



DEPARTMENT OF PLANNING, MONITORING AND EVALUATION  
DEPARTMENT OF SOCIAL DEVELOPMENT

# **Report on Diagnostic Review of the State Response to Violence against Women and Children**

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This report has been independently prepared by KPMG. The Technical Task Team of the Inter-ministerial Committee on Violence Against Women and Children acted as the Evaluation Steering Committee for the project. The Steering Committee oversaw the operation of the evaluation, commented and approved the reports.

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## Glossary

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
APP	Annual Performance Plan
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CGE	Commission for Gender Equality
CSO	Civil Society Organisations
CSP	Civilian Secretariat of Police
DBE	Department of Basic Education
DCS	Department of Correctional Services
DoE	Department of Education
DHET	Department of Higher Education and Training
DoH	Department of Health
DoJCD	Department of Justice and Constitutional Development
DoW	Department of Women
DPME	Department of Planning Monitoring and Evaluation
DSD	Department of Social Development
DTPS	Department of Telecommunications and Postal Services
DV	Domestic violence
DVA	Domestic Violence Act
DWCPD	Department of Women, Children and People with Disabilities
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GDP	Gross Domestic Product
HIV	Human Immuno-deficiency Virus
ICD	Independent Complaints Directorate
IDP	Integrated Development Plan
IPV	intimate Partner Violence
LGBTI	Lesbian Gay Bisexual Transgender Intersex
MRC	Medical Research Council
NCCPF	National Child Care and Protection Forum
NCGBV	National Council against Gender Based Violence

NPA	National Prosecuting Authority
NPAC	National Plan of Action for Children
NPO	Non-Profit Organisation
OTP	Office of the Premier
POA	Programme of Action
PPAC	Provincial Plan of Action for Children
SANAC	South African National Aids Council
SAPS	South African Police Service
SORMA	Sexual Offences and Related Matters Act
SP	Strategic Plan
SSW	Social services workforce
TCC	Thuthuzela Care Centres
UNCRC	United Nations Convention on the Rights of a Child
VAC	Violence against children
VAW	Violence against women
VAWC	Violence against women and children
VSW	Victim support worker
WHO	World Health Organisation

## Policy summary

This diagnostic review of the state's response to violence against women and children (VAWC) reviews both the institutional and programmatic mechanisms by which the state addresses VAW and VAC. It considers the 'whole of government' response, covering overarching challenges faced by 11 key departments with roles to address VAWC. It considers the state response across the three spheres of government: national, provincial and local.

A review of relevant legislation identified an 'implementation gap' between the country's strong VAWC legislation and effective implementation of the activities that it calls for. There is a lack of alignment in the overall conceptual and planning frameworks for VAWC. The intended outcomes, activities and indicators set out in key national planning documents are not reflected in corresponding strategic and annual performance plans of the respective departments, resulting in ineffective prioritisation of VAWC. Interviews with government officials across the country revealed that there is no clear consensus on whether VAWC is a priority for political and executive leadership. South Africa lacks an oversight body that can hold government accountable for its progress with respect to reducing and eliminating VAWC.

The VAWC sector would benefit from improved collaboration and integration, particularly with the NPO sector, to achieve a bigger impact. The majority of coordination structures for VAWC appear duplicative or ineffective and do not facilitate an integrated government response to VAWC. There is a significant reliance on donor funding, which brings into question the financial sustainability of VAWC programmes and services.

VAWC acts, policies and plans are typically not costed and are inadequately funded as a result. An overall lack of funding is evident and severely compromising the implementation of these intentions and the realisation of their objectives. Funding decisions are not made based on an understanding of potential impact and return on investment. Siloed budgets are not an effective use of limited funds and do not support effective implementation.

The VAWC sector remains constrained by a shortage of skilled staff. Interviews identified that the existing workforce is not being optimally deployed, particularly in the social services sector. There is potential for streamlined administration, better role definition, and technology to enhance the efficiency of the workforce and allow them to focus on core services. The evaluation concludes that increased and improved training and development of government officials is required to help strengthen the VAWC response. In particular, training needs to be more nuanced to deal with critical gaps in the skill base to address VAWC. Arguably, the most important of these is sensitivity training for frontline staff in police and medical services, and the provision of ongoing training and support services for social workers dealing with VAWC. Training on the referral process is also required.

Better data collection and management for VAWC is required to enable effective planning and delivery of programmes and services. There is heavy reliance on SAPS data, which is not adequately disaggregated, nor is it representative of the extent of VAWC victimisation in South Africa. Programme monitoring needs to go beyond tracking inputs and outputs; it should be used to measure outcomes and enhance programming. There is a need for more evaluation of VAWC programmes to understand what works and build an evidence base for the country's response.

Six recommendations are proposed in order to address some of the challenges identified in the diagnostic review. The first is to revitalise, strengthen and re-launch the POA:VAWC, establishing a common conceptual framework for understanding and addressing VAWC, incorporating the new evidence generated in recent studies, consulting more broadly, aligning with departmental performance frameworks and ensuring that funds are appropriated to the planned initiatives.

The second recommendation is to establish a body to provide oversight and coordination to the sector, ensure accountability, and monitor progress against government's goal to eliminate VAWC. The body would hold the lead government department accountable for its progress in implementing the POA: VAWC and provide oversight, direction, coordination and support to address challenges in the state's response to VAWC. The body must represent all those who have the ability, experience and technical skills to effectively impact violence, including civil society, academia and the private sector.

The third and fourth recommendations are to strengthen prevalence and administrative data collection and management respectively, enabling a clear understanding of the magnitude, geographic spread and nature of VAWC in South Africa, and facilitating better case management. Recommendation 5 is



to build a stronger evidence base of what works to address VAWC in South Africa through programme evaluations of both government and NPO implemented programmes.

The final recommendation is for the DSD to lead in comprehensively defining psychosocial response services for victims of VAWC, establishing minimum core services and funding implications for their implementation.

## Executive Summary

### Introduction

Violence against women and children (VAWC) is arguably one of the most critical challenges facing South African society today. In 2009, research undertaken by the Medical Research Council (MRC), in three provinces, revealed that 25% of women had experienced physical violence at some point in their lives.<sup>1</sup> Other studies estimate that between 43% and 56% of women in South Africa have experienced intimate partner violence<sup>2</sup> and 42% of men report perpetrating it.<sup>3</sup> Police statistics reflect 45,230 contact crimes against children, including 22,781 sexual offences reported to SAPS in 2013/2014. By their nature, statistics on VAWC are believed to be gross underestimates of the true extent of VAWC in the country; it has been estimated that only one in nine women report incidences of sexual violence.<sup>4</sup> Despite significant legislation in place to protect women and children against violence, and several key integrated plans and strategies aimed at eliminating VAWC, violence remains a feature of many women and children's lives in South Africa.

VAWC is often viewed as a criminal justice issue in South Africa, with the emphasis on response over prevention, and primary responsibility placed with the South African Police Service (SAPS), the Department of Justice and Constitutional Development (DoJCD) and the National Prosecuting Authority (NPA). Meanwhile, the international approach has shifted toward firmly viewing VAWC as a public health issue within a human rights framework, recognising that violence results from the failure to provide support, opportunities and safety nets that underpin a functional society. In turn, this dysfunction contributes to violence and high rates of crime and victimisation.<sup>5</sup> The national strategies adopted by South Africa since 1994 have failed to reduce levels of crime and violence because they do not reflect the complexity of the failure of our social systems to provide safety.<sup>6</sup> Violence is therefore a 'whole of government' issue. It is not a private issue; nor is it a gender issue. VAWC is a public health issue and human rights violation as much as a criminal justice issue.

### Background to the evaluation

This diagnostic review of the state's response to VAWC reviews both the institutional and programmatic mechanisms by which the state addressed VAW and VAC. It aims to take stock of national programmes that address VAW and VAC, focusing on who is doing what, where, at what scale, reaching who and with what resources. The institutional and programmatic response to VAC is often referred to as the 'child protection system'.

The diagnostic review considers the 'whole of government' response. It considers the overarching challenges faced by a large number of government departments with responsibility to reduce and prevent VAWC, including the departments of social development, education, health, home affairs, and women, as well as the aforementioned criminal justice departments. It considers the state response across the three spheres of government: national, provincial and local. The diagnostic review does not consider the role of civil society, which is a limitation in considering the overall response of South Africa to the issue of VAWC, given the significant role played by this sector in delivering on the ground services to those affected by VAWC.

### Methodology

The diagnostic review included all three spheres of government: national, provincial and municipal. The following national departments and their corresponding provincial counterparts were included in the scope of the research: Basic Education, Correctional Services, Health, Higher Education and Training, Home Affairs, Justice and Constitutional Development, Social Development, Women, the National Prosecuting Authority, Treasury, and the South African Police Service.

<sup>1</sup> Jewkes *et al.*, 2001

<sup>2</sup> Abrahams *et al.*, 2006, Dunkle *et al.* 2004

<sup>3</sup> Jewkes *et al.*, 2009

<sup>4</sup> Bowman and Stevens, 2004

<sup>5</sup> Holtmann, 2011

<sup>6</sup> Holtmann, 2011

At the municipal level, four municipalities were sampled, namely:

- City of Cape Town Metropolitan Municipality (Western Cape)
- City of Johannesburg Metropolitan Municipality (Gauteng)
- OR Tambo District Municipality (Eastern Cape)
- Vhembe District Municipality (Limpopo)

Three parallel data collection approaches were used to inform the evaluation across each sphere: document reviews, online surveys, and face-to-face interviews.

Departments' Strategic Plans (SPs) and Annual Performance Plans (APPs) were reviewed. The relevant Integrated Development Plan (IDP) was also reviewed for each municipality in the review. In addition to SPs and APPs, all relevant national and provincial departments' Estimated National Expenditure reports and Estimates of Provincial Revenue and Provincial Expenditure reports for 2015 were accessed from the National Treasury website in order to conduct the budget analysis.

Prior to interviews, two online surveys were distributed to national and provincial departments, which are an institutional survey and a programme survey.

The **institutional survey** requested information on departments' activities relating to VAW and VAC, as well as respondents' opinions on various issues across the dimensions of the diagnostic review. The **programme survey** requested information about specific programmes which each department was responsible for, including their demographic and geographical coverage, and the monitoring and budgetary aspects of the programmes.

All departments were asked to nominate appropriate representatives for face-to-face interviews. Interviews covered departmental VAWC-related activities and respondents' views and perceptions across all dimensions. All municipal interviews were conducted telephonically.

## Findings

The diagnostic review identifies a number of key findings related to the state's response to VAWC, which highlights the particular areas of government 'readiness' that must be strengthened to affect a real reduction in VAWC. It is highly unlikely that any change to the pandemic level of violence in South Africa will occur without interventions to strengthen state capacity in these areas. The dimensions are not presented in any order of magnitude or severity. A higher number of findings does not indicate a worse performance for that particular dimension.

### Findings on the South African state's 'readiness' to respond effectively to VAWC

- **VAWC legislation**

There is an 'implementation gap' between the legislation and the effective implementation of the activities that it calls for. This may be a result of lack of clarity around mandates for specific departments to carry out the activities and functions that are required to bring it to bear.

- **VAWC mandates and policies**

There is a lack of alignment in the overall planning framework for VAWC. The intended outcomes for VAWC that are set out in the POA:VAWC do not align with outcomes in the departmental strategic and annual performance plans. Indicators are not designed to measure impact and may lead to perverse incentives. There is also weak alignment between PoA and the MTSF. None of the IDPs even referred to the PoA.

- **Leadership and political will to address VAWC**

There is a perception of political reluctance and weakness to drive the South African response to VAWC and there is a lack of clarity among officials regarding who the lead department is for VAWC.

South Africa lacks an oversight body that can hold government accountable for its progress with respect to reducing and eliminating VAWC.

- **Integration and inter-sectoral collaboration on VAWC**

While areas of best practice and innovation exist, overall, the response of the VAWC sector would benefit from improved collaboration and integration to achieve a bigger impact. This is true of collaboration and integration between departments, across spheres of government and particularly with civil society who provide the majority of services for those affected by VAWC.

The majority of coordination structures for VAWC appear duplicative or ineffective and do not facilitate an integrated government response to VAWC.

- **VAWC funding and budgets**

VAWC acts, policies and plans are typically not costed and are inadequately funded as a result. Even with the high-level data, which is prone to over and under estimation, it is clear that there are inadequately funded areas. The total adjusted appropriation for direct VAWC programmes for 2014/15 amounts to R26.9 billion. This is across 10 departments and is inclusive of the provincial counterparts. The immediate response budget makes up two thirds of this amount, and is mainly attributable to policing. There is limited budget for prevention and psychosocial services.

The current model of service delivery is reliant on NPOs; however, the evaluation found indications of poor resourcing of NPOs and reliance on donor funding. There is a significant reliance on donor funding, which brings into question the financial sustainability of VAWC programmes and services.

The budget allocation process does not support effective implementation of the VAWC agenda. Funding decisions are not made based on an understanding of potential impact and return on investment. Departments plan and utilise budgets in silo, which restricts efficiencies that could be gains from looking more holistically at the overall national budget for VAWC.

- **Human capacity for the VAWC response**

Innovative approaches to addressing the workforce supply gap are commendable, but the sector remains constrained by a shortage of skilled staff. This creates a vicious circle of increasing demand, as staff prioritise urgent cases and de-prioritise prevention which ultimately increases the number of victims. The existing workforce is not being optimally deployed. There is potential for streamlined administration, better role definition, and technology to enhance the efficiency of the workforce in the social services sector and allow them to focus on core services.

The sector does not have adequate specialist skills required to respond effectively to VAWC. Training opportunities, career pathways and accreditation can be strengthened to make the sector more attractive to the potential workforce.

Increased and improved training and development of government officials is required to help strengthen the VAWC response. In particular, training needs to be more nuanced to deal with critical gaps in the skill base to address VAWC. Arguably, the most important of these is sensitivity training for frontline staff in police and medical services, and the provision of ongoing training and support services for social workers dealing with VAWC. Training on the referral process is also required.

- **VAWC data, monitoring and evaluation**

There is heavy reliance on SAPS data, which is not adequately disaggregated, nor is it representative of the extent of VAWC victimisation in South Africa. SAPS data is currently linked to police performance management, which is creating perverse incentives. The country does not have a mechanism to develop prevalence and incidence data for VAWC. This limits ability of departments to plan and target services.

There is a need for more evaluation of VAWC programmes to understand what works and build an evidence base for the country's response. Programme monitoring needs to go beyond tracking inputs and outputs; it should be used to measure outcomes and enhance programming. Basing programmes on evidence is a more effective use of public funds and more likely to achieve the desired impact.

- **Attitudes of government officials towards VAWC**

Government employees' attitudes toward VAWC reflect that of South African society, and are therefore a constraint to addressing VAWC effectively. The impact of these attitudes ranges from reducing the effectiveness of services to actual perpetration of violence.

- **Programmes to address VAWC**

It is difficult to assess the state's programmatic response to VAWC, as VAWC is often a portion of a larger programme with a broader focus than just VAWC. There are gaps in the current programme portfolio, particularly with respect to the provision of early intervention services, care and support services, programmes that address community and societal level change, and programmes to prevent and address economic abuse of women. It is also not clear, within the current programmes, the extent to which vulnerable populations are considered, such as, elderly women and those with disabilities.

## **Conclusion**

The diagnostic review identifies a large number of findings based on the readiness dimensions, some of which will take a significant and integrated effort on the part of the government to address, whilst also commending the state on several areas of success. While investment will be required to achieve a comprehensive strengthening of the VAWC system, there is significant potential to use existing resources more effectively to achieve a greater impact for the current levels of funding in the system.

The overall message underpinning the findings of the diagnostic review is that the South African state response to VAWC lacks a systemic approach. A significant number of government departments, and all three spheres of government, have responsibilities related to VAWC and have put a substantial number of interventions in place to respond to the challenge. However, crucially, these interventions do not add up to a systemic approach, where each intervention works together to strengthen the protective environment around each woman and child.

## **Recommendations**

Six recommendations are proposed in order to address some of the challenges identified in the diagnostic review. The first is to revitalise, strengthen and re-launch the POA:VAWC, establishing a common conceptual framework for understanding and addressing VAWC, incorporating the new evidence generated in recent studies, consulting more broadly, aligning with departmental performance frameworks and ensuring that funds are appropriated to the planned initiatives.

The second recommendation is to establish a body to provide oversight and coordination to the sector, ensure accountability, and monitor progress against government's goal to eliminate VAWC. The body would hold the lead government department accountable for its progress in implementing the POA:VAWC and provide oversight, direction, coordination and support to address challenges in the state's response to VAWC. The body must represent all those who have the ability, experience and technical skills to effectively impact violence, including civil society, academia and the private sector.

The third and fourth recommendations are to strengthen prevalence and administrative data collection and management respectively, enabling a clear understanding of the magnitude, geographic spread and nature of VAWC in South Africa, and facilitating better case management for victims and potential victims of VAWC.

Recommendation 5 is to build a stronger evidence base of what works to address VAWC in South Africa through programme evaluations of both government and NPO implemented programmes.

The final recommendation is for the DSD to lead in comprehensively defining psychosocial response services for victims of VAWC, establishing minimum core services and funding implications for their implementation.

These recommendations would provide an immediate impact to the state's response and lay the foundations for a longer-term, more strategic state response to VAWC.

# 1. Introduction

## 1.1 The context for violence against women and children in South Africa

Ending violence against women and children (VAWC) is one of the most serious and ongoing challenges for international development agencies, governments and civil society across the globe. According to a recent study by the World Health Organisation (WHO), violence against women (VAW), in particular, is one of the most widespread violations of human rights worldwide, affecting one in every three women in their lifetime, and often perpetrated by an intimate partner.<sup>7</sup> A startling finding of the study is that, globally, 38% of all women who are murdered are murdered by their intimate partners, and 42% of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result.<sup>8</sup> This means that more than one billion women worldwide are affected by VAW<sup>9</sup> and, for many of these women, the home is the most dangerous place to be.

In South Africa, research on three provinces undertaken by the Medical Research Council (MRC) revealed that 25% of women had experienced physical violence at some point in their lives.<sup>10</sup> This figure should be taken in the context that underreporting of VAW is a significant issue in South Africa. For example, it is estimated that only one in nine women report incidences of sexual violence.<sup>11</sup> In 2013/14 alone, 169 559 crimes committed against women were reported to the South African Police Service (SAPS).<sup>12</sup> Further, a national study on female homicide found that a woman is killed by her intimate partner every eight hours.<sup>13</sup> Other studies estimate that between 43% and 56% of women in South Africa have experienced intimate partner violence<sup>14</sup> and 42% of men report perpetrating it.<sup>15</sup>

Despite the fact that the protection of children from all forms of violence is a fundamental right, articulated in the United Nations Convention on the Rights of the Child (UNCRC)<sup>16</sup> and other international human rights treaties, violence against children (VAC) also remains a significant challenge worldwide. According to a recent study, VAC is so deeply entrenched in societies that it is often unseen and accepted as the norm.<sup>17</sup> The study found that an estimated two thirds of children worldwide between the ages of two and 14 are subjected to physical punishment by their caregivers and that 20% of homicide victims, globally, are children or adolescents under the age of 20.<sup>18</sup>

VAC is also pervasive in South Africa, with a total of 45,230 contact crimes against children, including 22,781 sexual offences having been reported to SAPS in 2013/2014.<sup>19</sup> Similarly to VAW data, although as a result of different dynamics, this number is also likely to be significantly understated due to the known prevalence of gross underreporting. Research also suggests that the exposure of children to neglect, physical, emotional and sexual abuse is very common and interconnected<sup>20</sup> – with several small-scale studies having found that adolescent girls in South Africa are at particular risk for experiencing forced sex (estimates range from 39% to 66%).<sup>21</sup>

Given the extent of the problem, VAW has a fundamental and significant impact on the lives of all women as the threat to their safety undermines their ability to live full and meaningful lives.

<sup>7</sup> WHO *et al.*, 2013

<sup>8</sup> WHO *et al.*, 2013

<sup>9</sup> Rosche, 2014

<sup>10</sup> Jewkes *et al.*, 2001

<sup>11</sup> Bowman and Stevens (2004) reports that as few as 11% of women who experienced attempted rape in 1998 reported it to the police

<sup>12</sup> SAPS, 2014

<sup>13</sup> Abrahams *et al.*, 2012

<sup>14</sup> Abrahams *et al.*, 2006, Dunkle *et al.* 2004

<sup>15</sup> Jewkes *et al.*, 2009

<sup>16</sup> UN Convention on the Rights of the Child, 1989

<sup>17</sup> UNICEF, 2014

<sup>18</sup> UNICEF, 2014

<sup>19</sup> SAPS, 2014

<sup>20</sup> Pinheiro 2006, Jewkes *et al.* 2009

<sup>21</sup> UNICEF, 2014

Further, the consequences of VAC, which can include early death, are devastating. Even children who survive the ordeal must cope with long term effects and consequences of physical, emotional and psychological scars. VAC, therefore, not only places the child's health at risk, but also the child's ability to learn and grow into an adult who can create thriving families and contribute meaningfully to the community and the economy.

### 1.1.1 The importance of a comprehensive government response to VAWC

The international human rights treaties and conventions that lay down the rights of individuals and groups also set out the duties of states in ensuring the enjoyment of these rights.<sup>22</sup> These duties require that states go beyond making a legal commitment to ensuring that these rights are actually realised through the adoption of "appropriate measures".<sup>23</sup>

South Africa has ratified a range of international and regional human rights instruments including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)<sup>24</sup>, the UNCRC<sup>25</sup> and the African Charter on the Rights and Welfare of the Child (AfCRWC).<sup>26</sup>

CEDAW covers not only the obligation of states to refrain from discrimination through discriminatory laws or the acts of state officials (Article 2 (d)), but also the obligation to adopt appropriate measures to protect women from discrimination by private persons (Article 2 (e)). CEDAW also requires that states should provide women who have experienced discrimination with effective remedies (Article 2 (a), (b), (f) and (g)). This means that women are to be protected from torture as well as cruel and degrading treatment.<sup>27</sup>

Both the UNCRC and the AfCRWC contain provisions prohibiting abuse as relates to children. Article 19 of the UNCRC obliges the state to take "all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse".

This means that the South African government holds the primary responsibility for the prevention of and action on VAWC and, therefore, for implementing laws, policies and services around these two issues as established under these international human rights instruments.

A term that has started to receive increased attention based on recent statements from the United States' White House about sexual assault on college campuses is the term "institutional betrayal". This term refers to "wrongdoings perpetrated by an institution upon individuals dependent on that institution, including failure to prevent or respond supportively to wrongdoings by individuals (e.g. sexual assault) committed within the context of the institution".<sup>28</sup> In other words, institutional actions and inactions that exacerbate the impact of traumatic experiences.<sup>29</sup> In the context of a growing public outcry by South African citizens against high levels of crime, inadequate resources and insufficient support and training of government service providers such as the police and prosecutors<sup>30</sup> – the concept of "institutional betrayal" is particularly relevant in South Africa and further emphasises the importance of an effective, co-ordinated and multifaceted response to VAWC by government.

In a recent study, it was estimated that the economic impact of violence against women in South Africa is between at least R28.4 billion and R42.4 billion for the year 2012/2013, representing 0.9% and 1.3% of gross domestic product (GDP) respectively.<sup>31</sup> The study emphasises that these estimates should be considered minimum estimates of the true cost of VAW, as not all associated costs have been

<sup>22</sup> Chenwi, 2010

<sup>23</sup> Chenwi, 2010

<sup>24</sup> Convention on the Elimination of All Forms of Discrimination Against Women, 1979 1249 UNTS 13

<sup>25</sup> Signed by South Africa on 29 January 1993 and ratified on 16 June 1995

<sup>26</sup> OAU, 1990

<sup>27</sup> Banda, 2008

<sup>28</sup> Smith and Freyd, 2014

<sup>29</sup> Smith and Freyd, 2014

<sup>30</sup> DoJCD, 2008

<sup>31</sup> KPMG, 2014

accounted for due to the necessary data for a comprehensive cost analysis not being readily available.<sup>32</sup> Estimates of pain and suffering, for example, which in similar studies could represent up to 44% of the total cost of violence<sup>33</sup>, were not included in the analysis.

In addition to its negative impact on a child's rights, health and development, VAC also imposes significant costs on society. These costs include the direct costs incurred by government for health care, psycho-social services, those incurred by the criminal justice system and social welfare services as well as by other government agencies that are involved in investigating reports of maltreatment and placing children in alternative care, and those incurred by child protection agencies designated to fulfil the statutory role of the state.<sup>34</sup> Indirect costs include possible lasting injury or disability, psychological costs or other impacts on the child's quality of life, the disruption of education, productivity losses in the future life of the child and the intergenerational impact on the next generation.<sup>35</sup> Though no studies have been done to date to quantify the economic impact of VAC in South Africa, these costs are likely not only significant but long term, given how experiences of VAC frequently lead to a cycle of violence that affects a person across their lifespan. A woman who has *experienced* violence in childhood is 2.78 times more likely to experience violence in her lifetime, and a woman who has *witnessed* violence in childhood is 1.89 times more likely to experience violence in her lifetime.<sup>36</sup> This has significant intergenerational implications.

Research has shown that children, who mimic violent behaviour, often behave violently after being exposed to intimate partner violence (IPV).<sup>37</sup> In fact, when children are repeatedly exposed to acts of IPV, their ability to differentiate between violent acts and normal behaviour is impacted negatively.<sup>38</sup> As adults, these children tend to act on the internalised behaviour that they previously witnessed, which, in turn, perpetuates the intergenerational transmission of violence.<sup>39</sup> This further emphasises the need for a targeted response to VAW and VAC by government. The same holds for the experience of harsh physical punishment.

## 1.2 Background to the evaluation

### 1.2.1 Objectives of the diagnostic review

The Department of Planning, Monitoring and Evaluation (DPME), the Department of Social Development (DSD) and the United Nations Children's Fund (UNICEF) have engaged KPMG Services (Pty) Ltd (KPMG) to complete a Diagnostic Review of South Africa's Response to VAWC (the diagnostic review).

The purpose of the diagnostic review is to assess the effectiveness of government interventions in addressing the scale of VAWC South Africa and also determine how the relevant institutional mechanisms and programmes can be strengthened. This review will focus on the institutional mechanisms in the two sectors as well as programmes funded by government.

The diagnostic review will also establish the spread of government-funded programmes across the three pillars (early intervention, response, care and support).

The diagnostic review will focus on the following:

- Determining internationally accepted definitions of gender based violence (GBV), VAW and VAC;
- Mapping government's current plans, programmes and services for addressing VAWC across the key aspects of a comprehensive national response. These aspects will include prevention and early intervention (which looks at protection, immediate response and aftercare and support). This will involve:

<sup>32</sup> KPMG, 2014

<sup>33</sup> KPMG, 2009

<sup>34</sup> DFID Southern Africa, 2012

<sup>35</sup> Waters *et al.*, 2004

<sup>36</sup> Duvvury *et al.*, 2012

<sup>37</sup> Hines & Saudino, 2002

<sup>38</sup> Irish, Kobayashi & Delahanty, 2010

<sup>39</sup> Avakame, 1998



- Considering whether government programmes directly reflect the country's VAWC legislative framework
- Determining the extent to which government programmes address the risk factors and direct determinants of VAWC and
- Determining the geographical and demographical coverage of government programmes
- Determining the effectiveness of the oversight, coordination and monitoring mechanisms for the two sectors;
- Determining the extent to which mandated institutions have prioritised addressing VAWC. This will involve:
  - Determining the extent to which service delivery mechanisms by mandated departments are functional and also responsive to VAWC across the three pillars – prevention, immediate response and aftercare and support
  - Determining what resources have been allocated towards VAWC by government and considering whether such resources are adequate and whether they have been allocated effectively and efficiently
  - Considering the effectiveness of the approaches adopted for collaborative planning and programming between mandated departments and between government and non-governmental partners
- Identifying the implementation bottlenecks at various levels of service delivery and considering how these can be addressed;
- Identifying existing best practice approaches internationally and considering their relevance within the South African context, and how these can they be built on; and
- Using the findings to inform the development of a framework for an effective country response (i.e. programme planning).

In summary, the focus of the diagnostic review will be on who in government is doing what, where, at what scale, reaching who and with what resources.

### 1.2.2 Scope of the diagnostic review

The diagnostic review focuses on the state response to VAWC through the following institutions, which are identified as having key responsibilities to VAWC in the legislative framework.

The institutions are: Department of Social Development (DSD); Department of Women in the Presidency (DW); Department of Basic Education (DBE); Department of Health (DoH); Department of Justice and Constitutional Development (DoJCD); Department of Correctional Services (DCS) (now merged with DoJCD); South African Police Service (SAPS); National Prosecuting Authority (NPA); Treasury; and Department of Higher Education and Training (DHET).

The response of these institutions includes all three spheres of government – national, provincial and local spheres.

The scope of the diagnostic review considers the state response with specific focus on the above institutions. The scope of the review does not include an in-depth interrogation of effectiveness of coordinating structures or Chapter 9 institutions, such as the National Council against GBV (NCGBV) although the role of such mechanisms are explored in the analysis on inter-sector collaboration across government.

The scope of the diagnostic review does not include an analysis of the role of civil society in tackling VAWC. While the programme and services mapping will include those that are funded by government but delivered by non-profit and other organisations, it does not include the significant number of programmes and services that are designed, delivered and funded by non-government sources or government sources outside the identified institutions listed above. The role of civil society is explored in the section on inter-sector collaboration and integrated service delivery.

### 1.3 Structure of the report

The following chapter, Chapter 2 of this diagnostic review, outlines the evaluation methodology. Chapter 3 then goes on to define VAW and VAC.

Chapter 4 puts forward a model framework for analysing the appropriateness and effectiveness of a country's response to VAWC.

Chapter 5 then critically analyses government's response to VAWC under nine dimensions that are identified in Chapter 4. This section includes several examples of elements of national responses in other countries under each of the key themes and identifies international best practices for combating VAWC.

Finally, Chapter 6 concludes and Chapter 7 presents key recommendations for strengthening the state's response to VAWC that emerged out of the diagnostic review.

#### 1.3.1 International perspectives

International perspectives and experiences with respect to state responses to VAWC are included throughout the literature to provide comparative analysis. The international experience is provided, in particular, when assessing each of the themes of a state response to VAWC. It is important to look at the experiences of other countries and to learn from their successes and failures in addressing VAWC as these experiences can provide an evidence base of 'what works' which can help guide the South African response.

While international perspectives can be helpful, adopting 'best practices' from other countries must be considered with caution.<sup>40</sup> The Apartheid legacy has resulted in sustained high levels of crime and violence and makes South Africa difficult to compare to other countries. In this respect, post-conflict transition countries and their experience in addressing VAWC may be more relative to the South African context, although less research has been done of post-conflict countries than other countries.

<sup>40</sup> Holtmann, 2011

## 2. Methodology

This section describes the data collection approaches used for the diagnostic review. It also describes the various challenges faced and limitations of the research methodology, and highlights their implications on the findings.

### 2.1 Departments in scope

The following national departments and their corresponding provincial counterparts were included in the scope of the research:

**Table 1: National and provincial departments in scope**

National departments	Provincial departments
Department of Basic Education	Department of Education
Department of Correctional Services	
Department of Health	Department of Health
Department of Higher Education and Training	
Department of Home Affairs	Department of Home Affairs
Department of Justice and Constitutional Development	
Department of Social Development	Department of Social Development
Department of Women in the Presidency	Office of the Premier
National Prosecuting Authority	
National Treasury	Department of Treasury
South African Police Service	Community Safety

Although we acknowledge the recent merge of the Department of Correctional Services with the Department of Justice and Constitutional Development, the two departments are treated separately for the purposes of this review, since the restructuring is still in its early stages and they are currently still administratively separate.

At the municipal level, four municipalities were sampled. The municipalities were selected in consultation with the IMC TTT and are intended to reflect both rural and urban situations, as well as a spread across four different provinces.

The following sample of four municipalities was also included in the research:

- City of Cape Town Metropolitan Municipality (Western Cape)
- City of Johannesburg Metropolitan Municipality (Gauteng)
- OR Tambo District Municipality (Eastern Cape)
- Vhembe District Municipality (Limpopo)

### 2.2 Data collection

Three parallel data collection approaches were used to inform the evaluation: document reviews, online surveys, and face-to-face interviews.

### 2.2.1 Document reviews

A total of 65 national and provincial departments' Strategic Plans (SPs) and Annual Performance Plans (APPs) were reviewed. The relevant Integrated Development Plan (IDP) was also reviewed for each municipality in the review. An Excel-based systematic review tool was developed, which facilitated the uniform assessment of various indicators of the extent of strategic and programmatic focus on VAWC, reflected through the SPs, APPs and IDPs. The following sections of each SP and APP were reviewed for reference to VAW- or VAC-related matters.<sup>41</sup> The table below outlines the sections of the SPs and APPs that were reviewed, and the dimensions that each section relates to.

**Table 2: Document review sections and related dimensions**

Section of Strategic Plan or Annual Performance Plan	Dimension
Foreword(s)	<ul style="list-style-type: none"> <li>• Leadership and political will</li> </ul>
Vision, mission, values and principles	<ul style="list-style-type: none"> <li>• Leadership and political will</li> <li>• Mandates and policies</li> </ul>
Legislative and other mandates	<ul style="list-style-type: none"> <li>• Legislation</li> <li>• Mandates and policy</li> </ul>
Situational analysis	<ul style="list-style-type: none"> <li>• Leadership and political will</li> <li>• Data, monitoring and evaluation</li> </ul>
Organisational environment/priorities	<ul style="list-style-type: none"> <li>• Leadership and political will</li> <li>• Mandates and policies</li> <li>• Human capacity</li> </ul>
NDP	<ul style="list-style-type: none"> <li>• Leadership and political will</li> <li>• Mandates and policies</li> </ul>
MTSF	
Sector plan/description of the strategic planning process	<ul style="list-style-type: none"> <li>• Mandates and policies</li> <li>• Integration and inter-sectoral collaboration</li> </ul>
Strategic outcome-oriented goals of institute/programme plans/strategic priorities <ul style="list-style-type: none"> <li>• Programme</li> <li>• Sub-programme</li> <li>• Outcome/Strategic objective</li> <li>• Output/Objective/Objective statement</li> <li>• Indicator/Baseline</li> <li>• Key performance indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Programmes</li> <li>• Data, monitoring and evaluation</li> <li>• Budgets and funding</li> </ul>
Other plans	<ul style="list-style-type: none"> <li>• Integration and inter-sectoral collaboration</li> </ul>

In addition, a word count was conducted for the key terms and acronyms listed below, as a further indicator of the level of prioritisation of VAWC:

- GBV
- VAC
- VAW
- VAWC
- Abuse
- Physical abuse

<sup>41</sup> The document review tool also included definitions of VAW and VAC, as well as all related words and phrases of VAW and VAC. This ensured consistency across reviewers. The review included terms such as physical abuse, intimidation, harassment, sexual violence, emotional abuse, economic abuse, intimate partner violence, corporal punishment, child maltreatment, GBV, victim empowerment, reducing vulnerability, safety and protection.

- Rape
- Domestic Violence
- Sexual offence/s
- Harassment
- Intimidation
- Sexual violence
- Violence
- Women
- Children

A review of each department's budget for VAWC-related activities was also conducted through the SPs and APPs. All relevant sub-programmes for each department were analysed to determine the proportion of budget spend on VAWC when compared to the overall programme budget, and overall departmental budget.

In addition to SPs and APPs, all relevant national and provincial departments' Estimated National Expenditure reports and Estimates of Provincial Revenue and Provincial Expenditure reports for 2015 were accessed from the National Treasury website in order to conduct the budget analysis.

### Challenges and limitations

Some departments' SPs and APPs were not available online. In these cases, emails were sent to nominated individuals in the departments requesting the documents. Where the documents were still not received, they were subsequently requested at interviews with the departmental representative. In spite of these various efforts, there were some cases where departmental SPs and APPs were unavailable. A total of five SPs and two APPs were outstanding at the conclusion of the diagnostic review.

As far as possible, the most recent SPs and APPs were reviewed. However, in some cases older documents had to be used. The dates of documents reviewed ranged from 2013 to 2015.

A significant challenge in reviewing departmental programmes and budgets relating to VAWC is that departmental activities are reported as budget level programmes, rather than implementation level programmes. This level of aggregation inhibits both accurate programme and budget assessment, as individual implementation programmes and their related budgets cannot be identified from these reports. These issues and their implications are explored in more detail in the relevant sections of the report.

#### 2.2.2 Online surveys

Prior to interviews, two online surveys were distributed to national and provincial departments; an institutional survey and a programme survey.

The **institutional survey** requested information on departments' activities relating to VAW and VAC, as well as respondents' opinions on various issues across the dimensions of the diagnostic review.

The **programme survey** requested information about specific programmes which each department was responsible for, including their demographic and geographical coverage, and the monitoring and budgetary aspects of the programmes. This survey was intended to mitigate challenges relating to the level of aggregation in reported information on government programmes and budgets by identifying and providing granular information for implementation level programmes.

Links to the online surveys were distributed to departments via email, and accompanied by letters requesting their participation in the study. Each department was requested to provide at least one response to the institutional survey and to complete one programme survey for each VAW- or VAC-related programme that the department is involved in. Several follow-up requests were sent where departments did not respond timeously.

A total of 39 responses were received for the institutional surveys and 19 for the programme survey, representing a response rate of 44% and 25% respectively.

### Challenges and limitations

There are several possible reasons for the low response rates, specifically for the programme surveys, these include:

- Confusion around the definition of a programme for the purposes of the programme survey (despite this being outlined in the instructions for completion),
- A misperception that there was only one survey to complete, when in fact there were two separate surveys, and
- General survey fatigue after completing the first survey.
- Some respondents also noted having difficulty completing the online surveys due to technical or connectivity issues. Where respondents raised this issue, a Word version was provided; however, not all those experiencing technical or connectivity issues may have raised the issue.

Notably, institutional surveys were not received from DHA, DCS or SAPS, which means that these departments' responses are not represented in the survey response data.

In general, since some of the questions in the institutional surveys explored individuals' perceptions and opinions, and since responses were not received from all departments, response data needs to be interpreted with caution. In some cases, individuals' perceptions may not represent the general views or experience of the department as a whole, and should be understood to be only indicative of potential issues or trends.

### 2.2.3 Interviews

All national and provincial departments in scope were contacted to schedule face-to-face interviews with relevant representatives, which the departments were requested to nominate. The representatives were selected by each department's head (HOD) at the request of a letter sent by the DPME. The request specifically requested for department representatives to have both strategic and programmatic understanding of the department's VAWC activities. The selected representatives were then interviewed. Interviewees ranged from Heads of Department, through senior management level officials and director level staff members. At times, the gender focal person or HR person was selected as the point of contact for the departments' VAWC response; however, these were not always relevant to give information on the departments' programmatic response to VAWC.

Interviews covered departmental VAWC-related activities and respondents' views and perceptions across all dimensions. In most situations, one representative of the department was present in the interview, but in some cases, more than one representative participated in the interview.

Almost all national and provincial interviews were conducted face-to-face, except where interviewees only became available after the researchers had left the relevant province. In these cases, interviews were conducted telephonically. All municipal interviews were conducted telephonically. A comprehensive list of interviewees is provided in Annex 1.

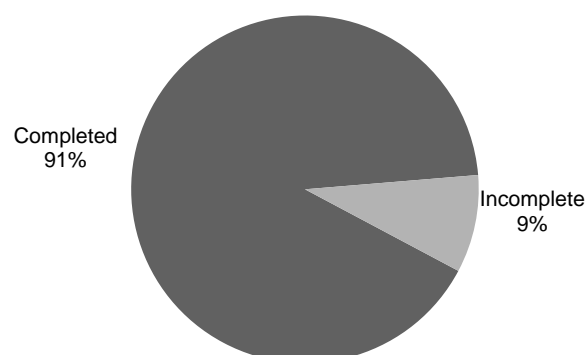
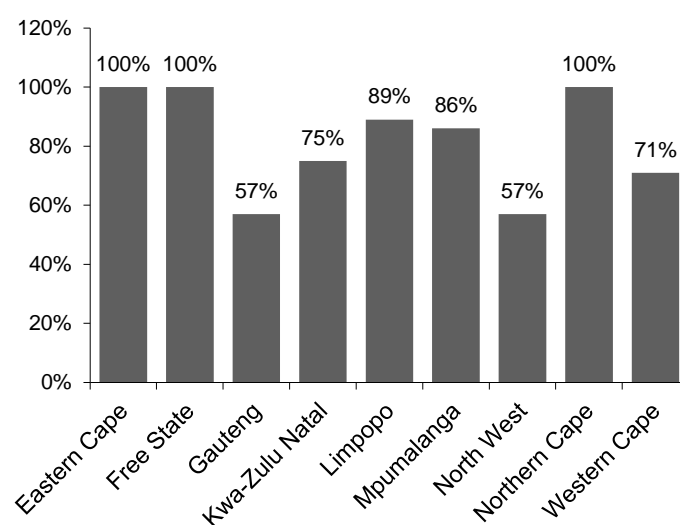
Overall, representatives of 91% of national departments were interviewed. Provincially, representatives of 80% of departments in scope were interviewed. At the municipal level, at least one representative was interviewed in each of the four municipalities in the sample. A total of 95 interviews were conducted.

**Table 3: National departmental interviews conducted**

National department	National department interviews
DBE	Yes
DCS	No
DHA	Yes
DHET	Yes
DoH	Yes
DoJCD	Yes
DSD	Yes
NPA	Yes
OTP	Yes
SAPS	Yes
Treasury	Yes
<b>Total</b>	<b>10 / 11 (91%)</b>

**Table 4: Provincial departmental interviews conducted**

Province	Provincial department interviews
Eastern Cape	7 / 7 (100%)
Free State	7 / 7 (100%)
Gauteng	4 / 7 (57%)
Kwa-Zulu Natal	6 / 8 (75%)
Limpopo	8 / 9 (89%)
Mpumalanga	6 / 7 (86%)
North West	4 / 7 (57%)
Northern Cape	7 / 7 (100%)
Western Cape	5 / 7 (71%)
<b>Total</b>	<b>53 / 66 (80%)</b>

**Figure 1: Percentage of in-scope national departments interviewed****Figure 2: Percentage of in-scope provincial departments interviewed**

**Table 5: Municipal interviews conducted**

Municipality	Interviews and surveys
City of Johannesburg Metropolitan Municipality (Gauteng)	<ul style="list-style-type: none"> <li>• Women and the Elderly</li> <li>• Special Programmes</li> </ul>
City of Cape Town Metropolitan Municipality (Western Cape)	<ul style="list-style-type: none"> <li>• Social Development and Early Childhood Development</li> </ul>
OR Tambo District Municipality (Eastern Cape)	<ul style="list-style-type: none"> <li>• Victim Empowerment</li> <li>• Safety</li> </ul>
Vhembe District Municipality (Limpopo)	<ul style="list-style-type: none"> <li>• Special Programmes (Gender)</li> </ul>

**Challenges and limitations**

Significant challenges arose in scheduling interviews with departmental representatives, including difficulties identifying and contacting appropriate individuals to interview, and difficulties relating to the availability of departmental nominees.

Similarly to surveys, interviews explored individuals' perceptions and opinions, and hence, individual responses should be interpreted as such. However, interviews afforded the opportunity to explore and validate the information gathered through surveys and document reviews, enabling the triangulation of these three sources of data.

In some cases, the representative nominated for the interview did not have a role appropriate to VAW or VAC, nor did not have sufficient knowledge of the department's activities in this regard. In these situations, interviewees either responded to the best of their knowledge, or were asked to direct the researchers to an appropriate individual who was then requested to avail themselves.



### 3. Definitions of VAWC

VAWC is an extremely complex phenomenon. Views on what is acceptable and unacceptable in terms of behaviour, and what constitutes harm, are culturally influenced and constantly under review as values and social norms evolve. Defining VAWC, therefore, is just as complex.

There are many ways to define VAWC, depending on who is defining it and for what purpose. The question, therefore, of how VAWC should be defined for the purposes of a national response is critical as this determines what acts of violence are measured, which then helps policy makers and other stakeholders to better understand the scope and severity of the problem, identify priority areas for intervention and develop targeted policies and interventions to address VAWC.

#### 3.1 Narrow versus broad definitions

One of the key issues in defining VAWC is whether to use broad versus narrow definitions of such violence.<sup>42</sup> Typically, research that focuses on narrow definitions of violence will encompass physical abuse, sexual abuse or both<sup>43</sup> (i.e., a criminal justice perspective). A broader definition of such violence, however, will include, amongst others, emotional, psychological, verbal and economic abuse (i.e., a human rights perspective which provides the broadest definition of violence because it includes all types of violent acts perpetrated against women and children).

