts group sessions with CSWs, although occasionally one-on-one follow-up visits also take place. Each program participant is in contact with the MARP Facilitator a minimum of once per month for at least three months, sometimes through informal group meetings that are held in outdoor public locations close to the areas where the CSWs work, and other times through home visits. The first session aims to establish a trusting relationship between the CSW and the Facilitator, and introduces participants to the GRIP program and its services. Establishing trust with the Facilitator is a key aim of the first session. The second session focuses on rape, domestic violence, and HIV and AIDS awareness. The third session focuses on participants' home life, economic situations, and family and community support. GRIP assists participants in obtaining medical and police services after instances of assault and provides referrals to programs that help women gain economic self-sufficiency through alternative employment. The MARP Facilitator also distributes free condoms, which are donated by the DoH, and encourages participants to obtain HIV testing. All MARP participants have the MARP Facilitator's number and are welcome to call anytime they need help, or just want to talk.

HIV Counseling and Testing Center

GRIP has an HCT center at the Head Office in Nelspruit where anyone from the community can walk in during regular office hours for free rapid HIV testing. The program began in January 2008, when GRIP hired a Community Nurse to oversee HCT activities. GRIP does not distribute or administer ARV medications directly, but rather makes referrals to nearby HIV clinics for individuals needing treatment or follow-up testing.

GRIP's HCT center complies fully with the DoH guidelines to ensure that quality HCT services are delivered. Test results are usually ready in 15 to 20 minutes, and the appointments take approximately 45 minutes, including pre- and post-test counseling conducted by the Community Nurse. Test kits have been donated by the DoH and GRIP purchases any other necessary equipment, such as syringes. The clinic is open from 8:00 am to 4:30 pm on weekdays and provides counseling and testing services to an average of 50 people each month.

PROGRAM STAKEHOLDERS

BOARD OF DIRECTORS

GRIP is governed by a Board of Directors, which is comprised of five members, four of whom also serve on the Executive Committee. The CEO reports directly to the Board of Directors, which in turn provides strategic direction and oversees all aspects of organizational governance. At the time of this case study, GRIP was in a period of transitional management, led by an Acting CEO who was previously Chairman of the Board. The Acting CEO was providing leadership for an interim period, and a more permanent CEO had been identified to take over in early 2012. The Board of Directors meets quarterly, and the Executive Committee meets on a monthly basis, to provide direction on program activities and address urgent issues that come up between quarterly meetings.

PROGRAM STAFF AND VOLUNTEERS

The team GRIP consists of 30 full time staff, most based at the head office in Nelspruit, and 110 Volunteer Counselors and Coordinators who staff the Police and Hospital Care Rooms. GRIP plans to hire two additional staff in 2011, one to manage Ekhaya activities and one to provide additional support to the Finance and Administration Department. All Volunteer Counselors and Coordinators are female, because the vast majority of survivors are female, and GRIP believes that women are more at ease talking with other women about their experiences and that male survivors may also prefer to confide in a woman.



GRIP staff members pose for a picture at the office in Nelspruit.

GRIP Management

In 2011, while this case study was developed, GRIP was undergoing a period of transitional leadership led by an Acting CEO and a Board of Directors. Reporting directly to the Acting CEO is the Operations Manager, the Executive Assistant to the CEO, Donor Relations Officer, and the Finance and Administration Manager. The Operations Manager oversees the Care Rooms and Community Nursing program;

the Executive Assistant to the CEO oversees the shelter, the MARP program, the caregiver support program, the staff and volunteer training, and awareness activities; the Donor Relations Officer manages grant applications, donor reports, and all aspects of donor relations; and the Finance and Administration Manager oversees the budget, finances and accounting.

Two Regional Managers oversee the Care Room activities in the Ehlanzeni and Gert Sibande Districts. As the majority of the Care Rooms are in Ehlanzeni District, there are three Area Managers who supervise the Care Rooms there and report to the Regional Manager. Both Regional Managers report to the Operations Manager.