Broad definitions are often criticised for including “everything but the kitchen sink”<sup>44</sup> and, therefore, diluting attention from the most prevalent forms of VAWC in specific countries. Also, it is much more difficult to study and respond to many behaviours all at once than to respond to a few. Nevertheless, despite an ongoing backlash against broad definitions of violence, a growing number of researchers recognise the merits of these formulations.<sup>45</sup>

#### Violence against women

Research by the UN Division for the Advancement of Women, the Economic Commission for Europe and WHO provides the following insights into the definition of VAW:<sup>46</sup>

- Early scholars and activists tended to favour a criminal justice perspective of VAW. This meant that they focused their attention on reforming the criminal justice system in an effort to better reflect women’s experiences as victims of rape, incest and intimate partner violence (IPV).
- Beginning in the 1990s, there was a shift in the way some researchers approached the subject of VAW. Instead of viewing VAW primarily as a criminal justice problem, they began to view it as a public health problem. This shift in the approach to VAW is of particular importance because, although many acts defined as VAW under a public health perspective are also defined as VAW under a criminal justice perspective, there are some important differences. First, the public health definition of VAW includes acts that result in psychological harm. Second, the public health perspective includes acts involving deprivation and neglect, which under a conventional criminal justice system usually only apply to children or vulnerable adults who are severely deprived and/or neglected by their caretakers. Finally, the public health perspective places significant emphasis on the relationship between the victim and the perpetrator in that it distinguishes between acts that are perpetrated against women by family members and intimate partners versus those perpetrated by acquaintances or strangers. Whereas the criminal justice perspective defines murder, physical assault, sexual assault and stalking as crimes irrespective of the relationship between the victim and the perpetrator, the public health perspective places emphasis on violence perpetrated against women by intimate partners.
- This shift towards viewing VAW as a public health issue rather than a criminal justice problem was further advanced when WHO published its World Report on Violence and Health. In that

<sup>42</sup> Renzetti *et al.*, 2011

<sup>43</sup> Renzetti *et al.*, 2011

<sup>44</sup> Renzetti *et al.*, 2011

<sup>45</sup> Renzetti *et al.*, 2011

<sup>46</sup> UN *et al.*, 2005

report violence is defined as: “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”<sup>47</sup>; and

- In recent years, another shift has occurred in the way researchers and activists view VAW. Following major events such as the 1993 World Conference on Human Rights in Vienna, the 1994 World Conference on Population in and Development, and the 1995 Fourth World Conference on Women in Beijing, scholars have begun to view VAW as a human rights issue rather than merely a criminal justice or a public health issue. In addition to recognising the debilitating effects of physical and sexual violence perpetrated against women by private actors, such as by partners or family members in their homes, or by acquaintances and strangers in the community, this paradigm focuses attention on acts such as sexual assault perpetrated against women in state custody by law enforcement personnel, the trafficking of women for sexual exploitation or for menial labour and harmful traditional practices, such as forced marriages, genital cutting and honour crimes.

This discussion of the different paradigms used historically to frame the subject of VAW then leads to the following question: How should VAW be defined for purposes of framing and developing a national response to VAW? The UN Division for the Advancement of Women paper makes the following recommendations:<sup>48</sup>

- Due to the diversity of women’s experiences as victims of violence, responses to VAW should use as broad a definition of such violence as possible. At the very least, the definition should incorporate both a criminal justice and public health perspective. Ideally, it should adopt a human rights perspective; and
- A comprehensive response to VAW should acknowledge and address the intersection of VAW and VAC by including child and adolescent victims in the definition of VAW. Research shows that violence starts at an early age for both women and men. In South Africa, 45% of rapes reported are those of children, 50% of children will be raped before the age of 18 years and 85% of these rape victims will know their perpetrators. Moreover, research shows that women who were raped/physically assaulted as a child or adolescent are significantly more likely to be raped/physically assaulted as an adult.<sup>49</sup> By including child and adolescent victims in the definition of VAW, therefore, one is able to understand the relationship between victimisation as a child and victimisation as an adult. Also, because of the relationship between abuse experienced at an early age and subsequent abuse, it is important that a country response to VAW should be designed to collect information about violence experienced across the life span of a woman.

In defining VAW for the purposes of establishing a comprehensive national response, therefore, it is important to note that VAW occurs at different points in the life span or lifecycle of women. In fact, VAW is often a cycle of abuse that manifests itself in many forms throughout their lives.

This lifecycle approach to VAW is a broad approach which is an accepted and widely used approach to study a range of social issues concerning women including violence perpetrated against them.<sup>50</sup> The lifecycle approach, illustrated in the table below, helps in identifying the various forms of VAW that can occur throughout a woman’s lifecycle and also helps to explain the cumulative impact of violence experienced by women.

<sup>47</sup> Krug *et al.*, 2002

<sup>48</sup> UN *et al.*, 2005

<sup>49</sup> Tjaden & Thoennes, 2000

<sup>50</sup> Watts *et al.*, 2002

**Table 6: Types of violence against females across life span**

Phase	Type
<b>Prenatal</b>	Sex-selective abortion, concealed pregnancy, effects of battering during pregnancy on birth outcomes
<b>Infancy</b>	Female infanticide, neglect, emotional and physical abuse, differential access to food and medical care
<b>Childhood</b>	Child marriage, female genital mutilation, physical, sexual and psychological abuse, incest, child prostitution and pornography, corporal punishment and harsh parenting
<b>Adolescence</b>	Female genital mutilation (FGM), prostitution and pornography, including trafficking, sexual harassment at school and in the street, femicide, forced marriage, crimes in the name of honour, intimate partner violence, rape and sexual assault by relatives, known and unknown men, dating and courtship violence (e.g. acid throwing and date rape); economically coerced sex (e.g. school girls having sex with “sugar daddies” in return for school fees), psychological abuse, Ukuthwala, virginity testing
<b>Adulthood</b>	Dating and courtship violence (e.g. acid throwing and date rape), sexual abuse in the workplace, rape, sexual harassment, forced prostitution and pornography, trafficking in women, intimate partner violence, marital rape, dowry abuse and murders, partner homicide, economic abuse, psychological abuse, abuse of women with disabilities, forced pregnancy
<b>Old age</b>	Abuse of widows, elder abuse (which affects mostly women), differential access to food and medical care, intimate partner violence, rape, abuse of widows, sexual harassment in public space, institutional abuse, killing of elderly females considered witches

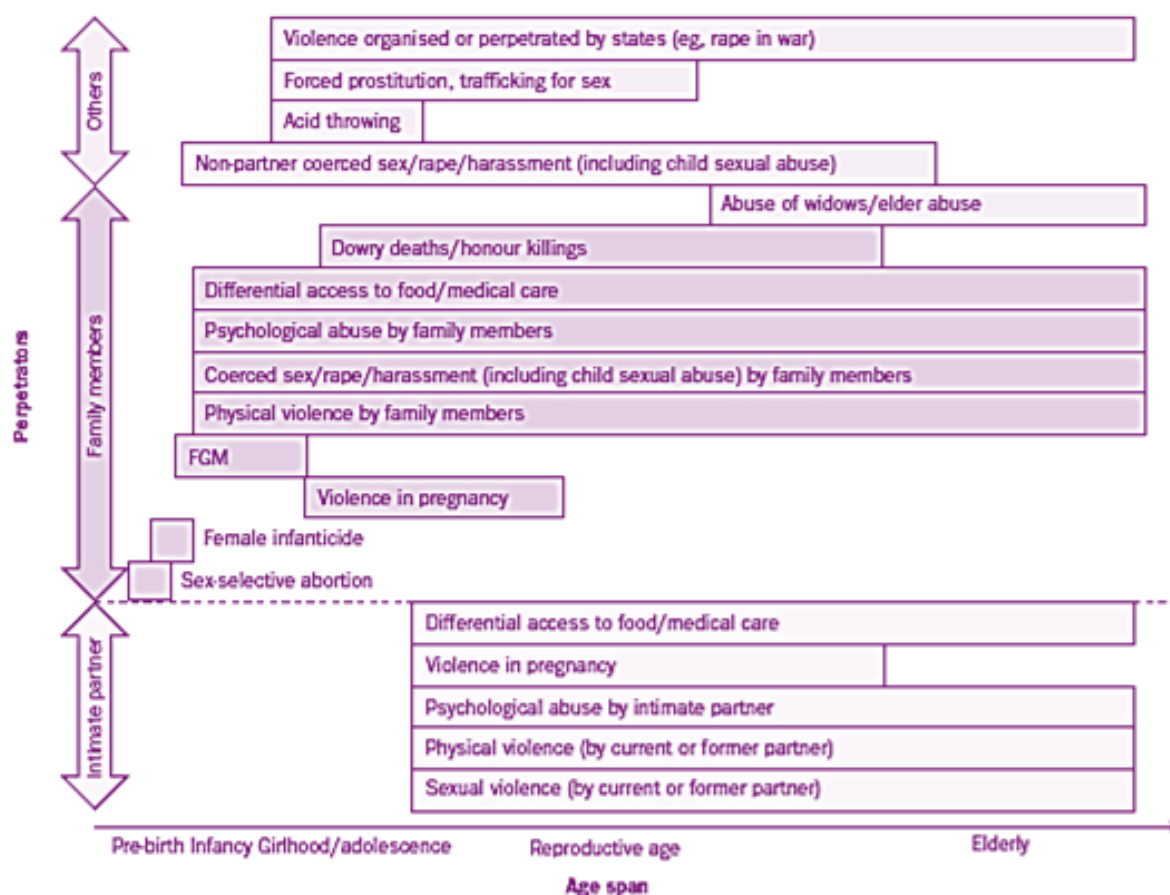
Source: Adapted from Heise *et al.*, 1994

The table above illustrates that women and girls are at risk of different forms of violence throughout their lives, from prenatal sex selection before they are born through to abuse of widows and elderly women in their old age. These include geographically or culturally specific forms of abuse such as FGM, dowry deaths, acid throwing and honour killings as well as forms of violence that are prevalent worldwide such as domestic violence and rape.

The table also illustrates that while sexual violence affects women of all ages, the changing nature of women and girls’ relationships (with family members, peers, authorities) and the different environments (at home, in school, at work, within the community) in which they spend time exposes women and girls to specific forms of violence during each phase of their life.<sup>51</sup>

The table below further emphasises this point and identifies the many potential perpetrators of violence throughout the lifecycle of a woman. These include spouses and partners, parents, other family members, neighbours, teachers, employers, policemen, soldiers and other state employees.

<sup>51</sup> Council of Europe, 2000

**Figure 3: Forms of violence by age span and perpetrators**

Source: Watts *et al.*, 2002

### Violence against children

While VAC is linked in multiple and significant ways to VAW, there are important differences due to the differing citizenship and rights status of children. Women, unlike children, are adults with agency rather than powerless victims. Additionally, children are subject to a unique set of risks which means that they require specific attention. It is important, therefore, in defining VAWC, to make the distinction between women and children in order to ensure that each group gains the attention it requires.

VAC is a complex issue that incorporates “a range of actions – or omissions to act – that can harm children.”<sup>52</sup> This makes it difficult to define as it can take many forms (physical, sexual and emotional) and can occur in any setting (including the home, school, workplace and over the Internet) and be perpetrated by individuals (parents and other caregivers, peers, intimate partners, authority figures and strangers) or groups.

As is the case with VAW, VAC may be viewed through various lenses, including the criminal law, public health and human rights perspectives. A human rights perspective views VAC as a violation of the child’s rights. The UNCRC describes the civil, political, social, economic and cultural rights of children which include rights to participation, provision and protection.<sup>53</sup>

Importantly, the articles of the UNCRC are not merely abstract ideals; when a state ratifies the treaty it takes on legal obligations under international law to adhere to the terms in the treaty. South Africa signed the UNCRC in 1993 and ratified it in June 1995.

Similarly to VAW, therefore, a national response to VAC should use as broad a definition of such violence as possible. Ideally, this should be a definition that is firmly rooted in children’s human rights to protection from all forms of violence. Not only is this approach in line with the requirements of the

<sup>52</sup> DSD, DWCPD and UNICEF, 2012

<sup>53</sup> UN Convention on the Rights of the Child, 1989

international human rights treaties that South Africa has ratified relating to VAW, but it also best reflects the spirit of South Africa's Constitution – which is broad and expansive.

## 3.2 Defining VAWC for the purpose of this review

In an environment like South Africa, where the public sector is largely governed by a range of specific legislative and policy frameworks designed to ensure effective service delivery, the lack of clear definitions and recognition of specific types of violence in legislation and policy frameworks typically results in low priority being given to those issues within the service environments.<sup>54</sup>

Having discussed the broad approach to defining VAW and VAC in the literature, we now consider South African legislation in order to understand how VAW and VAC are defined therein as this should inform government's understanding of what acts should be recognised as VAW and VAC, as well as how it needs to respond to and provide protection against these types of violence. For the purposes of the study, this also gives an indication of the types of violence that the mandated institutions in government are likely to focus on. These are compared to or substituted with definitions from the World Report on Violence and Health, where necessary.<sup>55</sup>

The broader diagnostic aspect of this study, however, will seek to compare the compendium of programmes and services against a broader, human rights based approach to defining VAWC. This will allow us to reflect on whether the forms of VAWC that are commonly recognised, as well as the way that they are defined, result in any gaps or limitations in the national response to VAWC in South Africa.

### 3.2.1 Definition for VAW

The South African Constitution recognises women as all adult females over the age of 18. This is in line with the UN definition of women. Though there is consistency on the definition of an adult woman, the definition of VAW varies widely, ranging from definitions restricted to specific forms of VAW to the more inclusive definition adopted by the UN.

There is no broad definition of VAW in South African legislation; however, the UN Declaration on the Elimination of Violence against Women (1993) (DEVAW)<sup>56</sup> provides a very broad and inclusive framework for defining VAW, which is:

- [A]ny act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

This definition conflates VAW with gender based violence (GBV), and it is worth noting briefly the distinction as the terms are often used interchangeably. The term GBV specifically refers to acts of violence that are perpetrated on the basis of a victim's gender, and that are rooted in patriarchal norms and gendered power inequities. "(GBV) is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society."<sup>57</sup> This means that not only women and girls can be victims of GBV, but also men and boys. An example would be where a man becomes the target of physical attacks for transgressing what are considered to be predominant concepts of masculinity. It is, however, widely acknowledged that the majority of persons affected by GBV are women and girls, as a result of the unequal distribution of power in society between women and men.<sup>58</sup>

This inclusion of GBV in the DEVAW definition of VAW, therefore, emphasises the gendered nature of that violence, which has implications for the manner in which it is dealt with through policy and services. It acknowledges gender inequality and the need to provide specific services for women. This inclusion of GBV in the DEVAW also means that any other forms of violence women experience that is not

<sup>54</sup> WWDA *et al.*, 2013

<sup>55</sup> Krug *et al.*, 2002

<sup>56</sup> While DEVAW does not have the binding legal authority of a convention or treaty, as a United Nations General Assembly declaration, it is universal in coverage and a strong statement of principle to the international community

<sup>57</sup> Bloom, 2008

<sup>58</sup> European Institute for Gender Equality: <http://eige.europa.eu/content/what-is-gender-based-violence>

rooted in gender norms is not considered to be VAW. This would include, for example, older person abuse that is not perpetrated against women.

DEVAW Article 2 further elaborates that VAW encompasses but is not limited to the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.

Based on the forms of violence mentioned in the definition, the DEVAW recognises that violence constitutes a continuum across the lifespan of women, from before birth to old age. It is notable, however, that the DEVAW definition of VAW does not explicitly include economic abuse, which is recognised in South African legislation.

The definition is still extremely helpful as it highlights that women are subjected to violence in a wide range of settings, including the family, the community, state custody and armed conflict and its aftermath. It cuts across both the public and the private spheres.

The reference to the family setting is of particular importance as research shows that the most common form of violence experienced by women globally is IPV<sup>59</sup>, sometimes leading to death. On average, at least one in three women is beaten, coerced into sex or otherwise abused by an intimate partner in the course of her lifetime. Globally, women aged 15-44 are more at risk from rape and domestic violence than from cancer, motor accidents, war and malaria.<sup>60</sup> Several global surveys suggest that half of all women who die from homicide are killed by their current or former husbands or partners. According to WHO, in Australia, Canada, Israel, the United States and South Africa, 40%-70% of female murder victims were killed by their partners.<sup>61</sup>

In 2009, Abrahams *et al.* found that 50.3% of female homicides in South Africa were a result of IPV, which is five times the global rate. A startling 42.3% of a sample of men working in municipalities in Cape Town in 2006 reported that they had perpetrated physical violence against a partner in the last 10 years.<sup>62</sup>

IPV is defined as:

- [A]ny behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Such behaviour includes: Acts of physical aggression – such as slapping, hitting, kicking and beating; Psychological abuse – such as intimidation, constant belittling and humiliating; Forced intercourse and other forms of sexual coercion; various controlling behaviours – such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance.<sup>63</sup>

This definition is consistent with those used in South African GBV research.<sup>64</sup>

The CEDAW Shadow report<sup>65</sup> points to domestic violence as the most pervasive form of VAWC in South Africa. Domestic violence differs from IPV, in that, although both may take place within the home, domestic violence is not limited to violence within an intimate relationship.

The Domestic Violence Act (DVA) (No 116 of 1998) provides a broad definition of **domestic violence (DV)** that includes:

<sup>59</sup> Devries *et al.*, 2013; WHO, 2012

<sup>60</sup> World Bank, 1993

<sup>61</sup> WHO, 2012

<sup>62</sup> Abrahams *et al.*, 2006

<sup>63</sup> Krug *et al.*, 2002

<sup>64</sup> Gender Links, 2012

<sup>65</sup> Association of Women Action and Research, 2011

- [P]hysical abuse; sexual abuse; emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainants residence without consent, whether the parties do not share the same residence; or any other controlling or abusive behaviour towards the complainant; where such conduct harms, or may cause imminent harm to, the safety, health or wellbeing of the complainant.

**Physical abuse** is defined in the DVA as “any act or threatened act of physical violence towards a complainant”.

**Sexual violence** is broadly defined as: “[A]ny sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting... It includes rape, defined as the physically forced or otherwise coerced penetration – even if slight - of the vulva or anus with a penis, other body part or object.”<sup>66</sup> With regards to sexual violence in the context of domestic violence, the DVA defines **sexual abuse** as “any conduct that abuses, humiliates, degrades or otherwise violates the sexual integrity of the complainant”. It is important to note however, that sexual violence can be perpetrated against a woman by intimate partners or non-intimate partners. This is reflected in the expanded definitions of **rape** and sexual assault provided in Chapter 2 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act (No. 32 of 2007), which differentiates rape, which occurs when “any person (‘A’) who unlawfully and intentionally commits an act of sexual penetration<sup>67</sup> with a complainant (‘B’), without the consent of B” from sexual assault. **Sexual assault** occurs either when “a person (‘A’) [who] unlawfully and intentionally sexually violates a complainant (‘B’), without the consent of B” or “a person (‘A’) [who] unlawfully and intentionally inspires the belief in a complainant (‘B’) that B will be sexually violated”.

The DVA further defines emotional, verbal and psychological abuse as:

- [A] pattern of degrading or humiliating conduct towards a complainant, including-
  - (a) repeated insults, ridicule or name calling;
  - (b) repeated threats to cause emotional pain; or
  - (c) the repeated exhibition of obsessive possessiveness or jealousy, which is such as to constitute a serious invasion of the complainant’s privacy, liberty, integrity or security.

It is notable that, although harassment is mentioned as a form of domestic violence in the DVA, no definition of harassment is provided therein. However, the Protection from Harassment Act (No 17 of 2011) defines **harassment** as:

- [D]irectly or indirectly engaging in conduct that the respondent knows or ought to know-
  - (a) causes harm or inspires the reasonable belief that harm may be caused to the complainant or a related person by unreasonably-
    - (i) following, watching, pursuing or accosting of the complainant or a related person, or loitering outside of or near the building or place where the complainant or a related person resides, works, carries on business studies or happens to be;
    - (ii) engaging in verbal, electronic or any other communication aimed at the complainant or a related person, by any means, whether or not conversation ensues; or
    - (iii) sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects to the complainant or a related person or leaving them

<sup>66</sup> Krug *et al.*, 2002

<sup>67</sup> Here, sexual penetration is defined in Section 1 of the Sexual Offences and Related Matters Amendment Act (No32 of 2007) as including:

[A]ny act which causes penetration to any extent whatsoever by –

- (a) the genital organs of one person into or beyond the genital organs, anus, or mouth of another person;
- (b) any other part of the body of one person or, any object, including any part of the body of an animal, into or beyond the genital organs or anus of another person; or
- (c) the genital organs of an animal, into or beyond the mouth of another person, and “sexually penetrates” has a corresponding meaning;

where they will be found by, given to, or brought to the attention of, the complainant or a related person; or

- (b) amounts to sexual harassment of the complainant or a related person.

Economic abuse is an important form of VAW, especially in countries with high levels of poverty and where women are excluded from the labour force to perform 'traditional roles' in the home. In these cases, women are often dependent on male partners or family members for survival, leaving them vulnerable to economic abuse. The following definition of **economic abuse** is provided in the DVA:

- (a) the unreasonable deprivation of economic or financial resources to which a complainant is entitled under law or which the complainant requires out of necessity, including household necessities for the complainant, and mortgage bond repayments or payment of rent in respect of the shared residence;
- (b) the unreasonable disposal of household effects or other property in which the complainant has an interest;

What is clear from the review is that South Africa's legislative framework covers a wide spectrum of forms of VAW. This sets the basis for different state and societal agencies to respond to incidences of VAW. The review also highlights the importance of clarity in the legislation, given the complexity of VAW. The nature of VAW, which is often perpetrated without witnesses, makes this especially true, as it is important for members of the SAPS and court officials to be able to clearly define the nature of an allegation. As evidenced by the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, amendments to, and expansions of, definitions are often required in order to achieve greater accuracy in this regard, ultimately providing women with the best protection that the law can afford. VAW is not static; new forms of violence emerge regularly and the law needs to be amenable to ensure relevance and adequacy.

The review also highlights the fact that women are subjected to violence in a wide range of settings, including the family, the community and state custody. In terms of VAW in the family setting, the definition includes domestic violence and IPV, and encompasses acts of physical, sexual, emotional, psychological, verbal and economic abuse. It is important to note, however, that not all violence is committed by intimate partners. Women are also victims of sexual and other types of violence by non-intimate partners. However, the perpetrators of VAW are most often known to the victim, and perpetration usually occurs in spaces where the victim has previously felt safe, such as in their homes and workplaces.

In addition, the definitions of various forms of VAW have important implications for prevention interventions and the provision of services to victims and women at risk of victimisation. The suite of services provided by the state should be reflective of the legislation, and hence it is crucial that all forms of violence are clearly articulated and that the responsibility to provide protection against them and response service for victims is explicit.

### 3.2.2 Definition for VAC

The Children's Act defines children as any person under the age of 18. This is consistent with the definition of a child used in the Constitution, other South African legislation, and by the UN.

South African legislation does not provide a broad definition of the term VAC. However, the UN Global Study on violence against children defines violence in line with the UNCRC (1989) as:

[A]ll forms of physical, mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.<sup>68</sup>

The review also draws on the definition in the World Report on Violence and Health which defines VAC as:

The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.<sup>69</sup>

This definition embodies two critical concepts that resonate with the approach of this review. Firstly, it incorporates the concept of "power" which means that it also includes those acts that result from a

<sup>68</sup> Pinheiro, 2006

<sup>69</sup> WHO, 2002



power relationship, including threats, intimidation and neglect or acts of omission. Secondly, as violence does not necessarily result in injury or death, it includes the acts that lead to psychological harm, mal-development and deprivation; all of which are critical concerns when understanding the impact of VAC.

The term **child maltreatment** is frequently used interchangeably with VAC. The following definition of child maltreatment is provided by WHO and used by the National Department of Social Development (DSD *et al.*, 2012):

[A]ll forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.<sup>70</sup>

The Children's Act provides a number of useful definitions of the different forms of violence perpetrated against children. Child abuse is defined as:

[A]ny form of harm or ill-treatment deliberately inflicted on a child... [including] assaulting a child or inflicting any other form of deliberate injury to a child; sexually abusing a child or allowing a child to be sexually abused; bullying by another child; a labour practice that exploits a child; or exposing or subjecting a child to behaviour that may harm them emotionally or psychologically.

The Children's Act (2005) states that **neglect** is:

[A] failure in the exercise of parental responsibilities to provide for the child's basic physical, intellectual, emotional or social needs.

It should be noted that only deliberate neglect is required to be reported, although the Children's Act and its Regulations do not provide a definition of deliberate neglect. It does, however, define a child that is abandoned, as:

[A] child who:

- (a) has obviously been deserted by the parent, guardian or care-giver; or
- (b) has, for no apparent reason, had no contact with the parent, guardian, or care-giver for a period of at least three months.

While comprehensive research on the extent and range of VAC is not currently available for South Africa, a national study is currently being conducted by the Centre for Justice and Crime Prevention and the University of Cape Town, and will provide the first estimates of national prevalence in 2015.<sup>71</sup> Crime statistics are not commonly disaggregated for age, and some categories, such as neglect and ill-treatment have not been reported since 2009/10.<sup>72</sup> Population-based prevalence studies, however, indicate that the most common forms of violence reported as being inflicted on children are physical and sexual violence in both the home and the community.<sup>73</sup>

The Children's Act does not define **physical abuse**, but the DVA defines it as "any act or threatened act of physical violence". The WHO provides the following definition:<sup>74</sup>

- [T]hat which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust.

The Children's Act defines child **sexual abuse** as:

- [S]exually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; encouraging, inducing or forcing a child to be used for the sexual gratification of another person; using a child in or deliberately exposing a child to sexual activities or

<sup>70</sup> Krug *et al.*, 2002

<sup>71</sup> Mathews and Benvenuti, 2014

<sup>72</sup> Mathews and Benvenuti, 2014

<sup>73</sup> Mathews and Benvenuti, 2014

<sup>74</sup> WHO, 1999

pornography; or procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.<sup>75</sup>

WHO provides a broader definition of sexual violence:

[A]ny sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.<sup>76</sup>

Contrasting this definition with that of the Children's Act above brings into question the exclusion of acts of harassment against children, which are not included in the Children's Act.

The the Criminal Law (Sexual Offences and Related Matters) Act No 32 of 2007 (SORMA) does not refer to sexual abuse, but rather to sexual assault, which it defines as follows:

(1) A person ('A') who unlawfully and intentionally sexually violates a complainant ('B') without the consent of B, is guilty of the offence of sexual assault.

(2) A person ('A') who unlawfully and intentionally inspires the belief in complainant ('B') that B will be sexually violated is guilty of the offence of sexual assault.

A concern here is that the Children's Act does not define consensual sexual activity between children, which, juxtaposed with the above definition, implies that "deliberately exposing a child to sexual activities", where this is consensual exposure carried out between two children, would be criminalised under the Children's Act. Under the SORMA, on the other hand, consensual activity between children 12 years and older, but younger than 16, was previously criminalised, but this provision has been declared unconstitutional.

It is noteworthy that domestic violence also affects children, and hence the definitions of emotional, verbal and psychological abuse defined in DVA, and described in the previous section, are also relevant to children.

Although the School's Act (1996) and the National Education Policy Act No 27 of 1996 ban corporal punishment, they do not provide a definition of corporal punishment. In 2000 the then Minister of Education released a document explaining why corporal punishment is banned in classrooms, in which the following definition is used:

- Any deliberate act against a child that inflicts pain or physical discomfort to punish or contain him/her. This includes, but is not limited to, spanking, slapping, pinching, paddling or hitting a child with a hand or with an object; denying or restricting a child's use of the toilet; denying meals, drink, heat and shelter, pushing or pulling a child with force, forcing the child to do exercise.<sup>77</sup>

The prohibition of corporal punishment appeared in the draft Children's Amendment Bill, but was considered controversial and removed before being presented to Parliament for approval in 2007.<sup>78</sup> The intention was to avoid a delay in the approval of the Act, but the Portfolio Committee on Social Development in the National Assembly made a commitment to reconsidering the issue when the Children's Act was again amended.<sup>79</sup> As yet, national law does not prohibit parental corporal punishment; however, the Children's Act does emphasise the promotion of positive, non-violent forms of discipline.

As with VAW, the recognition and definitions of various forms of VAC have important implications for monitoring, programming, service provision and protection. It will be important to understand how these functions are driven by the range and consistency of definitions articulated in the legislation, which we will seek to do through the diagnostic review.

<sup>75</sup> The Children's Amendment Bill (2013) proposes an amendment of the definition of 'sexual abuse' to 'sexual offence', where 'sexual offence' follows the definition in the Sexual Offences and Related Matters Amendment Act (2007).

<sup>76</sup> Krug *et al.*, 2002

<sup>77</sup> Department of Education, 2000

<sup>78</sup> PAN: Children, 2013

<sup>79</sup> PAN: Children, 2013

## 4. Analytical framework

### 4.1 Framework for diagnosing the state response to VAWC

#### 4.1.1 What constitutes the state response?

The state response to VAWC is frequently perceived as the programmes and services directly provided by state institutions; in particular, the most visible ones being police and justice services, and social services for children. In South Africa, initiatives to prevent or respond to VAWC are the responsibility of several government departments, including social development, health, justice, education, correctional services, police services and others, operating at both national and provincial spheres. However, in order for programmes and services to be both effective and sustainable, a number of 'preconditions' or 'enablers' are required to be in place. For example, Moosa<sup>80</sup> finds that, for most countries, the normative frameworks to address VAWC now exist. The problem lies in the implementation of these frameworks, to protect women and children and to provide comprehensive services to survivors. The reasons for this vary, but include a lack of political will, poor leadership, and low institutional capacity at local, regional and national levels. These preconditions for programme implementation are also referred to as 'cross cutting structures', 'capacity' or 'readiness'.

In the last decade, capacity and readiness have become central concerns in the fields of health promotion, prevention science, and public health more generally.<sup>81</sup> Several studies have sought to identify these preconditions for violence prevention and response programme implementation. While the studies focus on either VAW or VAC, there is much commonality in their conclusions on what enablers need to be in place for a successful state response to violence prevention and response.

The state response to VAC, i.e. the systems and measures put in place to prevent and address VAC, is sometimes referred to as the child protection system. Child protection has been defined as 'measures and structures to prevent and respond to violence, abuse, exploitation and neglect affecting children'.<sup>82</sup> In their entirety, these measures and structures are referred to as a child protection system.<sup>83</sup> An effective child protection system is necessary to prevent violence against children. However, child protection as a sector or overall government responsibility for child protection is often not understood.<sup>84</sup> The ideal system has been described as one that offers an integrated and child friendly service for abused children and that focuses on prevention.<sup>85</sup> This requires that different sectors, including social, health, education, and justice, combine their efforts in a common effort to protect and respond to children, in turn providing for a more integrated response that facilitates the legal process and the medical and psychosocial follow up.<sup>86</sup> The child protection system in South Africa consists of all spheres of government and, in particular, the departments identified in the scope of this diagnostic review.

Child protection measures and structures have typically focused on different issues and individual protection problems such as child trafficking, child labour, and sexual abuse. This can lead to fragmented service provision, where only one child protection issue is addressed and several others remain unresolved. Such a response is an unsustainable approach to child protection. Services to take a child living on the streets into homes will not be effective if issues such as conflict with the law and abuse in the home are not also addressed. Fragmentation is often a result of funding patterns. Funding often shifts across various groups of vulnerable children and child protection issues, as different concerns become priority, and donors, NPOs, and even government, advocate for different child protection problems.<sup>87</sup> In South Africa, a large focus over recent years has been on orphans and

<sup>80</sup> Moosa, 2012

<sup>81</sup> Mikton *et al.*, 2011

<sup>82</sup> Save the Children, 2009

<sup>83</sup> Save the Children and UNICEF both see child protection systems as a set of interlinked components, and the diagnostic review takes the same interpretation. The components are discussed later in this section. However, there is also a view, particularly in the developed world, that sees child protection systems more narrowly as a process or set of steps for handling individual cases. This is most commonly referred to as case management but some define this as the child protection system.

<sup>84</sup> Save the Children, 2009

<sup>85</sup> Save the Children, 2006

<sup>86</sup> Save the Children, 2006

<sup>87</sup> Save the Children, 2009

vulnerable children, particularly those who have been orphaned or who are vulnerable as a result of HIV/AIDS. This may have, largely, been a result of international donor priorities and related funding that has flowed into South Africa. A number of stakeholders interviewed as part of the diagnostic review questioned whether this focus has been at the expense of considering an overall child protection system, which concerns itself with the well-being of all children, not just specific groups.

Increasingly, there is international interest and pressure to reframe attention on violence against children by considering the overall child protection *system*, understanding the gaps in protection that affect all children, and addressing the root causes of violence and other child protection issues. Child protection systems are therefore regarded as a systems approach, providing a more comprehensive, adaptable and sustainable response to child protection failures.<sup>88</sup> However, that is not to say that issues based responses (programming and service provision) are not required. These latter responses address the specific needs of individual vulnerable groups while the systems approach addresses key issues in the 'infrastructure' of child protection. The infrastructure components of child protection systems have been identified as:

1. Child protection laws and policies, compliant with the UNCRC and other international standards and good practice;
2. Meaningful coordination across government and between sectors at different levels;
3. Knowledge and data on child protection issues and good practices;
4. Effective regulation, minimum standards and oversight;
5. Preventative and responsive services;
6. A skilled child protection workforce;
7. Adequate funding;
8. Children's voices and participation; and
9. An aware and supportive public.<sup>89</sup>

These components are similar to, and align with, the WHO model to prevent child maltreatment which forms the framework of analysis for the diagnostic review. Similarly, the World Report from the UN study on VAC recommended that:

*"all States develop a multi-faceted and systematic framework in response to violence against children which is integrated into national planning processes. A national strategy, policy or plan of action on violence against children with realistic and time-bound targets, coordinated by an agency with the capacity to involve multiple sectors in a broad-based implementation strategy, should be formulated. National laws, policies, plans and programmes should fully comply with international human rights and current scientific knowledge. The implementation of the national strategy, policy or plan should be systematically evaluated according to established targets and timetables, and provided with adequate human and financial resources to support its implementation."*<sup>90</sup>

The IMC has already instigated an analysis of the root causes of VAC which will serve as a key input into considering the current response of the child protection system. The scope of the diagnostic review provides analysis on the infrastructure components, or dimensions, of the child protection system across the key departments responsible for child protection measures.

#### 4.1.2 The WHO readiness assessment

Perhaps the most useful framework for analysing the South African state response to VAWC is the Readiness Assessment for the Prevention of Child Maltreatment (RAP-CM), developed by Mikton *et al.*<sup>91</sup> and adopted by the World Health Organisation (WHO). Mikton *et al.*<sup>92</sup> argue that evidence-based interventions (programmes and services) alone are not sufficient to prevent child maltreatment; other conditions must be met to bridge the "science-practice gap". The RAP-CM is an empirically tested

<sup>88</sup> Save the Children, 2009

<sup>89</sup> Save the Children, 2009

<sup>90</sup> United Nations, 2006

<sup>91</sup> Mikton *et al.*, 2011

<sup>92</sup> Mikton *et al.*, 2011

method to assess how “ready” a country, province, or community is to implement evidence-based child maltreatment prevention programmes on a large scale. The WHO model is based on empirical evidence from ten countries, including South Africa, which makes it a useful basis for considering the state response to VAWC.

The readiness assessment is intended to serve a number of purposes. In particular, it supports the identification of major gaps in the current response and informs the development of plans to address them. It can serve as a catalyst for taking action, by providing an empirically based and quantified understanding of current gaps and weaknesses. In addition, the assessment can provide a baseline against which to measure progress in increasing national capacity, and to inform resource allocation to increase that capacity.

The RAP-CM model was developed based on a review of similar constructs related to readiness, capacity, capacity building, and sustainability. Twenty-eight relevant models and approaches were examined in developing the RAP-CM model, including organizational capacity models, models for national capacity for health promotion, planning models, models to assess national capacity for non-communicable disease prevention and community readiness models. The common dimensions identified in these models informed the 10 dimensions of the RAP-CM model. As such, the RAP-CM model, and its dimensions of readiness, are proposed as a framework for this diagnostic review against which to assess state response to VAWC. The model allows for three units of analysis at national, provincial, and community level, and will be used for the purposes of the diagnostic evaluation as a basis to analyse national, provincial and local government responses.

It is noteworthy that while the WHO model is focused on child maltreatment prevention, its use as the framework for the diagnostic review should not be interpreted as the review being focused on prevention measures of the South African state response, nor advocating that resources should be diverted to prevention over response. Moosa<sup>93</sup> advocates that there is a need to recognise the links between prevention and response interventions, where responses to violence can integrate services that help protect women and children from further violence. Moosa also argues that one cannot be done without the other; for example, strengthening justice systems without improving health and psycho-social welfare systems could leave survivors unable to pursue justice or protection from the police, because they are struggling to cope with the physical and emotional trauma of the violence they have experienced.

The model identifies 10 dimensions of readiness, which are key players' attitudes towards and knowledge of child maltreatment; the availability of scientific data on child maltreatment and its prevention; existing programmes and their evaluation; willingness to take action to address the problem; and the nonmaterial (e.g. legal, policy, human, technical, and social resources) and material (e.g. infrastructural, institutional, and financial) resources available to help prevent child maltreatment. The model was specifically developed for a low or middle income country context.

For the purposes of the diagnostic evaluation, the state response at national, provincial and municipal level will be assessed against the following nine dimensions:<sup>94</sup>

1. **Legislation:** this dimension is concerned with the legislation (international, regional and national) relevant to VAWC in South Africa, and the extent to which they are effective in providing adequate protection for women and children against violence.
2. **Mandates and policies:** this dimension examines the mandates of various state institutions, policies, strategies and action plans relevant to VAWC, and the extent to which they are enforced or implemented.
3. **Leadership and political will:** this dimension considers national, provincial and departmental leadership and political will to address VAWC.
4. **Integration and inter-sectoral collaboration:** this dimension explores the coordinating mechanisms, partnerships, networks and integrated service delivery across national and provincial spheres of government, between government departments and with civil society and the non-profit sector in the planning and implementation of the VAWC response.

<sup>93</sup> Moosa, 2012

<sup>94</sup> The diagnostic review will not consider the WHO dimensions of informal social resources and knowledge of key informants in the institutional analysis and programme mapping that are the scope of the evaluation.

5. **Funding and budget:** this dimension considers the financial resources (in particular, departmental budgets), and to a lesser degree, the infrastructure, facilities and equipment, available for the state response to VAWC. To the extent possible, it will consider trends in the availability of material resources.
6. **Human capacity:** this dimension seeks to understand the human and technical capacity of the institutions in scope, including skills, expertise, dedicated roles and other resource considerations.
7. **Data, monitoring and evaluation:** this dimension is concerned with the data that is available on the magnitude and nature of VAWC, and its risk and protection factors. For the purposes of the diagnostic review which focuses on the state response, 'scientific data' will focus more on the monitoring and evaluation structures and capacity across institutions and the extent to which feedback and evidence from implementation is used to inform and refine interventions; it will not consider the scientific data available through academic, civil society and other sources, except to the extent that it is being used by the state.
8. **Attitudes of government officials:** this dimension considers the perceptions, awareness, understanding, and attitudes of key players, including policy makers, programme implementers, and other state employees such as law enforcement officers, with respect to VAWC.
9. **Programmes:** this dimension considers the inventory of state programmes and extent to which their effectiveness has been evaluated. For the purposes of the WHO model, it's specific objective is to consider 'readiness' to scale up or launch large scale child maltreatment interventions by considering related achievements to date and identifying existing interventions through which to integrate child maltreatment programmes. The diagnostic review will attempt to map the inventory of existing state programmes with a view to providing similar recommendations.

The proposed dimensions that will form the framework for the diagnostic review are consistent with those identified in similar literature on VAWC. The table below directly maps the dimensions to the specific evaluation questions that the diagnostic review seeks to address.

**Table 7: Evaluation questions and WHO readiness model**

Evaluation question	Dimensions
Do government programmes at various levels cover all aspects of VAC and VAW programming, that is, prevention and early intervention (including protection, immediate response, after care and support)?	<ul style="list-style-type: none"> <li>• Programmes</li> </ul>
Do government programmes directly reflect the country's VAWC legislative framework?	<ul style="list-style-type: none"> <li>• Programmes</li> </ul>
To what extent are government programs addressing the risk factors/direct determinants of VAW and VAC?	<ul style="list-style-type: none"> <li>• Programmes</li> </ul>
To what extent have mandated institutions prioritised addressing VAWC?	<ul style="list-style-type: none"> <li>• Mandates and policies</li> <li>• Leadership and political will</li> </ul>
To what extent are service delivery mechanisms by mandated departments functional and responsive to VAW and VAC?	<ul style="list-style-type: none"> <li>• Mandates and policies</li> <li>• Leadership and political will</li> <li>• Integration and inter-sectoral collaboration</li> </ul>
What resources have been allocated towards VAW and VAC by government; are they adequate, are they effectively and efficiently allocated?	<ul style="list-style-type: none"> <li>• Funding and budget</li> <li>• Human capacity</li> </ul>

How effective are approaches for collaborative planning and programming between mandated departments and partners?	<ul style="list-style-type: none"> <li>Integration and inter-sectoral collaboration</li> </ul>
What are the implementation bottlenecks at various levels of service delivery?	<ul style="list-style-type: none"> <li>All dimensions</li> </ul>
How effective are the oversight, coordination and monitoring mechanisms for the sectors?	<ul style="list-style-type: none"> <li>Data, monitoring and evaluation</li> <li>Integration and inter-sectoral collaboration</li> <li>Leadership and political will</li> </ul>
What best practice approaches exist and how relevant are they to the South African context, and how can they be built on?	<ul style="list-style-type: none"> <li>International examples and case studies</li> </ul>

One further evaluation question posed by the terms of reference for the diagnostic review was ‘are there indications that the theory of change is working?’. South Africa does not have an existing theory of change for VAW or VAC. The theory of change proposed through this diagnostic review proposes that the dimensions of the WHO readiness model are the enablers of change and necessary to achieve the outputs and outcomes that lead to a South African society where women and children are free from violence. The assessment of each dimension will determine whether the enablers are in place, and if so, whether their presence is leading to the proposed outputs and outcomes.

The UN (2006) World Report on VAC recommended, inter alia, the following components of a national response to VAC, based on international studies and evidence:

- Strengthen national and local commitment and action;
- Promote non-violent values and awareness raising;
- Enhance the capacity of all who work with and for children;
- Ensure accountability and end impunity; and
- Develop and implement systematic national data collection and research.

The African Child Policy Forum, in its African Report on Violence against Children<sup>95</sup>, proposes an Agenda for Action on the basis that at the state level, governments need to accelerate efforts to develop and resource national agendas on violence against children. It states that efforts should include the review of relevant laws, and movement towards prohibition of all forms of VAC; develop comprehensive multi-sectoral national child protection strategies, which focus on the implementation of laws and policies at all levels of society; improvement of prevalence data; and the strengthening of national policies and programmes which have a direct or indirect bearing on VAC. The agenda also advocates that governments can play a leading role in advocating changes in attitudes and beliefs that endorse violence or harmful practices.

Save the Children<sup>96</sup> also outlines seven core elements in an effective state response system which align to the WHO dimensions. These include comprehensive laws and policies aligned with international legislation, regulations, norms and standards, and up to date strategies and plans; evidence based planning; leadership and meaningful coordination and cooperation across sectors; communication, education and mobilisation for social change; preventive and responsive programmes and services; adequate budget and resources; and an adequate and skilled workforce.

UN Women<sup>97</sup> advocates for national action plans as an essential component of a state response, providing comprehensive, multi-sectoral and sustained ‘blueprints for ending VAW’.<sup>98</sup> It states that good policy is underpinned by political ownership, civil society advocacy, research, practice and policy expertise. Based on a similar UN Women expert committee meeting, Fergus<sup>99</sup> also asserts that ‘states should ensure leadership, oversight, support and engagement at the highest political levels and across

<sup>95</sup> African Child Policy Forum, 2014

<sup>96</sup> Save the Children, 2009

<sup>97</sup> UN Women, 2012

<sup>98</sup> UN Women, 2012

<sup>99</sup> Fergus, 2012

all branches of government for holistic, multi-sectoral and sustained national strategies...supported by adequate resourcing and implementation mechanisms’.

The above studies and guidelines are complementary to and supportive of the WHO model which provides the main framework for the analysis of the South African response in this diagnostic review. The good practices, principles and recommendations from these supporting studies are also used throughout the analysis in order to identify gaps in the current South African response, against each of the WHO dimensions. Chapter 4 considers the state’s response in terms of one of the dimensions, which is legislation.

## 4.2 Developing a theory of change

The review proposes a theory of change for addressing VAWC based on the principle of state responsibility. The theory of change draws on work by Moosa<sup>100</sup> which states that national governments hold the ultimate responsibility for implementing laws, policies and services around, and can achieve change on, VAWC. The nine dimensions of the WHO model that provide the framework for the diagnostic review are proposed as the enablers to creating and sustaining change. The theory of change for VAWC also draws on World Vision International’s<sup>101</sup> theory of change for child protection.

The proposed theory of change that follows should be read vertically from bottom to top, taking into account multiple feedback loops within and between the different elements. While the interventions, and particularly, state ‘readiness’ to address VAWC, are what is suggested to be necessary to create an enabling environment for an effective state response, it is not intended to be prescriptive or exhaustive, instead, providing a theory to map the multiple pathways to tackling VAWC and provide a starting point for analysing the South African state response. Expanded versions of this theory of change for VAW and VAWC respectively can be found in Annex 2.