The vast majority of GRIP staff started as Volunteer Counselors, who were then trained and promoted to fulltime staff positions based on exceptional work in their role as Counselor.

Volunteer Counselors and Coordinators

GRIP's team of 110 Volunteer Counselors and Coordinators are the backbone of program activities. Each Care Room has four to five Counselors and a Coordinator, who develop a weekly schedule to ensure the Care Room is staffed 24 hours a day, seven days a week. On a weekly basis Counselors typically work a total of two 12-hour day shifts per week and two 12-hour night shifts.

Counselors greet the survivors when they arrive at the Care Room, providing comfort and emotional support while the survivor tells his/her story. Thereafter the Counselor explains the process the survivor can expect to go through at the Police and/or Hospital Care Room. After the survivor leaves the Care Room the Counselor is responsible for following-up with them to provide continued support. This includes a minimum of four home visits over six months.

Counselors are recruited from within the community where the Care Room is located so that they have an understanding of the local culture and beliefs. Most Counselors are recruited through newspaper ads, and others are engaged through word of mouth. Prospective Counselors submit a resume and cover letter to GRIP, and if an applicant meets the minimum criteria she is interviewed by the Regional Manager and Operations Manager to further assess suitability for the role. Minimum criteria include having achieved secondary school matriculation, maturity (preferably 25 years or older), a strong commitment to helping people, good communication skills, proficiency in English, and previous volunteer experience.

"Not everything comes easy, you have to work for it. Promotions are our rewards."

- Regional Manager

The Volunteer Coordinators oversee the day-to-day operations of the Care Rooms. They coordinate meetings with the Counselors, attend monthly meetings at the head office, review files to ensure they are up-to-date and accurate, orient new Counselors, manage the petty cash account, make requisitions for additional cash when necessary, liaise with the head office, and ensure that the Care Room is

stocked with enough care packs and toys. Every Monday the Coordinator submits a weekly report to the Area Manager. All Coordinators worked previously as GRIP Counselors. When the program has an opening for a Coordinator, a Counselor who has a good understanding of Care Room operations is usually chosen for promotion. Volunteer Counselors and Coordinators in the Ehlanzeni District are monitored and supervised by Area Managers, who report to the Regional Manager. In Gert Sibande District, Coordinators report directly to the Regional Manager.

Volunteer Counselors are provided with a small stipend for their work: R100 for Care Room shifts, R25 for home visits, R45 for pre-court training, and R50 for awareness-raising activities. In December volunteers receive a Christmas bonus, usually worth R1,500. GRIP provides up to R10,000 to cover funeral expenses in the event that a Counselor or her dependent dies. Monthly and yearly incentives are also given to volunteers. Each month Volunteer Counselors and Coordinators are encouraged to submit a success story, and one story is chosen as the story of the month and the volunteer in question receives a cash bonus of R500. Annually the GRIP management team also recognizes a Volunteer of the Year, who has done exceptional work for GRIP. The Volunteer of the Year is normally awarded a weekend vacation for two.

Friends of the Court

GRIP's four Friends of the Court are paid employees who run the Court Intervention Program at the five Court Care Rooms. The Friends of the Court establish a relationship with survivors when they attend pre-court training, and provide support and advocacy for survivors during a trial. Friends of the Court also serve as liaisons between the survivor and the court, updating survivors and their families as a case moves forward, notifying them on when they need to be in court and ensuring that the survivor is where he/she needs to be during the trial. Friends of the Court sit in the courtroom throughout the trial to provide survivors with emotional support.

All the Friends of the Court started as Volunteer Counselors, and participated in the introductory training and the pre-court facilitator training courses. Volunteer Counselors promoted to Friends of the Court positions receive on-the-job training about court processes and how to work effectively with child witnesses.

Community Nurses

GRIP employs three Community Nurses. The HCT Nurse manages the HCT Center at the GRIP office, the Community Nurse conducts home visits to perform HIV tests for survivors at the three and six-month home visits, and the HIV Facilitator coordinates and facilitates the HIV support groups. The HIV Facilitator and Community Nurse work with survivors in all areas where GRIP works, and coordinate their travel to rural and distant Care Rooms. The Community Nurse receives a monthly planning report from all Volunteer Counselors, which indicates how many survivors will require a three- or six-month follow-up visit and HIV testing. The Community Nurse establishes a schedule for the month and notifies the Volunteer Counselors when she will be conducting home visits in their areas.