In practice, the relation between VAWC readiness and large-scale implementation of VAWC programs is probably not as neatly sequential as is being suggested by the WHO model and proposed theory of change. It is likely that, in many cases, readiness is not first increased to adequate levels along all its main dimensions before large-scale programme implementation begins, but that large-scale programme implementation, and the commitment of resources required to achieve this, lead to rapid increases in readiness. Nonetheless, some dimensions of readiness, such as the will to address the problem, and legislation, will, almost invariably, have to be increased before implementation can be considered.<sup>102</sup>

Moosa<sup>103</sup> acknowledges that most governments and donors tend to focus on the short-term and have had success in achieving some changes (such as increased reporting of violence against women) in this time, stating that it is doubtful whether initially promising results can be sustained over time without longer-term planning and investment. Most of the outputs, outcomes and impacts in the theory of change cannot be achieved in the short to medium-term but require long-term commitments because they are about complex social change, including changes in social norms around violence against women and girls, and transforming power relations. Emerging lessons from work on social change around violence against VAWC demonstrates that long-term interventions are essential.<sup>104</sup>

<sup>100</sup> Moosa, 2012

<sup>101</sup> World Vision International, 2014

<sup>102</sup> WHO, 2013

<sup>103</sup> Moosa, 2012

<sup>104</sup> Moosa, 2012



**Figure 4: Summary version: Proposed theory of change for the state response to VAWC**

Source: Adapted from Moosa, 2012; WHO, 2013

While the theory of change provides the hypothesis of how state interventions and enablers can lead to specific outcomes for reducing and eliminating VAWC, the theory should be considered within a broader context which takes into account other impacting forces and dynamics such as social norms, gender equality, poverty alleviation and the significant role of non-profit organisations (NPOs) and civil society.

#### 4.2.1 Women's empowerment and gender equality

The UN CEDAW (1992), while stipulating the state's responsibility for action on VAW, also emphasises the need for states to take action, more broadly, on gender inequality that both causes and perpetuates VAW. The DoJCD reported in 2012 that about 54% of charges made by women against alleged perpetrators of VAW were withdrawn by the victim because of the continued reliance on the perpetrator for financial support and perpetrators' tendency to apologise and restore hope in their partners.<sup>105</sup> Programmes to advance the economic empowerment of women, for example, ensuring minimum and

<sup>105</sup> Thorpe *et al.*, 2015

equal wages of female workers, contribute to reducing economic dependency on a violent partner and help create more options for women in situations of domestic abuse. In addition, the Department of Basic Education (DBE) noted that economic inequality was found to drive young girls to sleep with older men (transactional sex) in return for material goods.<sup>106</sup>

Thus the overall advancement of women is part of the state's broader response to addressing violence against women, and their children. Moosa<sup>107</sup> stipulates that empowering women is both the means and the end; focusing on the rights of, and being accountable to, women and girls is the most effective way of tackling gender inequality as the root cause of violence against women and girls. This means that the state must also consider broader empowerment programmes as part of the wider context in which to effect change and reduce violence against women. However, it is important that empowerment efforts do not replace specific interventions for VAWC. While increases in gender equality are crucial and welcomed, there is a risk that this shift inadvertently places the responsibility for the eradication of violence into the hands of women, excluding men, most commonly the perpetrators of violence, out of the solution.<sup>108</sup>

#### 4.2.2 Poverty alleviation and social assistance grants

DSD *et al.*<sup>109</sup> note that violence happens across all settings but it is concentrated in less economically developed urban areas. More generally, poverty increases the risk of various types of violence, and also makes it more difficult for children and those who care for them to cope with the violence when it happens. This means that poverty alleviation initiatives are also a critical component of reducing violence.

Social assistance grants are a critical mechanism to helping alleviate poverty. Since 2003, there has been a marked increase in the percentage of children who have had access to social assistance grants. Figures from 2013 indicate that approximately 11.3 million children are accessing the child support grant with another 0.5 million children receiving the foster care grant.<sup>110</sup> Access to social grants, including the Old Age Pension, Child Support Grant and Foster Care Grant, have been associated with increased school attendance.<sup>111</sup> While there is evidence that access to social grants can lead to improved education and health outcomes of household members, no studies have directly explored the relationship between access to social grants and decreased levels of VAC in the home. It is thought that grants, particularly the child support grant, may act as a protective factor and indirectly reduce child maltreatment and neglect and enhance child welfare through helping vulnerable families meet the basic needs of their children.<sup>112</sup> This would require rigorous evaluation, given the low value of the Child Support Grant and the complex nature of VAC. It may be the case that the Child Support Grant needs to be used in conjunction with other poverty alleviation strategies rather than relied on exclusively. Nevertheless, government views the Child Support Grant as a poverty alleviation strategy which targets children.

It is important to emphasise that while poverty may be a contributing or risk factor to VAWC, it is not a necessary condition. VAWC is observed at various levels across all countries, including high, middle and low income. As such, measures to address poverty might be necessary but are likely not sufficient to eliminating VAWC.

#### 4.2.3 Intervention level

The question of which of the three levels of intervention (national, provincial, and municipal) is the most important is a subject of debate in the literature. The weight of opinion favors the municipality (community).<sup>113</sup> Evidence shows that the traditions, beliefs, norms and practices that operate within communities are a major barrier to women's access to justice, protection and freedom of violence.<sup>114</sup> Engaging at the community level is also essential to improving support to survivors of violence, who

<sup>106</sup> The Portfolio Committee on Women, Children and People with Disabilities, 2011

<sup>107</sup> Moosa, 2012

<sup>108</sup> IMC, 2013

<sup>109</sup> DSD *et al.*, 2012

<sup>110</sup> Meintjies and Hall, 2013

<sup>111</sup> Baerecke *et al.*, 2015 (In Press)

<sup>112</sup> Makoe *et al.*, 2012

<sup>113</sup> Mikton *et al.*, 2012

<sup>114</sup> DfID, 2012

often turn to others in the community rather than to formal services. This is due in part to impunity and discriminatory treatment within formal legal systems. For example, even where laws have been reformed and police are trained to process VAW cases, localised social norms and practices can make it difficult for women to formally report violence and seek justice. Similarly, they can affect the readiness of children to disclose VAC, and perpetuate the social and structural barriers to those they do disclose to reporting incidents further.

Given that VAWC most often takes place within households, families and communities, the local government sphere, as the state body closest to these structures, arguably has a key role to play in ensuring an adequate response to VAWC. This is also where younger children are most at risk, and where South Africa's interventions are weakest. Determinants of violence at this level are often manifestations of larger socio-economic dynamics (i.e. those at societal and policy levels).

#### 4.2.4 Social norms and the role of the state

Social norms are the 'rules' and conventions that provide part of the social context within which people take decisions. While intervention at the community level is important because of the pervasiveness and influence of social norms at that level, the state has a clear role to play across all spheres in challenging undesirable social norms which contribute to VAWC. Indeed, sustained reduction in VAWC can only occur through processes of significant social change, including in social norms, at all levels.<sup>115</sup>

Social norms can be particularly powerful, to the extent that legislation may not even deter them. Despite laws that criminalise marital rape at the societal level, marital rape is still widely practiced at the relationship level because norms at the level of relationship have not sufficiently changed. Therefore, government has a role to play in ensuring social norms also change to ensure that intended outcomes of legislation is achieved. DSD *et al.*<sup>116</sup> recognises that the high level of violence across South African society is explained in many ways by the legacy of the apartheid system. For decades, violence was socially sanctioned from the top. To reverse this culture, the top now has a significant role to play in setting alternative social norms.

Social norms also influence those who work for the state, and have responsibilities to prevent and respond to VAWC. In the extreme, this can manifest in state employees being perpetrators of VAWC. In the worst cases police officers have themselves raped women reporting rape.<sup>117</sup> A 2009 study found that 12% of sex workers had been raped by police and 28% were forced by police into providing sexual favours to them.<sup>118</sup> This may occur, in part, due to prevailing social norms that inform the decision making of the perpetrators. The attitudes of state employees, which are influenced by social norms, are explored more in the dimension on attitudes of key informants.

#### 4.2.5 State perpetration of violence

State perpetration can take the form of direct abuse, such as the example above, or by omission or neglect, often referred to as secondary victimization or re-victimization. Systematic failures of police and law enforcement agents at the local level not only prevents access to justice for women and children, it also places them at further risk of violence, as victims and survivors may be placed back in the situations that caused or allowed the violence to occur. Secondary victimisation is suffered by some women and children when they attempt to report rape.<sup>119</sup> They may be asked to provide their statements in front of other members of the public, may be disbelieved by police officers who might even refuse to take their statements, and may blame the victim for behaviour that the police officer feels encouraged the rape. Research has shown that secondary victimisation of rape survivors was substantially reduced when they were served by Sexual Offences Courts rather than traditional magistrates' courts.<sup>120</sup> This is further substantiated by a number of instances of magistrates not taking cases of domestic violence seriously as well as committing acts of violence against women (such as

<sup>115</sup> Moosa, 2012

<sup>116</sup> DSD *et al.*, 2012

<sup>117</sup> DSD *et al.*, 2012

<sup>118</sup> SWEAT presentation to the Portfolio Committee on Women, Children and People with Disabilities, 2012: meeting minutes: <http://www.pmg.org.za/report/20120919-sweat-sexworkers-discussions-and-way-forward>

<sup>119</sup> DSD *et al.*, 2012, p.35

<sup>120</sup> The Portfolio Committee on Women, Children and People with Disabilities, 2009b

sexual harassment), a concern which was brought before the Select Committee on Security and Constitutional Development between 2009 and 2013.<sup>121</sup>

The state can also be a perpetrator of violence by omission. Children living in care facilities which are under-funded or under-resourced can be at higher risk of neglect or abuse.<sup>122</sup> This also extends to NPOs which provide out of home care facilities that are funded by government. NPOs often provide constitutionally mandated services on behalf of government and underfunding of these facilities by government, by implication, can also constitute neglect, and violence, by the state.

#### 4.2.6 Role of the NPO sector

A key limitation of the scope of the diagnostic review is that it does not consider the role, capacity or resources of the NPO sector in reducing and eliminating VAWC. It is estimated that approximately 60 percent of services for vulnerable groups in South Africa were delivered by non-profit and non-governmental organisations in 2010.<sup>123</sup> While programmes funded by government and delivered by NPOs will be captured in the mapping of national and provincial programmes and services, the diagnostic review does not consider the role of NPOs in advocating for VAWC as a national priority and holding government accountable for its response, or creating awareness among the general public and persuading people to take action.

The South African NPO sector plays a critical role in the national response to VAWC. South Africa's vibrant civil society has engaged in a range of often innovative and pioneering responses to GBV, ranging from providing services to survivors (e.g. the first shelters in the country), raising awareness at a community level, conducting research, advocating for the introduction and implementation of relevant policy and legislation, campaigns and engaging in behaviour change interventions with specific target groups, such as young people, men and boys, girls, sex workers, and religious and traditional leaders.

While a long-term, coordinated and holistic approach to tackling VAWC is widely acknowledged as more likely to have a greater and sustained impact, this does not mean that the state must work at all levels in order to achieve results. The state must recognise that, in many instances, NPOs serve as 'organs of state' in providing constitutionally mandated services on behalf of government. As is the case in many other countries, the role of the state has increasingly shifted towards focusing on oversight, coordination and funding, and less on direct service delivery, having recognised the comparative advantage of many NPOs in their technical expertise and proximity to service users in particular.

The state can, and must, therefore, play an important role by supporting coordination between different efforts and actors, particularly across civil society, to facilitate holistic and integrated multi-sectoral approaches and ensuring appropriate funding for these service providers. The government's current efforts with respect to collaboration with and funding of the NPO sector are explored further in the sections which discuss those dimensions.

<sup>121</sup> The Select Committee on Security and Constitutional Development, 2012

<sup>122</sup> DSD *et al.*, 2012

<sup>123</sup> The Children's Institute, 2010 in a presentation to the Portfolio Committee on Social Development, 2010

## 5. Evaluation findings

This section explores each of the dimensions or system components of the state response, namely: mandates and policies; leadership and political will; institutional links and inter-sectoral collaboration; material resources (budgets); human and technical resources (capacity); data, monitoring and evaluation; and attitudes of key informants. The final dimension of the state response, programmes, is provided separately in Chapter 5.

### 5.1 Legislation

South Africa has a comprehensive and expansive statutory framework aimed at upholding and protecting the rights of women and children. The framework is set out by a number of international human rights instruments to which South Africa is party, by the country's Constitution (Constitution of the Republic of South Africa, 1996), and by domestic legislation aimed at facilitating the implementation of the principles enshrined in the Constitution and the international human rights instruments.<sup>124</sup> To provide a context to the diagnostic review and the dimensions to be considered in determining the national response to VAWC, the key pieces of domestic legislation that guide the protection of women's and children's rights in South Africa are identified and discussed in this section.

#### 5.1.1 South Africa's key international obligations

International and regional human rights instruments lay down not only the rights of individuals and groups, but also set out the obligations of states in ensuring the enjoyment of those rights.

A European feasibility study on standardising national legislation notes that three core obligations, referred to as the three Ps, may be distilled from these human rights instruments.<sup>125</sup> This study then goes on to describe these as the obligations to prosecute, protect and prevent. The first of these obligations is the duty to prosecute with due diligence, including the criminalisation of identified forms of violence. This includes more than just criminalising violent acts; due diligence requires both adequate investigation and prosecution processes and the effective protection of women and children by the police. The second obligation is the duty to protect and assist victims. The third obligation is the duty to prevent violence by addressing the underlying causes. The study argues that while a minimal reading of the word 'prevent' could be limited to interventions that interrupt repeat victimisation, it is clear from the key international human rights instruments that South Africa has ratified, such as CEDAW, the UNCRC and the ACHPR, that this word should be read to mean that states should address the underlying causes of violence. The study adds that sometimes a fourth P, 'provision', is included, meaning that there should be adequate resources allocated to advocacy, advice, support and counselling.

A research-advocacy project further elaborates on the issue of due diligence as relates to VAW and proposes the following five P's of due diligence:<sup>126</sup>

- Prevention: includes measures taken by states to prevent the occurrence of VAW. Good prevention programmes reduce the underlying risks and causes of VAW, enhance protective factors and also provide awareness of such violence;
- Protection: keeps the victim of VAW safe from present harm and the re-occurrence of further violence and also ensures that the victim receives adequate and timely services. This is often referred to as secondary prevention;
- Prosecution: refers to the duty of exercising criminal jurisdiction over those responsible for the violence. This duty must be exercised in an effective, prompt, impartial and thorough manner, which allows the victim to take steps to try to stop the violence without fear of repercussions;
- Punishment: refers to the obligations of imposing a sanction on perpetrators as a consequence of their having committed VAW; and

<sup>124</sup> South African Human Rights Commission, 2002

<sup>125</sup> European Union, 2010

<sup>126</sup> Skinnider, 2014

- Provision of redress and reparations: refers to any form of remedy or compensation made available to the victim to address the harm or loss suffered by them.

It is clear, from the above obligations, that the implementation of human rights instruments requires states to go beyond making a legal commitment to ensuring the actual realisation of the rights through adopting 'appropriate measures'.<sup>127</sup>

Over the last 20 years, South Africa has ratified several major international and regional human rights instruments relating to VAWC. This reflects the country's commitment to upholding and advancing human rights standards as a member of the international community.<sup>128</sup> It is also important to note that ratifying these human rights instruments places obligations on South Africa to take active steps, by adopting legislation, developing policies and implementing these in order to ensure that the rights contained in these instruments are a reality in the country.<sup>129</sup>

Any analysis of South Africa's legislation on VAWC, therefore, should take place against the backdrop of these key international human rights instruments.

### 5.1.2 Violence against women within the international human rights framework

South Africa has ratified a range of key international and regional human rights instruments that deal with gender equality and the rights of women. These are listed in Table 8 below.

**Table 8: International Treaties signed and ratified by South Africa**

Treaty <sup>130</sup>	Brief Description	Signed <sup>131</sup>	Ratified <sup>132</sup>
<b>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</b>	Defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination. By accepting the Convention, states commit themselves to undertake a series of measures to end discrimination against women in all forms.	1993	1995
<b>Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (OP CEDAW)</b>	By ratifying the Optional Protocol, a state recognises the competence of the Committee on the Elimination of Discrimination against Women - the body that monitors states' compliance with the Convention -- to receive and consider complaints from individuals or groups within its jurisdiction.		2005
<b>Protocol to Prevent Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo Protocol)</b>	One of the protocols adopted by the United Nations to supplement the 2000 Convention against Transnational Organised Crime. The intention behind this definition is to facilitate convergence in national approaches with regard to the establishment of domestic criminal offences that would support efficient international cooperation in investigating and prosecuting trafficking in persons' cases.	2000	2004
<b>UN Protocol to the Convention Against Transnational Organised Crime - Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children</b>	One of the protocols adopted by the United Nations to supplement the 2000 Convention against Transnational Organized Crime. The intention behind this definition is to facilitate convergence in national approaches with regard to the establishment of domestic criminal offences that would support efficient international cooperation in investigating and prosecuting trafficking in persons' cases.	2000	2004

<sup>127</sup> Chenwi, 2010

<sup>128</sup> Muntingh, 2014

<sup>129</sup> Muntingh, 2014

<sup>130</sup> The term 'treaty' refers to a written agreement between States, and includes international instruments such as charters, conventions, covenants, protocols, pacts and exchanges of notes

<sup>131</sup> A 'signatory' is a State which has signed an agreement

<sup>132</sup> 'Ratified' means that signature has been confirmed by a relevant national representative body such as a parliament and signifies the intention to be bound by the provisions of a treaty

<b>African Charter on Human and People's Rights (ACHPR)</b>	Continental human rights instrument that is intended to promote and protect human rights and basic freedoms in the African continent.	1996	1996
<b>Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (PACHPRWA)</b>	To ensure that the rights of women are promoted, realised and protected in order to enable them to fully enjoy all their human rights.	2004	2004
<b>Southern African Declaration on Gender and Development (SADCDGD)</b>	Provides for the empowerment of women to eliminate discrimination and to achieve gender equality and equity through the development and implementation of gender responsive legislation, policies, programmes and projects.	1997	
<b>Addendum to SADCDGD</b>	This addendum is an integral part of the 1997 SADC Declaration on Gender in Development, reaffirming the States commitment to the prevention and eradication of violence against women and children.	1998	
<b>Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages</b>	The Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages was a treaty agreed upon in the United Nations on the standards of marriage. The Convention reaffirms the consensual nature of marriages and requires the parties to establish a minimum marriage age by law and to ensure the registration of marriages.		1993

Source: UN Economic Commission for Africa (UNECA), 2009

Known as the International Bill of Rights of Women, CEDAW, adopted in 1979, is the most comprehensive treaty on the basic human rights of women and advocates a 'substantive' kind of equality both in law (*de jure*) and in practice (*de facto*).

It defines discrimination against women as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."<sup>133</sup> CEDAW is the only international instrument that comprehensively addresses women's rights within political, civil, cultural, economic and social life.

South Africa, having signed CEDAW in 1993 and ratified it in 1995, has committed to undertaking a series of measures to end discrimination against women in all forms, including incorporating the principle of equality of men and women in the legal system, abolishing all discriminatory laws and adopting appropriate ones prohibiting discrimination against women, establishing tribunals and other public institutions to ensure the effective protection of women against discrimination and ensuring the elimination of all acts of discrimination against women by persons, organisations or enterprises.

It is worth noting that, while CEDAW advocates the equality of men and women in the political, economic, social, cultural, civil or any other field, the only provision in CEDAW that could be said to address VAW directly is Article 6 on trafficking and forced prostitution.<sup>134</sup> This gap was closed in 1992, when the CEDAW Committee, the body responsible for monitoring the implementation of CEDAW, adopted General Recommendation No. 19 on VAW (CEDAW GR 19).<sup>135</sup> In this document, the Committee clarifies that VAW is a form of discrimination and, therefore, is covered by the scope of CEDAW.<sup>136</sup>

In addition to giving examples of some of the types of violence that are proscribed under various provisions in CEDAW, CEDAW GR 19 also considers the reasons (legal, cultural, socio-economic) behind the perpetuation of VAW. The recommendations offered, therefore, reflect a holistic understanding of the causes and consequences of VAW.<sup>137</sup>

<sup>133</sup> Article 1 of CEDAW

<sup>134</sup> Banda, 2008

<sup>135</sup> Banda, 2008

<sup>136</sup> Although General Recommendations are not binding on States Parties, they are useful for identifying key legal arguments.

<sup>137</sup> Banda, 2008

CEDAW GR 19 recommends that states should undertake certain measures to eliminate VAW. These include ensuring that laws against VAW give adequate protection to all women, implementing gender-sensitive training of public officials including judges and police, providing women victims with effective complaints procedures and remedies, including compensation, establishing appropriate protective and support services for women who are victims or at risk of violence, rape, sexual assault and other forms of gender-based violence, undertaking preventive measures, including public education programmes, to overcome attitudes, customs and practices that perpetuate VAW, compiling statistics on the extent, causes and effects of VAW, and on the effectiveness of measures in place to prevent and respond to such forms of violence.

The Declaration on the Elimination of Violence Against Women (DEVAW), adopted by the UN General Assembly in 1993, introduced a broad definition of VAW which is applicable to both adult women and girl children (see Section 3.2.1 above). DEVAW closely mirrors CEDAW GR 19 in recognising that women experience violence in the family, the community and at the hands of the state.<sup>138</sup> Both, CEDAW GR 19 and DEVAW, therefore, explicitly encompass violence perpetrated by either state officials or private persons such as family members, acquaintances or employers. In doing so, they close an important gap under international human rights law which originally excluded from the human rights agenda the 'private sphere' in which many women's rights violations occur.

DEVAW envisages the adoption of a multi-agency approach to tackling VAW. Also, there is recognition of the contributions that the non-government sector can make.<sup>139</sup> DEVAW, however, is not a legally binding treaty.

In addition to CEDAW, South Africa has signed and ratified various regional treaties, including the African Charter on Human and People's Rights (ACHPR) and the corresponding Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (PACHPRWA). These instruments are listed in Table 8.

### 5.1.3 Violence against children within the international human rights framework

The UNCRC is the most widely ratified human rights treaty in the UN's history.<sup>140</sup> Out of the countries that make up the UN, all countries have signed it and every country, except the United States of America (US), has ratified it.<sup>141</sup> The UNCRC, which is considered to be the most powerful legal instrument for the recognition and protection of children's rights<sup>142</sup> incorporates the full range of human rights of all children, including civil and political rights as well as economic, social and cultural rights and is the basis on which countries plan their programmes on children's rights.

As with any other human rights treaty, the state has the primary responsibility under the UNCRC. This is evidenced by the fact that each of the articles in the UNCRC places an obligation on the state by holding government accountable to reporting mechanisms regarding the country's progress towards implementation of these measures. It uses language such as 'the state shall undertake to' and 'the state shall ensure'. Article 4 sets out the state's overarching obligations, stating that the state 'shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognised in the present Convention'. Article 19 further states that:

1. Parties shall take all appropriate legislative administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

<sup>138</sup> Article 2 DEVAW

<sup>139</sup> Articles 4(e) and 5(h) DEVAW

<sup>140</sup> Hayes *et al.*, 2009

<sup>141</sup> Hayes *et al.*, 2009; Somalia has signed and ratified the UNCRC in 2015.

<sup>142</sup> Carol Bellamy, Former Executive Director of UNICEF. Sourced from <http://www.freechild.org/quotations.htm>



South Africa signed the UNCRC in 1993 and ratified it in 1995 and is, therefore, required to adhere to the terms in the Convention which involves incorporating it into domestic law or as the constitution stipulates.

The UNCRC has two Optional Protocols which were added to strengthen the rights of the child in specific areas: the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (OPSC) (ratified by South Africa in July 2003) and the Optional Protocol on the Involvement of Children in Armed Conflict (OPAC) which was ratified by South Africa in February 2002.

In January 2000, South Africa also ratified the African Charter on the Rights and Welfare of the Child (ACRWC). Article 16 of the ACRWC contains similar provisions to those of the UNCRC in terms of child protection.<sup>143</sup> Further, in June 2000, South Africa ratified Convention No. 182 on the Worst Forms of Child Labour, which requires each Member State of the International Labour Organisation to take immediate action on that matter.<sup>144</sup>

#### 5.1.4 Domestic legislation relating to violence against women

The multi-sectoral nature of violence is reflected in South Africa in the multiplicity of legislation relating to VAWC (discussed below), the widespread nature of responsibilities across various departments and the collaboration imperative that government continues to emphasise.

##### The Constitution

As part of South Africa's transition to democracy in 1994, the country adopted, firstly, a new interim and later the final Constitution embracing a comprehensive Bill of Rights and Fundamental Freedoms. Included in the Bill of Rights are the rights to equality, human dignity, life, freedom and security of person which apply to both adults and children, and, as will be discussed below, specific provisions on children's rights. The Constitution also stipulates that when interpreting the Bill of Rights, a court must consider international law. International treaties therefore can strengthen the South African human rights framework.

##### Protection of women's rights

In South Africa, VAW contravenes various constitutionally guaranteed rights; most significantly, the right to equality (Section 9 of the Bill of Rights), which provides for equality before the law and the right to equal benefit and protection under the law.<sup>145</sup> Other clauses in the Constitution's Bill of Rights that VAW violates are the right to human dignity (Section 10), the right to life (Section 11), the right to freedom and security (Section 12) – Section 12(1) (c) specifically guarantees the right 'to be free of all forms of violence from either public or private sources' – the right not to be subjected to slavery, servitude and forced labour (Section 13), the right to privacy (Section 14) (stalking would contravene this right), the right to freedom of movement (Section 21) (women often curtail their movements to avoid rape). In the aftermath of VAWC the right to have access to health care, (Section 27) and the right to have access to courts (Section 34) also play an important role.<sup>146</sup>

##### Domestic Violence Act

The DVA, considered to be one of the most inclusive and progressive pieces of legislation on VAW, is the main act that directly addresses domestic violence in South Africa.<sup>147</sup> The Act was welcomed with applause by women's movement groups as it recognises a wide range of forms of VAW, and acknowledges that VAW can occur in a variety of familial and domestic relationships. It gives magistrates the power to serve abusers with court orders and extend this to even the workplace of the victims, compels the perpetrator to maintain the victim's finances while not staying in the same house and disarms the respondent who is the perpetrator. The Act also offers police protection to the victim, outlines the obligatory duties of the police and stipulates that the failure to execute such duties constitutes misconduct and results in disciplinary proceedings.<sup>148</sup>

<sup>143</sup> DSD *et al.*, 2012

<sup>144</sup> DSD *et al.*, 2012

<sup>145</sup> POWA, 2010

<sup>146</sup> Usdin *et al.*, 1999

<sup>147</sup> Mogale *et al.*, 2012

<sup>148</sup> Mogale *et al.*, 2012

The DVA recognises the high prevalence of domestic violence in South Africa, and the state's obligation to protect the rights of all South Africans to equality, freedom and the security of the person.<sup>149</sup> The act seeks 'to afford the victims of domestic violence the maximum protection from domestic abuse that the law can provide' and, as such, provides for the issuing of protection orders against perpetrators.<sup>150</sup> The DVA also requires members of the South African Police Service (SAPS) to assist complainants and inform them of their rights. One such example of assistance would be to find a suitable shelter. However, the DVA does not place a legal mandate on any government body to provide shelters. This results in unclear responsibilities in terms of the provision of shelters, and weakens the SAPS's ability to effectively provide victims with adequate protection. Proudlock *et al.*<sup>151</sup> appeal to government to amend the DVA and to 'accept clear responsibility for providing and funding shelters in legislation and ensure that NPO service providers are adequately funded to provide quality services both to women and children'.<sup>152</sup>

The Act requires the National Prosecuting Authority (NPA) to collaborate with the DoJCD in the determination of prosecution policies, and for the SAPS to issue national instructions regarding its own functions in terms of the Act. The SAPS and the Independent Complaints Directorate (ICD) are further required to submit separate biannual reports to Parliament, detailing complaints made against SAPS members in terms of the alignment of their conduct with the obligations set out in the Act.

While the Act is an impressive piece of legislation and is widely regarded as one of the best examples of legislation on domestic violence internationally, several issues have been raised around its implementation. A key challenge in the implementation of the DVA is that it was never adequately budgeted for; also, no consistent training of court and police officials has taken place, leading to inequality in service provision.<sup>153</sup> The Parliamentary Portfolio Committee on Women, Children and Persons with Disabilities held public hearings on the implementation of the DVA in October 2009. The hearings noted the significant challenges women face in exercising their rights as detailed in the country's legislations, and its failure to protect women from domestic violence.<sup>154</sup>

Additionally, in 2009, the Centre for the Study of Violence and Reconciliation noted that the DVA does not adequately specify the roles of all relevant Departments, and this has contributed to the problematic implementation of the Act.<sup>155</sup> The Department of Health (DoH) has also noted that, despite the fact that many women suffer injuries as a result of domestic violence, the DVA does not specify a clear role for the DoH.<sup>156</sup> While the DoH has implemented policies addressing aspects of domestic violence, policy without legal enforcement is less effective; the fact that the DoH's role is not legislated undermines the department's response to domestic violence.<sup>157</sup>

The Civilian Secretariat for Police (CSP) is mandated, among other things, to monitor the performance of the SAPS and assess the extent to which it has adequate policies and systems in place. It is also authorised to monitor the SAPS budget and its compliance with the DVA. The CSP is currently drafting a national policy framework which seeks to [increase] victims' access to justice by reducing barriers to the reporting of rape and domestic violence; and [detail] performance measures that enable SAPS managers and CSP staff to assess adherence to the policy in order to build on good practice and take steps to correct any deficiencies.<sup>158</sup>

In November 2013, the CSP noted that legislative gaps meant that the DVA does not place any legal obligation on the DSD to ensure that shelter is available for victims of VAW.<sup>159</sup> The DSD's approach to the funding of shelters, therefore, is neither uniform nor consistent.<sup>160</sup> The DSD further notes that the

<sup>149</sup> DVA, 1998

<sup>150</sup> DVA, 1998

<sup>151</sup> Proudlock *et al.*, 2014

<sup>152</sup> Proudlock *et al.*, 2014

<sup>153</sup> Commission for Gender Equality, 2010

<sup>154</sup> Commission for Gender Equality, 2010

<sup>155</sup> Thorpe, 2014

<sup>156</sup> Thorpe, 2014

<sup>157</sup> Vetten, 2012

<sup>158</sup> CSP, 2014

<sup>159</sup> Thorpe, 2014

<sup>160</sup> Vetten, 2012

decision to allow provinces to fund differently has resulted in challenges to ensuring the adequate funding of shelters.<sup>161</sup>

### **Criminal Law (Sexual Offences and Related Matters) Amendment Act**

The second act that addresses the elimination of VAW in South Africa is the Criminal Law (Sexual Offences and Related Matters) Act No 32 of 2007 (SORMA), which is administered under the DoJCD.

Until 2007, in South African law, rape was defined narrowly, with outdated notions of sexual intercourse and a limited understanding of the range of acts that constitute coercive sexual acts.<sup>162</sup> As such, this definition excluded a range of sexual acts including anal and oral penetration, penetration by objects other than a penis and the rape of men and, understandably, attracted considerable criticism.<sup>163</sup>

Most fundamentally, therefore, the SORMA was designed to include a comprehensive range of sexual offences under one statute.<sup>164</sup> Simply put, the SORMA seeks to protect individuals by criminalising a wide range of acts of sexual abuse and exploitation.<sup>165</sup> Further, in order to address the vulnerability of certain groups of people, the Act creates an extensive range of specific offences against children and people who are mentally disabled.<sup>166</sup>

In its attempt to handle all legal aspects of, or related to, sexual offences and crimes under one statute, the Act regulates many of the procedures and evidentiary rules in the prosecution and adjudication of all sexual offences, criminalises any form of sexual penetration and sexual violation without consent, criminalises any attempt, conspiracy, or incitement to commit a sexual offence, and provides the court with extra-territorial jurisdictions when hearing matters related to sexual offences. By creating a number of new statutory offences such as compelled rape/sexual assault and compelling individuals to witness sexual offences, the Act sets out to criminalise all forms of sexual abuse and exploitation. SORMA aims to reduce secondary traumatisation of victims by allowing victims to apply for the perpetrator to be tested for HIV/AIDS and by giving the victim the right to receive Postexposure Prophylaxis (PEP) for HIV/AIDS. The Act furthermore requires the establishment of the National Register for Sex Offenders.<sup>167</sup>

Minimum sentences for rape are provided for in the minimum sentencing legislation, the Criminal Law Amendment Act of 1997 and the Criminal Law (Sentencing) Amendment Act No. 38 of 2007.

A noteworthy element of the SORMA is the entrenchment of the inter-sectoral co-ordination of services through a national Committee composed of representatives from the SAPS, the Department of Correctional Services (DCS), the DSD, the DoH and the National Prosecuting Authority (NPA). This reflects a major departure from the fragmented service delivery that featured in the past. The Committee, which has been identified as critical in the co-ordination of the Act, must, among others, advise the Minister for Justice and Constitutional Development on various matters including the implementation of the Act.

The DoJCD is also required to develop a plan for the progressive realisation of services and service delivery to victims of sexual offences. To this end, the SORMA provides for the establishment of an Intersectoral Committee for the Management of Sexual Offence Matters, to be chaired by the DoJCD, mandated to meet at least twice annually. The Intersectoral Committee is also responsible for measuring progress of performance in terms of the national policy framework objectives, ensuring collaboration across government departments and monitoring the progress of implementation of the plan.

The Act makes provision for one-stop integrated services for victims of sexual offences, which is introduced in the national policy framework. However, there are significant limitations to the current national policy framework in that it fails to provide for specialised services for children, and lacks a therapeutic response.<sup>168</sup>

<sup>161</sup> Thorpe, 2014

<sup>162</sup> Artz, 2010

<sup>163</sup> Artz, 2010

<sup>164</sup> Artz, 2010

<sup>165</sup> Mogale *et al.*, 2012

<sup>166</sup> Artz, 2010

<sup>167</sup> Mogale *et al.*, 2012

<sup>168</sup> Mathews *et al.*, 2012

In 2014, the SORMA was amended by the Judicial Matters Second Amendment Act 43 of 2013 to make provision for a legal framework for the establishment of sexual offence courts, and safeguarding the ongoing provision of these courts. However, it has also been asserted that 'the Act is weak from an implementation perspective' as it does not clearly place responsibility for the establishment of these courts with the Minister of Justice and Constitutional Development, nor require the Department to resource them'.<sup>169</sup> This raises concerns over the likelihood that these courts will indeed be established, and whether they will be able to reduce secondary victimisation for survivors of VAWC and improve conviction rates.

### **Protection from Harassment Act**

The Protection from Harassment Act 17 of 2011 (PHA), which came into force on 27 April 2013, gives effect to some of the most fundamental human rights contained in the country's Constitution. The intention of the PHA is to provide victims of harassment with an inexpensive and effective remedy against the person harassing them. The Act applies to everyone, defines harassment very widely and applies to sexual and non-sexual harassment.

The PHA seeks to provide victims of harassment with an effective remedy against harassment and, as such, makes provision for the issuing of protection orders against harassment. The Act also makes provision for any child, or person on behalf of the child, to make application for a protection order without the assistance of a guardian. It also allows the court to issue an interim protection order based on prima facie evidence of harassment or harm, which provides increased protection for women while their application for a protection order is being processed.

The Act requires that both the NPA and the SAPS must issue national directives in terms of the Act, in collaboration with the DoJCD. Finally, it is the responsibility of the DoJCD to issue a national directive in terms of the responsibilities of court clerks with reference to the Act.

### **Prevention and Combating of Trafficking in Persons Act**

The Prevention and Combating of Trafficking in Persons Act 7 of 2013 gives South Africa, for the first time, a single statute that tackles human trafficking holistically and comprehensively. The Act gives effect to South Africa's obligations as set out in various international agreements such as the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons. The protocol places particular emphasis on women and children. The legislation, therefore, brings South African law into line with international standards.

The Act seeks to provide for the prosecution of persons committing offences relating to human trafficking, and to provide for its prevention and the assistance of and services to victims thereof. To this end, the Act makes provision for the accreditation by the DSD of organisations to provide services to victims of trafficking, which are eligible for government funding. The DSD is required by the Act to prescribe minimum norms and standards for these organisations and to report annually to the DoJCD on the services provided.

### **Other relevant legislation**

Public policies that aim to address VAW predominantly take the form of specific laws around this issue, such as criminal justice laws that protect women from experiences of violence.<sup>170</sup> These include laws that criminalise domestic violence, intimate partner violence or other forms of VAW.

While this legislation is critical to build a criminal justice system that responds effectively and efficiently to incidents of violence, a comprehensive approach to legislation relating to VAW includes two further tiers of legislation and policies: rights and empowerment legislation and policies that target social norms and values.<sup>171</sup> Examples of the former include laws that protect women's inheritance rights, or policies to promote women's economic and political participation.<sup>172</sup> Policies targeting social norms and values include policies that prioritise equal opportunities in education and labour policies that provide equal employment benefits to women and men.<sup>173</sup> These pieces of legislation and policies help to

<sup>169</sup> Jamieson *et al.*, 2014

<sup>170</sup> Partners for Prevention, 2013

<sup>171</sup> Partners for Prevention, 2013

<sup>172</sup> Partners for Prevention, 2013

<sup>173</sup> Partners for Prevention, 2013

prevent VAW by building a society in which women and men have access to equal rights and opportunities.<sup>174</sup>

To a large extent, legislation relating to VAW in South Africa includes elements of all of these components of a comprehensive approach to legislation on VAW. This is evidenced by the fact that South Africa's statutory framework in response to VAW extends beyond the legislation envisaged to directly address VAW, such as the DVA and the SORMA, to legislation relating to rights and empowerment and legislation that targets social norms and values. Examples of legislation that are envisaged under Tiers 2 and 3 include the Choice on Termination of Pregnancy Act 92 of 1996, the Employment Equity Act 55 of 1998, the Recognition of Customary Marriages Act No 120 of 1998, the Maintenance Act 99 of 1998, the Muslim Marriages Bill, the Promotion of Equality and Prevention of Unfair Discrimination Act 4 of 2000 and the National Health Act 61 of 2003.

### **Case law**

According to Morei<sup>175</sup>, several key court decisions have begun establishing standards to which state actors must adhere in dealing with VAW.

In *Carmichele v Minister of Safety and Security* 2001 (4) SA 938 (CC), the Court upheld an application by a woman to have the Minister of Justice and the Minister of Safety and Security held liable for her attack by a man, who at the time, was awaiting trial for having attempted to rape another woman and who had been released on the recommendation of the investigation officer and prosecutor, without bail, despite his history of sexual violence. Referring to CEDAW and CEDAW GR 19, the Court concluded that the South African government has a duty, under the Constitution and international law, to prohibit all gender-based discrimination that has the effect or purpose of impairing women's enjoyment of fundamental rights and freedoms and to take reasonable and appropriate measures to prevent the violation of those rights. In paragraph 62 of the judgment, it further held that the police service 'is one of the primary agencies of the state responsible for the protection of the public in general and women and children in particular against the invasion of their fundamental rights by perpetrators of violent crimes'.

This case constitutes a significant breakthrough in the fight against VAW.

*Van Eeden v Minister of Safety and Security* 2003 (1) 389 (SCA) further supports the *Carmichele* case in relation to police duties to prevent violence. In this case, the Court upheld an appeal by a young woman who sought damages from the state. Her action was based on the state's breach of its duty of care towards her, following her sexual assault, rape, and robbery by an unknown dangerous criminal who had escaped from police custody.<sup>176</sup> The Court held that it was the duty of the state to protect people against violent crime, that the police had a duty of care towards the victim and that the state was obliged to protect individuals by taking active steps to prevent violations of the constitutional right to freedom and security of the person (Section 12 of the Constitution). The Court also held that the state was obliged by international law to protect women against violent crime. The court declared that the conduct of the police was wrongful and that the state (as employer of the police) was liable to the plaintiff for such damages that she was able to prove.<sup>177</sup>

*K v Minister of Safety and Security* 2005 (9) BCLR 835 CC further spells out the principles emerging from the previous two cases in relation to the state's obligations in the context of VAW.

### **5.1.5 Domestic legislation relating to violence against children**

#### **The Constitution**

##### ***Protection of children's rights***

In addition to recognising everyone's fundamental human rights, the Bill of Rights in the Constitution contains a separate children's clause – Section 28 – which echoes some of the same rights for children, but uses stronger wording. According to Section 28 of the Bill of Rights, every child has the right to a name and nationality from birth, to family care or parental care, or to appropriate alternative care when

<sup>174</sup> Partners for Prevention, 2013

<sup>175</sup> Morei, 2014

<sup>176</sup> Morei, 2014

<sup>177</sup> Morei, 2014

removed from the family environment and to basic nutrition, shelter, basic health care and social services.

The section that is most relevant with regard to VAC is Section 28(1) (d), which provides that 'every child has the right to be protected from maltreatment, neglect, abuse or degradation'.<sup>178</sup> The section does not specifically provide for protection against *sexual* abuse; however, 'abuse' means all forms of abuse, including sexual abuse.<sup>179</sup> According to Section 10 of the Constitution 'everyone has the right to have their dignity respected and protected'. Sexual abuse violates this inherent dignity and is also a form of violence in contravention of Section 12(1) (c).<sup>180</sup> It further contravenes Sections 12(1) (e) and 28(1) (d) in that it constitutes inhuman and degrading treatment.<sup>181</sup> Protection from maltreatment and degradation also includes protection from physical and psychological violence. Yet, despite the clear constitutional mandate, corporal punishment is not prohibited in all settings in South Africa as will be discussed below.

Section 28 further states that every child has the right to be protected from exploitative labour practices and not to be required or permitted to perform work or provide services that are inappropriate for a person of the child's age or place the child's well-being, education, physical or mental health or spiritual, moral or social development at risk.

Section 28 also states that every child has the right not to be detained except as a measure of last resort, not to be used in armed conflict and to be protected in times of armed conflict.

Based on the provisions discussed above, it is submitted that the Bill of Rights entrenched in South Africa's Constitution encompasses a broad range of provisions aimed at ensuring the protection of the rights of women and children in South Africa. These constitutional rights as well as the rights detailed in the international and regional human rights instruments to which South Africa is party form the basis of South Africa's legislation and policies relating to VAWC.

### **Children's Act**

A number of domestic acts facilitate the practical implementation of children's rights and government's obligations as set out in the Constitution and in international human rights instruments.<sup>182</sup> These include the Children's Act 38 of 2005, the Children's Amendment Act 41 of 2007, the Child Justice Act 75 of 2008, the SORMA and the DVA.<sup>183</sup> Together, these Acts form the foundation of South Africa's comprehensive child protection statutory framework.

One of the main objectives of the Children's Act is to give effect to the constitutional rights of children, such as the protection against maltreatment, abuse and neglect.

The Children's Act aims to provide a holistic range of interventions for children and their families, including prevention programmes, early intervention, statutory services and reconstruction and aftercare services. These are referred to as the 'continuum of care' and the Act emphasises the importance of strengthening programmes and services at the front end of this continuum – namely prevention and early intervention – including efforts to support caregivers, families and communities to care for and protect their children. The Act focuses on reducing the potential for abuse and neglect; it mentions programmes to improve parenting skills and promote non-violent discipline and it provides for psychological, rehabilitation and therapeutic programmes for children. The Act specifically legislates the DSD as the lead department which must cooperate intersectorally with the various spheres of government and NPOs to collaboratively implement the Act in a uniform and integrated manner. However, the funding available for NPOs delivering these state services is insufficient. As a result, programmes are few and far between, varying in quality depending on whether the NPO could source top-up funding from a philanthropic donor.

A notable gap in terms of the prevention of VAC is the absence of a clause prohibiting corporal punishment in homes.<sup>184</sup> This is despite the fact that South Africa is bound to prohibit corporal

<sup>178</sup> South African Human Rights Commission, 2002

<sup>179</sup> South African Human Rights Commission, 2002

<sup>180</sup> South African Human Rights Commission, 2002

<sup>181</sup> South African Human Rights Commission, 2002

<sup>182</sup> South African Human Rights Commission, 2002

<sup>183</sup> DSD *et al.*, 2012

<sup>184</sup> Budlender, Proudlock & Giese, 2011

punishment in the home because of the commitments made to children in the Constitution, in particular Section 28, and South Africa's ratification of the UNCRC.

This gap was also noted with concern in the Concluding Recommendations by the African Committee of Experts on the Rights and Welfare of the Child (ACERWC): "The Committee recommends that the State Party expedite the process of amending the Children's Act to explicitly ban corporal punishment in all settings including in the home. The Committee also calls upon the State Party to promote positive disciplining, to support families through awareness raising, and to train those who are working for and with children such as teachers and care givers. Moreover, the Committee advises the Government of South Africa to harmonize its national laws such as the common law which entitle parents to reasonably punish their children."