Caregiver Facilitator

The Caregiver Facilitator coordinates the pre-court training and facilitates the caregiver support groups taking place at the same time. The Caregiver Facilitator also liaises with partners such as social workers, police officers and representatives from the NPA to encourage them to attend the caregiver support sessions to address participants' questions. The Caregiver Facilitator is based in Nelspruit at the GRIP head office, and travels to each of the Court Care Rooms on a monthly basis to conduct the pre-court trainings.

Most at Risk Populations Facilitator

The MARP Facilitator oversees all MARP program activities, which includes enrolling participants, conducting sessions and follow up visits, and distributing condoms. The MARP Facilitator is based in Nelspruit at the GRIP head office.

Shelter Coordinators

The GRIP shelter has three Volunteer Coordinators who ensure that the shelter is staffed around the clock. The Shelter Coordinators manage the day-to-day shelter activities, including survivor intake, counseling, and meals and cleaning activities. At the time of this case study GRIP was in the process of hiring a Shelter Manager to oversee all shelter operations.

Monitoring, Evaluation and Reporting Department

The MER Department is comprised of a MER Officer, a Data Capturer, and an Assistant Data Capturer. The Department is overseen by the Finance and Administration Manager and works closely with other departments in all aspects of statistical reporting. The primary role of the MER Department is to compile service delivery information and ensure accurate reports to the Board of Directors and donors. GRIP has standard forms that Volunteer Counselors use to record all relevant details of each case and the services that survivors receive, from GRIP and partner organizations. Friends of the Court report trial outcomes and other relevant case details to the MER Department. The Department is overseen by the Finance and Administration Manager and works closely with other departments in all aspects of statistical integrity and reporting.

Finance Department and Donor Relations

The Finance Department consists of an Assistant Accountant and a Finance and Accounts Manager, and by mid-2011 a third person will be added to the team. The Finance Department reviews all Care Room expenditures, including travel reimbursements, petty cash, communications expenses, and awareness campaign expenses. GRIP's reporting system requires Volunteer Counselors to get approval for any expenditure from a minimum of two management personnel. In addition, the Finance Department handles bookkeeping, salaries, and monthly, quarterly and annual budget establishment and reporting.

GRIP has a fulltime Donor Relations Officer who liaises with donors, submits donor reports, and develops and submits applications for funding. The Donor Relations Officer works in collaboration with the Operations Manager, the MER Department and the Finance Department to compile the necessary information for donor reports.

TRAINING

Ongoing training and education is an important part of GRIP's commitment to building capacity of staff and volunteers. Staff training and workshop topics from 2008 to 2011 have included the history of rape, police intervention, criminal law and the Sexual Offences Act, working with children, children's rights, and hospital interventions.

"Before the training I didn't know about all the different kinds of abuse. People can experience violence in so many ways, and you can't always see it, unless you know what to look for. This is what GRIP has taught me."

- Volunteer Counselor

As resources allow, GRIP provides funding for staff and volunteers to seek additional training and certification related to their work from accredited institutions. GRIP requests that staff and volunteers first submit information about training events they would like to attend, and approves requests provided funds are available. GRIP generally funds training for multiple staff members and volunteers annually, who in turn disseminate what they have learned to the rest of the staff and volunteers. As part of this initiative and through generous capacity-building support from donors, GRIP has partnered with a number of organizations who have provided training for GRIP staff and volunteers, including AED, the Services Sector Education and Training Authority, and the University of South Africa. These organizations have provided training on topics including financial management and accounting, MER, human resource management, bereavement counseling, HIV counseling, and child trafficking.