In addition to the prevention of VAC, the Children's Act also makes provision for the identification, reporting, referral, investigation and follow-up of instances of child maltreatment. In doing so, it provides for the first layer of investigation and support by social service professionals. If the investigation by the DSD or the designated child protection organisation reveals abuse or neglect, this may lead to a court-ordered early intervention programme; the removal of the alleged offender; or the immediate removal of the child to temporary safe care. Where judicial intervention is necessary to secure the child's care and/or protection, the second layer of intervention is provided for by the Children's Court. If the court finds that the child is in need of care and protection, it can issue a child protection order (e.g. preventing a person from having contact with a child) or a treatment order.<sup>185</sup> Even where the child is not in need of care and protection, the court can issue an order, e.g. placing an obligation on the state to provide prevention and early intervention services to the child's family.<sup>186</sup>

Reports of child abuse or maltreatment can reach social service professionals in various ways. The Children's Act creates a statutory obligation for a range of professional practitioners including teachers, health care workers, minister of religion and psychologists to report physical or sexual abuse or deliberate neglect,<sup>187</sup> and provides these practitioners with a risk-assessment framework.<sup>188</sup> A report of suspected child abuse needs to be made to a designated child protection organisation, the provincial DSD or a police official. There is no room for discretion in terms of whether or not to report on the basis of the child's best interests. The Children's Act also makes provision for anyone to report any form of harm or maltreatment that may render the child in need of care and protection. A police official who receives a report of child abuse is obliged to ensure the safety and well-being of the concerned child and to notify the provincial DSD or a designated child protection organisation. The latter are then required to investigate the matter further and to ensure the safety and well-being of the child.

The Children's Act has another reporting obligation in terms of child labour. According to the Act, social workers or other social service professionals who become aware of child labour must report this to the Department of Labour.<sup>189</sup> The Act defines child labour as work by a child which is exploitative, hazardous or otherwise inappropriate for a person of that age; and places at risk the child's well-being, education, physical or mental health, or spiritual, moral, emotional or social development. Further, section 184 in Chapter 18 of the Act outlaws the trafficking of children.<sup>190</sup>

The Children's Act requires the introduction of a National Child Protection Register (NCPR) which lists offenders of child abuse and persons deemed unsuitable to work with children. The purpose of the NCPR is to have a record of abuse or deliberate neglect inflicted on specific children, have a record of the circumstances surrounding the abuse or deliberate neglect inflicted on the children, use the information in the register in order to protect these children from further abuse or neglect, to monitor cases and services to such children and to share information between professionals that are part of the child protection team. Also, the NCPR is meant to assist in determining patterns and trends of abuse or deliberate neglect of children, for planning and budgetary purposes, in linking the child/family

<sup>185</sup> Section 156(1)(k) of the Children's Act; section 46 of the Children's Act.

<sup>186</sup> Proudlock P, Mathews S and Jamieson L 'Children's Right to Be Protected from Violence: A review of South Africa's Laws and Policies' in Proudlock, P (ed) (2014) *South Africa's Progress in Realising Children's Rights: A Law Review*. Cape Town: Children's Institute, University of Cape Town & Save the Children South Africa.

<sup>187</sup> Section 110 of the Children's Act.

<sup>188</sup> Regulation 35 of the Children's Act.

<sup>189</sup> DSD *et al.*, 2012

<sup>190</sup> DSD *et al.*, 2012

to social work services focusing on preventative services, specialised counselling and family therapy, and in conducting research that will be used to inform policies and strategies focusing on child abuse and neglect. The NCPR, however, is not functional and is also inaccessible which means that it is not being implemented properly, therefore, reducing its usefulness as a potential surveillance tool and its intended impact. One national DSD interviewee noted, **“the NCPR is not working effectively in showing prevalence from provinces to national”**.

In addition, the NCPR is not aligned with the National Register for Sexual Offenders (NRSO) which is mandated by the SORMA. The NCPR does not use the definitions of sexual offences of the SORMA, resulting in critical omissions in the list of crimes that warrant offenders' inclusion on the NCPR, such as attempted rape.<sup>191</sup>

While there are a number of policy gaps as relates to the Children's Act, the critical concern with the current child protection system is the disjuncture between policy intent and practice.<sup>192</sup>

### **Criminal Law (Sexual Offences and Related Matters) Amendment Act**

As noted above, the SORMA creates an extensive range of specific offences aimed at the protection of children.

As relates to children specifically, the Act criminalises the sexual exploitation of children and benefitting from such exploitation, sexual grooming of children, the display of child pornography as well as situations in which an individual is forced or compelled to watch or witness certain sexual conduct.<sup>193</sup> The Act provides a demarcation between the age of consent for consensual sexual acts between children aged 12 to 16 years and also provides special provisions in relation to the prosecution and adjudication of consensual sexual acts involving children up to 16 years of age.<sup>194</sup>

In addition, the SORMA creates a reporting obligation for anybody who has knowledge of a sexual offence having been committed against a child. This reporting obligation is inconsistent with the mandatory reporting of child abuse introduced by the Children's Act in terms of who needs to report, what needs to be reported and to whom the report must be made. The inconsistencies between the mandatory reporting of child abuse under the Children's Act and the SORMA create uncertainty and confusion for criminal justice personnel, health care workers and social service professionals.<sup>195</sup>

The Act further provides for the creation of the NRSO which lists all persons who have committed sexual offences against children or people who are mentally disabled and prohibits them from working with, or having access to, children or people who are mentally disabled. An obligation is also placed on, for example, schools, entertainment centres and facilities for the mentally disabled to ensure that they do not employ such individuals. The contravention of this obligation constitutes a criminal offence.

The SORMA also introduced amendments to the Criminal Procedure Act 51 of 1977. The Criminal Procedure Act provided for special protective measures to reduce secondary trauma by allowing child victims of sexual offences to testify in private and/or through the use of an intermediary in a separate room linked to court via closed circuit television (CCTV). These mechanisms are meant to protect the child's dignity and privacy, reduce secondary traumatisation and psychological stress, and improve the child's ability to give credible evidence. In light of the insufficient use of these protective measures, the SORMA amended the Criminal Procedure Act to require that courts have to enter into the court record reasons for refusing to use these protective measures in respect of child victims of sexual offences under the age of 14 years. One problem with this amendment is that reasons for refusing protective measures only need to be given if the child victim is under the age of 14 years. This creates the impression that children above 14 years do not require special protection during court proceedings. Furthermore, the reality is that criminal courts are not child-friendly, CCTV and intermediaries are often not available, and child victims and witnesses are seldom provided with therapeutic support to endure the criminal process.<sup>196</sup>

<sup>191</sup> Jamieson *et al.*, 2014

<sup>192</sup> Budlender, Proudlock & Giese, 2011

<sup>193</sup> Mogale *et al.*, 2012

<sup>194</sup> Mogale *et al.*, 2012

<sup>195</sup> Müller *et al.*, 2016

<sup>196</sup> Centre for Child Law, 2015



## Domestic Violence Act

Under the DVA the definition of “complainant” includes both the person who has experienced domestic violence and any child in the care of the complainant. As a result, all rights and protections afforded to victims of domestic violence must also be afforded to their children, no matter whether they were subjected to an act of domestic violence themselves or not. Accordingly, the police are required to explain the child's rights to the child, including explaining that he/she can lay a criminal charge against the abuser and do this in a language that the child understands. The police are also required to explain what protection a child can get, help to find a safe place for the child to stay, help to take the child to a medical officer and take the child to a child protection worker. Given that the DVA allows anyone to apply for a protection order on behalf of the complainant, the same applies to children. Therefore, in cases of child abuse, family members or any other individual who has a material interest in a child's well-being can apply for protection orders under the DVA to prevent the abuser from inflicting harm on the child.<sup>197</sup>

## Child Justice Act

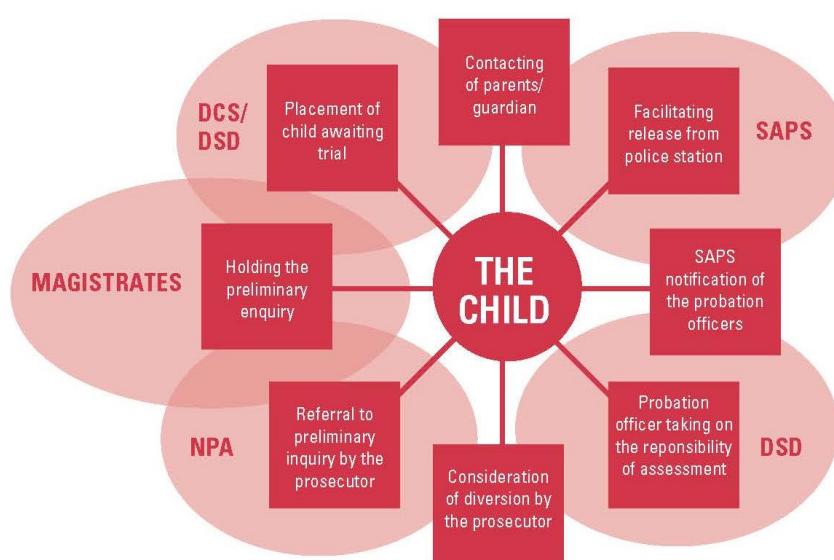
Prior to April 2010, children who were in conflict with the law were dealt with in terms of the Criminal Procedure Act which is the law applicable to adult offenders. The Child Justice Act is part of a process of reforming the child justice system in South Africa to deal in a more appropriate way with children accused of committing offences. Accordingly, children under the age of 18, who are suspected to have committed crime are not subjected to the general criminal procedure, but will follow a specific child justice process. The Act details the procedures that those in positions of authority must follow from the time the child is arrested until the sentence is passed.

The Act is important regarding VAC as it follows the restorative justice approach towards children accused of committing crimes. This approach aims 'to promote reconciliation, restitution and responsibility through the involvement of a child, the child's parent, family members, victims and communities'.

The Act prescribes that children under the age of 10 years 'do not have criminal capacity' and therefore cannot be prosecuted for an offence. The Child Justice Act nominates the DoJCD as the lead coordinator of an interdepartmental effort to implement the Act.

The graphic below shows the inter-sectoral nature of the implementation of the Child Justice Act.

**Figure 5: Inter-sectoral implementation of the Child Justice Act**



Source: DSD, DWCPD and UNICEF. 2012. Violence Against Children in South Africa. Pretoria: Department of Social Development/Department of Women, Children and People with Disabilities/UNICEF.

<sup>197</sup> DSD *et al.*, 2012

### Other relevant legislation

The South African Schools Act of 1996 specifically prohibits corporal punishment at schools. In addition, the National Education Policy Act 27 of 1996 states that 'No person shall administer corporal punishment, or subject a student to psychological or physical abuse at any educational institution.'

Section 43 of the Basic Conditions of Employment Act 75 of 1997 prohibits the employment of children under the age of 15 years or who are under the minimum school-leaving age in work that is not age appropriate. Section 46 of the Act further makes it an offence to assist an employer to employ a child in contravention of the Act.

The Film and Publications Act 65 of 1996 provides for the establishment of the Film and Publication Board whose role includes combating child pornography. Under the Act, children are protected from 'exposure to disturbing and harmful materials and from premature exposure to adult experiences' and from being used in and exposed to pornography. In addition to the Film and Publication Board, it also establishes a Council and Appeal Tribunal, which are mandated to ensure that these principles are borne to bear.

The Marriage Act, read with the Children's Act, prohibits boys and girls under the age of 18 years from entering into a marriage contract without parental consent. For girls between 15 and 17 years of age, the consent of the girl and her parents is required; and for girls 12 to 14 years and boys 14 to 17 years, the consent of the Minister of Home Affairs is also required. These minimum ages are set out in terms of Common Law, which stipulates that a child cannot marry before the age of puberty, which is considered to be 12 years for girls, and 14 years for boys.

### Case law

The Constitutional Court has passed several rulings in the area of VAC. In *S v Williams* 1995 (3) SA 632 (CC) the Constitutional Court declared that judicially imposed corporal punishment was unconstitutional because such punishment is cruel, inhuman and degrading. As a result of this judgment, the Abolition of Corporal Punishment Act 33 of 1997 and the South African Schools Act 84 of 1996 were enacted to prohibit corporal punishment in youth detention centres and schools, respectively.

In *Teddy Bear Clinic for Abused Children and Others v Minister of Justice and Constitutional Development and Others* [2013] ZACC 35 the Constitutional Court found that certain provisions of the SORMA were unconstitutional and declared them invalid. The provisions criminalised consensual sexual activities between children in the age group of 12 to 16 years. In its judgment, the Constitutional Court explained that criminalising consensual sexual activities between adolescents amounts to punishing developmentally normal forms of sexual expression. Parliament has subsequently changed the relevant provisions in the SORMA.

Another important case affecting children is the 2014 ruling of the Constitutional Court in *J v National Director of Public Prosecutions and Another* [2014] ZACC 13. According to the judgement, child offenders should not be automatically added to the NRSO, but inclusion in the register should be discretionary, and determined on a case-by-case basis so as to allow for cases where inclusion is not in the best interests of the child. This is in line with the provisions of the Child Justice Act, which states that the objectives of sentencing include 'promot[ing] an individualised response which strikes a balance between the circumstances of the child, the nature of the offence and the interests of society'.<sup>198</sup> This means that, in cases where it is not in the best interests of the child to be included on the NRSO, the court may rule that this would not occur.

### Progress in realising the rights of women and children

South Africa has made important progress in realising the protection of the rights of women and children since 1994. The country has ratified the key international and regional human rights treaties that deal with the rights of women and children, including CEDAW, the UNCRC and the Convention on the Rights of Persons with Disabilities (CRPD).<sup>199</sup> The legislative landscape boasts one of the most progressive constitutions in the world<sup>200</sup>, and many internationally competitive laws and policies that

<sup>198</sup> Child Justice Act, 2008

<sup>199</sup> Preker *et al.*, 2010

<sup>200</sup> Preker *et al.*, 2010

protect the rights of all citizens, including several that are specifically designed to protect women and children from all forms of violence.<sup>201</sup>

While South Africa has one of the most progressive and inclusive Constitutions in the world, with a Bill of Rights proclaimed to be the cornerstone of democracy<sup>202</sup> and laws that are human rights focused, VAWC in South Africa remains rampant. This is because the existence of laws alone does not ensure protection. It is widely accepted that, even where strong legislation exists, law enforcement institutions and government departments often fail to fully carry out their mandates.<sup>203</sup> Despite the progressive laws that have been passed in South Africa that deal with issues relating to VAWC, research continues to highlight a gap between written law and its practice – referred to as the ‘implementation gap’.

In 2009, The United Nations Division for the Advancement of Women of the Department of Economic and Social Affairs (UNDAW/DESA) developed a Handbook for Legislation on Violence against Women.<sup>204</sup> This Handbook aims to provide all stakeholders with detailed guidance to support the adoption and effective implementation of legislation which prevents VAW, punishes perpetrators, and ensures the rights of survivors everywhere. The Handbook also provides international best practice examples of pieces of legislation that contain requirements aimed at making their implementation more effective. The principles detailed in the Handbook apply equally to the adoption and implementation of legislation relating to VAC.

The Handbook recommends that legislation should contain provisions for its effective implementation, evaluation and monitoring, highlighting that good legislation does not automatically translate into its implementation, unless provisions are made to ensure this. Many of the challenges related to implementation of the legislation are discussed in the other dimensions, particularly those relating to funding and budgets, human capacity and integration and intersectoral collaboration. However, one way to strengthen the legislation to better support implementation would be to specifically define the departments responsible for implementation in the legislation. There is currently a lack of clear mandates articulated in the legislation, which results in a lack of accountability for the rights that it protects. An example of a clear mandate in legislation comes from the Children’s Act 38 (2005); “In addition to the powers a police official has in terms of the South African Police Service Act, (1995), the police official accompanying the designated social worker or other person authorised to conduct the investigation...” is a clear mandate for the Police Officer to investigate a claim, etc.

The Domestic Violence Act, however, while detailing the responsibilities of officials in reporting crimes against women does not give specific accountability to a particular department. The Act stipulates that the National Director of Public Prosecutions in consultation with the Minister of Justice and Directors of Public Prosecutors, must determine prosecution policy and policy directives regarding any offence arising from an incident of domestic violence. This suggests that the National Director of Public Prosecutions has the responsibility of developing regulation, although accountability is not explicitly stated.

The Victim Empowerment Services Bill is intended to provide a legislative framework within which victim empowerment may be provided to victims and provide for and to protect the rights of victims among other objectives. The Bill is in draft form and is currently being circulated to the various stakeholders for commentary. Ideally, legislation should have clear responsibilities of custodians corresponding with accountability. The proposed Bill should ensure it defines, amongst other things, the departments with specific responsibilities to implement the legislation should the Bill be passed.

The legislation does not place a strong mandate on specific departments to carry out the implementation level activities and functions that are required to bring it to bear. In interviews, this was identified as a weakness in the legislation, contributing to an implementation gap, which refers to a mismatch between the policy intentions of the legislation, and the strength of intervention that is achieved in reality, resulting in persistently high levels of VAWC in the country. Therefore, whilst this diagnostic review concludes that South Africa’s legislation addressing VAWC is broad and comprehensive, it acknowledges that this alone does not translate into reduced levels of VAWC.

<sup>201</sup> POWA, 2010

<sup>202</sup> POWA, 2010

<sup>203</sup> Human Rights Watch, 1997, cited in Bott *et al.*, 2005

<sup>204</sup> UN, 2010

**Readiness summary:**

South Africa is considered to have some of the best legislation in the world; a critical analysis of the literature emphasises this view with respect to legislation related to VAWC. This section outlines South Africa's international legal obligations with respect to VAWC, and explores strengths and weaknesses of the following pieces of domestic legislation:

- The Constitution
- Domestic Violence Act
- Criminal Law (Sexual Offences and Related Matters) Amendment Act
- Protection from Harassment Act
- Prevention and Combating of Trafficking in Persons Act
- Children's Act
- Child Justice Act

Overall, the analysis confirms that South Africa's legislation addressing VAWC is comprehensive. One notable gap, however, is the absence of a law banning corporal punishment in South Africa. The rights of a child to be protected from harsh punishment are not explicitly included in the Children's Act. In a country where corporal punishment is still widely socially accepted, it is important to align domestic laws with international standards which condemn this form of disciplining.

However, since high levels of VAWC continue to prevail in spite of strong legislation to prevent and protect against it, the diagnostic review identified an 'implementation gap' between the legislation and effective implementation of the activities that it calls for. This may be a result of lack of clarity around mandates for specific departments to carry out the activities and functions that are required to bring it to bear. There is a growing need to ensure that the laws are not only 'good on paper' but practical too. Individuals interviewed for the review echoed this point throughout. Explicit accountability in the legislation may support the endeavour to eliminate the implementation gap.

Level of readiness: **Ready**

## 5.2 Mandates and policies

### 5.2.1 Institutional mandates

This section explores the mandated roles and responsibilities of various government departments with respect to VAWC. As noted by DfID<sup>205</sup>, 'the GBV sector in South Africa is complex and characterised by a wide range of government line ministries and/or departments, the 'National Gender machinery' (with Gender Focal Points in all government departments), specific co-ordination structures [...], civil society organisations and development partners'. This description holds for VAC also.

While a number of departments are specifically identified in legislations and policies, in reality, all government departments have responsibilities with respect to VAWC. The National Plan of Action for Children (NPAC) gives the following example:

*The Department of Transport is responsible for roads in the country. In order for a child [or woman] to get to school, [work] or to a hospital, she or he needs to use the country's roads. Furthermore, as one considers the roads being used, so too should one consider the method of transport being used on that road: Is public transport available for that child [or woman] to use? Is that public transport affordable for that child? [Is that public transport safe?] Thinking about service delivery in this way clearly illustrates that children are served and affected by this department. Every department has a responsibility to children [and women], and every department must reflect that responsibility in the delivery of their services, and through a concrete budgetary commitment.<sup>206</sup>*

This example can equally be extended to consider other aspects of government's broader service delivery. The provision of water and sanitation facilities in every house reduces the risk of women and

<sup>205</sup> DfID, 2012b

<sup>206</sup> Republic of South Africa (RSA), 2012, p.14

children having to travel in risky environments to collect water and use the toilet; the continuous provision of electricity can also act as a deterrent to violence.

The NPAC recognises that the promotion, protection and fulfilment of children's rights does not happen in isolation from broader macro-commitments and it is thus essential that children's rights are mainstreamed in public service delivery. This principle applies equally to women's rights and their safety. The NPAC makes an important point on mainstreaming:

*Through mainstreaming, government departments incorporate children's issues into their respective policies, priorities, outcomes and delivery agreements. Each department must be called upon to reflect its commitment to South African children, with corresponding strategic plans, operational plans, policies, budgetary allocations and monitoring and evaluation systems. Mainstreaming requires a re-conceptualisation on how children's issues are addressed and made operational by government. Children are often thought of as the concern only of the welfare, education and/or health sector. However, all government departments have an important responsibility towards the promotion, protection and fulfilment of children's rights. Many government departments focus on the type of service they are delivering and not who they are delivering the service to. If the citizen on the receiving end is to be considered, then it is clear that children are part of the process of service delivery. Children require, and receive, services from every single department.*

Mainstreaming, while an important concept, has proven to be difficult to implement, even on an international scale. The South African government has attempted to mainstream gender equality through the establishment of gender focal points in each government department. The success of this approach has not been evaluated to date. While mainstreaming, as a concept, is not widely evident in government planning processes, the government has proposed a 'lead agency' and 'supporting agency' approach to implementation of the Medium Term Strategic Framework (MTSF).

The diagnostic review considers the response of the three spheres of South African government – national, provincial and local. There are 10 departments identified within the scope of the diagnostic review as having specific and mandated roles with respect to preventing or responding to VAWC. Each department has interpreted the role assigned to it in terms of the overarching frameworks in a series of departmental policy documents and legislative instruments. These documents and laws make provision for the delivery of programmes and services to women, children and their families and caregivers. This section provides an overview of those departments, their mandated roles and key policies related to VAWC.<sup>207</sup>

#### **(a) Department of Social Development**

The Department of Social Development (DSD) is mandated to facilitate human development and improve the quality of life through the provision of comprehensive, integrated, sustainable and high quality social development services to help reduce vulnerability and poverty. Per Section 28 of the Constitution, the DSD is responsible for protecting families and children from maltreatment, neglect, abuse and degradation (South African Constitution, S28(1)(d)(e)(f); ACRWC, Articles 15, 16, 21; UNCRC, Articles 19, 34, 37, 39).

The DSD is required to provide the following statutory services for children:

- Reporting of suspected cases of abuse, neglect and/or abandonment;
- Intervention and removal of children in appropriate cases;
- Investigations and assessments in cases of suspected abuse, neglect or abandonment of children;
- Placement and integration of children in alternative care;
- Therapeutic programmes;
- Foster care;
- Adoption; and
- Reunification and reintegration services.

<sup>207</sup> The actual policies will be analysed in detail as part of the institutional review component of the diagnostic review.

The above statutory services are all in response to VAC that has already taken place. The Children's Act dedicates an entire chapter (Chapter 8) to prevention and early intervention, specifically 'preventing neglect, exploitation, abuse or inadequate supervision of children and preventing other failures in the family environment' (Children's Act, section 143(1)). This is supported by the DSD comprehensive national strategy aimed at securing the provision of prevention and early intervention programmes to families, parents, caregivers and children across the country (2013-2019). Once established, the MEC for social development must provide for a provincial strategy aimed at the provision of properly resourced, coordinated and managed prevention and early intervention programmes. This preventative focus is also supported by the White Paper on Social Welfare (1997).<sup>208</sup> The White Paper proposes a developmental approach to social services delivery in South Africa, that is, one that seeks to empower individuals and increase their capacity and resilience to address social problems in order to avoid the need for statutory intervention.

The disbanding of the DWCPD has meant the migration of responsibility and advocacy for children's issues to the DSD where they are at risk of being overshadowed by the significant social service mandate of the DSD, which already has a broad scope and limited resources. Alternatively, since the DSD already has statutory responsibilities relating to children, and a large child protection programme, this transfer of responsibilities may have positive implications by centralising the child protection and VAC agendas within the DSD. The extent to which the DSD is able to prioritise programmes and strategies relating to VAC, and importantly a more preventative focus, is yet to be seen.

The DSD, and its agencies, has mandated responsibilities with respect to supporting families (in particular through the administration of the welfare grants, and child support grant, through the South African Social Security Agency), HIV/AIDS, substance abuse, the disabled, older persons, youth and orphans and vulnerable children. It is therefore responsible for interventions related to many of the protective and risk factors associated with VAC. As a result, many of its policies relate to addressing the protective and risk factors that drive VAC, such as the National Action Plan for Orphans and Other Children made Vulnerable by HIV and AIDS South Africa, 2009-2012, the Strategy and Guidelines for Children Living and Working on the Streets (2011), and the White Paper on Families (2013). However, without specific policies for prevention of VAC, the ability of these policies to specifically contribute to reducing VAC is not clear.

The DSD has specific responsibilities related to outcome 3 of the MTSF, which intends that all people in South Africa are and feel safe. The DSD is named as the lead agency for implementation of sub-outcome 1: reduced levels of contact crime. This sub-outcome recognises that: 'communities and all people feel unsafe due to unacceptably high levels of serious and violent crime such as murder, rape and aggravated robberies'. As a result, the DSD has committed to leading the following:

- Implement social crime prevention strategy;
- Accelerate the implementation of the National Drug Master Plan to eliminate drug and substance abuse by increasing access to treatment centres nationally and intensify mobilisation of communities through local drug action committees established in local communities in all provinces as part of prevention programme; and
- Implement the Plan of Action to combat violence against women and children as part of the Victim Empowerment Programme (VEP).

The DSD is the lead Department of the Inter-Ministerial Committee (IMC) on VAWC. The more recent, and ambitious, POA:VAWC describes the DSD as the main coordinating national body for the implementation of the plan with responsibility to lead over half of the plan's proposed interventions (30 out of 59 interventions). Its responsibilities with respect to VAWC are described as:

- Leading programmes on victim empowerment and reporting to the stakeholder community on victim empowerment issues;
- Providing prevention and early intervention programmes;
- Implementing the Children's Act and coordinating programmes through the NCCPF;
- Strengthening and supporting non-government organisations and civil society organisations;
- Coordinating victim empowerment programmes with JCPS by providing care and protection to all vulnerable groups and all victims of crime and violence;

<sup>208</sup> The White Paper is currently under review, with a national stakeholder consultation process currently underway

- Diagnostic evaluation of VAWC and providing intervention on continuum of services; and
- Coordinating advocacy and awareness programmes in urban and rural populations.

As recognised in the POA:VAWC, the DSD is also the lead department for the VEP, a structure which is discussed further under the section on coordinating bodies.

#### **(b) Ministry of Women in the Presidency**

The Ministry of Women in the Presidency, also referred to as the Department of Women (DoW) was established in May 2014. It absorbed some of the functions of the previous Department of Women, Children and People with Disabilities (DWCPD) which was absorbed in May 2014.

The DoW is the most recent attempt by South African government to create an appropriate structural response to gender inequality. The previous DWCPD was created in 2009 to replace the Office on the Status of Women and its former national multi-agency structure, which lacked sufficient financial and human resources and the necessary authority to co-ordinate and oversee its mandate. The DWCPD was intended to better integrate gender, disability and children's rights into the work of all publicly funded agencies. It was responsible for co-ordinating all government GBV activities including monitoring, coordination and advocacy, in particular through the establishment of the National Council on GBV (NCGBV) which was chaired by the Minister for Women, Children and People with Disabilities.

The DWCPD did not display strong and effective governance. In 2011, the Committee on the Elimination of Discrimination against Women (CEDAW) expressed that it was "concerned about the weak institutional capacity of the Ministry, including inadequate human, financial and technical resources. It is concerned that such inadequacies could prevent it from effectively discharging its functions of promoting specific programmes for the advancement of women, effectively coordinating efforts among the different institutions of the National Gender Machinery at various levels, and ensuring comprehensive gender mainstreaming in all areas of government policy."<sup>209</sup>

The DoW's mission focuses on the socio-economic transformation of women and women's empowerment, including an oversight role with respect to, *inter alia*, VAW. The DoW also intends to conduct research, policy reviews and promote monitoring and evaluation with respect of women's socio-economic empowerment and rights. This establishment of this new department has meant that a large portion of the DoW's time and resources in 2014 to early 2015 has been dedicated to restructuring and organisational development.<sup>210</sup> It did not finalise or confirm its mission or focus until the release of its Strategic Plan in 2015.

Most significantly, the NCGBV appears to have been disbanded along with the DWCPD and the DoW has not provided any indication of whether it will establish an alternative coordinating and oversight structure or where these responsibilities might be already assumed or transferred to.

The DoW does not have a named role with respect to MTSF outcome 3, sub-outcome 1 to reduce contact crimes. However, the POA:VAWC describes its VAWC responsibilities as follows:

- Providing advocacy, which also includes conducting research, building an evidence base and reporting to national, regional and international bodies on various issues, including violence;
- Providing oversight on matters concerning VAWC;
- Coordinating all departments with regard to gender-based violence;
- Offering M&E and an oversight thereof;
- Being accountable for all matters concerning women, children and people with disabilities;
- Monitoring of services to women and children; and
- Promoting the realisation and fulfilment of the rights of women and children across all sectors (including women and children with disabilities).

It is unclear how some of these responsibilities align with other departments. In particular, 'being accountable for all matters concerning women, children and people with disabilities' is unclear, given the mandate of the DSD and the transfer of responsibilities to the DSD from the former DWCPD. In

<sup>209</sup> CEDAW, 2011

<sup>210</sup> Department of Women: <http://www.women.gov.za/index.php/about-us/strategic-overview>

addition, the responsibility to 'coordinate all departments with regards to GBV' is unclear, given the DSD's role to lead the coordination of the POA:VAWC for VAWC. The POA:VAWC specifically describes the DoW as taking the lead in situational and performance monitoring.<sup>211</sup>

### **(c) Department of Health**

The Department of Health (DoH) is primarily responsible for the realisation of the rights of children and their families to health and related care, particularly physical, mental and spiritual health, as set out in ACRWC, Article 14(1). This includes specifically reducing infant and child mortality rates and ensuring the abolition of traditional practices prejudicial to the health of children (UNCRC, Article 24(3)).

The health system plays an important role in detecting and responding to VAWC, as survivors often report to district and regional health care facilities for treatment in the first instance. Healthcare practitioners have a statutory duty to report suspected incidents of VAC to the relevant authorities. However, there are no similar requirements for reporting VAW. The Domestic Violence Act does not adequately specify the roles of departments, and this has resulted in less than effective implementation of the Act. Despite the fact that many women suffer injuries as a result of domestic violence, the Act does not specify a clear role for the DoH. Doctors and health practitioners are not required or obliged to compile a report on the signs that indicate that the case was domestic violence related. As a result, many women could present at a health facility a number of times and nothing would be done to assist them. However, despite the absence of a statutory requirement to report VAW, many of the services provided by DoH, such as Victim Support Centres and via Thuthuzela Care Centres, provide a holistic approach to service provision, and provide services to educate survivors on their rights and encourage reporting and complaints. They do not, however, provide therapeutic services themselves, but rather refer victims to specialised services.

**The POA:VAWC describes a number of VAWC responsibilities for the DoH. These responsibilities appear to emphasise rape rather than broader definitions of VAW:**

- Reporting child abuse, neglect and exploitation to the National Child Protection Register;
- Providing HIV testing and counselling, which includes providing post exposure prophylaxis (PEP) to victims of rape;
- Collecting medical evidence especially in response to rape cases;
- Providing comfort packs for rape victims;
- Providing research support through to the MRC;
- Conducting epidemiological research;
- Developing an evidence base and developing national indicators;
- Giving national indicators with regard to rape, assault and femicide through the MRC;
- Providing primary health care through school nurses; and
- Running prevention programmes and social mobilisation campaigns regarding awareness on PEP.

VAWC places significant strain on the DoH and the health system more broadly. There are a number of significant health issues which intersect with VAWC both as risk factors which increase the likelihood of experiencing VAWC and as consequences to experiencing VAWC. This means that it is not just direct incidents of VAWC that put pressure on the health system, but also the indirect causes and effects. VAWC has also been identified as a contributor to HIV/AIDS, substance abuse, disability, poor reproductive health, high teen pregnancy rates, sexually transmitted infections and unwanted pregnancies. This further highlights the importance of preventing VAWC, both from a human rights and a cost perspective.

### **(d) Department of Basic Education**

The Department of Basic Education (DBE) has a significant role to play in addressing VAWC, both directly by identifying children who may be victims of VAC and creating safe school environments, free

<sup>211</sup> DSD, IMC, 2011. p.33



from violence, and indirectly, by helping to address the risk factors and augment the protection factors that contribute to VAC outside the school and VAW after the age of 18.

Internationally and regionally, the realisation of the right to education is premised on the realisation of a number of obligations by South Africa, including the specific recognition that vulnerable children are at a greater risk of not enjoying their right to an education. The South African government is obliged, under ACRWC and UNCRC, to ensure equal access to education for all female and disadvantaged children in all sections of the community. Ensuring children are attending school can help remove them from situations at high risk of violence. In particular, being in school can be a significant preventative factor for child labour including economic exploitation and domestic work that is harmful to a child's development.

However, the school environment remains dangerous for many children. Despite the ban on corporal punishment, a national study in 2012 found that 22 percent of secondary school learners, approximately 1.02 million children, had experienced, some form of violence at school, including threats of violence, assault, sexual assault and robbery.<sup>212</sup> While slightly less prevalent than the aforementioned forms of violence, cyber bullying is a new and growing form of violence, estimated to have affected 20 percent of learners in 2012.<sup>213</sup>

The POA:VAWC recognises the creation of safe schools among DBE's responsibilities with respect to VAWC:

- Creating safe schools by giving support to learners, educators and parents;
- Developing and providing relevant training material;
- Empowering and educating learners about issues of GBV through curricula; and
- Training educators in GBV.

In line with the above, DBE provides programmes and services to identify and protect learners from abuse and neglect. The department has also established a School Safety directorate to address issues of safety and violence in schools.

The White Paper on Special Needs Education requires the establishment of Institutional Based Support Teams which must identify and address all barriers to education, including children that are suffering abuse and neglect. In addition, the Guidelines for District Based Support Teams recommend that schools establish relationships with external service providers like the police, NPOs and the DSD and establish joint procedures for the referral of children identified as abused or neglected. Within the school environment, the Children's Act (s126) requires the provincial heads of education departments to screen potential employees that will work with children to see whether they are in Part B of the National Child Protection Register, which records persons who have been found unsuitable to work with children and prohibits them from being employed in a school. Yet, registers are not always updated, with sexual predators still employed and placing children at continued risk. In addition, DBE and the SAPS are responsible for implementing the Collaborative Protocol on Crime and Violence in Schools through the Safe Schools Programme. The Protocol was signed by the Ministers for Basic Education and Police in 2011. The safe schools programme is aimed at building resilience and resistance to crime and mobilising schooling community on crime prevention. DBE has a Safe Schools Directorate that focuses on these matters.

Education is known to be a preventative factor for VAWC.<sup>214</sup> It is also a preventative factor for contracting HIV/AIDS<sup>215</sup> which is a risk factor for VAWC. There are therefore several dividends to ensuring that vulnerable children have appropriate access to education: being in school removes them from potentially risky situations, and the level of education they receive is a preventative factor for many socio-economic issues, and specifically becoming a victim or perpetrator of VAWC.

In terms of in-school support for VAC, there are not enough appropriately qualified professional support staff at schools to provide support to the numbers of grief stricken children living in households affected by HIV/AIDS that experience multiple bereavements, and to ensure that children are not further

<sup>212</sup> Burton and Leoscutt, 2013

<sup>213</sup> Burton and Leoscutt, 2013

<sup>214</sup> Warton *et al.*, 2015 (In Press)

<sup>215</sup> Wits School of Public Health and the London School of Hygiene and Tropical Medicine

traumatised by inappropriate counselling/interventions.<sup>216</sup> Given what is known about the prevalence of VAW, it is likely that many children are witnessing violence in the home against their mothers or other females. This would lead to an even larger population of children who would benefit from counselling and psychological support, not just those bereaved or living in households affected by HIV/AIDS. In this way, schools would be able to provide an ideal node for potential therapeutic work with children affected by domestic violence.

There needs to be further research into the situation and needs of learners whose access to education is hampered by domestic responsibilities, so that conditions that keep them out of school can be understood and appropriately addressed. The Child Labour Programme of Action (endorsed by the DBE) requires that advocacy and training within DBE on this barrier become part of the 'core business' of education.<sup>217</sup>

Since 2003, the DBE has rolled out the Girls and Boys Education Movement (GEM/BEM) in partnership with UNICEF to encourage positive values and behaviour, which provides an obvious entry point for more focused GBV prevention initiatives. These are public school-based clubs of learners committed to the promotion of human rights, dignity for all as well as mutual respect between girls and boys. GEM/BEM clubs focus on social support for learners, skills development, academic and environmental care. They work to promote the right of young people to exist in an environment that is free of violence, exploitation, abuse, fear and suspicion. Through life skills education, they are empowered to collectively discuss and address issues related to health, economic, social and emotional problems, that may be contributing to their schools and communities becoming unsafe. GEM/BEM clubs are active in over 2,200 schools nationally and are a key component of the wider government of South Africa and UNICEF Child Friendly Schools (CFS) programme. A Speak Out campaign also encourages learners to learn how to prevent sexual abuse in schools.

#### **(e) South African Police Service**

The Constitution places responsibilities on SAPS to "prevent, combat and investigate crime, maintain public order, protect and secure the inhabitants of the Republic and their property and to uphold and enforce the law". These duties are extended to include those indicated under specific protective legislation such as the Children's Act, 2005 (Act 38 of 2008), Domestic Violence Act and others. Child abuse, neglect and maltreatment (examples of VAC) are criminal acts in terms of both common law and the legislative framework. SAPS has responsibilities with respect to investigations for the prosecution of VAC cases. SAPS must investigate crimes against children but do so in a manner that is sensitive [and] endearing to the child victim.

The SORMA describes the requirements of SAPS with respect to children and women. Under the SORMA, SAPS is obligated to provide complainants with the maximum and least traumatising protection the law can provide and proper recognition of the needs of victims of sexual offences through timeous, effective and non-discriminatory investigation. SAPS is also guided by the Service Charter for Victims of Crime in South Africa (2004), the Minimum Standards in Services for Victims of Crime (2004); SAPS National Instruction on Treatment of Victims of Sexual Offences 22/1998, SAPS National Instruction 3/2007 on Sexual Offences, the DSD's Integrated Victim Empowerment Policy (2007); the DoJCD's National Policy Guidelines for Victims of Sexual Offences (2008) and the DSD's National Policy Guidelines for Victim Empowerment (2009).

Martin<sup>218</sup> describes that, as part of its services to victims of abuse, SAPS is required, *inter alia*, to:

- inform complainants of their rights to apply for a protection order and/or lay a criminal charge;
- arresting the perpetrator;
- investigating the complaint and gathering evidence;
- assist the complainant in finding alternative accommodation, shelter and counselling;
- assist the complainant to get medical treatment, in particular convey the importance of receiving PEP and that it is available at expense of the state;
- ensure that a medical officer collects and records any medical evidence in support of a criminal charge;

<sup>216</sup> Martin, 2010

<sup>217</sup> Martin, 2010

<sup>218</sup> Martin, 2010

- take the victim's statement in privacy and not in the presence of the abuser or the public;
- keep a copy of the protection order and recording of the arrest as proof for the victim; and
- keep the victim informed of progress.

SAPS is often the first line of support for victims of abuse (Martin, 2010). Given the sensitivity of abuse cases and the trauma experienced by victims, services for women and children who are the victims of abuse are provided by specialised units within SAPS or specialised staff/police officers employed at the station level, known as Family Violence, Child Protection and Sexual Offences (FCS) units and officers.

The SAPS specific responsibilities with respect to VAWC are defined in the POA:VAWC as follows:

- Crime prevention, proactive policing and crime combating actions targeting VAWC, other vulnerable groups and associated risk factors;
- Law enforcement, in particular targeting contributing factors to VAWC (for example, illegal trade in liquor and drug trafficking);
- Investigating all reported crime and making use of specialised investigation units (such as the FCS unit) for cases involving VAWC;
- Ensuring that the police provide a victim-friendly service (for example, through the use of victim-friendly rooms and facilities at police stations, ensuring police members are trained in victim empowerment, and establishing working arrangements with other local service providers to ensure coordinated service to victims);
- Working with other departments on prevention programmes like the Safe Schools programme (with the DBE) targeting risk factors for school safety, including addressing substance abuse and bullying, and raising awareness on children's rights and responsibilities. School safety programmes also ensure that police stations are aware of risk factors to school safety to allow targeted police responses (for example, police patrols or law enforcement operations);
- Giving support to community policing forums (CPFs) and work with CPFs to raise awareness of victim's rights and GBV, and enhance police service delivery;
- Establishing youth desks at police stations with a focus on involving young people in community safety programmes; and
- Providing specialised investigation services through the establishment and strengthening of FCS units.

#### **(f) Department of Justice and Correctional Services**

The Department of Justice and Constitutional Development and the Department of Correctional Services were merged following the 2014 election to become the Department of Justice and Correctional Services (DJCS). The Minister is supported by two deputy ministers – the Deputy Minister for Justice and Constitutional Development and the Deputy Minister for Correctional Services. The revised organisational structure of the new DJCS is not publicly available at the time of this diagnostic review but will be analysed, specifically with respect to the impact on VAWC, as part of the institutional analysis field work. Currently, the mandate of the new Department is represented in two separate strategic plans for Justice and Constitutional Development and Correctional Services. The former mandates of these departments and their legislative requirements with respect to VAWC are analysed separately below.

#### **(g) Department of Justice and Constitutional Development**

The DoJCD's main role with respect to VAWC is the provision of courts and court services. The DoJCD is required under the Constitution (S12 and S28) to protect the rights of women and children from violence, and specifically to protect children from maltreatment, neglect, abuse or degradation and exploitative labour practices. The DoJCD is guided by the National Policy Framework for Child Justice (2010) and the National Policy Guidelines for Victims of Sexual Offences (2008).

The Department provides courts and all required justice services for South Africa citizens, and has responsibilities to ensure access for people living in townships and rural areas, and to minimise

secondary victimisation in justice proceedings through the provision of intermediaries, closed circuit television or similar technologies.

DoJCD is responsible for the provision of specialised courts, namely children's courts and sexual offences courts. Children's courts are responsible for rulings regarding placement of a child into a child and youth care centre, partial care or other placement options, foster care, adoption, and any other matter relating to the care, protection or well-being of a child. Every magistrate's court serves as a children's court and has jurisdiction on matters governed by the Children's Act and Amendment Act. Specialised sexual offences courts have been established at some regional courts. By March 2007, there were 59 sexual offences courts; however, these were phased out in subsequent years due to budget constraints. In 2013, these were reintroduced, although as of July 2014, only 22 had been established. In total, 106 are planned over the next 10 years.

The POA:VAWC describes the Department's responsibilities with respect to VAWC as:

- Leading the JCPS cluster and ensuring the coordinated implementation of Outcome 3 of the Delivery Agreement [the MTSF];
- Reviewing and amending relevant pieces of legislation;
- Administration of courts;
- Re-establishment of SOC's;
- Coordinating the improvement of the criminal justice system;
- Tabling in annual reports progress with regard to the inter-sectoral implementation of the Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007 and the Child Justice Act, 2008; and
- Coordinating advocacy and public education programmes to promote and protect the rights of women and children.

#### **(h) Department of Correctional Services**

The Department of Correctional Services's mandate is to contribute to a just, peaceful and safe society, by detaining inmates in safe custody, while maintaining their human dignity, developing their sense of social responsibility and promoting the general development of all inmates and persons subject to community corrections. The Department is also responsible for rehabilitation and social reintegration of offenders. Although the department's strategic plan notes DCS's responsibility to promote MTSF Outcome 3, it does not refer at all to priorities or programmes regarding offenders of VAW or VAC.

The Department of Correctional Services (DCS) is not a member of the IMC for VAWC. However, one of the five objectives of the POA:VAWC is to ensure provision of reintegration and rehabilitation services for perpetrators of violence. While there have been many prevention programmes and services aimed at the education of men and boys in VAWC, typically led by civil society, this is the first time that perpetrator rehabilitation has been a focus of the state response. While this is a specific objective of the POA:VAWC, oddly, it is the only objective not to have identified interventions, responsible parties, indicators, targets and milestones in the POA:VAWC's corresponding results framework. DCS does have responsibilities to support other interventions in the POA:VAWC, namely to support the reestablishment of sexual offences courts and the strengthening and upscaling of existing family courts.

#### **(i) National Prosecuting Authority**

Under Section 28 of the Constitution, the National Prosecuting Authority (NPA) has responsibilities for the protection of the right of child and their families to be protected from maltreatment, neglect, abuse or degradation and exploitative labour practices. Under Section 12 of the Constitution, the NPA has similar responsibilities more broadly to protect South African's from violence, including violence against women.

Child abuse, neglect and maltreatment are criminal acts in terms of both common law and the legislative framework and the NPA has responsibilities with respect to the prosecution of VAC cases. The NPA must prosecute crimes against children but do so in a manner that reduces secondary victimisation within the criminal justice system and by adopting a victim-centred approach.<sup>219</sup>

<sup>219</sup> [www.npa.gov.za/?q=node/51](http://www.npa.gov.za/?q=node/51)

SORMA describes the requirements of the NPA with respect to children and women. Under SORMA, the NPA is obligated to provide complainants with the maximum and least traumatising protection the law can provide and proper recognition of the needs of victims of sexual offences through timeous, effective and non-discriminatory prosecution.

The NPA is also guided by the Service Charter for Victims of Crime in South Africa (2004), the Minimum Standards in Services for Victims of Crime (2004); the DSD's Integrated Victim Empowerment Policy (2007); the DoJCD's National Policy Guidelines for Victims of Sexual Offences (2008) and the DSD's National Policy Guidelines for Victim Empowerment (2009).

The POA:VAWC describes the responsibilities of the NPA with respect to VAWC as:

- Responding to the violation of rights, prosecution and convictions; and
- Continued establishment of Thuthuzela Care Centres (TCCs) and the management of their operations.

The National Director of Public Prosecutions is vested with the power to prosecute alleged perpetrators of criminal activities. The Sexual Offences and Community Affairs Unit within the NPA is a specialised unit responsible for the prosecution of sexual offences and domestic violence against women and children. The NPA also has specialist prosecutors who serve on the sexual offences courts. The TCCs are regarded as an international best practice in providing holistic support to survivors of VAWC and their continued establishment and management is an important component of the overall services provided by the state in response to VAWC.

#### **(j) Department of Higher Education and Training**

The Department of Higher Education and Training (DHET) has lead responsibility for the provision of a differentiated and fully inclusive post-school system that allows South Africans to access relevant post-school education and training, in order to fulfil the economic and social goals of participation in an inclusive economy and society, and consequently meet the development goals of the country.

The Higher Education Act governs the Department in its work to develop capable, well-educated and skilled citizens who are able to compete in a sustainable, diversified and knowledge-intensive international economy. The DHET focuses on reducing skills shortages in priority and scarce skills areas, improving low participation rates in the post-school system, correcting distributions in the shape, size and distribution of access to post-school education and training and improving the quality and efficiency in the system, its sub-systems and institutions.

The Department of Higher Education and Training (DHET) is not a member of the IMC for VAWC. However, it is identified in the POA:VAWC as a responsible party for supporting the following interventions:

- Establishing a national police outreach programme to be implemented in schools and local communities to encourage and assist survivors of violence to report to the police; and
- Strengthening partnerships in the prevention and the provision of intervention services in response to VAWC.

#### **(k) Department of Home Affairs**

The Department of Home Affairs (DHA) plays a key enabling role in ensuring access to democracy and social justice, as the country's custodian of identity and citizenship. The Department is responsible for the registration of births, deaths, and marriages and the issuing of identification documents including applications for refugee status (collectively, these documents are referred to as 'enabling documents'). Through these responsibilities, the DHA helps ensure the realisation of the Constitutional right that 'every child has the right to a name and nationality from birth', which aligns with the protection provided by the UNCRC (article 7.1) and the ACRWC (articles 6(1)(2)(3)).

Enabling documents are essential in order to benefit from almost all government programmes which seek to realise the socio-economic rights guaranteed by the Constitution for vulnerable children and adults and their family members. These programmes include social assistance (grants), healthcare, subsidised early childhood development, schooling, housing, free basic services such as water and electricity, inheritance rights, death and disabilities social assistance. These documents are essential for getting a job, opening a bank account, applying for credit, or purchasing a cell phone, to name just

a few. Children or dependents of refugees are entitled to a number of benefits, including attending school, healthcare and some social assistance (such as the Foster Care Grant).

Ensuring children and their caregivers have access to enabling documents is specifically recognised as requirements to achieving the goals set out in the HIV and AIDS and STI National Strategic Plan, the Policy Framework on Orphans and Other Children Made Vulnerable by HIV and AIDS, and the National Integrated Plan for Early Childhood Development in South Africa. In 2007, the DHA initiated a 'turnaround strategy' to help reduce the obstacles associated with obtaining enabling documents, particularly for those in rural areas and/or living in poverty. However, additional measures to reduce fraud and corruption associated with such documentation may have further impeded the access of vulnerable people to the documents which can help improve their socio-economic wellbeing.

The DHA has oversight responsibilities for the Film and Publication Board (FPB), a Schedule 3A entity. The FPB helps to control the risk factor of violence in the media and therefore helps to ensure the realisation of the Constitutional rights afforded to children to protect them from abuse.

The FPB has found innovative ways to discharge its mandate, particularly of protecting children from premature exposure to potentially harmful and explicit content. In 2014, FPB led social dialogue programmes focused on the protection of children in the traumatised community of Bredasdorp in the wake of the tragic rape and murder of young Anene Booysen. Similar outreach was also conducted in the village of Tholeni in the Eastern Cape, where the community was tormented by the rape and murder of 36 women and children by a serial rapist and murderer. During these programmes, the communities in both these areas were able to express their deep horror in the wake of these traumatic occurrences and agreed to forge greater community bonds and particularly to provide protection through imparting sound value-based lessons and practices to the youth.

Under the POA:VAWC, the DHA is responsible for:

- Providing some form of identity to the population through the population registry;
- Registering deaths, biometry and documentation;
- Providing response interventions through available data sources, such as biometrics, DNA and identity numbers;
- Preventing the use of fraudulent identity by supplying all persons with a document of identification; and
- Guarding against trafficking, and the filming and publication of individuals on pornographic websites.

The institutional analysis, to be undertaken as part of the diagnostic review, will further explore the roles of these departments and their commitment and capacity to fulfil their statutory roles with respect to VAWC, with a particular focus on the specific policies, strategic plans, annual performance plans and annual reports of each department. The Department of Telecommunications and Postal Services (DTPS) and the Department of Planning, Monitoring and Evaluation (DPME) are also on the IMC for VAWC but their role with respect to the state's response to VAWC is not in the scope of the diagnostic review.

## **(I) National Treasury**

The National Treasury is responsible for coordinating macroeconomic policy and promoting the national fiscal policy framework. Its role is defined by the Constitution of the Republic of South Africa and in the Public Finance Management Act. The National Treasury coordinates intergovernmental financial relations, manages the budget preparation process and exercises control over the implementation of the annual national budget, including any adjustments budgets.

Supporting efficient and sustainable public financial management is fundamental to the promotion of economic development, good governance, social progress and a rising standard of living for all South Africans. The Constitution of the Republic (Chapter 13) mandates the National Treasury to ensure transparency, accountability and sound financial controls in the management of public finances.

The National Treasury's responsibility regarding VAWC is implicitly expressed in Chapter 13 (217) (1) of the Constitution of South Africa 1996 which states that "when an organ of state in the national, provincial or local sphere of government, or any other institution identified in national legislation, contracts for goods or services, it must do so in accordance with a system which is fair, equitable,

transparent, competitive and cost-effective. Subsection (1) does not prevent the organs of state or institutions referred to in that subsection from implementing a procurement policy providing for the protection or advancement of persons, or categories of persons, disadvantaged by unfair discrimination.

### Commission for Gender Equality

The Commission for Gender Equality (CGE) was created in terms of Section 187 (1) of the Constitution, to strengthen and deepen constitutional democracy in South Africa. The Commission on Gender Equality Act 39 of 1996 charges the CGE with a mandate to promote respect for, as well as promote the protection, development and attainment of gender equality.<sup>220</sup> The Commission's objectives are:

- To ensure the creation and implementation of an enabling legislative framework;
- To protect and promote gender equality by engaging with relevant stakeholders by educating and raising awareness on issues of gender equality, challenging patriarchal perceptions and stereotypes, and taking action against infringements of gender rights through the implementation of appropriate redress;
- To monitor state compliance with regional and international conventions, covenants and charters which have been acceded to or ratified by the Republic; and
- To build an effective, efficient and sustainable institution that will fulfil its constitutional mandate on gender equality.<sup>221</sup>

The Commission is also mandated to ensure that all legislation has been assessed from a gender equality perspective using the Gender Barometer,<sup>222</sup> an online tool which the CGE developed in 2008 in order to conduct annual assessments of progress in gender transformation in government departments and state entities.<sup>223</sup> Specifically with respect to VAWC oversight, the CGE's main activity has been the evaluation of the NCGBV. The scope of the diagnostic review does not include an assessment of the role of the CGE.

#### 5.2.1 Local government

Local government is mandated by the Constitution to 'promote social and economic development' of its citizens in the contexts of economic development, human and community development, safety and health, among others. The importance of local government as a level of government intervention was raised previously. There is growing support for the idea that complex social problems can only be effectively tackled through coordinated local level interventions. One-size-fits-all approaches do not take into account the variations in the challenges communities face and the resources they bring to bear on them.<sup>224</sup> However, the role and performance of the district or local government sphere of government with respect to VAWC is typically overshadowed by a focus at national and provincial spheres in South Africa. While collaboration and integration efforts are more likely to succeed if they are led by the national level, as it is easier for national government to coordinate the resources and buy-in than other spheres of government, it must be supported by integrated delivery at the municipal level.<sup>225</sup> Local organisations and networks can help drive the activities set out in national plans at the community level and ensure shared understanding and coordinated action across different geographical locations.<sup>226</sup>

Where plans to address VAWC in the provincial sphere are articulated in the different departments' Strategic and Annual performance plans, municipalities articulate their activities in their Growth and Development Strategies (GDS), which plan ahead to 2040. The GDS is the municipality's long-term plan to ensure sustainable delivery of services, deal with social and economic development, involve residents in local government and promote a safe and healthy environment.<sup>227</sup> The GDS becomes the

<sup>220</sup> [www.cge.org.za](http://www.cge.org.za); CGE, 2013-2014

<sup>221</sup> CGE, 2013-2014

<sup>222</sup> [www.cge.org.za](http://www.cge.org.za)

<sup>223</sup> Commission for Gender Equality, 2010, *Gender Barometer Report: Case Study*.

<sup>224</sup> KPMG International, 2013

<sup>225</sup> KPMG International, 2013

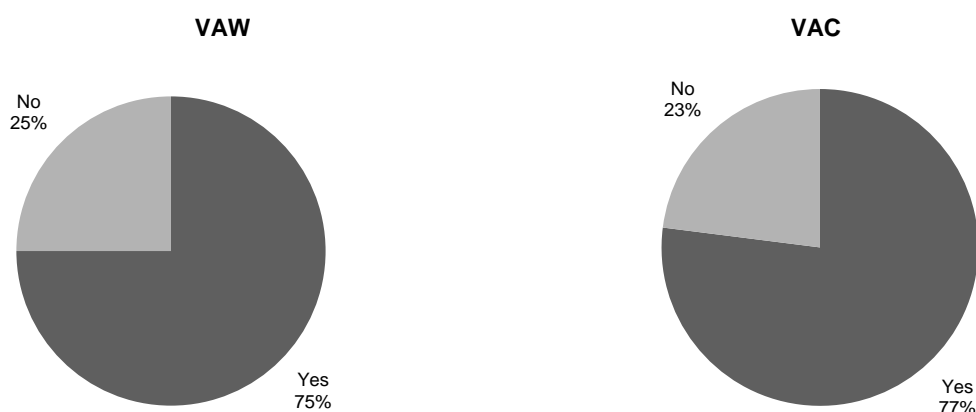
<sup>226</sup> UN Women, 2012

<sup>227</sup> [www.joburg.org.za](http://www.joburg.org.za)

backdrop of the Integrated Development Plan (IDP) which is the four and one year plan for the municipality.

The institutional survey asked departments whether they were mandated to address VAWC by policy or legislation.

**Figure 6: Responses to the survey question: Is your department mandated to address issues related to VAWC by policy/legislation?**



Interestingly, some Safety survey responses indicated that it was their mandate by policy or legislation to address issues related to VAWC. One DSD survey made the same assertion regarding VAW. Treasury departments stated they had a mandated role with respect to VAW but not VAC.

Overall, the institutional mandates of South African government departments appear sufficiently prepared, or 'ready' to respond to VAWC. What is unclear is the extent to which this reduces duplication or overlaps in service delivery, and/or a lack of understanding of the mandates of each department and missed opportunities for integrated service delivery. This is explored more in the section on integration and inter-sectoral collaboration.

## 5.2.2 Policies and plans

### 5.2.2.1 The National Development Plan

The vision of the National Development Plan (NDP) is to eliminate poverty and reduce inequality by 2030, and Chapter 12 :Building Safer Communities is one of the NDP priorities for achieving this vision.

This vision is achieved when "people living in South Africa feel safe and have no fear of crime. They feel safe at home, at school and at work, and they enjoy an active community life free of fear. Women can walk freely in the street and the children can play safely outside. The police service is a well-resourced professional institution staffed by highly skilled officers who value their works, serve the community, safeguard lives and property without discrimination, protect the peaceful against violence, and respect the rights of all to equality and justice".<sup>228</sup>

### 5.2.2.2 The Medium Term Strategic Framework

The Medium Term Strategic Framework (MTSF) serves as government's medium term implementation plan of the NDP. It is based on 14 outcomes that support the achievement of vision 2030. Outcome 3 intends that all people in South Africa are and feel safe. Within this outcome, there are seven necessary sub-outcomes. VAWC is identified under the more broad definition of 'contact crimes' which is the focus of sub-outcome 1: reduced levels of contact crime. This sub-outcome is required, per the MTSF, because communities and all people feel unsafe due to unacceptably high levels of serious and violent crime such as murder, rape and aggravated robberies. There are eight actions identified to achieve reduced levels of contact crime. Only one action relates specifically to VAWC and that is the 'implementation of a national plan of action (POA:VAWC) to combat VAWC'. This is further confused by the parenthesised comment '(as part of the Victim Empowerment Programme)'. This would indicate that the state's response to VAWC is a sub-programme of the VEP, and reinforces the perception that

<sup>228</sup> National Planning Commission, 2012



VAWC should be viewed within a criminal justice framework rather than a public health response - it requires a much broader approach than VEP and should not be seen as part of it. In addition, the fact that it is in Outcome 3, and not mentioned in Outcomes 13 and 14, raises further concerns.

While a number of the other actions and sub-outcomes are aimed at violence prevention and improved response and care, and may arguably contribute to reduced or a more effective response to VAWC, the phenomenon of VAWC is very specific and complex and therefore necessitates a very specific strategy to achieve change. For example, activities to 'improve SAPS investigations', an action under sub-outcome 2 to achieve an efficient and effective criminal justice system may or may not include women and child specific considerations when reviewing the SAPS investigational processes. Gender- and child-responsiveness in the implementation and enforcement of the law requires concrete efforts to facilitate women's and children's access to the courts and to legal advice, sensitivity to the social and physical risks they face and changes in the ways crimes are prosecuted and laws enforced.<sup>229</sup>

Programmes for safety must therefore include specific consideration to VAWC. The efficiency of investigations (increasing total number of investigations, reducing time to complete investigations) may be achieved at the expense of women and children (for example, lack of sensitivity or rights based approach).

Outcome 13 of the MTSF is an inclusive and responsive social protection system in which a developmental social welfare approach, with a focus on progressive policies, legislation and services that care and protect individuals, families and communities. These services address developmental social services to reach out and provide care to the vulnerable such as those affected by HIV/AIDS, the abuse of women and children, people with disabilities. Strengthening of the social protection system indirectly helps to prevent VAWC and support those affected by it; for example, by providing financial resources to the vulnerable which may remove financial dependency on an abuser. Notably, this outcome does not mention VAWC, and yet it is the one outcome for which DSD is the lead department. This raises a question regarding the MTSF's recognition of VAWC as a social development issue.

Another contributing outcome is Outcome 14: Nation Building and Social Cohesion, which seeks to achieve an inclusive society and economy. This means tackling the factors that sustain inequality of opportunity and outcomes by building capabilities, removing participating barriers and redressing the wrongs of the past. Included therein are the objectives of creating opportunities for the previously disadvantaged and vulnerable groups across different social and racial groups. Despite these additional outcomes, VAWC does not appear strongly prioritised within the MTSF.

Even more concerning are the indicators used to measure the VAWC-specific actions of implementing the POA:VAWC. The POA:VAWC, discussed later in this section, contains five objectives and 59 actions. However, from the perspective of the MTSF, the implementation of the MTSF is to be measured using the following indicators:

- Number of prioritised wards reached on violence prevention initiatives and through dialogue/campaigns (target: 1,300 wards by 2017/2018); and
- Number of safe houses providing services (target: 1 in each of the 44 district municipalities by 2018/19).

While these indicators do not have baselines, more importantly they do not measure the full implementation of the POA:VAWC and there is a risk that government departments, who are accountable for achieving the intended results of the MTSF, will focus efforts on achieving the two targets identified in the MTSF rather than the full POA:VAWC interventions. Similarly, achieving the above targets will not mean the implementation of the POA:VAWC has been achieved. The motivation behind the selection of these two specific indicators, and the actual outcomes that they are measuring are unclear.

### 5.2.2.3 *The Integrated Programme of Action addressing VAWC (2013-2018)*

While coordinating bodies and overall development visions are important, National Action Plans are believed to be particularly effective.<sup>230</sup> The Handbook for Legislation on VAW<sup>231</sup> notes that legislation is most likely to be implemented effectively when accompanied by a comprehensive policy framework

<sup>229</sup> UNIFEM, 2006

<sup>230</sup> Moosa, 2012

<sup>231</sup> UN, 2010

which includes a national action plan. These plans are not just important at the national level, but also at the subnational and community levels, where they help ensure alignment to a common strategy.<sup>232</sup>

As noted previously, the NCGBV was developing a National Strategic Plan for GBV but this was never completed. Therefore the Integrated Programme of Action addressing VAWC (2013-2018) serves as South Africa's national action plan for VAWC.<sup>233</sup> This is the first time the country's national response to VAWC has been identified and documented in a plan of action. It boldly seeks to achieve 'the elimination of all forms of VAWC', stating that elimination and prevention of all forms of VAWC has been established as national priority by the government of South Africa. However, it is not clear when or where VAWC was established as a national priority or if the POA is intended as that declaration of prioritisation. While safety is a priority in the NDP and MTSF, VAWC is not explicitly defined. It is also not clear whether this prioritisation is reflected through allocation of resources as the POA:VAWC has not been costed.

Importantly, in its own words, the POA:VAWC 'emphasises government accountability for ending violence'.<sup>234</sup> This is perhaps the boldest statement to date by government with respect to its role in VAWC, and firmly established VAWC as a recognised public, not private, concern. The POA:VAWC goal will be achieved through three pillars of intervention: prevention and protection, response, and care and support. Importantly, a fourth and foundational pillar recognises the need to improve cross-cutting 'system components'. These system components potentially align with the dimensions of the WHO framework for national capacity and readiness: advocacy and communication, legislation and policies, governance and accountability, inter-sectoral collaboration and coordination, capacity building, human resources and finances, monitoring and evaluation, and research. The POA:VAWC acknowledges that the current "symptomatic intervention" or "crisis management" that describes the current state response to VAWC is compounded by a lack of financial, human and technical resources to ensure full implementation of laws and policies and monitor their enforcement.<sup>235</sup> The system components, the intended actions to strengthen them, and the extent to which they align with the WHO framework, are explored further in the respective sections on the WHO dimensions. However, the plan's recognition of the state's role and need to create the strong foundations on which programmes and services are delivered is an important message.

There has been criticism over the delay and process for the development and release of the POA:VAWC. An article published in the Daily Maverick states that representatives of civil society who were contacted after the POA:VAWC appeared on the DSD's website in June 2015 reported that they had not heard of the plan until its appearance online, and confirmed that they were not consulted on its development.<sup>236</sup> Similarly, when departmental interviewees were asked if they had any knowledge of the POA:VAWC; at least 90% of respondents were not aware of the document, nor of their department's role in achieving the plans contained in it, and were not consulted on its development.

The POA:VAWC itself acknowledges that the plan was approved by Cabinet in September 2013, but that it was subsequently adjusted 'to accommodate changes made by Cabinet in terms of the national departments after the elections in May 2014'. This appeared to delay the public release of the document until July 2015. In addition, civil society have raised significant concerns at their lack of consultation in process: while the plan intends to be an integrated approach, and one that recognises that inter-sector collaboration is key to success, the integration is currently limited to intra-government integration. In line with the delayed release, there do not appear to be any annual reports, as intended, to describe the overall progress and the status of many of the milestones – identified for 2014 – are unknown. If the POA:VAWC was approved by Cabinet in 2013, notwithstanding the structural changes made following the 2014 elections, which affected DW, DSD, DCS and DoJCD, there would be no reason that other departments would not have started implementing the stated interventions. In particular, it would be expected that the approved POA:VAWC interventions would be referenced and budgeted for in the subsequent strategic and annual performance plans for each department. The diagnostic review will, in particular, focus on the 'flow through' of POA:VAWC ambitions to departmental level planning and implementation.

<sup>232</sup> Mikton *et al.*, 2011

<sup>233</sup> IMC, 2013

<sup>234</sup> IMC, 2013, p.4

<sup>235</sup> IMC, 2013 p.23

<sup>236</sup> Davis, 2015b

The POA:VAWC intends to 'provide a key platform for accelerating violence prevention and response efforts at all levels'.<sup>237</sup> While the POA:VAWC describes the importance of the three pillars of prevention and protection, response, and care and support, it has a strong emphasis on and shift towards prevention and early intervention, recognising that this ultimately reduces the incidence of VAWC, resulting in less pressure on the response, and care and support pillars. It also has a strong focus on societal and cultural norms, and patriarchal attitudes, in particular, recognising the role of the media in perpetuating and influencing these values.

The POA:VAWC recognises the 'implementation gap' between the legislation and the translation of these standards into reality: "the POA:VAWC outlines actions designed... to improve the implementation of existing laws and services aimed at victims of violence". However, it later goes on to identify the need to revise key parts of the legislation and fill the gaps between the international standards and national laws, with one of the plan's performance indicators, being number of legislative and policy frameworks related to violence, reviewed and amended. Given that the South African legislative framework for VAWC is renowned for being a broadly strong and comprehensive model, the focus of the POA:VAWC may be better directed on the many known implementation weaknesses.

The POA:VAWC references the establishment of the NCGBV in 2012 and acknowledges that the membership of this committee, which was represented by both government and civil society, "clearly shows that addressing VAWC is a societal responsibility that cannot be left to government alone". This statement, and others in the document, imply that the Council is still operational, although this perhaps reflects its publishing date in August 2014 before the purpose or fate of the Council had been determined by the newly established DW. Interestingly, one of the performance indicators in the plan is: existence of one designated lead structure in government to direct collaboration and coordination across sectors.<sup>238</sup> This would place the IMC in that role as the one designated lead structure.

While the POA:VAWC represents the first national strategy on VAW, a national plan of action for children (NPAC), whose mandate included VAC, was first established in 1996. The most recent NPAC (2012-2017)<sup>239</sup> was developed by the DWCPD and approved by Cabinet in May 2013. The NPAC is very broad, covering child survival, child development, child protection, the standard of living of children and child participation, of which child abuse and neglect is one component of child protection.

The focus of the NPAC is on realising the rights of the child, and when the DWCPD was disbanded, this mandate was transferred to the DSD. It is unclear whether the DSD adopted the lead role for the NPAC in this re-shuffle and whether the NPAC remains active. Despite the intention to report annually and publicly on the progress of implementing the NPAC, no progress reports are available.

A significant shortfall of the NPAC is that, while it establishes goals, objectives, strategies and departmental roles and responsibilities for child abuse and neglect, it does not include specific action items for each department. The national indicators are high level outcomes which do not contain baselines or targets. It is not possible therefore to map the intended child abuse and neglect interventions of the NPAC with the POA:VAWC to understand whether the POA:VAWC supersedes the NPAC.

The NPAC differs from the POA:VAWC in that it attempted to define and provide for provincial, municipal and civil society involvement with implementation and/or oversight of the plan. The Provincial Offices on the Status of Women, Children and People with Disabilities were intended to establish the Provincial Plan of Action for Children (PPAC) Steering Committees in each of the nine provinces. The PPACs were intended to comprise both government and civil society and were termed the "implementation arm" of the National Steering Committee (NPAC).<sup>240</sup> At a national level, involvement of civil society was less collaborative: 'the National Steering Committee...will determine the involvement of civil society organisations at a national level in the National Steering Committee and its sub-structures'.<sup>241</sup>

In addition, the NPAC specifically discussed the role of local municipalities as 'the primary location in which children find themselves [and have]... a key role to play to ensure that children's rights...are made a reality'. The NPAC does not, however, define specific roles and responsibilities for

<sup>237</sup> IMC, 2013, p.2

<sup>238</sup> IMC, 2013, p.28

<sup>239</sup> Republic of South Africa, 2012

<sup>240</sup> Republic of South Africa, 2012, p.98

<sup>241</sup> Republic of South Africa, 2012, p.99

municipalities, stating more broadly that they can: review all relevant bylaws against child rights principles; consult children and families in a meaningful way; and ensure ‘the best interests of the child’ is the central principle in all decisions and actions of the municipality.

#### **5.2.2.4 Departmental strategic and annual performance plans and integrated development plans**

Strategic plans, annual performances plans and integrated development plans (IDPs) translate the mandate of government departments into four and one year plans to achieve specific outcomes and targets. While the departments in the scope of this review have a role to play to address VAWC as part of their departmental mandate, not all departments reported that they had specific, documented outcomes and targets related to VAWC, and not all departments report that their strategic and annual performance plans or IDPs make explicit reference to VAWC as a priority area.

A review of departments’ SPs and APPs identified only 36% of SPs and 33% of APPs in fact contained programmes targets or outcomes relating to VAW or VAC. This was different from survey responses. Departments were more likely to think that their departments have documented outcomes/targets for VAW and VAC. 21 respondents indicated that their departments had documented outcome for VAW while 13 indicated they did not. Fewer departments indicated targets for VAC. Only 15 departments said they had targets while 19 said they did not.

When asked if their “departmental strategic plan or annual performance plan make explicit reference to VAWC related specific priority areas” 54% responded yes for VAW and 45% for VAC. Similarly, this differed from the results from a direct review of departments’ SPs and APPs, which revealed a much lower mention of VAW and VAC as strategic priority areas. A mere 9% of documents reviewed contained mention of VAW or VAC in their forewords, and only 20% of SPs and 9% of APPs mentioned VAW or VAC in their situational analyses.

At a national level, there is an opportunity to integrate and streamline the various plans and related indicators in a way that contributes to a more focused attempt to achieve prioritised targets. A review of departments’ strategic plans and annual performance plans, intersectoral plans of action, and several provincial plans revealed that there is little coordination in terms of targetted outcomes and indicators which serve to drive and measure the response to VAWC. In addition, several interviewees mentioned that where activities are not articulated in officials’ individual key performance indicators (KPIs), departmental targets or reporting requirements, the likelihood that they will be carried out is significantly compromised. Levels of activity and success in addressing unmeasured or poorly measured targets are therefore reliant on benevolent individuals, rather than supported by institutional governance.

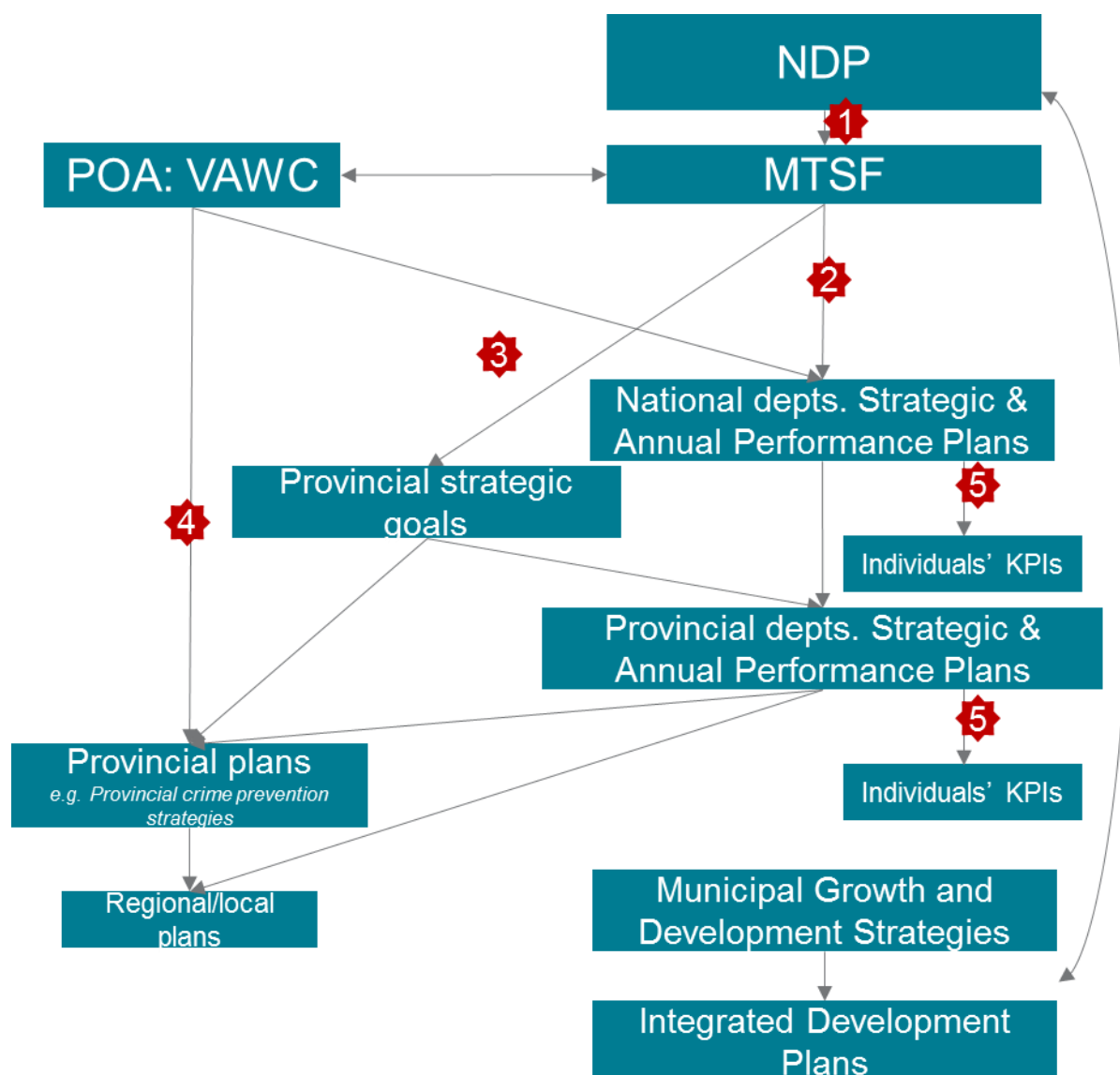
The POA:VAWC provides the first integrated, national set of outcomes for VAWC. These are:

- By 2018, a national enabling environment is created to transform attitudes, practices and behaviours leading to women and children living free from violence in line with human rights principles;
- By 2018, women and children at risk and survivors of violence benefit from improved access to comprehensive, integrated and timely support services;
- By 2018, increased number of female and child survivors utilising long term care, support and empowerment services;
- By 2018, an increased number of perpetrators are enrolled in social reintegration and rehabilitation programmes; and
- By 2018, women and children are better protected from violence through a strengthened system with supportive legislative, policy, institutional frameworks, adequate resources, organisational capacity and a comprehensive and evolving evidence base.

While the POA:VAWC represents a positive step toward developing a comprehensive national M&E system for VAWC, in order to be successful, it will need to ensure upward and downward linkages to existing plans, targets and performance indicators. Particularly, it will need to link to the MTSF and to departments’ annual performance plans and reporting requirements, and it will also need to be supported by designated teams or individuals within departments whose role in carrying out the plan is clearly identified and articulated. Similarly, linkages also need to be strengthened between national and provincial plans and programmes. If provincial strategic plans and priorities are aligned with those

at a national level, the provision of funding is also supported, since provincial treasury departments are guided by the former in their allocation of discretionary funds. **Error! Reference source not found.** and the supporting table illustrate and describes the specific points in which linkages between national, departmental, and provincial plans break down.

**Figure 7: Planning and reporting framework for VAWC**



- 1** As discussed in the section on mandates and policies, the MTSF does not provide clear and useful targets and indicators relating to VAWC, and therefore fails to provide a strong directive for government to address VAWC.
- 2** Very few departmental strategic plans and annual performance plans articulate outcomes or indicators relating to VAWC.
- 3** Despite Cabinet approval in 2012, the planned interventions in the POA:VAWC (2013-2018) do not feature in the respective departmental strategic plans or annual performance plans; the goal and outcome metrics are not supported by output metrics which link the necessary departments to the outcomes, outputs and departmental plans. As such, there is a risk that departments will not be held accountable for achieving these outputs.

- 4** Similarly, the planned interventions in the POA:VAWC do not feature in provincial plans and strategies. While provinces are able to determine their own priorities, it is expected that there will be coherence with nationally established policies and mandates.
- 5** Several interviewees highlighted that a lack of inclusion of VAWC activities in individual employees' KPIs means that VAWC outcomes are often reliant on benevolent individuals' motivation to focus on VAWC.

While the POA:VAWC provides the starting point for a comprehensive monitoring and evaluation system for VAWC, there are weaknesses in the current design. The identification of outcomes and the supporting results and resources framework is a positive development although not linked to a theory of change as to what works to achieve the programme's ultimate goal of eliminating VAWC. For example, one of the five objectives of the POA:VAWC is to ensure the provision of reintegration and rehabilitation services for perpetrators of violence. This is a arguably a strange focus for the POA:VAWC and this objective has no supporting interventions in the POA:VAWC's results framework to better explain the planned activities for achieving the objective. 'Reintegration' and 'rehabilitation' imply perpetrators who have been convicted, however, not only is there no evidence, even internationally, that such interventions are effective, but the rate of conviction for crimes of VAWC is widely acknowledged to be low; the POA:VAWC itself cites that, on average, only one in 200 rapists is convicted.<sup>242</sup>

A further risk with poorly designed indicators is that they encourage unintended behaviours. Outcome 3 of the MTSF articulates the target that the number of crimes against women, children and other vulnerable groups reported is reduced by two percent per financial year. The design of this target presents a danger in that it does not incentivise police to assist victims in accessing justice – in fact it does quite the opposite. The misconception that lower reported VAWC figures represents SAPS success means victims are often sent home on the grounds that their complaints relate to private matters that should be resolved between the complainant and the perpetrator directly. On the contrary, for the first few years of an increased effort to address VAWC, the expected number of cases of VAWC reported should increase as victims are more confident to come forward and report cases. At all times, police should be incentivised to encourage reporting and to increase conviction rates.

The evaluation therefore finds that there is a lack of alignment in the overall planning framework for VAWC. The intended outcomes for VAWC that are set out in the POA:VAWC do not align with departmental outcomes in the strategic and annual performance plans, nor municipal IDPs. Indicators are not designed to measure impact and may lead to unintentional behaviours.

### 5.2.3 International perspectives

#### Violence against women

In 2010, the WHO published a series of briefings summarising the evidence of the effectiveness of various strategies in preventing violence.<sup>243</sup> The briefings identify a crucial strategy in dealing with the underlying causes of VAW is to engage men by challenging dominant constructions of masculinity and using approaches incorporating bystanders and social norms change. There is some evidence to suggest that school and community interventions that challenge stereotypes and patriarchal cultural norms can promote gender equality and reduce VAW.<sup>244</sup> Examples of initiatives which have adopted this approach are the White Ribbon Campaign and Men for Change (both Canada), Safe Dates (US), Youth Relationship Project (Canada) and most recently, Kenya has reported early indications of success in similar school based programmes.<sup>245</sup> While these initiatives were all led by NPOs, they are included here as examples of strategies that have been proven to deliver results.

Further evidence suggests that the combination of microfinance and gender equity training can help reduce intimate partner violence.<sup>246</sup> Australia has a National Plan to Reduce Violence against Women and their Children in Australia (2010-2022), which targets domestic and family violence and sexual assault. The Department of Families, Housing, Community Services and Indigenous Affairs' Office for Women provide policy advice and coordination across government to improve equality by supporting

<sup>242</sup> IMC, 2013

<sup>243</sup> WHO, 2010

<sup>244</sup> WHO, 2010

<sup>245</sup> WHO, 2010

<sup>246</sup> WHO, 2010

economic security and safety.<sup>247</sup> The WHO also cites the Stepping Stones intervention, which is implemented in several countries in Africa and Asia, as an example of a life-skills training programme which has a growing evidence base for effectiveness.<sup>248</sup> Despite it having been adapted and evaluated for the South African setting by the Medical Research Council (MRC), and shown to be very effective, it was never taken up by government as a strategy.

Several intervention strategies have looked at reducing the harmful use of alcohol, as well as reducing access to firearms.<sup>249</sup> There is insufficient evidence to suggest that the restriction of alcohol sales decreases crime and VAW, however, rehabilitation programmes for abusers of alcohol are supported.<sup>250</sup>

Having highlighted preventive programmes which show evidence of effectiveness, it is important to note that responsive programmes are also a critical part of any country's response to violence, and indeed many of them serve to prevent further violence, either by empowering survivors, or by breaking the cycle of violence. Important care and support programmes for victims of VAW include advocacy programmes (information, training, counselling, referrals for substance abuse and social and legal services), shelter and post-shelter services, positive safety-seeking behaviours and healthcare.<sup>251</sup>

For example, victim identification, care and support programmes are also emerging as effective programmes in breaking the intergenerational cycle of violence.<sup>252</sup> Good practice in screening to identify victims by asking about current relationships, and experience of physical, sexual and emotional violence is that it should be carried out by health care providers who have adequate training.<sup>253</sup> Using this approach, the Canadian emergency department saw an initial increase in the detection of victims from 1% to 14%.<sup>254</sup> Common tools used are the Abuse Assessment Screen; Hurt, Insulted, Threatened with harm and Screamed at (HITS); and the Indicators of Abuse Screen.

Education and training for service providers has been shown to be important and is effective in increasing perceived self-competency, and ultimately resulting in better services.<sup>255</sup> Sexual assault/forensic nurse examiner (SANE) programmes have been implemented in Canada, the UK and the US to provide care, conduct medical examinations, counsel and support (emotional and psychologically) as well as to refer victims to specialists and provide evidence in court. There is some evidence that these programmes are effective in each of these countries.<sup>256</sup> Helplines are also very useful providing women with emotional support and informing them of their options for taking action, but must have extended hours, because women reportedly feel safer calling after midnight. Lastly, initiatives to provide special courtroom measures that cater to women have seen an increased level of satisfaction in the victims/survivors' experience with the criminal justice system and have reduced levels of perceived intimidation and anxiety. These courts have been implemented in Canada and the US.<sup>257</sup>

## Violence against children

According to Fouche<sup>258</sup>, most sexual child abuse prevention programmes globally are child-focused and have four objectives:

1. helping children to recognise potential abusers and abusive situations;
2. teaching children about boundaries, how to resist by saying "no", and to escape from the potentially abusive situation;
3. encouraging reporting of past and ongoing abuse (Kopp & Miltenberger 2009:194; Wurtele 2009:4); and

<sup>247</sup> WHO, 2010

<sup>248</sup> WHO, 2010

<sup>249</sup> WHO, 2010

<sup>250</sup> WHO, 2010

<sup>251</sup> WHO, 2010

<sup>252</sup> WHO, 2010

<sup>253</sup> Morrison *et al.*, 2000

<sup>254</sup> Morrison *et al.*, 2000

<sup>255</sup> Uganda Police Force, 2007

<sup>256</sup> Campbell *et al.*, 2005

<sup>257</sup> WHO, 2010

<sup>258</sup> Fouche, 2012

4. motivation of professionals, parents, and caregivers to educate and protect their children regarding sexual child abuse (NSVRC 2011).

The author also found that in most of these programmes, the focus is on the child as primary agent of change, which is problematic as it is difficult to teach children to mistrust some adults and that abuse is most likely to be perpetrated by somebody that they know and trust.

Bissell<sup>259</sup> identified several types of approaches internationally that are supported by evidence of their impact. They include:

- Programmes supporting parents, caregivers, and families;
- Programmes strengthening child and adolescent life skills;
- Programmes changing attitudes and social norms that encourage violence and discrimination; and
- Promoting and providing support services for children.

School-based approaches focus on maintaining safe schools, including life skills and psychosocial interventions, deterrence (e.g. rules, regulations, zero tolerance policies), and surveillance (e.g. metal detectors, security guards).<sup>260</sup> Action Aid assisted in the development of a model policy for prevention, management and elimination of violence against girls in schools, which has been piloted in Malawi, Senegal and Ghana and widely disseminated throughout Africa.<sup>261</sup> “The policy sets out roles and responsibilities for the various stakeholders in the education sector in terms of prevention, identification and reporting of violence against girls; assistance for those suffering from violence; dealing with perpetrators; and capacity-building for the prevention of violence in schools”.<sup>262</sup> It outlines the establishment of a national monitoring body composed of stakeholders in the education sector, to monitor progress combating violence against children in schools.

Instead of just focusing on the child in school, many VAC interventions focus on the family as the unit of change.<sup>263</sup> Parenting programmes incorporate parenting training, child education, and social support, and have been shown to help decrease the rates of child maltreatment.<sup>264</sup> There is evidence that, among other things, training in positive interactions between parents and children, emotional communication and alternative disciplinary techniques are effective strategies.<sup>265</sup> In addition, several factors have been identified as contributing to the effectiveness of parenting programmes, including:<sup>266</sup>

- The provision of the services in more than one setting (e.g. home and office);
- The provision of both group and individual services;
- The provision of services over a sustained period; and
- Delivery by trained nurses, social workers or other professionals.

The Early Enrichment Project in Turkey was a four-year initiative carried out between 1982 and 1986 in five low-income districts in Istanbul with families with children of three and five years. It aimed to create a development-literate family environment among under-privileged mothers and their children. Mothers participated in biweekly, one-hour discussions on child development and parenting led by local coordinators. In addition, ‘mother’s aides’ — trained mothers from the same communities — visited participants at home every other week and gave them training on child rearing techniques. In terms of impact, after two years the evaluation found that mothers demonstrated better parent-child communication, a 73 percent reduction in use of physical punishment, and fewer problem behaviours among their children. A follow-up study 10 years later found that the mothers had improved their literacy and spousal relationships and, on average, their children had lower dropout rates, higher primary

<sup>259</sup> Bissell, 2014

<sup>260</sup> Gottfredson *et al.*, 2000

<sup>261</sup> ACPf, 2014

<sup>262</sup> ACPf, 2014

<sup>263</sup> WHO, 2010

<sup>264</sup> WHO, 2010

<sup>265</sup> WHO, 2010

<sup>266</sup> WHO, 2010



school grades, better vocabulary scores and less aggression. The program was later scaled up nationally, and has since been replicated in 13 countries (including Belgium, The Netherlands, Germany, Jordan and Saudi Arabia).<sup>267</sup> Another example of a successful parenting programme is the Child-Parent Centre preschool programme in the United States, which measured an increase in court petitions and referrals to child protection services, indicating increased awareness of retribution paths. It also showed decreased levels of violent behaviour and rates of violent offences and arrests.<sup>268</sup>

#### **Readiness summary:**

A large number of South African departments have a substantial role, legislated or otherwise, to prevent violence or respond to and provide support for victims. This section summarises the specific roles and policies of those departments in scope for the diagnostic review with respect to the provision of VAWC services. The section also explores the national, cross cutting policies that inform the strategic priorities of those departments.

The National Development Plan (NDP) and the Medium Term Strategic Framework (MTSF) do not emphasise VAWC in the strategic intent to reduce crime. The POA:VAWC represents the first national strategy on VAW. The national strategy for VAC has been a focus of the National Plan of Action for Children (NPAC) which was first established in 1998, and whose current term is 2012-2017. It is unclear how the current NPAC relates to the POA:VAWC. These national documents speak to an integrated response to VAWC and VAC, recognising the necessary role of several government departments. However, the intended outcomes, activities and indicators set out in these documents are not reflected in corresponding strategic and annual performance plans of the respective departments. The role of local government in addressing VAWC is seldom recognised, and does not reflect in municipal IDPs. This lack of alignment in the overall planning and performance framework for VAWC means that the intended results of national plans are not prioritised by departments or municipalities.

Level of readiness: **Partially ready**

## **5.3 Leadership and political will**

The WHO model defines the 'will to address' as leadership, political will, public will, advocacy and communication. The concept of leadership can include political, religious, business and civil society. For the purpose of this review it is defined as the political will to address VAWC and leadership of the various government institutions mandated to address VAWC in South Africa. The prioritisation of the VAWC agenda in South Africa is therefore dependent on the country's leadership and political will.

### **5.3.1 Leadership**

Leadership of the violence agenda for women and children needs to be understood at various levels. At a national level, there is need for a champion, or multiple champions, with enough power to influence factors such as political priorities, budgets, and implementation. At a provincial and district level, it is crucial to have leadership of VAWC issues in localised spaces, as this is where violence occurs and services are delivered, in order to ensure that programmes are appropriately prioritised, implemented as intended, resourced and evaluated. It is also important that individuals and organisations in positions of leadership have sufficient power, status, knowledge and influence in order to champion the VAWC agenda. Without this, other focus areas will succeed in taking priority over VAWC, where this may not be justified in terms of urgency of need.