Starting in early 2011, 30 volunteers began an 18-month training course with the National Association of Child Care Workers. This training takes place for five days per month, and covers topics such as how to communicate effectively with children and advocate for children's rights. A separate group of 30 volunteers is scheduled to take part in a 10-day training course in 2011 on working with children. The course is taught by staff from Childline Mpumalanga, an NGO working in the child protection sector. Participants are selected for training based on their interest in training, and also on their performance, which includes factors such as the number of shifts worked; the number of community outreach activities undertaken; willingness to undertake extra training and responsibility within the organization, such as pre-court training facilitation; and general enthusiasm and attitude towards their work, as demonstrated through monthly meetings and letters submitted for the monthly financial incentive program.

In early 2011 all staff at GRIP began participating in management training, following the *I Know My Organization* curriculum developed and facilitated by Brenda Thompson, an organizational management expert. The aim of this training is to help staff better understand their role in the organization, develop personal and

professional goals, build their confidence, and improve their performance. Following an initial group meeting with the staff, Thompson has conducted one-on-one strategic planning sessions with each individual participant. It is anticipated that the training will take a year to complete.

Training for New Volunteers

When Volunteer Counselors begin working at GRIP they participate in a 10-day new volunteer training program. The first five days comprise a formal introductory training course at the GRIP office where new Volunteer Counselors learn about sexual assault, domestic violence, HIV and AIDS, the criminal justice system, procedures to follow in the Care Room, how to be professional, how to provide non-judgmental support to survivors and their families, counseling, communication skills, and the importance of confidentiality. There is a short half-hour written test at the end of each day, and a two-hour written test is given on the final day to evaluate the trainees' progress. In order to become a Volunteer Counselor, the trainees must participate in all sessions and score a minimum of 60% on all tests. The training modules are summarized below.

Training Modules for New Volunteer Counselors

1. **Introductory Module:** background to GRIP, and the GRIP model of support.
2. **Different Types of Violence:** physical, sexual, emotional and economic violence; how people experience and deal with trauma.
3. **Care Rooms:** roles and responsibilities of Volunteer Counselors; roles and responsibilities of other stakeholders/partners; procedures to be followed in the Care Room.
4. **STIs, and HIV and AIDS:** modes of transmission; medical assistance for those who have been exposed; support for those who test positive.
5. **Introduction to the Criminal Justice System:** the criminal justice system; the GRIP Court Intervention Program; explaining the court process to survivors.
6. **Home Visits:** procedures for providing ongoing support; working with the Community Nurse.
7. **Communication Skills:** introduction to communication skills; how to create a supportive environment; working with children; facilitating disclosure in a safe and supportive way; professionalism in the Care Room and during home visits.

The second week of training takes place in the Care Room, with trainees shadowing the Volunteer Counselors for five work days. The Counselor prepares a report on the trainee's conduct and level of participation each day. When the 10 days of training are complete, the Area Manager and Operations Manager review the test results and reports to determine if the trainee has the knowledge, skills and initiative to perform successfully as a Volunteer Counselor. Training is typically offered on an annual basis, with 20 or more participants, although if the organization experiences a period of high turnover training may be offered more frequently.

Training for Pre-Court Training Facilitators

In early 2011, 33 Volunteer Counselors were trained to facilitate the pre-court training for survivors. Counselors are chosen for this based on exceptional child communication skills and outstanding commitment to their work with GRIP, demonstrated by the number of Care Room shifts they work, the number of community outreach activities they undertake, and the number of stories they submit for the monthly incentive program, for example. This specialized four-day training includes seven modules that focus on the trial process and the roles of the various people involved in the trial. As part of the training, Counselors also learn an approach called “*Taking Care of Me*,” a method for helping survivors deal with and express difficult emotions they may experience. The training modules that pre-court trainers learn before they begin facilitating training are summarized below. Once Counselors complete the training, they begin facilitating pre-court training, usually on Saturdays, in addition to their regular shifts in the Care Room. A small stipend is offered for each pre-court training session facilitated.