Political will is critical for an effective response to VAWC. It refers to the degree to which political leaders actively give attention to the issue and back up that attention with financial, technical and human resources. There is a perception of political weakness in South Africa to take effective measures to address VAWC, meaning political leaders are not perceived to express strong commitment to VAWC prevention or response.<sup>269</sup> Studies have shown that political leaders are often

<sup>267</sup> Bissell, 2014

<sup>268</sup> Reynolds and Robertson, 2003

<sup>269</sup> Makoe *et al.*, 2012

not willing to invest in long term prevention programmes, such as VAWC, which typically yield results beyond their political term.<sup>270</sup>

Political leadership for VAWC sits within a broader context of accountability to women and children. Weak political will to address VAW reflects the status of women in South African society. Historically, South African women, like their global counterparts, have been undermined in all aspects of life; within the family context, the workplace and in society as a whole. This is further exacerbated by the patriarchal norms that are prevalent in South Africa, creating a fertile ground for abuse and maltreatment. VAW will therefore not be addressed unless women are legitimate and equal members of society, being empowered through all oversight and accountability processes. As stated by the UN Secretary General, Ban Ki-Moon, “a primary litmus test of gender responsive accountability will be the elimination of VAW”.<sup>271</sup>

For many years, Nelson Mandela was a clear political and social champion for children in South Africa. This may be attributed to the vulnerable nature inherent in being a child and the natural inclination to take care and protect children. However, in more recent years, the general perception is that issues related to VAC are only emphasised on special days in the calendar or when there is a high profile incident reported in the media. Interviewees also identified a lack of knowledge and understanding among the leadership around VAWC and how to prevent it.<sup>272</sup> There was a perception among provincial interviewees at the DSD, DoE and DoH that provincial leaders lack knowledge and understanding of VAWC issues.

### 5.3.2 Political prioritisation of VAWC

Countries are diverse and multifaceted, and South Africa is especially so. The opportunity costs which arise as a result of balancing social, economic and structural needs are complex and often result in large proportions of society being somewhat unsatisfied with the result. With the limited resources and increasing needs of society, the issue of prioritisation has never been more important and at the same time more difficult. A lack of effective prioritisation results in no prioritisation at all. By trying to address all issues, already limited resources are allocated too thinly, often not providing the ‘critical mass’ to achieve actual change, and resulting in the provision of merely peripheral or minimum services (and in particular, in the context of public health issues, just response, rather than prevention, initiatives). Prioritisation means leaders must acknowledge that some things are more important than others which can result in the potential alienation of certain groups of the public whose issues are not seen as a priority.

*Is VAWC a national (country-wide) priority?*

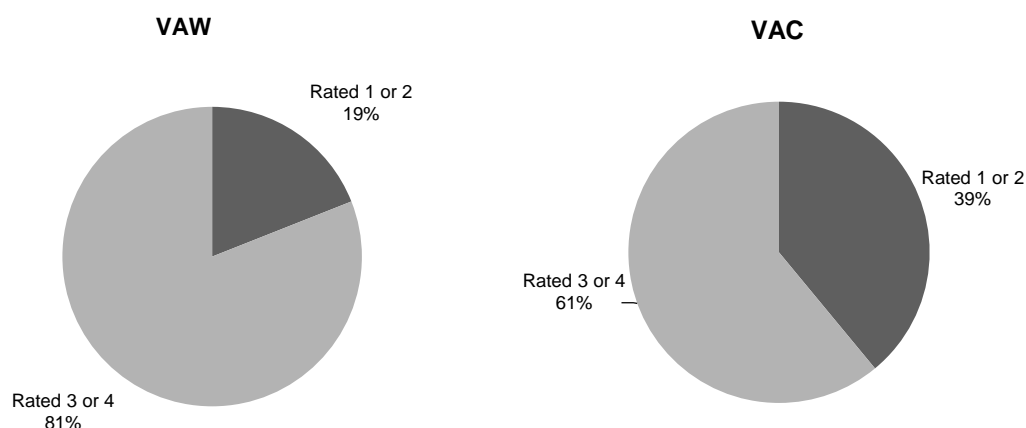
Representatives of departments were asked in the survey to indicate what the level of priority they thought VAWC is given nationally. The majority of respondents, 81%, indicated that VAW was a national priority. Fewer respondents, 61%, indicated that VAC was a national priority. More than half (inclusive) of respondents from DoH, DoJCD, Safety and Treasury indicated that VAC was not a national priority. Similarly, half of respondents from Safety and Treasury did not believe VAW was a national priority. Local government also stated that VAC was not a national priority with one respondent stating **“early childhood development is the national priority – but VAC should be part of that agenda”**.

<sup>270</sup> Makoe et al., 2012

<sup>271</sup> UNIFEM, 2009

<sup>272</sup> Interview respondents: DSD, Education, DoH.

**Figure 8: Responses to the survey question: In your view, what is the level of priority that VAWC is given nationally on a scale of 1-4, where 1 is “not a priority at all”, and 4 is a top priority?**



When analysed by province, respondents from Northern Cape, Western Cape and national departments did not believe that VAC was a national priority. Overall, VAW was reported to be a national priority across national and provincial spheres. Respondents at the municipal level, however, consistently rated the level of national prioritisation of VAWC at either 1 or 2.

#### *Is VAWC a provincial priority?*

Departments were also asked whether VAWC was a priority of the province's premier. According to interviewees, none of the provinces had specifically prioritised VAC. Limpopo, Kwa-Zulu Natal and Mpumalanga generally articulated that VAW was a high priority of the premier, while interviewees from the Eastern Cape, Free State, Gauteng, North West, Northern Cape and Western Cape mostly indicated that VAW was not a priority of the premier.

**Table 9: Interviewees' assessment of whether VAW was priority to premier**

	Provinces	Priority of the Premier	Not a priority of the Premier
1.	Eastern Cape		x
2.	Free State		x
3.	Gauteng		x
4.	Kwa-Zulu Natal	x	
5.	Limpopo	x	
6.	Mpumalanga	x	
7.	North West		x
8.	Northern Cape		x
9.	Western Cape		x

#### *Is VAWC a municipal priority?*

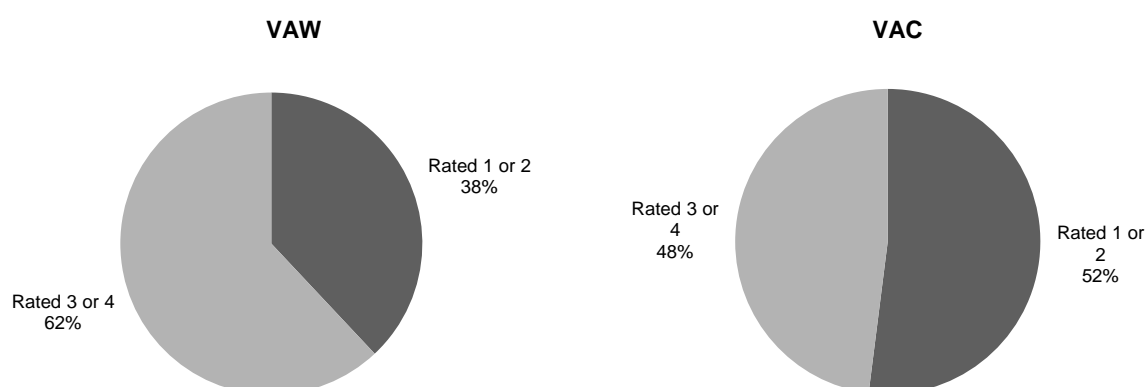
The results across the municipal sphere varied. Some municipal respondents reported that VAWC was a political priority and leaders were well versed in the local issues on violence. There seemed to be more of an emphasis on VAW than VAC. One municipal respondent reported that **“sometimes we have a budget for [VAW] but it is usually diverted for other priorities, particularly water and electricity”**. Consistently, however, prioritisation of VAW and VAC was rated more highly at the

municipal level than at the national level, indicating that municipal respondents think that national government is not doing enough to address VAWC.

*Is VAWC a departmental priority?*

Surveys asked respondents to indicate the level of priority that VAWC is given in their department. Half of all respondents indicated that VAC was a departmental priority. More respondents, 62%, indicated that VAW was a departmental priority. Several respondents from DoH, DoJCD, DHET, Safety and Treasury indicated that VAC was not a departmental priority. Similarly, several respondents from DBE, DoH, OTP and Treasury did not believe VAW was a departmental priority. This means that more respondents indicated that VAWC is a national (country wide) priority than a departmental priority, which raises further questions about which departments are therefore implementing on the national priority and may be an indication of poor accountability and lack of clarity around roles to implement existing strategies to tackle VAWC.

**Figure 9: Responses to the survey question: In your view what is the level of priority that VAW and VAC is given within your department on a scale of 1-4 where 1 is “not at all”, and 4 is “a top priority”?**



Departmental strategic plans and annual performance plans contain forewords by the minister, deputy minister and director general describing the particular departmental priorities. In an analysis of these forewords, 89% of departmental documents reviewed did not contain specific mention of VAWC as a departmental priority. The table below shows those that did mention VAW and VAC.

**Table 10: Departments that did mention VAW or VAC in the foreword of their SP or APP**

Province	Department
National	DSD, SAPS
Eastern Cape	Safety
Free State	DSD
Gauteng	DBE, OTP
Kwa-Zulu Natal	DSD
Limpopo	DoH, Safety
Mpumalanga	Safety
North West	DSD
Northern Cape	DSD, Safety
Western Cape	DSD

Perhaps most concerning was that in interviews with the DoH, DSD and Community Safety, interviewees stated that “**VAWC is not a priority**”. A respondent from the education sector articulated that “**political will is lacking, there is a lack of leadership commitment. [The] DDG has no interest or priority of GBV**”. This has served as a key constraining factor in the implementation of VAWC. A respondent from an OTP specifically questioned the sincerity of officials to address VAWC. Overall there appear to be gaps in the perceived and actual levels of priority for VAWC across departments.

*Which department is responsible for leading the VAWC agenda?*

The recent POA:VAWC identified the DSD as the lead department for coordinating implementation of the POA:VAWC. While national departments identified the DSD as the lead department for VAWC, among provinces there was less consensus of which department was leading the VAWC agenda. Provincial departments all reported different leads for VAWC, including the DSD, OTP, DoH and Safety.

### 5.3.3 Oversight

The United Nations Handbook for National Action Plans on Violence against Women states that “national action plans articulating strong political leadership, oversight and engagement are better placed to receive ongoing support, prioritisation and resourcing than those which do not”.<sup>273</sup> Many international plans therefore outline a governance structure including oversight from a lead minister, secretary or other office bearer with a relevant portfolio responsibility. The profile and political strength of the lead office bearer is found to be a determining factor of the degree to which the implementing institutions and structures are appropriately resourced and mandated.<sup>274</sup>

Parliamentary committees are the oversight mechanism through which compliance with and implementation of the legislation is monitored. Departments must account to the committees on challenges they face in implementing legislation, progress made in achieving strategic goals, budgeting processes and on matters for which committees invite them to present. Committees provide platforms through which related organisations, such as academia and civil society, and members of the public are invited, specifically to raise issues and contribute expertise, which inform and shape the views of committee members.<sup>275</sup> Committees are, in general, proportionally representative of the parties in Parliament. The Portfolio Committee is comprised of members of the National Assembly (NA)

<sup>273</sup> UN Women, 2012

<sup>274</sup> UN Women, 2012

<sup>275</sup> Thorpe *et al.*, 2015

appointed by the NA to shadow the work done by the various government departments.<sup>276</sup> The National Council of Provinces (NCOP) appoints from its permanent members a number of Select Committees to shadow the work of the various national government departments and to deal with Bills. The Select Committees oversee the work of more than one government department.<sup>277</sup>

There are a number of committees relevant to VAWC:

- Portfolio Committee on Health;
- Portfolio Committee on Social Development;
- Select Committee on Social Services;
- Select Committee on Women, Children and People with Disabilities;
- Portfolio Committee on Women, Children and People with Disabilities;
- Portfolio Committee on Justice and Constitutional Development;
- Portfolio Committee on Police; and
- Select Committee on Security and Constitutional Development.

However, while several parliamentary committees have explored aspects of VAWC, such as the criminal justice aspect, health aspect, and children's rights aspect, no committee takes a holistic view of the full state response to VAWC.<sup>278</sup> Parliamentary committees also do not get involved in the operational or programmatic level of response. The levels of VAWC in South Africa have reached crisis level and have been compared to a country at war. As such, there is a strong argument for a specific, extra-ordinary mechanism to provide oversight to VAWC.

In terms of structures to support the VAWC sector and provide leadership and direction, many interview respondents stated that the absence of the NCGBV was a gap in ensuring oversight and coordination of the sector. The objectives of the NCGBV were to:

- Bring together a multi-sectoral approach to GBV;
- Provide political and strategic guidance to address GBV;
- Strengthen the coherence of strategies across government and civil society;
- Coordinate, monitor and evaluate the execution of all GBV interventions;
- Mobilise resources for the optimal achievement of the mandate of the Council and the delivery of the national strategic plan<sup>279</sup>;
- The role of the Council focused on GBV, and as such would not, in its original form, be concerned specifically with VAC.

Led by the deputy president, the NCGBV placed oversight of government departments at the highest level, the Presidency. The NCGBV was based on the South Africa National AIDS Council (SANAC) model which played an important role in the country's success in addressing HIV/AIDS. Importantly, the Council intended to include civil society to ensure the oversight and coordination function considered and represented all those who understood the crisis and had the technical expertise to guide the national response.

The NCGBV is currently inactive and those interviewed believed that this has resulted in a gap in the country's coordinating mechanisms. Its inactivity contributes to the perception that VAWC is not a priority. In the absence of the Council, respondents indicated that there was a gap in the leadership of the VAWC agenda. SANAC was frequently raised as a 'best practice' model of a structure to provide leadership and direction to a complex, multi-sectoral issue. It is important to emphasise that the NCGBV was concerned specifically with GBV, a more limited purview than VAWC, which ignores the majority of types of, and incidents of, VAC, and the relationship between VAC and VAW in the cycle of violence. There is no oversight body to hold government accountable for its response to VAC.

<sup>276</sup> [http://www.parliament.gov.za/live/content.php?Category\\_ID=28](http://www.parliament.gov.za/live/content.php?Category_ID=28)

<sup>277</sup> [http://www.parliament.gov.za/live/content.php?Category\\_ID=28](http://www.parliament.gov.za/live/content.php?Category_ID=28)

<sup>278</sup> Thorpe *et al.*, 2015

<sup>279</sup> DWCPD NCGBV Report on the work of the NCGBV, 4 June 2013

There are many similarities in the objectives of the Council to the objectives of the IMC to address the root causes of VAWC. The IMC focuses on the full complexity of VAWC and is not limited to GBV. However, the IMC is a political body with a short term remit, which does not meet regularly or frequently. It is not visible to those in the sector; many interview respondents were not aware of the body. The Council included representation of civil society which the IMC does not. The IMC also does not have any interaction with provincial and local government leaders. While the IMC has created focus and impetus in the establishment of the country's first integrated programme of action, it is important that there is a formal oversight structure to monitor the implementation of the programme. The IMC is led by the Minister of Social Development and is therefore not the appropriate body to hold departments, including the DSD, to account for the implementation of the POA:VAWC. The DoW is named as responsible for monitoring the implementation of the programme but there is no body or mechanism through which to do so. As no monitoring of the POA:VAWC has occurred, it is unclear whether the Department, while based in the Presidency, would have the same level of impact and success as the SANAC model, or the intended NCGBV model.

The evaluation concludes that South Africa lacks an effective oversight mechanism which can hold government accountable for its progress with respect to reducing and eliminating VAWC. The absence of a dedicated oversight body, in particular, may be exacerbating this issue.

#### 5.3.4 International perspectives

In recent years, VAWC has increasingly become an area of focus for global leaders, with a number of high profile incidents leading to public condemnation by political leaders. In his first major address since taking office, the Prime Minister of India, Narendra Modi, spoke at length about the problem of rape culture in India. He challenged citizens and government to change the way rape is thought about, challenging victim blaming and emphasising the need to educate men and boys to change. He also condemned female infanticide and foeticide. Modi's address came soon after several high profile incidents of violence against women and girls, including a horrific gang rape in the Uttar Pradesh which saw two young girls murdered and left hanging from a tree for their village to find.

President Barack Obama of the United States has made a number of high profile statements and public service announcements, including during major televised events such as the National Football League (NFL) Superbowl and the Grammy Music Awards, to condemn violence against women. This has again been largely in response to high profile incidents of violence against women, including NFL player Ray Rice being caught on camera punching his fiancée unconscious in an elevator, and a series of incidents of university campus rape and violence.

The British Commissioner of the Metropolitan police, Sir Bernard Hogan-Howe has recently vowed to ensure that the police treat rape and sexual offences as seriously as terrorist threats to Britain. This is a concerted effort on the part of the commissioner to prioritise sexual offences especially against the backdrop of an estimated 80% of victims of sexual offences not reporting their attacks.<sup>280</sup> This stance against sexual offences communicates to all audiences, including law enforcement officers, victims and perpetrators, that the police have prioritised sexual offences and that the government will take a strong stand against perpetrators.

The Australian Army Lieutenant General, David Morrison, a top ranked man in the Australian armed forces made a video addressing the scale of sexual violence that women officers face in the army. His message went viral with many across the world applauding his leadership stance on this moral degradation within the army ranks. He urged men to "stop being bystanders to sexual abuse among their colleagues emphasising this point by stating that "the standard you walk past is the standard you accept." He also directed this to all Australians with special emphasis to those in leadership positions. He has subsequently spoken on many platforms of the role men should play in changing the cultural notion that VAW is acceptable and has encouraged inclusivity in the workplace especially of male dominated industries. This zero tolerance position on VAW is a good example of visible leadership.

While these high profile speeches have been in response to high profile incidents, it remains to be seen whether the political will to address VAWC remains high on the agenda of global political leaders even long after the dust settles.

There is wide consensus that a comprehensive response to VAWC requires visible leadership. The United Nations Secretary General's study on Ending Violence against Women claims that "the most

<sup>280</sup> Angyal, 2014

effective weapon to fight violence against women is a clear demonstration of political commitment, such as statements by high level government officials, backed by action and the commitment of resources by the State.”<sup>281</sup> Locally, the now dismantled NCGBV confirmed this statement by recognising the “need for strong political leadership and the meaningful participation of all sectors of civil society in the multisectoral national response to gender-based violence.”<sup>282</sup> This would apply equally to VAWC.

Similarly, in their report on the Violence Prevention Model and Action Plan, Gender Links observed that “no social change campaign has ever been effective without key political mobilisation, targets and indicators expressed in a national campaign that inspires all stakeholders, especially at the local level”.<sup>283</sup>

South Africa does not have consistent, high level leadership on VAWC. The IMC is an attempt to provide this; however, this is inadequate as the IMC is not visible to the public.

#### **Readiness summary:**

Leadership and political will to address VAWC are critical to ensuring that VAWC is prioritised as a national, provincial and departmental concern. Individuals and organisations in positions of leadership must have sufficient power, status, knowledge and influence in order to effectively champion the VAWC agenda.

There is a perception of political reluctance and weakness to drive the South African response to VAWC. The POA:VAWC has clearly defined government’s accountability to eliminate VAWC. However, the diagnostic review found that officials see VAWC as a national priority but not a departmental priority. Few departments have VAWC targets or mention VAWC in their SPs and APPs. Municipalities also had limited mention of VAWC in IDPs, though urban safety is often referred to. This lack of leadership on VAWC may undermine what must be a multi-sectoral response and may contribute the current ‘implementation gap’ with respect to VAWC and particularly the POA:VAWC. The role of the DSD to lead a multi-sectoral response to VAWC is often not clear, particularly in terms of the provincial response.

South Africa also does not have an oversight body which can hold government to account for its progress with respect to reducing and eliminating VAWC. The National Council against Gender Based Violence (NCGBV) was intended to serve this role and place the oversight of departments in the Presidency. Importantly, the Council intended to include civil society to ensure the oversight and coordination function considered and represented all those who understood the crisis and had the technical expertise to guide the national response. However, the NCGBV did not include a focus on VAWC which represents a significant gap in a national response to VAWC. While the IMC, typically a short term body to provide focus and impetus to a national issue, has driven the development of the country’s first integrated national programme of action, the sector now requires a longer term structure to ensure appropriate oversight of the departments responsible for implementing the national response.

Level of readiness: **Partially ready**

## **5.4 Integration and inter-sectoral collaboration**

*‘Crime and violence cannot be solved unless there is a collaborative response from many sectors, across the developmental spectrum.’<sup>284</sup>*

<sup>281</sup> UN Women, 2006

<sup>282</sup> NCGBV, 2011

<sup>283</sup> Gender Links, 2008

<sup>284</sup> Holtmann, 2011



This dimension considers the integration of VAWC service delivery and inter-sectoral collaboration within the VAWC sector. Solving complex social problems requires well-coordinated interventions from a range of role players, across several sectors and spheres of government.

Global experience widely recognises that, in order to address the multi-faceted issues of social and public health issues like VAWC, there needs to be a high level of collaboration between different government departments, between the government and NPO sectors, and even between different intervention programmes and oversight bodies.<sup>285</sup> The evidence shows that siloed approaches to service delivery do not work well and that collaboration and integrated service delivery use limited resources more effectively and are more clearly focused on achieving the outcomes that governments are seeking for their communities.<sup>286</sup> Integration and collaboration is therefore required at two levels:

- **Strategic level collaboration:** a recognition and commitment to a multi-sectoral response to VAWC with leadership support across all relevant stakeholders and a shared vision of success. Collaborative strategic planning and sharing of information provides greater insights of service usage patterns and survivor needs.
- **Delivery level integration:** services which are integrated to provide a seamless pathway for service users, which breaks down government and sectoral siloes, shares information and is focused on client experience. Swifter and more coordinated management of individual cases can help stabilise conditions and prevent the need for high cost crisis interventions, such as foster care or hospitalisation at a later stage.

Integration and collaboration can further be considered across a continuum. At the less optimal end is an extremely fragmented system with providers working in isolation. Increasing collaboration takes the form of informal cooperation and information sharing between practitioners, to joint planning, shared resources, such as staff and tools, and information sharing through a single portal. The optimal scenario for achieving outcomes is where staffing, funding, technology, service delivery tools and case management are fully integrated.<sup>287</sup> This dimension explores the extent of collaboration and integration across the South African VAWC sector, in particular the coordinating mechanisms, partnerships, and networks across government departments, national, provincial and local spheres of government (inter-governmental), and with civil society and the non-profit sector (inter-sectoral) in the planning and implementation of the VAWC response.

Perhaps the best way to articulate the critical importance of an integrated response to VAWC is when its absence results in the death of a child.

### **A Case Study from South Africa: When the state fails to protect**

An eight-month-old baby boy presented as a sudden infant death and the cause of death was identified as gastro-enteritis and severe dehydration. The baby was in the care of his mother at the time of death; she claimed that the baby had a bottle feed and was put to sleep in the evening, but was found unresponsive the next morning. The autopsy showed the infant had foetal alcohol syndrome and was underweight. Although the baby has attended the local clinic for immunisations, no medical assistance was sought when he was ill, which could have prevented his death.

Based on these indicators of neglect, the case was referred to the local child protection agency (CPA) to investigate the home circumstances of the remaining children. The child death review (CDR) investigation revealed that the family had two previous child deaths in 2009 and 2011, despite the CPA knowing about the family since 2008 when they first investigated the care of the children due to the mother's alcohol abuse. Although the case was referred for suspected child neglect and alcohol abuse by the mother, initial contact was made by a volunteer who conducted a home visit, no further interventions were offered.

A concerned community member who took care of one of the older siblings made numerous attempts to report the alcohol abuse of the parents and questioned their ability to care of the children to the CPA. In addition, the social worker, at the hospital where the deceased baby was born, referred the family back to the CPA due to foetal alcohol syndrome for an investigation of the home circumstances. Although contact was made with the family, no intervention plan was put into place to work with the parents to ensure the children's safety. As an outcome of the CDR, the two remaining siblings, aged

<sup>285</sup> Mathews and Benvenuti, 2014; Gender Links, 2008

<sup>286</sup> KPMG International, 2013

<sup>287</sup> KPMG International, 2013

four and 10 years, were removed from the mother's care and a children's court enquiry determined that although all three child deaths were due to medical causes it cannot be ruled out that alcohol abuse and the social circumstances contributed to the deaths of the children. There were several opportunities for the state's child protection system to have prevented these three deaths.

This case study demonstrates the need for an integrated response system that is able to detect high risk cases through the sharing of information and effective referral between various stakeholders.

South African government has recognised that the national response has thus far been "fragmented and uncoordinated, resulting in insufficient accountability by all stakeholders involved".<sup>288</sup> The limited coordination across key government role players has been attributed to a lack of an overarching framework and implementation strategy.<sup>289</sup> Two interviewees from the national DSD agreed that **"there is a need for a collaborative model to inform the way the state responds to VAWC"**. The POA:VAWC therefore plays a significant role in improving collaboration across the relevant VAWC role players. This is recognised in the POA:VAWC itself, stating that a more cohesive and strategic approach is required to address the underlying causes of VAWC and to strengthen the systems that respond to it.<sup>290</sup>

The POA:VAWC speaks of need to 'systematise' the activities of all sectors, referring to the various government departments, spheres of government and civil society sector. Two guiding principles of the POA:VAWC are 'intersectoral' and 'partnership':

- **Inter-sectoral:** The POA:VAWC recognises that VAWC is a complex epidemic that affects all South Africans. A complex issue needs a multi-faceted approach based on practical action across the relevant areas of government, with each playing a very specific role. Reflecting this priority status, the POA:VAWC reflects an integrated government approach, linked to existing government agendas and strategies. It will be led by Ministers across a range of portfolio areas at national, provincial and municipality levels; and
- **Partnership:** The task of reducing the incidence and impact of VAWC will depend on the collaboration, coordination and partnerships between respective tiers of government in partnership with civil society organisations, academic research institutions, business, the media, beneficiaries and all citizens.<sup>291</sup>

Internationally, researchers and practitioners have recognised the overlap between child abuse and domestic violence for more than a decade. In South Africa, however, the delivery of services to abused women and maltreated children (VAW and VAC) continues to be separated. Historically, several factors have contributed to this separation: domestic violence and child protective services are at different points of development; they have different philosophies and mandates; they use different professional terminology; and they generally see themselves as having different missions.<sup>292</sup> Thus, domestic violence and child abuse are addressed by separate treatment and support systems, giving rise to service gaps when dealing with child victims of domestic violence.<sup>293</sup> The research asserts that it is vital to develop stronger collaboration between the two sectors in order to provide a more effective safety net for both adults and children who are victims of family violence.<sup>294</sup> The POA:VAWC, importantly, brings together both sectors under one strategic response which should help to foster improved integration and a more effective response.

Despite the intent described by the POA:VAWC, strategic collaboration and integration of VAWC services is, on the whole, mixed. There is potential to "do more with the same", i.e. achieving greater results through better integration of services. International experience has demonstrated how more can be achieved through integration, often with no additional budget or funding, or with some initial investment to integrate structures and systems.

### Strategic level collaboration

<sup>288</sup> IMC, 2013

<sup>289</sup> Thorpe *et al.*, 2015

<sup>290</sup> IMC, 2013

<sup>291</sup> IMC, 2013

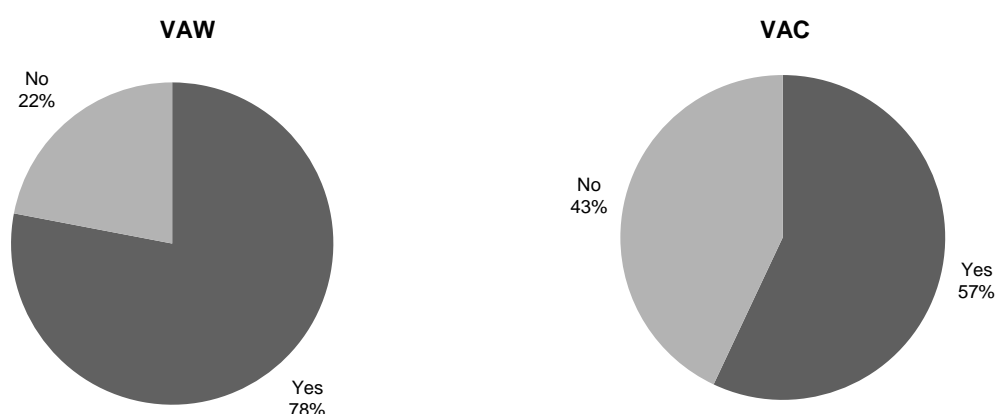
<sup>292</sup> National Clearing House on Child Abuse and Neglect Information, n.d.

<sup>293</sup> Nagia-Luddy, and Mathews, 2011

<sup>294</sup> Nagia-Luddy, and Mathews, 2011

Survey respondents were asked whether their department collaborated with other government departments with respect to VAWC planning, strategy, programmes, and/or policy analysis. Overall, the response was yes: 87% of respondents reported collaborating with other departments for VAW initiatives, and 56% of respondents reported collaborating with other departments for VAC initiatives. In absolute terms, almost double the amount of collaboration was reported for planning, strategy, programme and policy analysis related to VAW than VAC. In terms of VAC planning, strategy, programme and policy analysis, the number of respondents who indicated that they did not collaborate was almost similar to the number who reported that they did collaborate. In particular, DSD and DBE were more likely to report collaboration, almost twice as likely, with respect to VAW than VAC. Treasury's reported participating in planning and strategy for VAWC at both a national and provincial level is positive.

**Figure 10: Survey responses to the question: Does your department collaborate with other government departments to provide VAWC related planning, strategy, programmes, and/or policy analysis?**



Despite these high responses, SPs and APPs do not show great levels of collaboration. Given the low survey response rate, a high count for 'yes' may only indicate more surveys were received from this province than other provinces. It therefore makes more sense to focus on the 'no' responses to identify any potential issues. Higher rates of non-collaboration were reported in Free State, at national level, and in Northern Cape. Caution should be made in interpreting this as high collaboration, as non-collaboration might have been reported in other provinces had those provinces provided more survey responses. What is most relevant here is that non-collaboration is being reported.

For VAC, respondents for national departments and departments in the Northern Cape and Free State reported as many, or more, instances of non-collaboration as instances of collaboration.

The extent of collaboration on VAW (based on average ratings out of 4) was rated lowest by departments in North West (2.0), Mpumalanga (2.0), Free State (2.25), Northern Cape (2.25), national (2.4), and Gauteng (2.5). It was rated strongest by departments in the Eastern Cape (4.0), Kwa-Zulu Natal (4.0) and Limpopo (4.0).

The extent of collaboration on VAC (based on average ratings out of 4) was rated lowest by national departments (1.75), departments in Mpumalanga (2.0), Limpopo (2.0), Free State (2.3), and Northern Cape (2.3). It was rated highest by departments in the Eastern Cape (4.0), Kwa-Zulu Natal (4.0) and Western Cape (4.0). The DBE related the extent of its collaboration for VAC lower than other departments.

The survey results provide mixed feedback on the perceived quantity and quality of collaboration across departments. However, interview feedback was less positive regarding current collaboration. A good example of a siloed, rather than integrated, response to VAWC was provided by the DHA. A DHA respondent stated that:

***“The role of the DHA is merely to the extent of checking passports and other documentation at ports of entry, ensuring that immigrants are documented [legally] to enter into the country; assessing trafficking and VAWC is not part of our functions. [The] DSD has [the] main function of managing refugee centres and ensuring the safety***

**of women and children within these centres. Should trafficking be detected then DSD is called in. Home Affairs does not get involved.”**

The DoH also described how services are fragmented and not aligned even within a department, specifically using the example of information and data being held by the HIV/AIDS directorate and the Maternal and Child Health directorate but this information not being shared in an effective way to inform the delivery of VAWC services.

Integration and collaboration is also weak specifically at the strategy development and planning stages. For example, provincial VEP strategies are often the result of each department reporting their planned activities related to victim empowerment for the strategic period, and these activities being compiled into a plan. They are not the result of a collaborative planning exercise, starting with mutually agreed outcomes, to identify synergies, dependencies and complementarity in activities, in order that the final ‘sum is more than the value of the parts’ and each department understands that their individual success cannot be achieved without the collective success of all provincial departments.

On the other hand, those involved (at the national department level) in the development of the POA:VAWC reported value in the process of coming together to identify such synergies and dependencies: **“coming together was an eye-opener, I learned a lot – we realised we had duplication and it helped us re-think some of our own responses”**.<sup>295</sup> However, the collaborative planning process that informed the development of the PoA:VAWC was limited to national departments. Provincial departments reported that they were not involved in its development and the final programme had not been cascaded down to their department.

Collaboration and integration across departments is vital, particularly in a sector that has significant gaps in data and scientific evidence on what works to reduce and eliminate VAWC. In such a context, the on-the-ground, practical experience of government officials, who have often devoted their full careers to understanding and dealing with violence, is essential to developing an effective response to VAWC, in terms of policy, strategy, programmes and services.

Where integration has been achieved, such as through the TCC model, the feedback reported some tension in the model that undermines the true ethos of integration. There was still some tension as to who ‘leads’, or receives ultimate credit for, the TCCs, which is contrary to the understanding that integration is necessary because a truly successful response is impossible without the contribution of all those involved.

The scope of the diagnostic review did not include an assessment of the integration of referral processes, systems, information sharing, and detailed procedures for dealing with individual cases of VAWC. However, the high level feedback on the degree and quality of collaboration and integration by service practitioners does raise concerns that the sector remains fragmented at both the strategic and delivery level, and it is highly possible that this fragmentation can directly contribute to increased risk of vulnerability of VAWC victims.

### **Collaboration and integration with local government**

It has been argued that perhaps the most significant obstacle to creating a safe South Africa is that the approach of first developing a national strategy and then cascading it down to provincial and local levels is in itself fundamentally flawed.<sup>296</sup> Instead, learnings and solutions that are demonstrated to be effective at local level should inform the development of provincial and national strategies and there is no evidence that this is currently happening. There are a host of arguments to support a wider, more community based approach, in which local experiences and responses to violence inform a national developmental approach. This contrasts with previous approaches in which national strategies were intended to ‘cascade down’ to local level.<sup>297</sup>

Holtmann<sup>298</sup> proposes a more community-focused representation of government, which recognises that the local government sphere is best placed to respond to the crime and violence that occurs at the local level. It is this sphere, Holtmann argues, that is better positioned to understand both the causes and the systemic dysfunctions that perpetuate and even increase levels of violence, and it is this

<sup>295</sup> Interview with a national department

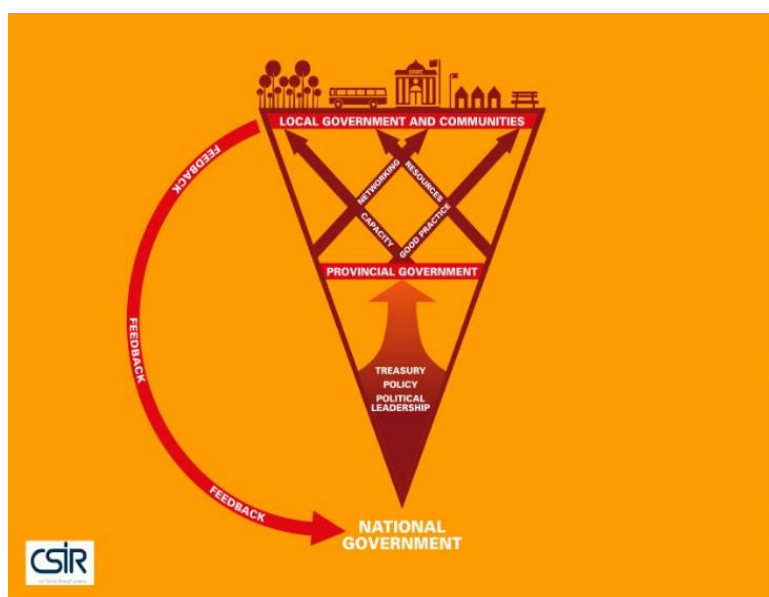
<sup>296</sup> Holtmann, 2011

<sup>297</sup> Holtmann, 2011

<sup>298</sup> Holtmann, 2011

sphere, therefore, that is best positioned to respond. Under this representation of government, the role of national government focuses on political leadership, policy and legislation and funding. The role of provincial government focuses on capacity building, networking, identifying and sharing best practices, and providing funding to support the scale up of such practices.<sup>299</sup>

**Figure 11: The 'Upside-down three tiers of government' model**



Source: Holtmann, 2011

The vision of the POA:VAWC attributes responsibilities across national, provincial and local spheres of government. The role of local government is specifically highlighted in one of the plan's proposed interventions to prioritise safety in the planning (Integrated Development Plan) processes of municipalities. This intervention intends to enable local government, private sector and communities to play an active role in violence prevention programmes, for example, to improve the establishment of safe parks and sport and recreational facilities, ensure firearm free zones, clear up bushes, provide adequate lighting, including on buses, streets and pathways, and at taxi ranks, public toilets, market places, clubs and taverns.

In 2009, the DoH noted that inter-sectoral collaboration at the local level was often challenging, specifically with respect to the link between HIV transmission and domestic violence.<sup>300</sup> The potential for GBV prevention to be incorporated into the community based Isibindi Child and Youth care model has also been raised as a potential mechanism to strengthen place-based integration of services.<sup>301</sup> On the whole, the extent to which national and provincial social policies and programmes are factored into the IDPs and processes of municipalities is unclear.<sup>302</sup> This was confirmed by our review of the sampled municipalities' IDPs. Local capacity constraints are often a factor in poor local level collaboration.

The White Paper on Safety and Security (1998) recognised that the development of a crime prevention culture at a local level would be slow and that resource limitations would be a problem. The aim was, however, to place the issue of crime prevention on the local agenda, which it did. It also suggested that it would only be through experimentation and innovation that the role of local government would be fully realised.<sup>303</sup> The process of ceding greater control over services to community providers can be a difficult adjustment process and it can take some time for public servants to engage in genuinely

<sup>299</sup> Holtmann, 2011

<sup>300</sup> Thorpe *et al.*, 2015

<sup>301</sup> DfID, 2012b

<sup>302</sup> DfID, 2012b

<sup>303</sup> Holtmann, 2011

collaborative partnerships.<sup>304</sup> To date, the role of local government is not optimal in the response to VAWC.

### **Collaboration and integration with civil society**

The South African non-profit sector plays a major role in providing support to victims or survivors of violence, as well as wider advocacy and awareness-raising. It is estimated that 60% of social services for women and children are provided via civil society in South Africa.<sup>305</sup> Civil society organisations (CSOs) are frequently located within communities and well placed to provide services, particularly in areas of prevention and protection. CSOs and NPOs (referred to collectively here as NPOs), particularly those that work directly with victims and survivors, have valuable experience and add important perspectives to the development and implementation of policy and programmes.<sup>306</sup> In many instances, NPOs are providing the statutory services that the DSD is required to provide under the Constitution, particularly as it relates to child welfare. Outsourcing services to NPOs is a model consistent with the direction that many governments have or are taking across the world: recognising that it is in many cases more efficient and effective for government to take a policy, funding and oversight role and devolve service responsibilities other sectors. As this transfer takes place, governments need to work with providers to create the conditions necessary for success. In place of isolated interventions by a multitude of organisations, many governments around the world are using network integration, resource sharing, and reforms to funding arrangements to create a more coordinated and stable service delivery system.<sup>307</sup>

Civil society has a unique knowledge-base and experience invaluable to the development, implementation and monitoring of National Action Plans.<sup>308</sup> The evaluation found that the POA:VAWC makes minimal arrangements for collaboration with civil society. The role of civil society is alluded to within the document, and the annex describes the role of the sector with respect to VAWC goals; however, the programme does not define the contribution of, nor the collaboration of, government with the sector to achieve the programme goal. While UN Women advocates that consultation with civil society during the development of national action plans is a 'minimum requirement' to ensure actions and strategies are drawn from existing expertise and practice-wisdom, the POA:VAWC does not appear based on consultation with the South African NPO sector. Integration is currently limited to intra-government integration at national and provincial level. This is a significant limitation of the plan, and one that does not optimally consider or deploy the resources of the whole country to achieve the elimination of VAWC.

In South Africa, as in many other countries, collaboration with the non-profit sector remains fragmented, uncoordinated and in need of reform. In terms of partnerships between government and NPOs, lack of clarity around accountability poses a particular challenge. For example, the DVA provides for the establishment of shelters for victims of domestic violence, but does not provide clarity around who is responsible for their establishment and management. Currently, there are only around 96 shelters across the country, the majority of which are run by NPOs, and only some of which receive a subsidy from provincial DSDs for operational expenses.<sup>309</sup> The severe shortage of shelters has been identified as a major constraint, both towards the effective implementation of the DVA,<sup>310</sup> but also to providing sufficient services for victims of violence.

The relationship between NPOs and government departments in South Africa has been described as 'inconsistent' and of 'erratic quality' with respect to the provision of prevention and early intervention services.<sup>311</sup> Furthermore, the level of support provided to NPOs by government has tended to be ad hoc, situational and determined on a case-by-case basis by local variables. While many departmental strategic plans discuss civil society consultation and participation, with a view to coordinated service delivery, this is frequently not the reality of implementation.<sup>312</sup> There is also a frequently cited lack of

<sup>304</sup> National Audit Office, United Kingdom, 2012

<sup>305</sup> Bhana *et al.*, 2012

<sup>306</sup> Thorpe *et al.*, 2015

<sup>307</sup> KPMG International, 2013

<sup>308</sup> UN Women, 2012

<sup>309</sup> Nagia-Luddy and Mathews, 2011; Charlton, 2004, cited in Combrinck, 2009

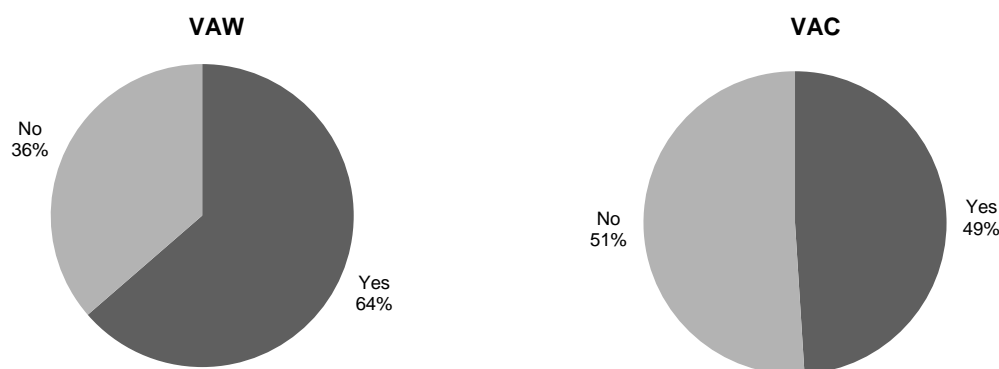
<sup>310</sup> Parliamentary Monitoring Group, 2009

<sup>311</sup> Martin, 2010

<sup>312</sup> Thorpe *et al.*, 2015

trust between government and NPOs and between NPOs due to competition for limited funding.<sup>313</sup> The NPO funding policy in particular needs to be finalised urgently on order for this relationship to benefit the large numbers of women and children who need to access services. Overall, there is a need to restore and reaffirm working relations with NPOs, as they provide most of the services on behalf of government. Currently, they are not well funded and the sector is characterised by poor relations. This needs to be addressed.

**Figure 12: Survey responses to question: Does your department collaborate with NPOs to provide VAC related planning, strategy, programmes, and/or policy analysis?**



Collaboration with NPOs is almost twice as prevalent across VAW as VAC. Almost double the respondents indicated collaboration with NPOs for VAW than did not, whereas the same number of respondents reported collaboration as non-collaboration for VAC. The highest frequency of reported collaboration with NPOs was from by DSD.

VAW: national departments and Free State departments reported more incidents of non-collaboration with NPOs than collaboration. VAC: National departments and those in the Free State, Northern Cape, Mpumalanga, Gauteng reported more incidents of non-collaboration with NPOs than collaboration. At the municipal level, collaboration is reportedly sometimes strained by government's inability to adequately fund NPOs, and a lack of capacity in NPOs.

While areas of best practice and innovation exist, overall the response of the VAWC sector would benefit from improved collaboration and integration to achieve a bigger impact. This is true of strategic level collaboration and service level integration, as well as between departments, across spheres of government and particularly with civil society who provide the majority of services for those affected by VAWC. A lack of an integrated state response can put victims of VAWC at further risk.

#### 5.4.1 Inter-governmental coordinating bodies

There are various forms of governance and coordination structures that exist for VAWC in the South African context which are intended to facilitate and/or oversee the interdepartmental coordination of activities. 'Coordinating bodies' is used here to describe the structures put in place to translate laws and policies into action. These bodies can be strategic in nature or can focus at service delivery level, and focus on management of individual cases. The purpose and function of these bodies can also include governance, oversight, and reporting, particularly depending on the sphere of government within which they predominantly operate. The establishment of multiple coordinating bodies at national, provincial and local levels recognises the inter-sectoral nature of VAW and VAC.<sup>314</sup> Some of the key bodies are described below:

##### a) Inter-Ministerial Committee on VAWC

The Inter-Ministerial Committee (IMC) for VAWC, also referred to as the IMC to Investigate the Root Causes of VAWC, was established in 2012 to investigate the root causes of VAWC, and to develop a comprehensive framework and strategy to address VAWC. The IMC is represented by the DSD, the

<sup>313</sup> MRC, 2013

<sup>314</sup> IMC, 2013

DoH, the DW (formerly the DWCPD), the DBE, the DJCS (formerly the DoJCD and the DCS), the NPA, SAPS, the DHA, the DTPS, and the DPME. The DSD is the lead department of the IMC.

The IMC is responsible for:

- Facilitating, coordinating, collaborating and synergising the implementation of the Programme of Action for VAWC (POA:VAWC);
- Developing, where needed, and reviewing all existing policies that impact on addressing the issues of VAWC;
- Ensuring the availability of the required financial and human resources to oversee and implement the integrated POA:VAWC;
- Guiding and directing the process of ensuring that services get to victims and survivors, as well as perpetrators of VAWC;
- Establishing relationships with other existing national coordinating structures on services to women and children;
- Consulting and establishing partnerships with a wide range of relevant service providers and stakeholders on integrated services to women and children;
- Facilitating the establishment of inter-departmental structures and/or mechanisms at a provincial and municipal level to ensure the implementation and monitoring of the POA:VAWC based on provincial and local needs; and
- Supporting, monitoring and evaluating the implementation of the POA:VAWC at national, provincial and local levels.

To date, the IMC has developed the POA:VAWC (2013-2018) which identifies a series of short, medium and long-term interventions to achieve the POA:VAWC goals. While the programme was endorsed by Cabinet in May 2012, its formal launch was delayed due to post-election changes to the role and mandates of a number of key departments (the DWCPD, DW and, to a lesser extent, the DoJCD and DCS). The evaluation found lack of clarity among departments at national and provincial level as to the status of the programme. There was also no evidence that any monitoring of implementation, by the IMC or the IMC technical task team, has occurred thus far. It is also not clear how frequently the IMC intends to, or has met, and whether this schedule is proportionate to the terms of reference for the body, as set out above.

## **b) National Council against Gender Based Violence**

The National Council against Gender Based Violence (NCGBV) was established in 2012 to provide strategic leadership of gender-based violence initiatives in South Africa. It was chaired by the Deputy President and championed by the Minister of Women, Children and People with Disabilities. The NCGBV was envisioned to play a key role in governance and oversight of VAW. It was mandated primarily to ensure a fully coordinated response and prevention of GBV in South Africa across both government and civil society.<sup>315</sup> The objectives of the Council were to “provide-high level political leadership, strategic guidance and coherence of strategies across sectors to address the high level of GBV in South Africa; monitor and evaluate the execution of all gender-based violence interventions in the country and mobilise resources”. Although the Council was mandated to address GBV, and therefore would have addressed violence against girls, it did not appear to have had any mandate regarding VAC more broadly.

The Council’s first priority for the year 2013-2014 was to develop the National Strategic Plan (NSP) and costed action plan, in partnership with civil society.<sup>316</sup> While the tender to develop the NSP was awarded, no draft or final NSP was released. Its second priority was to develop and implement the National Vikela Mzansi Campaign, which was launched in 2013 under the 365 Days of Activism Campaign. Finally, the Council planned to develop a National Monitoring Tool. According to the 2013/14 annual report, the Council was not successful in fully implementing any of these plans.

<sup>315</sup> IMC, 2013

<sup>316</sup> MRC, 2013



The Commission for Gender Equality (CGE) reviewed the progress of the Council in a research report published in 2013.<sup>317</sup> The report outlined three fundamental issues with the council. Firstly, the Council's lack of trust and transparency made it an institution which lacks autonomy; largely this was attributed to the ambiguous relationship between the Council and the then DWCPD. The report also identified a struggle within the Council in relation to the collective leadership structure which consisted of government departments and other state institutions, as well as civil society organisations and other key role players in the gender sector.<sup>318</sup> Secondly, it was concluded by the CGE that the Council was not in a position to effectively, efficiently and sustainably carry out the programmes and initiatives which it had identified for itself. The CGE suggested that the Council take time to develop necessary institutional capacity and secure better resources.<sup>319</sup> Lastly, the Council was largely unfunded for the period it appeared to be active. The Council had estimated a required budget of R21 million per year to execute its mandate, and this excluded monitoring and evaluation costs, a large component of its mandate. However, for 2013, only R3 million was available from the DWCPD budget.<sup>320</sup>

### **c) Justice, Crime Prevention and Security (JCPS) Cluster**

Clusters are South Africa's integrated approach to governance that is aimed at improving government planning, decision making and service delivery. The main objective is to ensure proper coordination of all government programmes at national and provincial levels.<sup>321</sup>

The Justice, Crime Prevention and Security (JCPS) cluster, along with the IMC, is mandated to monitor the implementation of Outcome 3 of the MTSF titled 'All People in South Africa are and feel safe' and specifically sub-outcome 1: reduced contact crime, under which interventions for VAWC are housed. The Committee on Justice, Crime Prevention and Security Cluster (JCPS) was previously understood to be drafting an Integrated Domestic Violence Strategy.

The cluster is made up of: Departments of Defence and Military Veterans; Justice and Correctional Services; Home Affairs; SAPS; State Security; and is chaired by the Minister of Defence and Military Veterans.<sup>322</sup> While the JCPS cluster is the cluster with responsibility for overseeing government's response to VAWC, including the implementation of the Domestic Violence Act, SORMA and other VAWC legislation, other departments with roles for implementing VAWC programmes, such as the DSD, DoH, DW, NPA and DBE, are not represented on the cluster.

### **d) Social Protection, Community and Human Development Cluster**

Conversely, the Social Protection, Community and Human Development cluster, which is chaired by the DSD, does not have a documented mandate on VAWC. The cluster is not obligated to report on VAWC, as this falls within the scope of the JCPS cluster. Other departments in this cluster are: DBE (deputy chair), Cooperative Governance and Traditional Affairs, DoW, Human Settlements, Labour, Public Works, Rural Development and Land Reform, Transport, Sport and Recreation, Water and Sanitation, Arts and Culture, DoH, DHET, and Science and Technology. It is questionable that the cluster addressing VAWC does not include the DSD, and that the cluster which is chaired by the DSD does not address VAWC. This is surely a coordination gap.

### **National and provincial forums**

Through the research, a minimum of 55 different coordination structures were identified to be operating at national and provincial spheres to support the oversight, reporting and/or implementation of VAWC. Although the scope of the diagnostic review did not include an in-depth or quantified analysis of the structures, it was noted that many of the structures were either in their inception phase or they were not fully functional in terms of having a clear mandate and strategic direction. Respondents from the various structures shared the same sentiments regarding the functionality and operation of the structures, highlighting that structures have inconsistent membership and there was a general lack of buy-in from leadership. Many structures were felt by interviewees as duplicative and/or lacking clearly defined work parameters.

<sup>317</sup> CGE, 2013

<sup>318</sup> CGE, 2013

<sup>319</sup> CGE, 2013

<sup>320</sup> Thorpe *et al.*, 2015

<sup>321</sup> [www.gov.za/faq/guide-government](http://www.gov.za/faq/guide-government)

<sup>322</sup> [www.gov.za/faq/guide-government](http://www.gov.za/faq/guide-government)

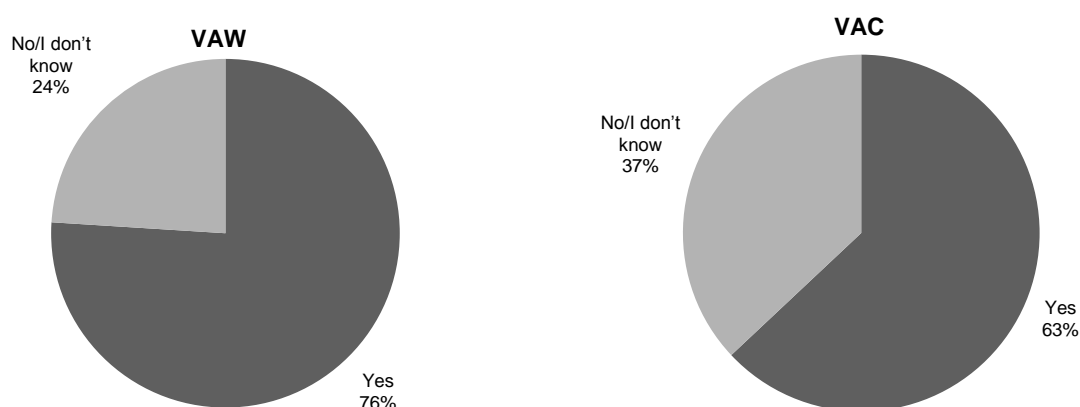
There are broadly four different categories of coordinating body. The first type are bodies which are tasked to oversee the implementation of the various legislation that relates to VAWC, such as the the National Domestic Violence Inter-sectoral Committee, the National Child Care and Protection Forum (NCCPF), the Inter-sectoral Committee on Child Justice and the Inter-sectoral Committee on the Management of Sexual Offences. The second type are bodies which coordinate the implementation of a shared programme or strategy across departments, such the Victim Empowerment Management Forum. A third category seek to facilitate dialogue and reporting across departments to help identify synergies and prevent duplication, such as the Gender Forum. The final category are those bodies which operate at a case management level and coordinate services across departments to specific cases of victims, such as the Human Trafficking Rapid Task Team and LGBTI Task Team.

Depending on the type, some of these bodies will have a national, provincial and local (either district or regional or both) counterpart (so there is a multiplier effect on the 55 different bodies identified). The DSD is frequently the lead department, followed by the DoJCD and the NPA (these last two departments typically leading the bodies which are tasked with overseeing implementation of legislation).

The multiple coordination bodies that have been established in the sector can be viewed as a positive indication of government's recognition that VAWC requires a integrated, collaborative reponse across several departments. However, despite the significant number of coordinating bodies, lack of coordination and collaboration is a frequent complaint and cited as a contributing factor to the overall low level of implementation and realisation of the legislature.<sup>323</sup> A common theme of feedback in interviews, particularly from DSD, DoH and SAPS was that departments ***“work in silos and compete rather than cooperate”***.

Despite the large number of coordinating bodies (referred to in the remainder of this section as ‘forums’ for simplicity) identified in each province and in the national sphere, not all departments were certain about their participation in a forum. Since surveys were completed by those with VAWC related responsibilities, it would have been expected that all survey respondents would have participated in forums, particularly for DSD, DBE, DoH and Community Safety. While based on a small sample, it is interesting that DBE reported participating in more VAW than VAC forums. The majority of respondents indicated that these forums provided value, with only one national department and one department in the Northern Cape stating that the forum(s) they participated in did not provide value. Forums are seen as delivering value but not increasing integration in planning and service delivery.

**Figure 13: Survey responses to the question: Is your department participating in a national/provincial VAWC related forum?**



Given the number of forums that exist, it appears to be the effectiveness and functionality of the forums that is undermining their success. A significant number of issues with such forums were identified through the research:

- A lack of appreciation of the complexity of collaboration, and how no one department can successfully deliver on its mandate and achieve meaningful impact to eliminate or respond

<sup>323</sup> Warton *et al.*, 2015 (In Press)

effectively to VAWC without the involvement of other departments. Very often, forums consisted of departments reporting on their own discrete activities, rather than coming together to identify holistic plans of action, which seek to integrate service delivery and identify synergies so that the results of collaboration are 'greater than the sum of the parts'.

- A lack of trust or even direct competition between government departments to claim successes. As a result of the lack of integrated performance planning and indicators, performance is recognised and rewarded in a silo-ed rather than integrated way, which serves to dis-incentivise collaboration across departments. The goals of the forum frequently do not reflect in departmental plans and are therefore deprioritised, some interviewees noted.
- A lack of clear purpose and protocols for forum and in particular the participants, with a focus on attending as a compliance requirement rather than to provide or receive value from the forums. Very frequently, attendance at forums is delegated to other officials who do not understand the purpose, context or expectations for their presence and cannot actively contribute in the way intended by the establishment of the forum. These delegated individuals are not empowered to make decisions and commitments on behalf of their department which creates delays and inertia in the forum.
- Ineffective management and chairing of forums to ensure they achieve their objectives, hold participants to account and make decisions. A lack of accountability for the achievements (or non-achievements) of the forum and unclear paths for escalation of issues.
- An overwhelming sense of "forum fatigue" and disillusionment with the process. Many individuals are required to attend multiple forums. The time commitment of being an active participant is not recognised or rewarded and often an 'add-on' to an already overwhelming schedule.
- The burden of too many forums to attend depletes departments' scarce resources, particularly related to travel. Multiple forums are not effectively scheduled or planned for. Minutes are not clear and not a useful tool for those who did not attend to understand the key points raised and decisions made.

While the POA:VAWC heavily emphasises the need for inter-sectoral collaboration, the existence of so many intersectoral committees and forums brings into question the logic of their multiplicity and potential overlaps in roles and responsibilities of the various platforms. While duplication of duties may not be particularly problematic, it is not necessarily efficient in terms of time or resources. Nor does it imply that collaboration is optimised and tends to result instead in a fragmented response, rather than a comprehensive one.

Research suggests that these coordination structures tend to focus on a specific issue, rather than considering the holistic needs of women and children.<sup>324</sup> They also tend to work in isolation from one another, resulting in fragmented and sometimes duplicated efforts, and lack of clarity around roles and responsibilities.<sup>325</sup> Multiple bodies may also create confusion or dilution in the intended governance and oversight roles to be performed by these bodies. An evaluation of these bodies, individually and collectively, would help to identify which structures are more effective and why, and help ensure these lessons are either applied to less successful initiatives or resources redeployed to a more consolidated landscape of coordinating bodies. The issue of inter-sectoral collaboration, an analysis of South Africa's current levels of collaboration and the international recommendations leading practices, are discussed more in the section which explores that dimension of the state's response to VAWC.

The evaluation concludes that the majority of coordination structures for VAWC appear duplicative and ineffective and do not facilitate an integrated government response to VAWC. Given that coordinating bodies are a large component of government's strategic response to VAWC, the issues above are arguably a significant factor in the current 'implementation gap' between the VAWC legislation and the reduction in violence. Lack of coordination of services further hurts the victim: current networks are perceived to be administratively inefficient and programme delivery tends to be predominantly vertical and sector specific.<sup>326</sup> This is contrary to the key guiding principle of 'no wrong door' whereby the first place that a woman or child presents for services, whether it be the police, a women's shelter, or

<sup>324</sup> Chames and Lomofsky, 2014

<sup>325</sup> Chames and Lomofsky, 2014, Nagia-Luddy and Mathews, 2011

<sup>326</sup> Makoe *et al.*, 2012

hospital, he or she should be met with a shared understanding of his or her rights, receive high quality services, and be referred to further services as appropriate. The Children's Act mandates the police to refer all cases of child abuse to the DSD. However, this does not appear to happen in practice.<sup>327</sup> As a result, children are often not afforded the psychosocial services to which they should have access, following a trauma. A lack of coordinated implementation places a significant burden on the victim of violence to identify and negotiate access to services.<sup>328</sup> This disintegrated and uncoordinated approach to service delivery within and across sectors contributes to secondary victimisation of victims by the state.<sup>329</sup>

### 5.4.2 International perspectives

Public sector leaders around the world are embracing integrated delivery models to achieve better outcomes for citizens and operating efficiencies, particularly with respect to child protection and child welfare services but increasingly so for the state-wide response to violence against women. Many of these models focus on strengthening coordination and collaboration across different spheres of government, particularly between provincial/state and local government, and with civil society, and are based on case management and client centrality.

Some governments are restructuring human and social services departments along geographical rather than programme lines in order to understand and react better to local needs. Departments are recognising that simply integrating services in particular programme areas can create new (albeit larger) delivery silos. In contrast, giving internal divisions area-based mandates is seen as a way of encouraging a more holistic approach to the planning and delivery of local services. The Department of Human Services in Victoria, Australia, has restructured operations this way, and this is also underway at the Department of Family and Community Services, in New South Wales, Australia.<sup>330</sup> Norway's action plan for domestic violence seeks to ensure that services for victims/survivors of domestic violence are prioritised on the municipal political agenda to ensure better local level delivery of services.<sup>331</sup> However, differences in capacity across local authorities is a challenge – some localities are better positioned than others to embrace devolved control. Redesigning local services also requires redeploying workers and redesigning jobs.

Coordinated case management in Scotland "Getting it right for every child" adopts a 'whole of government' approach to planning and delivery of child welfare services. All children, regardless of their circumstances, have a "named person" who helps them and their family access services when needed. The juvenile care and justice system (which is national) and health boards, social services, education authorities and the police (which are local bodies) all have a responsibility to work together in providing support for children with identified needs.<sup>332</sup>

Since 2003, the UK has implemented a system called the Multi-agency Risk Assessment Conference (MARAC), which provides enhanced responses to high-risk victims of VAW through data sharing.<sup>333</sup> The conference is a monthly meeting of agencies such as local police, health practitioners, housing and shelter practitioners, and other government and non-government representatives with activities or mandates relating to domestic violence. The MARACs happen at a local borough level, and are chaired by the police. Representatives discuss 20-30 high risk cases at a time and work together to develop and implement a risk management plan. The conferences also aim to reduce repeat victimisation, improve agency accountability and support for staff involved in high risk cases.

The model has been shown to be effective in assisting the police to address cases of domestic violence, and the cost of implementation is relatively low. All high risk victims are consistently supported and represented by an Independent Domestic Violence Advisor (IDVA) or other independent representative who prioritises safety throughout the MARAC process. MARAC representatives research cases and share relevant information that identifies risk and informs safety planning. Procedures are followed to ensure that safety and confidentiality are maintained at all times. Action plans are developed which address the risks identified. The MARAC has the capacity to ensure that

<sup>327</sup> Proudlock *et al.*, 2014

<sup>328</sup> The Portfolio Committee on Women, Children and People with Disabilities, 2009a

<sup>329</sup> DSD, 2009

<sup>330</sup> KPMG International, 2013

<sup>331</sup> UN Women, 2012

<sup>332</sup> KPMG International, 2013

<sup>333</sup> Steel *et al.*, 2011

all high risk victims who meet the MARAC threshold can receive support from their local MARAC. Consistent coordination and administration support the effective functioning of the MARAC. Effective governance oversees the performance, sustainability and accountability of the MARAC.

The effectiveness of MARACs rests on three key principles; which are, enhanced information sharing, appropriate agency representation, and the role of IDVAs in representing and engaging the victim in the process. Factors that were found to support effective practice include having strong partnership links (including a commitment from agencies to tackle domestic violence in general); strong leadership (through the MARAC chair); good co-ordination (through a MARAC co-ordinator); and the availability of training and induction. At a case management level, therefore, lessons can be drawn from the UK to bring stakeholders together at a local or district level to discuss high risk cases in South Africa.

Australia has experienced increasing numbers of vulnerable families needing services, while budgets have remained constant. The Department of Child Protection and Family Support (CPFS), in Western Australia, initiated a large scale reform agenda to integrate family support services across Western Australia with the specific objective of better managing demand. The 'integrated service system' needed to better join up services across all government and community agencies who had the ability to influence the well-being of children and families, and move away from a perspective that child protection was solely the responsibility of the statutory child protection service. In an independent evaluation by KPMG, to date, Western Australia has increased coordination and 'signposting' of services, resulting in a decrease in inquiries from vulnerable children and families to child protection. By eliminating duplication of resources and activities, agencies within the family support network have been able to see more complex cases. The generated cost savings have also led to increased investment in preventative services, resulting in improvements in circumstances for the majority of vulnerable children and their families, including the ability to better resolve crises, improve their capabilities and reduce risk factors for children.<sup>334</sup>

The CPFS case study also includes civil society organisations as part of the network to signpost and provide services more appropriately to service users. Engagement with civil society was a foundational component of the development of national action plans for VAW in Morocco, Ireland, the Philippines, and Tunisia.<sup>335</sup>

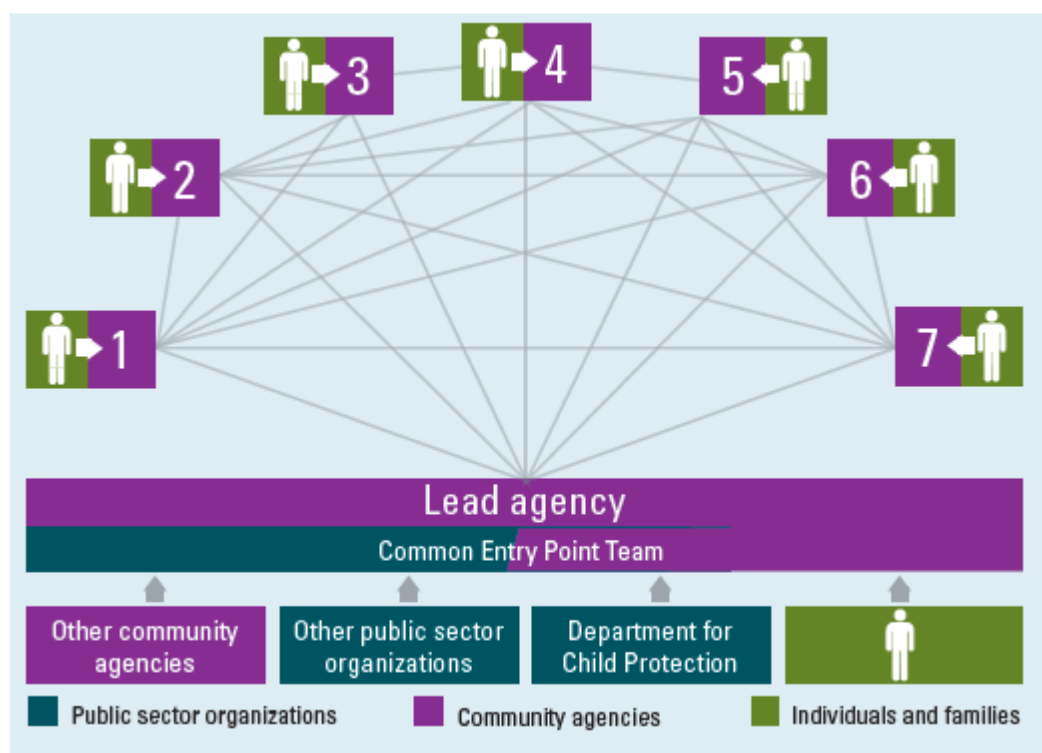
However, increased collaboration and integrated service delivery is not always an easy goal. More than a third of implementers of integrated service models in an international study<sup>336</sup> reported that traditional siloed funding streams were a significant challenge, preventing departments from sharing resources between programme areas and wrongly incentivising insular behaviour. Often, creating an enabling environment for integration to happen requires significant and comprehensive changes to government structures and policies and processes.

The figure below illustrates Western Australia's Armadale Family Support Network (AFSN). The scheme involves a 'common entry point team' staffed by both a lead community agency and the Department for Child Protection. The team receives referrals from a range of public and community agencies, undertakes initial assessments, and refers clients to an appropriate set of services. AFSN employs a "no wrong door" policy that enables service users to present themselves at any agency in the network. Should any client be better served elsewhere, it is the responsibility of the agency where the client presents themselves to make a referral and keep liaising with the family unit until they receive assistance from another agency.

<sup>334</sup> KPMG International, 2013

<sup>335</sup> UN Women, 2012

<sup>336</sup> KPMG International, 2013

**Figure 14: Western Australia's Armadale Family Support Network (AFSN)**

Source: KPMG International, 2013

New governance structures are typically needed to ensure roles and responsibilities are clearly defined, support planning and decision making, and assign accountability for delivering results. Asking practitioners to adopt systems level thinking in their approach to case management is also a difficult transition. Developing an extensive knowledge of available services and inferring how to better sequence these based on individual need is a significant departure for many front line staff accustomed to an environment driven by an adherence to rules, rather than innovative service solutions. However, despite the significant challenges to achieving integrated service delivery, there is consistent evidence and feedback from implementors and service users that this approach achieves improved outcomes for the same, or less, resources.<sup>337</sup> New implementors also have the chance to learn from, and avoid, many of the challenges experienced by the early implementors of these models.

Overall, collaborative and integrated approaches to service delivery are challenging, and cannot succeed based on good-will and intentions alone. A number of challenges have been identified based on an international study on collaboration and integration in human services, with cultural change (changing mindsets and mistrust, adopting new working practices) being one of the most frequently cited challenges.<sup>338</sup> Lack of appropriate governance models and data and information sharing constraints also impede collaboration.<sup>339</sup> Siloed funding streams prevent departments from sharing resources between programme areas and wrongly incentivise insular behaviour.<sup>340</sup> For the state to have any meaningful impact on the high levels of VAWC in South Africa, significant and reformative changes must be made to how government currently collaborates across departments, spheres and sectors.

#### Readiness summary:

The causes, manifestations and consequences of VAWC are complex and wide ranging. Almost all government departments have a role to play in creating a society and environment that prevents violence from occurring. Among the departments with specific roles in preventing, identifying, responding to and caring for those affected by violence, there is an imperative to work together at

<sup>337</sup> KPMG International, 2013

<sup>338</sup> KPMG International, 2013

<sup>339</sup> KPMG International, 2013

<sup>340</sup> Thorpe, 2014

multiple levels. Global best practices tell us that departments must work in collaboration to develop strategies and plans based on the collective strength and experience of those institutions. Similarly, international research advocates strongly for integrated service delivery at the case management level. Providing an integrated pathway of services has multiple benefits. Sharing of information, technology and processes across government departments reduces waste and inefficiencies and saves costs. A lack of integrated service delivery across departments results in a situation where everyone is responsible and no one is accountable; these instances have resulted in the preventable deaths of victims in South Africa where service coordination has failed.

While areas of best practice exist, overall the South African VAWC sector would benefit from improved strategic collaborating and better integration of services. This is true of collaboration and integration across government departments, across spheres of governments and across sectors, with civil society. The POA:VAWC is an example of strategic collaboration which has potentially helped to improve understandings of departmental contributions and reduce duplication. However, this collaboration is not evident at provincial or programmatic level strategies. The role of local government has not been fully explored in the context of VAWC. Perhaps the area with the biggest potential for improved collaboration, and therefore impact, is with civil society. This sector provides approximately 60% of the total portfolio of VAWC services; however, the relationship between the government and civil society sectors remains one of funder/provider rather than true collaboration and partnership.

A key finding of the diagnostic review was the identification of over 55 coordinating structures with respect to the governance, planning, and implementation of the VAWC agenda. While the recognition of the importance of collaboration exists, the 'go to' mechanism to ensure collaboration – creation of a coordination body – is not having the intended impact. In fact, it undermines the sector; it frequently becomes a delegated activity, where no one is empowered to make decisions, and where there is no consistency of attendees, resulting in minimum impact. This is on top of an already resource-constrained sector whose time can be better spent.

Level of readiness: **Not ready**

## 5.5 Funding and budgets

Governments worldwide are fighting a common battle on two fronts. On the first front, a global downturn in the economy has led to increased fiscal pressures and difficulties in balancing budgets. On the second, growing expectations that governments need to deliver improved services have left governments struggling to provide more services with less funding. In short, governments across the globe, South Africa included, face the challenge of having to accomplish seemingly endless objectives with limited resources. This has placed tremendous pressure on the budgets for social services and programmes which address VAWC. This, however, is counter-productive to the savings imperative as the social, political and economic costs of allowing this violence to continue are significant.

This having been said, it is clearly not possible to meet all the service demands that citizens make on the available public funds. This means that governments must make extremely difficult choices about which demands will be met in any given year. This involves trying to determine the most effective use of public funds by considering the costs involved, the associated benefits and setting priorities accordingly.

The diagnostic review identified seven main findings with respect to the funding and material resources available for the national VAWC response.

### 5.5.1 Budget analysis

The diagnostic review attempted to quantify current government spending on VAWC, in order to evaluate the adequacy and effectiveness of government's financial resource allocation for addressing VAWC, and the appropriateness of how it is targeted. However, government expenditure reports (Estimates of National and Provincial Expenditure, and departmental Annual Reports) are not sufficiently disaggregated to facilitate this exercise, and spending on VAWC-related programmes and services is often embedded in much broader line items. The fact that budgets are not disaggregated also makes it very difficult to determine the appropriateness of how existing funds are targeted. For example, the extent of funding allocated towards prevention as opposed to response. In the absence

of this information, it is impossible to determine if government's use of limited resources to address VAWC is efficient and effective.

There is therefore a need for better identification and disaggregation of money spent on addressing VAWC. The 2011 Budget Review and Recommendation Report of the Portfolio Committee on Justice noted that it has been a challenge to evaluate how much money is being spent on the implementation of legislation for vulnerable groups because there is no separate reporting on dedicated budgets. A lack of disaggregated budget data was also raised as an issue by the SAPS in 2013, which noted its inability to report on its budget for the implementation of specific pieces of legislation such as the DVA and SORMA.

The programme survey included questions relating to the size of expenditure dedicated to VAWC programmes, and we anticipated that we would be able to aggregate this data to assess the level of expenditure on VAWC related programmes. However, the response rate for the programme survey was very low. In the absence of this data, we have to rely solely on departmental budget and expenditure reports in order to conduct a review of the level of expenditure on VAWC programmes across government departments.

The best estimate of government spending on VAWC related activities is therefore to identify the programmes that have the most relevance in terms of addressing VAWC from Estimates of National Expenditure (ENE) and Estimates of Provincial Revenue and Expenditure (EPRE) Reports. This approach has two major limitations. First, not all of the programmes identified address VAW or VAC exclusively. In these cases, expenditure on VAWC is overestimated. For example, the VEP includes all victims, including road traffic accident victims, not just victims of VAWC. On the other hand, some programmes which are not primarily or directly designed to address VAWC have elements which impact on VAWC. Because of a lack of disaggregation in the budget reporting at the programme level, it is not possible to accurately determine expenditure on VAWC. The analysis on VAWC expenditures, subject to these limitations, is provided in section 5.55.5.1.

This section presents findings relating to the size and appropriateness of government budget allocations to programmes relating both directly and indirectly to VAWC. Budget allocations were extracted from 2015 ENE Reports and EPRE Reports, published on the National Treasury website. These reports were reconciled with the budget and expenditure data provided in strategic and annual performance plans.

Budget information in the ENE and EPRE reports is highly aggregated. In order to determine budget allocations to VAWC, a distinction was made between direct and indirect VAWC programmes:

**Direct programmes** are those that contain at least one intervention or service that is aimed specifically at addressing VAWC, whether or not this is the primary purpose of the programme as a whole. These programmes are identified by virtue of direct mention of VAWC in their purpose, or the articulation of outcomes or indicators targeting VAWC. The budget allocated to these programmes is considered to be dedicated funds, though they are likely overstated due to the level of aggregation of government budgets, which is not granular enough to exclude non-VAWC related interventions and services. For example, the Victim Empowerment Programme (VEP) is included as a direct programme, but VEP covers all victims of crime, not just VAWC.

**Indirect programmes** include programmes that are not primarily intended to address VAWC, but which contribute indirectly to preventing or responding to VAWC by virtue of addressing a risk factor of VAWC, such as substance abuse, or a protective factor for VAWC, such as positive parenting programmes. The outcomes and indicators for these programmes do not target VAWC, though they are considered to have an impact on the risk or prevalence of VAWC. The budget allocated to these programmes is considered to contribute to efforts to address VAWC, but are not classified as dedicated funds.

The total VAWC programmes, and the determination as to whether it should be considered a direct or indirect programme, are summarised in the tables below.



**Table 11: Direct VAWC programmes**

	Department	Programme	Rationale
1	DSD	Social Crime Prevention and Victim Empowerment	Although this programme addresses victims of all forms of violence, it especially targets women and children.
2	DSD	Care and Services to Families	Provides family counselling, couple therapy, divorce mediation and similar services, directly aimed at preventing vulnerability in families.
3	DSD	Child Care and Protection	Includes public education and prevention programmes aimed at strengthening resilience in children, families and communities to prevent child abuse, neglect and exploitation. Includes implementation of the Isibindi Model and Children's Act, among other child protection initiatives.
4	DSD	Child and Youth Care Centres	Provides alternative care and support to vulnerable children.
5	DSD	Community-Based Care Services to Children	Provides community based care and support services to vulnerable children. Directly linked to Isibindi model.
6	DoH	Community Based Services	Directly addresses victims of abuse.
7	DoJCD	Lower Courts	Includes Sexual Offences Courts.
8	NPA	Specialised Prosecution Services	Addresses sexual offences and priority crimes (explicitly including VAWC).
9	DBE	Educational Enrichment Services	Targets care and support in schools, social cohesion and school safety, which has a component addressing GBV in schools.
10	DoW	Social, Political And Economic Participation And Empowerment	Empowering women socially, politically and economically with the aim of eliminating discrimination against women (explicitly including VAWC).
11	SAPS	Crime Investigation	Provides for investigation of serious crimes (explicitly including VAWC).

**Table 12: Indirect VAWC programmes**

	Department	Programme	Rationale
1	DSD	Children	Enhancing protective factors for children such as ECD and social welfare services for children in general.
2	DSD	Families	Targets the strengthening of families in general, which is a protective factor for VAWC.
3	DSD	Social Worker Scholarships	Not specifically targeting VAWC, but increased capacity in the Social Worker workforce will benefit victims of VAWC.
4	DSD	Substance Abuse, Prevention and Rehabilitation	Substance abuse is a risk factor for VAWC.
5	DSD	ECD and Partial Care	ECD is a protective factor for VAWC.
6	DoH	Violence, Trauma and EMS	No targets specifically mentioning VAWC.
7	DoE	School Sport, Culture and Media Services	Not specifically targeting VAC prevention, but serving to occupy children in order to avoid involvement in risky activities which are risk factors for VAC.
8	DoW	Communication and Outreach Initiatives	Campaigns target the empowerment of women in society, thereby addressing a risk factor of VAWC: patriarchal society.
9	Community Safety	Provincial Secretariat for Police Services/Civilian Oversight	Oversees SAPS service delivery as a whole; seeks to promote safe communities in general, thereby enhancing protective factors.
10	DoJCD	Family Advocates	Make recommendations to the court where there is litigation and mediation affecting children, but not specifically for cases of VAC.
11	DCS	Rehabilitation	Does not target offenders of VAWC specifically or mention VAWC.
12	SAPS	Crime Prevention	Specifically targets crimes against women and crimes against children. Includes the FCS and victim friendly services. However, because this line item is very large and highly aggregated with other services, it is better represented in indirect programmes.

Note: No relevant programmes were identified for the DHA or DHET. Treasury departments also do not have programmes relating to VAWC, which is to be expected.

**Table 13: Budget allocations for direct VAWC programmes**

	(R thousand)	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
	Programme name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
1	DSD Programme 4, sub-programme 3: <b>Social crime prevention and Victim Empowerment</b>	23832	29579	39775	52842	59875	62413	65240	National
1	DSD Programme 4: Restorative Services, Sub-Programme 2: <b>Crime Prevention and Support</b>	123607	129196	144291	169953	180617	191965	202603	WC
		69967	80906	93044	88405	133746	117953	122004	NW
		86271	68161	64159	61753	75286	79370	83577	NC
		13032	18256	23091	34667	46067	39601	41287	MPU
		25781	24196	38700	41364	63000	28343	29760	LIM
		42861	41489	37651	82143	132127	127218	132739	KZN
		122953	160890	158607	191801	219516	219566	230519	GP
		69362	75151	186352	258516	201723	214476	227177	EC
		39759	43091	47681	60632	60902	61315	64179	FS
1	DSD Programme 4: Restorative Services, Sub-Programme 3: <b>Victim Empowerment and Support</b>	11951	14006	15517	23962	28173	29960	31482	WC
		24288	27330	33598	43134	67599	67001	70183	NW
		5739	6471	15436	6882	13890	14663	15440	NC

	(R thousand)	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14		2015/16	2016/17	2017/18	
2	DSD Programme 3: Children and Families, Sub-programme 2: <b>Care and Services to Families</b>	9268	10219	12557	19777	17729	20374	21733	MPU
		7752	9911	13781	15540	70000	25192	26452	LIM
		4164	6776	8206	26848	38957	40580	42609	KZN
		40459	36206	51497	68549	81055	92114	86220	GP
		8433	8745	42630	51835	84669	89683	91628	EC
		9711	14125	15034	15043	16518	17220	18381	FS
		33399	35695	41186	43677	41390	43510	45722	WC
		15209	22293	34808	26403	39203	53444	54113	NW
		5322	4205	12584	3376	39612	41955	44179	NC
		1768	2376	3835	10927	18605	12381	13207	MPU
		11518	8944	10577	14679	67000	17814	18705	LIM
		4893	6148	4600	5611	8844	9389	9858	KZN
		96989	102962	114246	115880	121248	127489	133863	GP
		10531	7954	6945	10203	56151	59723	63224	EC
		10381	14426	17617	14895	23436	25065	26153	FS
3	DSD Programme 3: Children and Families, Sub-programme 2: <b>Child Care and Protection</b>	111845	1	162000	164131	173629	183734	192351	WC

(R thousand)		<b>Audited outcome</b>			<b>Adjusted appropriation</b>	<b>Medium-term expenditure estimate</b>			<b>Coverage</b>
<b>Programme name</b>		<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	
4	DSD Programme 3: Children and Families, Sub-programme 5: <b>Child and Youth Care Centres</b>	55391	93601	44665	90110	120269	207517	177000	NW
		16273	13699	40286	10675	47159	49878	52522	NC
		27866	24104	59525	49665	53746	54647	57224	MPU
		8499	0	0	8188	133000	10250	10763	LIM
		155518	143247	187003	201763	339985	354915	370987	KZN
		281036	282932	260283	397540	559376	610835	642123	GP
		56967	55832	377229	410508	198660	211166	223408	EC
		73068	98418	106283	100833	83244	88896	94990	FS
		55784	65348	70124	97574	94517	99243	104204	WC
		27433	0	74473	88223	98170	71683	79247	NW
		11389	11690	13608	30369	32473	34237	36052	NC
		11034	10237	16758	46154	51037	54794	56700	MPU
		24301	46166	71618	36599	54000	47922	50318	LIM
		73233	81116	89686	72236	106348	112816	118457	KZN
		268627	375115	462628	450904	484228	516796	541067	GP
		36610	34589	36198	50478	95215	100909	106441	EC
		61276	61759	63093	23387	63552	75353	80159	FS

	(R thousand)	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
	Programme name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
5	DSD Programme 3: Children and Families, Sub-programme 6: <b>Community-Based Care Services to Children</b>	0	0	0	0	0	0	0	WC <sup>341</sup>
				10151	6449	41855	2400	2600	NW
		3868	3446	10770	15559	16181	16991	17892	NC
		26294	31631	45839	60685	67629	72301	72947	MPU
		0	0	30000	30000	123000	104000	109200	LIM
		0	0	0	102079	107784	128883	135327	KZN
		130848	69799	217748	269045	391788	417054	437907	GP
		0	0	7690	15125	24807	26301	27757	EC
		0	0	13255	11520	11520	11520	11520	FS
6	DoH Programme 2: District Health Services, Sub- Programme 4: <b>Community based services</b>	146955	163280	163891	176908	188168	198262	208611	WC
		13846	5369	19430	16162	16500	13120	14213	NW
		0	0	0	0	0	0	0	NC
		108292	63493	71577	79105	89049	92037	96639	MPU
		116042	110315	121219	145865	154384	160559	168587	LIM

<sup>341</sup> Sub-programme 3.6: Community-Based Care services for Children has been integrated across other sub-programmes within this programme.

	(R thousand)	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
	Programme name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
		25774	790	0	2580	13000	0	0	KZN
		823889	919224	888127	1203201	1307107	1421335	1492402	GP
		398640	432991	434343	434988	460606	560350	588368	EC
		345865	354574	350408	262656	309734	339335	355289	FS
7	DoJCD Programme 2: Court Services, Sub-programme 1: <b>Lower courts</b>	2911433	3394341	3628592	3882994	4058919	4211362	4460939	National
8	NPA Programme 4: National Prosecuting Authority, Sub-Programme 2: <b>Specialised Prosecutions Service</b>	229148	223384	241352	297647	304241	323459	342862	National
9	DBE, Programme 5: <b>Educational Enrichment Services</b>	4809170	5150702	5420164	5740882	5974456	6289699	6607586	National
10	DoW programme 2: <b>Social, Political And Economic Participation And Empowerment</b>	72972	72346	75981	83787	87230	89735	99175	National
11	SAPS Programme 3 Detective services, sub-programme 1: <b>Crime Investigation</b>	7941973	8978504	9728379	10163953	10580070	11198911	12035026	National
	<b>Total</b>	<b>R20 390 359</b>	<b>R22 381 750</b>	<b>R24 902 381</b>	<b>R26 889 824</b>	<b>R29 123 573</b>	<b>R30 492 982</b>	<b>R32 291 094</b>	

Source: Analysis of National and Provincial Expenditure Reports (2015)

Table 14: Budget for indirect VAWC programmes

	(R thousand)	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
	Programme name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
1	DSD Programme 4, sub-programme 5: <b>Children</b>	52663	63970	65539	69171	80295	83357	87401	National
2	DSD Programme 4, sub-programme 6: <b>Families</b>	6938	8272	6338	8087	8744	8959	9454	National
3	DSD Programme 4, sub-programme 10: <b>Social Worker Scholarships</b>	244000	256000	250000	264000	276144	290780	305319	National
4	DSD Programme 4: Restorative Services, Sub-Programme 2: <b>Substance Abuse, Prevention and Rehabilitation</b>	14937	12911	29485	62713	62570	63214	16417	National
		67274	78519	84879	88775	92667	95689	100505	WC
		15379	22896	38649	52975	94651	97731	105173	NW
		7534	5596	20218	10474	44211	41455	24698	NC
		20626	20876	26037	31543	31388	33219	35481	MPU
		1461	1270	5330	7744	68000	13191	13851	LIM
		43437	40351	38391	47261	87298	93168	97826	KZN
		73372	82192	92164	101180	121317	129558	158321	GP
		8174	8057	8210	25590	50514	51549	54516	EC



	(R thousand)	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
	Programme name	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
5		16344	21379	26379	41210	37332	64790	36705	FS
	DSD Programme 3: Children and Families, Sub-Programme 4: <b>ECD and Partial Care</b>	183813	186813	243172	241022	294239	306327	319000	WC
		39784	72874	71007	85839	95704	103331	122320	NW
		49737	62943	74101	76030	79832	83824	88267	NC
		154342	140779	181559	205693	204088	215352	210306	MPU
		160724	198212	148443	227000	253000	235000	239745	LIM
		246851	166249	201932	219108	319489	338886	357210	KZN
		232008	266697	291371	376669	431332	437110	443245	GP
		147152	139028	113981	174784	228357	239374	244948	EC
6		175441	165976	177278	183498	184976	186737	190018	FS
	DoH Programme 4: Primary Health Care Services, sub-programme: <b>Violence, Trauma and EMS</b>	3699	3699	11024	5880	7133	7401	7880	National
7	DoE Programme 2: Public Ordinary Schools, sub-programme 4: <b>School Sport, Culture and Media Services</b>	0	0	0	0	0	0	0	WC <sup>342</sup>
		20038	24410	27320	29620	31346	33373	35041	NW

<sup>342</sup> Programme not reflected in Western Cape Estimates of Provincial Revenue and Expenditure Report

(R thousand)		<b>Audited outcome</b>			<b>Adjusted appropriation</b>	<b>Medium-term expenditure estimate</b>			
	<b>Programme name</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>Coverage</b>
8		15783	17543	11344	17617	15231	15990	16789	NC
		18313	15543	9811	18198	14181	14961	15754	MPU
		3617	659	1739	4112	4327	4571	4817	LIM
		39278	38194	33850	47439	49574	52201	54811	KZN
		37852	23167	504	1711	1790	1885	1979	GP
		27875	20957	22730	24181	30091	31716	33302	EC
		26596	23570	27042	28030	29759	30962	33517	FS
		20038	24410	27320	29620	31346	33373	35041	NW
8	DoW Programme 4, sub-programme 3 : <b>Communication and outreach initiatives</b>	2215	2450	2215	3426	3618	3817	4008	National
9	Safety departments, Programme 2: <b>Provincial Secretariat for Police/Civilian Oversight</b>	48620	52206	64453	59808	55178	58033	62577	WC
		31940	22560	26793	36061	44182	49470	53049	NW
		17942	17791	17602	20723	19893	19751	20739	NC
		56790	43421	42946	51570	57146	62830	65971	MPU
		17119	18209	19704	23408	28316	30077	31709	LIM
		107157	103627	136684	133491	137688	146478	145169	KZN
		96178	96187	131714	179229	189330	197901	207817	GP

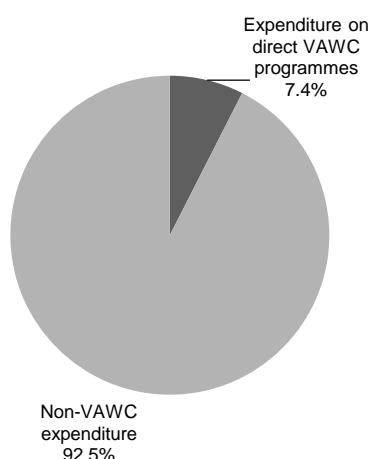
(R thousand)		<b>Audited outcome</b>			<b>Adjusted appropriation</b>	<b>Medium-term expenditure estimate</b>			<b>Coverage</b>
<b>Programme name</b>		<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	
10		21710	24574	32507	41855	43201	44121	45877	EC
		12633	23440	18411	25315	27806	24174	25382	FS
10	DoJCD Programme 2: Court Services, Sub-programme 2: <b>Family Advocates</b>	105884	125769	148709	192314	202331	208719	221429	National
11	DCS, Programme 3: <b>Rehabilitation</b>	808152	841626	950045	1166292	1151993	1248471	1412508	National
12	SAPS, Programme 2: Visible Policing, Sub-programme 1: <b>Crime Prevention</b>	23929098	25555977	27764423	29285351	30711053	32537205	35006596	National
		20038	24410	27320	29620	31346	33373	35041	NW
		15783	17543	11344	17617	15231	15990	16789	NC
		18313	15543	9811	18198	14181	14961	15754	MPU
		3617	659	1739	4112	4327	4571	4817	LIM
		39278	38194	33850	47439	49574	52201	54811	KZN
		37852	23167	504	1711	1790	1885	1979	GP
		27875	20957	22730	24181	30091	31716	33302	EC
		26596	23570	27042	28030	29759	30962	33517	FS
<b>Total</b>		<b>R27 599 832</b>	<b>R29 281 482</b>	<b>R31 830 373</b>	<b>R34 166 904</b>	<b>R36 177 615</b>	<b>R38 222 365</b>	<b>R40 963 457</b>	

Source: Analysis of National and Provincial Expenditure Reports (2015)

The total adjusted appropriation for direct VAWC programmes for 2014/15 amounts to R26.9 billion, and for indirect programmes, to R34.2 billion. This is across 10 departments and is inclusive of the provincial counterparts.