Training Modules for Pre-court Training Facilitators

1. **Introductory Module:** why do people go to court; the concept of rights; the journey to court; how do people feel about going to court.
2. **Who’s Who in the Courtroom:** the different people involved in the trial; taking care of me.
3. **What do Courts Look Like:** where to find people in the court; what do courtrooms feel like; what does the special courtroom look like (i.e. the child witness room); who is the intermediary; taking care of me.
4. **What Happens in the Court:** the trial timeline; the magistrate’s decision; types of decisions and their effects; types of punishment; a guilty plea; taking care of me.
5. **What is an Oath:** truth and lies; motivation to tell the truth; the oath; consequences of lying; taking care of me.
6. **My Job in Court:** telling the truth; listening to the questions; answering the questions; kinds of questions and how to answer them; things that can happen in court; court etiquette.
7. **After Court:** debriefing; empowerment through information; congratulations.

RESOURCES

DONORS

PEPFAR is GRIP's largest financial donor, providing approximately 60% of GRIP's funding in 2010. PEPFAR funding enabled GRIP to expand its services into the Gert Sibande District and Bushbuckridge area in 2008 and 2009. At the time of this case study PEPFAR funding was also being used to support structural improvements, including the building, furnishing and staffing of Care Rooms.

The National Lottery Distribution Fund is GRIP's second largest donor. Approximately half of GRIP funding received from the National Lottery has been allocated to operating Care Rooms, administration and day-to-day costs. In 2011 National Lottery funding will also be put towards purchasing additional office space for GRIP.

The Joint Gender Fund supports Care Room operations, pre-court training and administration costs. Kinderfonds Mamma's provides additional funding for Care Rooms, administrative costs and the survivors' Christmas party. The DSD provides support towards operational costs for the Women's Shelter.

PARTNERSHIPS

Partnerships with SAPS, DoJ, NPA, and the DoH are essential to GRIP's service delivery model and were established when GRIP began in 2000. GRIP continues to work closely with these partners to ensure that survivors receive the medical, legal, and police assistance they need to bring their cases forward toward legal resolution.

Police stations and hospitals are mandated by the government to have "victim-friendly facilities," and assisting survivors of violence has become a greater priority for these partners in recent years. GRIP is also in the process of establishing a new type of partnership, called Friends of GRIP, which is comprised of local businesses and individuals in the community who want to provide financial support to GRIP on a regular basis and get involved in spreading awareness about GRIP's mission, activities and services.

GRIP has received substantial technical and programmatic support from AED. In conjunction with the funding received from PEPFAR, AED builds organizational capacity to ensure accountability and sustainability in all program activities. Through this partnership GRIP has received numerous training and capacity building opportunities aimed at helping GRIP strengthen its management systems, communications, MER, and financial accountability. In addition, AED has been instrumental in helping GRIP develop a long-term sustainability plan. GRIP management staff reported that the AED capacity building initiatives have been valuable in strengthening management and reporting processes, while simultaneously enabling GRIP to expand its program.

COMMUNITY IN-KIND CONTRIBUTORS

GRIP receives a number of in-kind donations from the community and government entities. The DoH provides HIV tests and condoms. Local businesses frequently donate items for the care packs, and a number of businesses have donated supplies towards the building of Care Rooms. The teddy bears and dolls given to child survivors are donated by individuals in the community, and most bears and dolls are handmade.



Handmade dolls donated to GRIP by individuals in the

LESSONS LEARNED

Notable program successes have included the development of a continuum of services from crisis care to long-term follow-up, enhancing service accessibility through home visiting and integrating service delivery with existing systems, keeping volunteer turn-over to a minimum through a program of incentives and recognition, and supporting volunteer and staff wellbeing through counseling and other psychosocial support initiatives. Challenges have included keeping pace with program growth through continued capacity building, addressing low perpetrator conviction rates and its effects on survivors, monitoring program outcomes, and working effectively with program partners whose own challenges, resources and priorities may differ from GRIP's. Unmet needs include a lack of resources for facilitating caregiver support groups after pre-court training has ended and limited opportunities for alternative income generation and job training among CSWs in the MARP program.

SUCCESSES AND INNOVATIONS

Providing a Continuum of Care

The GRIP model recognizes that survivors need both immediate assistance and ongoing support. The Court Intervention Program is one example of how GRIP offers support that extends well beyond crisis care, helping survivors cope emotionally and logistically as they bring their cases to trial. Volunteer Counselors who provide services to a survivor at a Care Room continue to provide services to that survivor as her case goes to trial and beyond. Feedback from beneficiaries indicates that having a consistent advocate helped them to feel supported throughout the often lengthy processes of physical and psychological recovery, as well as judicial resolution. In addition, HIV testing, PEP, and related services are offered to survivors at multiple critical junctures; the program's focus on providing services over the long term encourages survivors to seek and receive comprehensive care.

"How you relate to people has such an impact on how people react to you. You have to show [survivors] that you're going to be with them for the long term."

- Volunteer Counselor

Service Accessibility

GRIP offers services free of charge to survivors and works to actively promote its services, increasing awareness among women and their families about the availability of free high quality care and support. The program situates key services for survivors within larger institutional systems, effectively supporting service integration across police, hospital and judicial facilities. The Care Rooms typify this approach; with services offered in police stations, hospitals and courtrooms, survivors can access GRIP's programming within the community environment and without having to come to the GRIP office. Hospital and Police Care Rooms are open 24 hours a day to ensure that services are available whenever needed.

Home visiting by Volunteer Counselors offers another example of a successful innovation, increasing access to HIV counseling and testing, psychosocial support and court preparation by making these services available in the comfort and privacy of survivors' homes. The program minimizes client loss-to-follow up by assigning one Volunteer Counselor to work with a survivor from her/his entry into the program through home follow-up visits.

Volunteer Retention

GRIP relies primarily on a volunteer workforce, and spends a great deal of time and other resources for training. While turnover has been a challenge in the past, GRIP has successfully addressed this by providing stipends to volunteers; providing monthly and yearly financial incentives for good work; and offering continued opportunities for volunteers' training and professional growth. In addition, GRIP makes a concerted effort to promote qualified Volunteer Coordinators to paid positions whenever such openings arise. At the time of this case study, the majority of staff members working for GRIP had initially served as volunteers.

"It's very challenging work, it tests you. Gender-based violence is so terrible and you feel like crying because you can't relieve them, and you can't give them more."

- Volunteer Counselor

Psychological Support for Staff and Volunteers

GRIP staff and volunteers reported experiencing a great deal of emotional strain from their work with survivors. Counselors reported that constantly hearing the details of violent assaults and seeing the effects on survivors took an emotional toll, and that like the survivors themselves they were disappointed and frustrated when perpetrators weren't convicted. Counselors also indicated they often made many more than the mandated four home visits to survivors, going above and beyond the call of duty to provide ongoing emotional support. GRIP has responded by bringing in a trained Counselor to provide one-on-one counseling for staff and volunteers. In addition, monthly debriefing sessions are held in each area for Counselors. These sessions allow Counselors to talk in a supportive, therapeutic environment about the

"It's a very sad job sometimes, to see these women and children who have been hurt and assaulted and knowing that you can't undo what has been done. It will affect them for the rest of their lives."

- Regional Manager

challenges and successes of their jobs, and to discuss approaches for managing the inherent psychological difficulties. These sessions typically take place at one of the larger Care Rooms in the area that has extra space for such meetings, and can last for several hours, or as long as the Counselors feel they need.

CHALLENGES

Capacity Building and Cohesion among Volunteers and Staff

GRIP started as a small, volunteer-driven organization motivated primarily by a passion for helping survivors. With service expansion, increasing numbers of beneficiaries and the promotion of many staff to higher level positions in recent years, a great deal of capacity building has been needed in a relatively short period of time. It has been an ongoing challenge for senior management to ensure that those in key positions have the necessary support and skills.

“We want to make sure that as we professionalize that we never forget the heart of the organization, and why GRIP is here...As we grow, we need to build capacity, but also ensure that the projects have the integrity they’re meant to.”

- Acting CEO

This challenge has been compounded by some resentment among other volunteers towards those who have risen quickly from Volunteer Counselor positions to become full-time employees. GRIP is addressing this issue through management training that aims to offer staff a clearer and more confident understanding of their roles and responsibilities. Efforts to make promotion and hiring processes even more transparent might also help address these challenges. This may give volunteers a better understanding of the professional and personal characteristics that GRIP looks for when hiring for a new position. Furthermore, collaborative decision making in hiring could also improve transparency when rewarding volunteers with promotions. For example, involving the larger team through a nomination system could offer an opportunity for volunteers to reflect on their own performance and that of team members, while also allowing them to participate in decision making around promotions.

“I would like to see the GRIP team as a group that is very open and responsive, and not protective of their patch. I want to see a team that can cross-pollinate continuously, and try to complement the people they work with.”

- Acting CEO

Low Perpetrator Conviction Rates

While GRIP’s Court Intervention Program has the ultimate aim of increasing the conviction rate among abuse perpetrators, just 30% of cases that went to trial in 2010 resulted in a guilty conviction. Thirty-five per cent of cases were diverted to social workers or other departments for resolution. Twenty per cent of perpetrators were acquitted, largely due to insufficient evidence, and an additional 15% were convicted but not given a sentence, meaning they walked out of the courtroom free. Individuals interviewed for this case study reported that this frequently leaves survivors disappointed and feeling as though they have been failed by the system and/or by GRIP. It is an ongoing challenge for Volunteer Counselors to help survivors understand that reporting instances of violence and pursuing a trial are meaningful and important acts regardless of the case outcome.

A related issue is that many cases are postponed while evidence is gathered, or because of investigative delays. Among the five courts where GRIP operates, 1889 cases were postponed in 2010, while only 211 were adjudicated. It often takes a long time for a case to go to court – sometimes even years. This can cause a great deal of frustration for survivors and their families; not only is justice delayed, but trial postponements delay closure and survivors’ ability to put the ordeal behind them. Trial postponements also represent a burden of time that GRIP must spend following-up on case progress, and more expeditious systems would help GRIP reach more survivors. GRIP may wish to consider targeted advocacy within the legal system for cases that experience lengthy or repeated postponements, specialized psychosocial support for survivors who must deal with long-term case delays, or other program approaches to address this important challenge.

“It’s challenging when the cases get postponed again and again. And there is nothing you can do, except go back to the survivor and tell them they have to keep waiting. It’s hard to see them go through that, after all they’ve been through.”

- Volunteer Counselor

Program Outcome Monitoring

GRIP has worked to identify and incorporate specific outcomes, such as increasing the conviction rate for cases brought to trial, into its vision for effective programming. While the program has begun to collect and aggregate data on case outcomes, it has struggled to collect this information on a consistent basis and to ensure that the data collected are comprehensive. In particular, although case outcomes are recorded, there is insufficient documentation on the range of other services the survivor may have received through GRIP engagement, such as participation in support groups or pre-court training. More comprehensive information and collection would better enable GRIP to track case results and also help the program attribute case outcomes to specific services such as pre-court training. This in turn could better position GRIP as a steward of funds tied to outcome targets and results reporting.

Service Coordination with Partners

The most common challenge Volunteer Counselors reported facing was slow response time among partner organizations. Notably, Counselors indicated that survivors who wished to make a statement to police often had to wait to do so, and that wait times at hospitals among those seeking forensic examination and care were also lengthy. Counselors noted that despite the importance of collecting evidence and seeking medical attention immediately after an assault, police and hospital staff members are often unable to provide survivors with this kind of prompt assistance.

“The problem in the hospitals is that the government doesn’t recognize forensic nursing as a specialty, so they don’t motivate people to go into forensic nursing, and they don’t give incentives to take up this specialty, so there aren’t enough of us.”

- Forensic Nurse

For their part, police and hospital staff reported that insufficient human resources were an ongoing challenge, and that out of necessity sexual and domestic violence were often not prioritized. As part of a possible solution to these issues, forensic nurses in some hospitals are lobbying to obtain a stand-by wage so that they can be on-call to take cases even if they are not on shift, a measure which may have significant potential to reduce wait times for survivors.

Unmet Needs

Ongoing Caregiver Support Groups

Many parents and caregivers who participated in the caregiver support groups indicated a desire for the groups to continue beyond three sessions. GRIP encourages caregivers to continue meeting after the GRIP-facilitated sessions have ended, but few take the initiative to keep the support groups going. While GRIP does not yet have the capacity to facilitate ongoing support groups for the more-than 300 survivors and parents/caregivers who attend annually, GRIP recognizes this as an unmet need and

“I think the Caregiver Support Groups should be ongoing because the problems never end, they last beyond the three months and [the parents] still need someone to talk to. These are serious problems and they can change every day, and then the survivor is back to square one.”

- Caregiver Facilitator

an area for possible future expansion. Approaches could include offering Volunteer Counselors the opportunity to receive training as group facilitators, or even offering this training to interested former support group participants, encouraging a peer-led approach. GRIP might also provide assistance helping facilitators and participants identify other community spaces such as schools or churches where sessions could be held.

Income Generating Activities for Commercial Sex Workers

While MARP programming has been successful as a platform for HIV and STI prevention education and the provision of other critical information, one of the greatest challenges for the MARP Facilitator is finding alternative employment opportunities for CSWs who are trying to leave the sex industry. In an area where education levels are low and employment opportunities are few, this is a significant task. In order to improve alternative employment options and promote self-sufficiency among CSWs, the program could identify and facilitate access to more formal educational opportunities and develop linkages with programs that specialize in training and support for income generation.

“When it comes to looking for a job for the CSWs, I don’t know where to start because most of them are not educated...I want to expand the program so we can invite the CSWs to the [GRIP] shelter to learn sewing or beadwork, or to learn how to use the computer, so they can get jobs.”

- MARP Facilitator

THE WAY FORWARD

Moving forward, GRIP will look to expand its programming into underserved areas, identify and secure more sources of long-term funding, and develop mechanisms for greater management and fiscal accountability.

GRIP hopes to expand its program into Nkangala, the third district in Mpumalanga. In addition, there are areas in the Gert Sibande and Ehlanzeni districts that are currently underserved and could benefit from Care Rooms. The program hopes to establish a decentralized management structure in Nkangala, with three district offices and a smaller central office. GRIP has considered expanding its service delivery throughout South Africa, but feels that managing a nationwide program is beyond the organization's current capacity.

Like all growing organizations, GRIP is aware of the need to improve program sustainability. With assistance from AED, GRIP has developed a sustainability strategy that focuses on improving financial security and diversifying funding. One notable step is the purchase and renovation of a new office in Nelspruit, which will be funded through the National Lottery Fund. Plans for launching a new funding model, *Friends of GRIP*, were also underway at the time of this case study. Friends of GRIP is a donation model that targets individuals throughout South Africa who are willing to commit to making a small but consistent monthly donation to GRIP. GRIP hopes to attract enough dedicated participants to provide steady funding at levels sufficient to continue its programming and potentially, to foster carefully managed growth. In addition to the financial gain, this network will be leveraged to spread awareness about GRIP's program activities and services.

As GRIP seeks program expansion, it also recognizes the need for greater accountability. GRIP has already begun to address this challenge through management training to improve the organization's accounting processes, and new systems have been put in place to improve budgeting throughout the organization. In 2011, GRIP will build on this foundation by hiring an additional staff member for the Finance Department to further streamline financial management activities. In addition, GRIP is making improvements to its monitoring, evaluation and reporting activities, to ensure that more detailed information is collected to provide a better picture of program activities and outcomes, and to inform program planning and budgeting.

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Tulane University School of Public Health and Tropical Medicine

1440 Canal Street, Suite 2200, New Orleans, La 70112

Phone: 504.988.3655

Fax: 504.988.3653

**Electronic copies of this case study may also be obtained upon request
via email to ovcteam@tulane.edu**

All photos courtesy of Kristin Neudorf