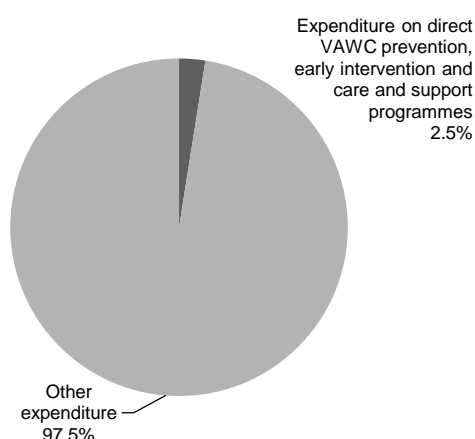
To put this into context, expenditure on direct programmes for 2014/15 (R26.9 billion) represents 7.4% of the 10 national departments' entire expenditure budgets combined for the same year. If we were to include the relevant provincial departments' entire expenditure, this percentage would be even smaller.

**Figure 15: Total expenditure for 10 national departments in scope 2013/2014**



If we exclude expenditure on immediate response programmes, the remaining expenditure on prevention, early intervention and care and support programmes amounts to R9 billion, a mere 2.5% of the 10 national departments' entire expenditure budgets combined. Again, comparing this amount to the entire expenditure of the departments' at national and provincial levels would render this percentage even smaller.

**Figure 16: Total expenditure for 10 national departments in scope 2014/2015**



For the purposes of comparison, it is notable that the 2014 KPMG report 'Too Costly to Ignore' estimated that the minimum cost to the economy of VAW *alone* was R42.4 billion, based on a hypothetical prevalence rate of 30% of women experiencing VAW in 2012/13.<sup>343</sup> Without implying that the amount spent on addressing VAWC should exceed or even match the cost to the economy that it incurs, this comparison is powerful in contextualising the size of the budget allocated to VAWC in South Africa.

<sup>343</sup> KPMG, 2014

In particular, it is interesting to look at the allocation to prevention programmes, as this represents the closest estimate of the direct investment made in reducing the cost of VAWC on the economy. The 2014/15 budget allocation for direct VAWC prevention programmes amounts to only R9.0 billion (R6.9 billion in 2012/13). This clearly demonstrates a lack of financial commitment to efforts to reduce VAWC, which would in turn reduce the cost of response programmes and services. A common perception identified in interviews is that the provision of prevention services is a 'luxury' given the persistent constraints on resources, demonstrating a lack of understanding of this principle.

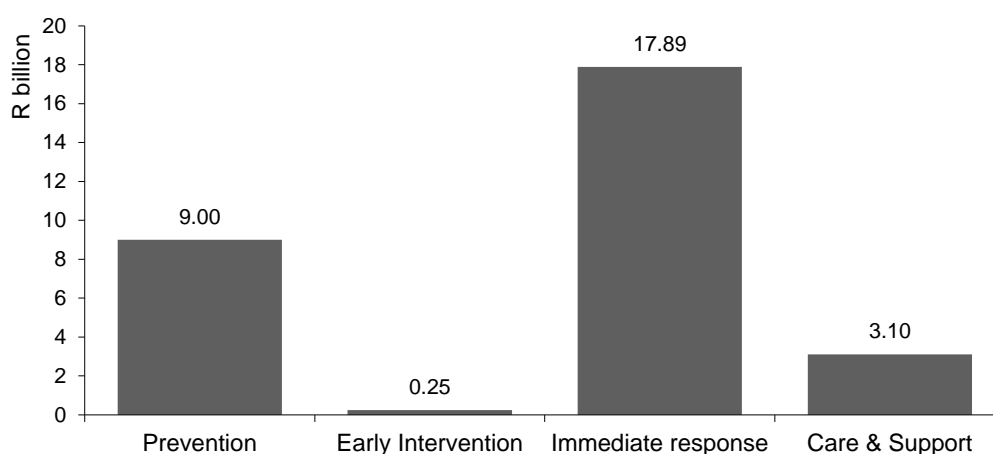
Similarly, direct early intervention (R0.25 billion) and care and support (R3.1 billion) programmes receive relatively little funding, especially when compared with funding for direct immediate response programmes, which amounts to over R17.8 billion for 2014/15. The combined amount spent on direct and indirect immediate response programmes amounts to R48.2 billion for 2014/15. This demonstrates the severe concentration of funds for immediate response programmes compared to prevention programmes and care and support programmes.

**Table 15: Expenditure on direct programmes according to continuum of care (2014/15)**

Department R'000s	Prevention	Early Intervention	Immediate response	Care and Support
<b>DSD</b>	<b>3 178 760</b>	<b>245 651</b>	<b>1 220 336</b>	<b>782 032</b>
<b>DoW</b>	83 787			
<b>DoH</b>			2 321 465	2 321 465
<b>DoJCD</b>			3 882 994	
<b>NPA</b>			297 647	
<b>DBE</b>	5 740 882			
<b>DoW</b>	83 787			
<b>SAPS</b>			10 163 953	
<b>Total</b>	<b>R9 003 429</b>	<b>R245 651</b>	<b>R17 886 395</b>	<b>R3 103 497</b>

Source: Analysis of ENEs and EPREs

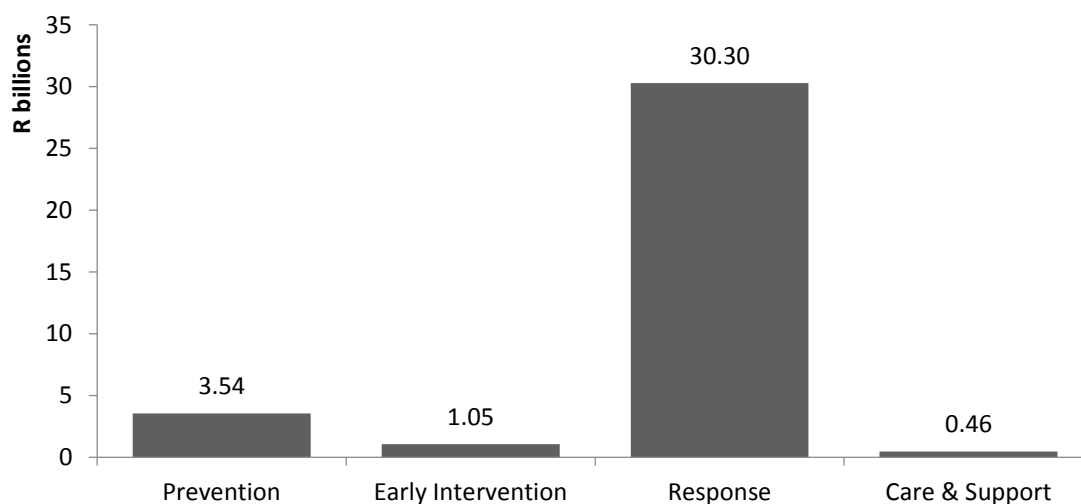
**Figure 17: Expenditure on direct programmes according to continuum of care (2014/15)**



**Table 16: Expenditure on indirect programmes according to continuum of care (2014/15)**

Department R'000s	Prevention	Early Intervention	Immediate response	Care and Support
<b>DSD</b>	<b>2 600 366</b>	<b>477 552</b>	<b>264 000</b>	<b>272 087</b>
<b>DoE</b>	170 908			
<b>DoW</b>	3426			
<b>Community Safety</b>	571 460	571 460	571 460	
<b>DoJCD</b>	192 314			
<b>DoH</b>			5 880	
<b>DCS</b>				192 314
<b>SAPS</b>			29 456 259	
<b>Total</b>	<b>R3 538 474</b>	<b>R1 049 012</b>	<b>R30 297 599</b>	<b>R464 401</b>

Source: Analysis of ENEs and EPREs

**Figure 18: Expenditure on indirect programmes according to continuum of care (2014/15)**

### 5.5.2 Inadequate costing of Acts, policies and plans

Government has a human rights obligation to prevent and respond to VAWC in South Africa. While there has been a great deal of progress in developing laws, policies and programmes that define, criminalise and address such violence, a lack of effective costing and the inadequate subsequent funding of these laws, policies and programmes, in many cases, hinder their implementation. According to the UN Handbook for Legislation on VAW,<sup>344</sup> legislation should mandate a budget for implementation and any budgetary allocation should be based on a comprehensive analysis of the funding required to implement all measures contained in the legislation.

A general budget obligation to provide a funding stream for the implementation of laws on VAW is an important first step towards ensuring that the objectives of key pieces of legislation are achieved. Funding provisions in legislation should, therefore, include all, or a combination of: i) creating a general obligation on government to provide an adequate budget for their implementation; ii) requesting allocations of funding for specific implementation activities; iii) allocating funds for use by civil society organisations to assist in the implementation of the law; iv) providing incentives for private funding related to the implementation of the law and v) removing restrictive provisions in laws that negatively

<sup>344</sup> UN, 2010

impact funding for implementation.<sup>345</sup> It can be argued that the same principles apply for funding the implementation of legislation on VAC.

An example of such legislation is the DVA, one of the key pieces of legislation representing South Africa's statutory response to VAWC. A study conducted in 2005 found that there was no specific budget dedicated to its implementation, that allocations were only for ad-hoc once-off projects for training and publicity around the Act and that these funds were provided by international donors rather than the state.<sup>346</sup> The DVA was passed at a time where legislation was not routinely costed beforehand and is, therefore, being implemented in the context of an under-resourced and under-capacitated criminal justice system.<sup>347</sup> Enforcing the DVA, therefore, is only one of several activities competing for attention and time of the members of the criminal justice system.<sup>348</sup> Further, despite the state's heavy reliance on NPOs to provide services to survivors of violence, it continues to fail to adequately resource these organisations.<sup>349</sup> This was echoed by one interviewee from the national DSD, who said, **"where we fail is in giving NPOs enough money to match the value of the services they provide"**.

Similarly, in its Framework for strategic plans and annual performance plans, the National Treasury states that "plans and budgets should be interrelated to improve operational effectiveness. It is important for budget plans to link to strategic plans to ensure that key objectives and priorities are budgeted for and achieved".<sup>350</sup>

**Table 17: International funding approaches**

Approach to funding	Country	Overview of funding provision
<b>General obligations on the government</b>	Israel	Government Resolution No. 2670 related to trafficking requires that the government should earmark a special annual budget in the Ministry of Social Welfare and Social Services in the amount of NIS 4.2 million as well as a special annual budget in the Ministry of Health in the amount of NIS 300,000 in order to provide medical services.
	Republic of Korea	The Republic of Korea's Act on Domestic Violence and Act on Sexual Violence mandates that the state provide support to related causes. The national budget of Korea has line item allocations reflecting this legislative mandate. See: Act on the Punishment of Sexual Violence and Protection of Victims, UN Secretary-general's database on violence against women.
	Philippines	The Philippines' Republic Act 9262 on domestic violence states in section 45 that: The amount necessary to implement the provisions of this Act shall be included in the annual General Appropriations Act (GAA). The Gender and Development (GAD) Budget of the mandated agencies and LGUs shall be used to implement services for victim of violence against women and their children.
	South Africa	South Africa, the Children's Act is more specific than many other pieces of legislation about Government's obligation in respect of funding. The inadequacy of the funding provided for the Act, however, still poses a significant challenge for its implementation.
<b>Allocation of funds for use by civil society organisations</b>	Bulgaria	Amendments to the Bulgarian Law on Protection against Domestic Violence in 2009 required a newly dedicated funding stream for NPOs to provide victim services.
	USA	The Violence Against Women Act, and its reauthorizations, provides significant funding for community-based groups and NPOs in the US. The funding is allocated through competitive grant programs targeting specific objectives such as court training and improvements, legal assistance for victims, culturally and linguistically specific services for victims, rural programs, transitional housing, university campus safety, engaging men and youth, sexual assault services, etc. See: Office on Violence Against Women, Grant Programs.

<sup>345</sup> UN, 2010

<sup>346</sup> POWA, 2010

<sup>347</sup> Vetten, 2005

<sup>348</sup> Vetten, 2005

<sup>349</sup> POWA, 2010

<sup>350</sup> National Treasury, 2010

<b>Providing incentives for private funding related to the implementation of the law</b>	USA	The U.S. Secretary of State has established a Fund for Global Women's Leadership focused on accelerating the movement to end violence against women. The Avon corporation, a company focused on products for women, has partnered with the Department of State to support the program and has provided US\$500,000 funding for grants to NPOs that work to end domestic violence and other forms of gender-based violence. See: Press Release, Avon Foundation (March 11, 2010.)
	South Africa	The Sixteen Days of Activism campaign is a good example of where the private sector has contributed funding, administered through the Foundation for Human Rights, although generally, the private sector is not a significant funder of VAWC interventions.

Source: Adapted from Endvawnow.org, 2015

In South Africa, section 35 of the Public Finance Management Act No.1 of 1999 (PFMA) deals with unfunded mandates and reads as follows:

Draft national legislation that assigns an additional function or power to, or imposes any other obligation on, a provincial government, must, in a memorandum that must be introduced in Parliament with that legislation, give a projection of the financial implications of that function, power or obligation to the province.

In other words, section 35 of the PFMA requires a costing of all new national legislation which has financial implications for provincial government. In the opinion of Barberton and Stuart<sup>351</sup>, the financial implications of all proposed legislation should be established and be made known to Parliament; not just national legislation that has financial implications for provinces as prescribed under section 35 of the PFMA. This would ensure that when Parliament passes legislation, it also undertakes to allocate the necessary funds to implement it, therefore, avoiding the situation of legislation not being properly implemented because the cost of implementation was not factored into the medium term expenditure plans of the responsible departments.<sup>352</sup>

In 2012, the DoJCD noted that the fact that no costing of the DVA had been performed before it was passed posed a major challenge to its successful implementation.<sup>353</sup> This and the fact that the Act is under-budgeted has been an issue from the outset, beginning with the parliamentary debate on the passage of the Act in 1998.<sup>354</sup> In a briefing session on the 2001 budget, the DoJCD noted that the implementation of new legislation such as the DVA had placed 'severe pressure' on its offices.<sup>355</sup> Further, a review of budget votes for the DoJCD and SAPS for the period 1999/00–2005/06 was unable to identify any comprehensive attempt to cost the day-to-day application of the Act.<sup>356</sup>

In contrast, during the process of developing the Children's Act, parliament issued an instruction that a costing exercise should be performed for the proposed legislation in order to provide the provinces with an indication of the cost of implementing the Bill.<sup>357</sup> Unlike many other pieces of legislation in South Africa, the Children's Act is more specific about government's obligation in respect of budgets. The Act requires the provincial Members of the Executive Council (MECs) for social development to provide and fund a range of social services for children, including prevention and early intervention and protection services for vulnerable children, early childhood development centres and programmes, crèches and child and youth care centres.<sup>358</sup> The provisioning clauses in the Act, which provide more detail on the nature of the MEC's obligation to provide services and funding, are of particular importance as they set out what government at its various different levels 'must' or 'may' do. The 'must' clauses oblige government to act, while the 'may' clauses reflect some discretion in terms of which the government 'may not' provide the services and programmes, especially if there is an extenuating reason such as lack of resources. This may effectively translate into non- or inadequate service delivery. These provisioning clauses are summarised in the table below.

<sup>351</sup> Barberton and Stuart, 2001

<sup>352</sup> Barberton & Stuart, 2001

<sup>353</sup> Vetten, 2012

<sup>354</sup> Vetten, 2012

<sup>355</sup> Vetten, 2012

<sup>356</sup> Vetten, 2012

<sup>357</sup> September, 2014

<sup>358</sup> Budlender & Proudlock, 2012



**Table 18: Provisioning clauses in the Children's Act**

Clause	Type of service	Examples
<b>"MUST provide and fund"</b>		
<b>105</b>	<b>Child protection services</b>	<b>Reporting of abuse, removal of children at risk of harm and placement in alternative care (foster care, adoption and child and youth care centres), mentorship for child-headed households.</b>
<b>146</b>	Prevention and early intervention programmes	Parenting skills programmes, counselling for children who have suffered trauma, programmes providing information on how to access grants and services.
<b>193</b>	Child and youth care centres	Places of safety, centres for street children, children's homes, secure care centres, schools of industry, and reform schools.
<b>"MAY provide and fund"</b>		
<b>78</b>	<b>Partial care</b>	<b>Crèches and after-school supervision and care services.</b>
<b>93</b>	Early childhood development programmes	Centres and home-visiting early childhood development programmes for young children.
<b>215</b>	Drop-in centres	Centres where vulnerable children can access food, school support, and personal hygiene services.

Source: Children's Act 38 of 2005

The most significant outcome of the costing exercise was a recognition that social welfare services in South Africa were historically under-funded and that most of the country's provinces were only capacitated to the extent of between 25-30% of what is needed to deliver on their mandates.<sup>359</sup>

Costing exercises help to generate information about how much it would cost to implement a specific law or plan. This then provides the basis to accurately plan the implementation of such laws and plans over the budget cycle. Further, costing exercises are important as they provide government with a clear indication of the budgets that will need to be allocated. Costing, planning and budgeting, therefore, are inextricably linked.<sup>360</sup> Without conducting a costing exercise, the extent to which implementation can be realised is unknown, and the ability to prioritise activities based on what is feasible is highly compromised.

Costing efforts, therefore, are useful in revealing funding gaps for VAWC-related interventions and present an opportunity to improve budgeting practices. Also, where inadequate government resources are a barrier to the effective implementation of laws, policies and programmes relating to VAWC, costing exercises can help to guide policymakers on which programmes to prioritise and how to sequence programme interventions, thereby maximising the efficiency of budget allocations.

One of the important benefits of performing the exercise to determine the cost of implementing a piece of legislation is that the exercise highlights budgetary gaps in addressing VAWC as well as other challenges that may impede the implementation of that piece of legislation. This benefit, however, can only be properly realised if the findings from the costing exercise are used effectively. In other words, a critical step that is often missed once the cost of implementing a piece of legislation has been determined is the process of identifying solutions for the funding gaps, prioritising what should be implemented in the presence of funding gaps, and the key implementation challenges highlighted by the costing exercise before the Act is implemented.

The POA:VAWC is another recent example of a significant statement of intent by government that is not supported by a corresponding costing. Unless the financial inputs required to carry out the various components of the plan are acknowledged and provided for by all departments involved, the likelihood of collective success is severely constrained.

<sup>359</sup> September, 2014

<sup>360</sup> UN Women, 2015

The evaluation concludes that VAWC acts, policies and plans are typically not costed and are inadequately funded as a result.

### 5.5.3 Case study: costing the Children's Act

As the Children's Act is government's primary law that gives effect to the constitutional rights of South Africa's children, the funding available for implementing the Act is not only an important indicator of government's progress – or regress – in giving effect to these constitutional rights;<sup>361</sup> it also serves as a gauge of Governments commitment to address VAC. If an analysis of the funding allocated to implement the Act do not show significant growth each year, this may indicate that Government is not making progress in realising children's rights.<sup>362</sup> Further, a decrease in the funding for the services legislated in the Children's Act could amount to regressive action which would be contrary to section 4(2) of the Act<sup>363</sup> which, while recognising that competing social and economic needs exist, states that 'organs of state in the national, provincial and, where applicable, local spheres of government must, in the implementation of this Act, take reasonable measures to the maximum extent of their available resources to achieve the realization of the objects of this Act.'

As mentioned, estimating the funding required to implement a piece of legislation before it is passed is the first step towards ensuring that that such legislation is properly implemented. Unlike the DVA, Government commissioned a costing of the Children's Bill which provided estimates of the real cost of implementing the Children's Act. The results of the costing exercise already pointed to some key challenges that would hinder the successful implementation of the Act. These are summarised by UNICEF Innocenti Research Centre as follows<sup>364</sup>:

The budget for the provincial Departments of Social Development includes substantial funds for intervention services. However, the report points out that properly implemented intervention services provided earlier in the system are significantly more cost-effective than drawing children deeper into the care and protection system.

The scope of the costing exercise was limited to state costs to meet the obligations arising from the Children's Bill and did not include costs to private partners that operate some of the services legislated in the Act. However, the state is fully responsible for services required by statute, and if such activities are carried out by private partners, the funding for such services remains the state's responsibility.

The 'implementation plan' scenarios detailed in the costing exercise were based on information provided by provincial government departments. This information revealed that there were striking provincial disparities in current funding for services relating to children. This meant that if Government opted to use the implementation plan in order to formulate budgets, these inequalities would likely persist. The 'full cost' scenarios, on the other hand, were based on population figures and budgets based on these figures were much more likely to gradually address these inequalities by pinpointing poorer provinces that have more children requiring services so they might receive increased funding to ensure prioritised delivery.

The costing report noted that the greatest obstacle to the implementation of the Children's Act would be the acute shortage of suitably qualified personnel.<sup>365</sup> The report then stated that while this was highlighted with reference to social workers and auxiliary social workers, the problem also existed in relation to other categories of personnel such as magistrates and child care workers.<sup>366</sup> The report further indicated that the numbers required greatly exceeded the numbers of such workers who were currently registered. The report then went on to note that 'Even if the funding can be found, and implementation plans drawn up, there are simply not enough registered social workers to deliver the services envisaged by the Children's Bill.'<sup>367</sup>

It is not clear, based on the review of the literature available, whether the potential implementation challenges identified in the costing exercise for the Children's Act were adequately considered, with the aim of identifying solutions to these challenges, prior to implementing the Act. Several years later,

<sup>361</sup> Budlender, 2012

<sup>362</sup> Budlender, 2012a

<sup>363</sup> Budlender, 2012

<sup>364</sup> UNICEF, 2007

<sup>365</sup> Barberton, 2006

<sup>366</sup> Barberton, 2006

<sup>367</sup> Barberton, 2006

the implementation of the Children's Act is plagued with various challenges, one of which is the inadequacy of funding to properly implement the Act. These challenges are summarised below.

While this costing of the Act provides a yardstick against which the budgets allocated by Government towards implementing the Act can be measured, the way budget allocations and expenditure are reported does not correspond to the services legislated by the Act.<sup>368</sup> Changes to the budget structure introduced for 2014/15 do, however, allow easier comparisons to be made with the estimated cost of implementing the Children's Act.<sup>369</sup>

Most prevention and early intervention programmes are funded by the Department of Social Development (DSD). The funding, however, is scattered across a number of sub-programmes in the provincial budgets, making it impossible to even estimate how much provincial departments spend on prevention and early intervention.

Prevention and early intervention services, as well as remedial and alternative care, reunification services, child justice and child labour interventions are hindered by inadequate funding.<sup>370</sup>

The 2014/15 year corresponds to year six of the implementation of the Children's Act. According to the implementation plan low scenario, a minimum of R15.9 billion would be required for all Children's Act services, whereas the full cost high scenario estimated that in excess of R93.6 billion would be needed.

<sup>371</sup> However, in 2014/15, allocations accounted for 45% of the predicted costs of the implementation plan low scenario, and only 7% of the predicted costs of the full cost high scenario.<sup>372</sup> It is worth noting that this varied significantly among the provinces, with the Eastern Cape and Limpopo allocating a mere 25% and 29%, respectively, of the necessary budget to implement the Children's Act in 2010/11.

<sup>373</sup>

The shortage of human resources in the social care sector is a chronic problem.<sup>374</sup> There is a bias towards resourcing the interventions that respond to reported child maltreatment with statutory care. Child maltreatment prevention programmes are minimal and poorly supported with professional skills.<sup>375</sup> Low state capacity to deliver services has resulted in NPOs assuming the bulk of the service delivery responsibility. Government, however, does not provide these NPOs with sufficient funding in order to reach all children in need of care and protection.<sup>376</sup> Finally, the limited funds that have been provided are not used effectively to ensure the adequate coverage of essentials services in under-served areas.<sup>377</sup>

#### 5.5.4 Inadequate government funding for VAWC

September and Dinbabo<sup>378</sup> emphasise the fact that the resources necessary to ensure the establishment of the infrastructural, institutional and human capacity required by organisations to implement new legislation, and how to secure them, are generally not sufficiently recognised.<sup>379</sup> Further, the paper notes that, generally, the social welfare sector lacks adequate information systems that can provide the baseline data required for budgeting, planning, programming and sourcing funding.<sup>380</sup>

The IMC<sup>381</sup> recognises that there are inadequate financial resources to ensure the 'full implementation of [VAWC] laws and policies and monitor their enforcement'. Furthermore, the DSD, DWCPD and

<sup>368</sup> Mathews *et al.*, 2014

<sup>369</sup> Mathews *et al.*, 2014

<sup>370</sup> Budlender, Proudlock & Giese, 2011

<sup>371</sup> Budlender, Proudlock & Giese, 2011

<sup>372</sup> Budlender, Proudlock & Giese, 2011

<sup>373</sup> Budlender, Proudlock & Giese, 2011

<sup>374</sup> Makoe *et al.*, 2012

<sup>375</sup> Makoe *et al.*, 2012

<sup>376</sup> Budlender, Proudlock & Giese, 2011

<sup>377</sup> Budlender, Proudlock & Giese, 2011

<sup>378</sup> September and Dinbabo, 2008

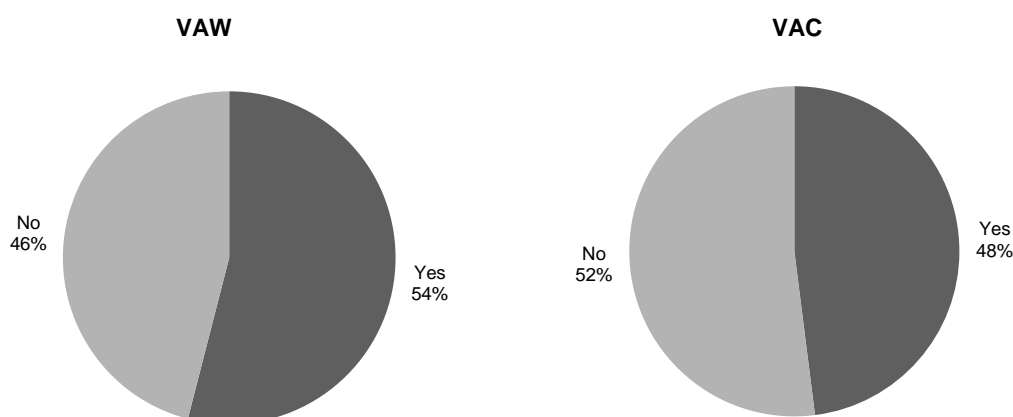
<sup>379</sup> September and Dinbabo, 2008

<sup>380</sup> September and Dinbabo, 2008

<sup>381</sup> IMC, 2012

UNICEF<sup>382</sup> assert that an analysis of provincial departmental budgets reveals ‘serious shortfalls in allocation’ to VAC related services. Limited budget is linked with inadequate human resources, and poor funding for services including transfers to NPOs, which provide the majority of services that are mandated by the legislation.<sup>383</sup>

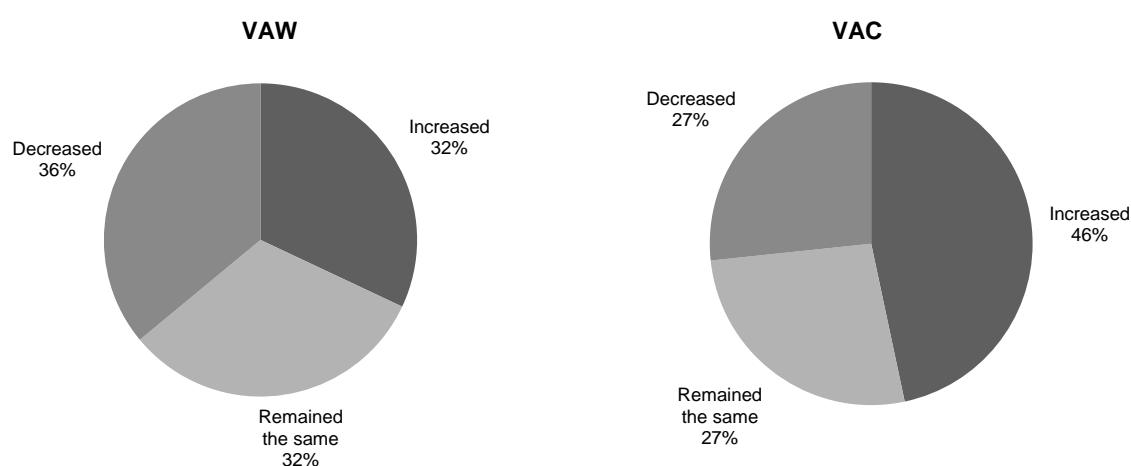
**Figure 19: Survey responses to the question: Does your department have a specific budget for VAW/VAC?**



Around half of the departments that answered the relevant questions in the Institutional Survey reported having a specific budget for VAW activities (15 respondents) and VAC activities (10 respondents), respectively. However, the interviews revealed that departments' interpretation of what it means to have a specific budget for VAWC activities is likely to have included budgets for internal employee wellbeing programmes. Therefore, these proportions likely overstate the extent of specific budget allocation for VAWC activities within departments.

Figure 20 below shows responses to the following survey question: “Has the budget allocation for VAWC related programmes increased/decreased over the past five years?”

**Figure 20: Survey responses to the question: Has the budget allocation for VAWC related programmes increased/decreased over the past five years?**



It is notable that the respondent for the National DoJCD reported a decrease in the budgets for both VAW and VAC. Similarly, all responses from OTPs reflect a decrease in the budgets for both VAW and VAC. OTPs typically assign a component of their budgets based on provincial priorities, which may reflect a decrease in prioritisation of VAWC. Interestingly, DSD respondents predominantly reported an increase in both budgets over the past five years. It is likely that this reflects the conditional grant issued to DSDs from National Treasury, specifically for shelters. For example, a respondent for the

<sup>382</sup> DSD, DWCPD and UNICEF, 2012

<sup>383</sup> DSD, DWCPD and UNICEF, 2012

DSD stated that **“VEP deals [with] all victims however the programme has received support for strengthening of shelters of victims of violence and crime”**. Similarly, another DSD respondent said the increase was due to **“national priority funding”**. A respondent for the NPA indicated that there had been an increase in budgets for VAW and VAC, stating that the increases are **“only in relation to certain programmes; for instance lately, to increase the number of TCCs and the appointment of specialised personnel”**.

A survey respondent for the national DBE stated that the reported increase in the budget for VAC was attributable to the fact that **“the department established a new Directorate in 2012 dedicated to School Safety.”** However, this increase for DBE relates only to the national department, as provincial departments did not receive additional funding to implement the School Safety Programme.

Overall, the results are varied, and do not provide strong evidence of an increase in funding of VAWC activities over the past five years, in spite of several developments such as the introduction of the POA:VAWC, the reintroduction of FCS units in 2010, the intention to roll-out more TCCs, and the 2014 provision for the re-establishment of sexual offence courts, among others.

The vast majority of officials interviewed across all three spheres of government expressed that they feel the financial resources for addressing VAWC are insufficient. In survey responses, “lack of adequate budget allocation” was most commonly ranked as the biggest constraint both to departments’ ability to focus on VAWC related issues, and to their implementation of VAWC related programmes. In some cases, departments reported that they frequently receive requests for programmes or services to be expanded, but are unable to meet these demands due to lack of available budget. For example, TCCs were commonly identified by interviewees as a programme for which there is high demand for expansion to other areas. A representative from a provincial DoH stated that **“the department receives requests from the public almost daily for additional TCCs to be opened across the province.”** An official from Vhembe municipality stressed that funding allocated to VAWC programmes is frequently diverted toward basic services, such as water and electricity provision.

It is important to note that an increase in funding does not necessarily always translate into improved services. If the interventions that have been budgeted for and funded are poorly designed or implemented, increased funding will produce minimal benefits. Prioritising the implementation of legislation and programmes relating to VAWC through the allocation of adequate funding, therefore, is only the first step in the budgeting process for VAWC. In order to achieve the required outputs and impacts, it is very important to have well-formulated plans to address VAWC. These plans need to have clear objectives and interventions that flow from a robust situational analysis, support from all key stakeholders and clear responsibilities for agencies charged with implementing them. It is also important to put in place a set of indicators to track, measure and evaluate progress.

Although this diagnostic review does not attempt to assess the level of donor funding in the sector, interview and survey responses indicated that there is a significant reliance on donor funding for VAWC related services, both for NPO and government provided services. For example, a survey respondent for the national DBE stated that, the department’s Gender Equity Directorate **“doesn’t have a budget and relies heavily on outside funding and partnerships.”** An interview respondent for a provincial DSD noted that **“we rely on private partners to help us establish the infrastructure for new shelters, but there isn’t always funding to run them.”**

Although the exact amount is unknown, several sources report that a significant portion of the budget for the Thuthuzela Care Centres (TCC) is donor-funded.<sup>384</sup> In 2014, this reliance on donor funding was raised as problematic.<sup>385</sup> It means that although the TCCs are part of government’s strategy for addressing VAWC, if donor funding is withdrawn, government will not have covered this cost which would threaten the sustainability of this TCC model.<sup>386</sup> Similarly, the DSD has also expressed concern that the sustainability of the Victims Empowerment Programme (VEP) is dependent on international donor funding,<sup>387</sup> although the extent to which this is still the case is not clear.

This reliance on donor funding brings into question the sustainability of funding for these critical programmes and services. The global financial crisis resulted in a massive reduction in donor funds internationally, demonstrating the importance of government’s role in ensuring that critical services,

<sup>384</sup> Thorpe, 2014, Shukumisa Campaign, 2013

<sup>385</sup> Thorpe, 2014

<sup>386</sup> Thorpe, 2014

<sup>387</sup> Thorpe, 2014

provided by both public and NPO, are supported by sound funding strategies which do not place excessive reliance on donors organisations.

The evaluation concludes that it is not possible to accurately quantify government budget and expenditure on VAWC. However, overall inadequate funding is evident and severely compromises the implementation of these intentions and the realisation of their objectives. There is a significant reliance on donor funding, which brings into question the financial sustainability of VAWC programmes and services.

#### 5.5.5 Budget allocation process

In South Africa, the process of departments bidding for funding from both national and provincial treasuries appears to present several challenges. Provincial treasuries allocate the pool of funds that is sometimes available after departments have been provided with funds for the continuation of services provided in the previous year. The availability of these surplus resources depends on provincial revenue from the previous year. Departments can bid for a share of the pool of surplus funds for the expansion of existing services or the introduction of a new programme or service. This bidding process requires departments to present proposals to the provincial treasury, providing justification for the additional funding allocation and detailing the proposed activities. The treasury must then decide on an allocation to divide the surplus funds among successful bids from various departments.

In interviews with both treasury departments and other provincial and national departments, respondents highlighted that this process is challenging, because departments are not good at articulating the potential benefits of the funding they are pitching for and do not have access to the information and evidence that they require to justify the potential impact, or 'cost-benefit' of the programme. This means that a programme which may have potentially large benefits, but which is not well presented in a bid for funding may not be awarded the funding it needs to be successful. Particularly, in the absence of sound information on the prevalence of VAWC in different areas, departments rely on sources that underestimate the levels of violence, such as SAPS crime statistics and statistics indicating the uptake of services (which is not necessarily reflective of the *demand* for services). Without reported disaggregated statistics on the scale and incidence of VAW in South Africa, it will be impossible to ensure that budgets are directed to the right places.<sup>388</sup> Given that one study has estimated the economic impact of GBV in South Africa to be a minimum range of 0.9% and 1.3% of GDP, it should be possible to make a solid business case for investment in VAWC programmes.<sup>389</sup>

#### Funding allocation by department

A further unintended result of the budgeting process is that it results in siloed planning and implementation. Various acts place positive duties on a number of government departments to provide support and services to victims of VAWC. These pieces of legislation, however, do not require departments to budget together. This lack of an inter-sectoral budgeting model has been consistently identified as an issue that creates challenges in implementing legislation related to VAWC, both in the literature and in interviews with departments.<sup>390</sup> Since departments are required to approach Treasury separately for budgets, rather than approaching collectively regarding the implementation of multi-sectoral legislation,<sup>391</sup> each department tries to estimate the scale of the problem separately and asks for money to do their individual bit in a way that is not co-ordinated with other departments and that does not ensure that victims receive services in a manner that does not cause further trauma. The DoJCD also noted that this often results in departments having an obligation to implement a piece of legislation, but not having an allocated budget for implementation because they are not the lead department.<sup>392</sup> Due to the fact that interventions addressing VAWC are multi-sectoral and, therefore, involve more than one implementing party that is required to cost, budget and plan for the implementation of laws, plans, programmes and services, greater co-ordination is required at multiple sectoral levels.<sup>393</sup>

<sup>388</sup> Thorpe, 2014

<sup>389</sup> KPMG, 2014

<sup>390</sup> Thorpe, 2014

<sup>391</sup> Thorpe, 2014

<sup>392</sup> Thorpe, 2014

<sup>393</sup> UN Women, 2015

## Funding allocations to service providers

Section 195(1)(b) of the Constitution states that public administration must be governed by the democratic values and principles enshrined in the Constitution, including the principle of promoting the 'efficient, economic and effective use of resources'. Failure to spend state funds in a manner that constitutes an 'efficient, economic and effective use of resources', therefore, is a contravention of the Constitution as well as the Public Finance Management Act 1 of 1999 (PFMA) which requires government authorities to ensure the proper and efficient use of public funds, including the prevention of fruitless and wasteful expenditure.

A large proportion of VAWC related programmes and services are provided by NPOs. Some of these NPOs are provided funding from government, but the process for deciding which NPOs will be funded and which will not does not seem to be standardised across departments or across provinces. Jamieson *et al.*<sup>394</sup> emphasise that, although the majority of prevention and early intervention services are provided by NPOs, ultimate responsibility for ensuring the services are provided lies with government. In light of this, explicit calls are made for increased funding to NPOs providing services such as shelters and psycho-support services to victims of violence. Proudlock *et al.*<sup>395</sup> advocate for the legislation of minimum funding norms and standards 'to ensure uniform and adequate provincial government funding of NPOs that provide designated child protection services'. This is critical to sustain the necessary partnership with NPOs in order for programmes to reach the maximum number of beneficiaries.

The draft Victim Empowerment Support Services Bill goes some way in addressing this by proposing that NPOs apply for accreditation with the DSD in order that they are eligible for funding. However, accreditation does not guarantee funding, nor does it assist departments in prioritising one NPO over another. There is therefore an opportunity to optimise the allocation of funding disbursed to NPOs through a more thorough review of provincial funding strategies.

One provincial DSD has reportedly initiated a process of assessing the value for money that funded NPOs offer, and is currently considering different models and mechanisms of funding NPOs. This process is still underway, but the department's acknowledgement that it needs to strengthen the governance of funded NPOs is a step in the right direction.

In response to a high court case on NPO funding policy in the Free State, the provincial DSD commissioned the development of a budget allocation model to award subsidies to NPOs. The model considers the options for DSD in the prioritisation of funding to NPOs, including cost categories (operating costs, capital costs), constitutional and statutory rights, amongst other factors. This approach is promising, but the extent to which the model has been incorporated into the DSD's approach to funding NPOs in the Free State is yet to be seen. The implications of the court case apply to all provinces.

## Programme level budget allocation

The optimisation of funding allocations at a programme level within a context of limited resources relies on a comparison of the known impact of different interventions. At present, there is little in the way of sound evidence of impact in order to facilitate this prioritisation, and furthermore, very little attempt to collect it. As a result, funding cannot be optimally allocated to programmes and services that offer maximum value for money in terms of results.

Perhaps for this reason, there is a lack of demonstrated recognition of the savings potential and return on investment that can be achieved by investing in prevention programmes. There is a significant body of literature which asserts that preventing and reducing the incidence of VAWC reduces the cost of such violence on the economy.<sup>396</sup> For example, the WHO<sup>397</sup>, reports that well-implemented prevention programmes can significantly reduce the cost of health care, criminal justice, education and other public services.<sup>398</sup> Some home-visiting programmes targeting low-income or high-risk mothers returned between USD2 and USD3 for each USD1 spent. The UK government, in developing a broad national plan to address GBV, estimated that for every GBP1 they invested in prevention and response,

<sup>394</sup> Jamieson *et al.*, 2014

<sup>395</sup> Proudlock *et al.*, 2014

<sup>396</sup> Fergus, 2012

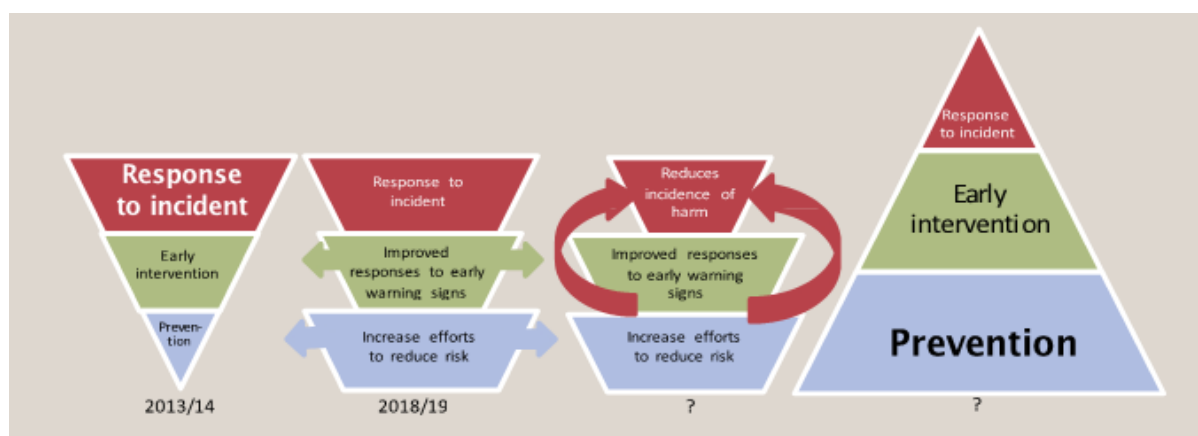
<sup>397</sup> WHO, 2010

<sup>398</sup> WHO, 2010

they saved GBP6 in economic impact. Similarly, in Australia, it was estimated that a 10% reduction in violence would save AUD1.6 billion in costs to victims, employers, government and the community.

Barberton<sup>399</sup> shows that the costs involved in prevention and early intervention services are less than those required for investigating cases of abuse and removing children from their homes in the short to medium term. This logic would hold for the prevention of VAW. Furthermore, given the lifelong adverse health, social, and economic consequences of violence, the potential long-term economic savings to the state from investing in prevention services are substantial.<sup>400</sup> Figure 21 illustrates that shifting the mix of services from the current, response-focused model to a prevention-focused model is a process that needs to happen incrementally, as, in the initial stages, response services cannot be reduced.<sup>401</sup> But as the prevention programmes begin to show results, the prevalence of violence will decline, allowing for an acceleration of the redistribution of services.<sup>402</sup> Jamieson *et al.* note that “this needs to be done while also expanding the whole system to reach [women and] children across the country”<sup>403</sup>.

**Figure 21: Gradual shift from current emphasis on crisis response to ideal future where the need for crisis intervention has been reduced**



Source: Department of Social Development (2013) Comprehensive National Strategy Aimed at Securing the Provision of Prevention and Early Intervention Programmes to Families, Parents, Caregivers and Children Across the Republic of South Africa. National Strategic Draft Plan 2013/14 – 2018/19. Pretoria: DSD.

While the above impact of a shift in service type is specifically recognised in the POA:VAWC, to date there is no evidence that this approach is driving decisions on the allocation of programme funding.

The evaluation concludes that the budget allocation process does not support effective implementation of the VAWC agenda. Funding decisions are not made based on an understanding of potential impact and return on investment. Siloed budgets are not an effective use of limited funds and do not support effective implementation.

#### Readiness summary:

Adequate provision and efficient use of funds is critical to effectively addressing VAWC, especially in the context of competing demands for limited government funds. Even with the high level data, which is prone to over and under estimation, it is clear that there are areas that are inadequately funded. The immediate response budget is mainly attributable to policing, and there is limited budget for psychosocial services.

VAWC Acts, policies and plans are typically not costed, resulting in inadequate funding for both prevention and response services. Government budget and expenditure reporting is not sufficiently disaggregated to allow for accurate quantification of the amount spent on VAWC related programmes and services. Nonetheless, an overall inadequacy funding is evident from a high level analysis of the available data, as well as from survey and interview responses. The result is that a lack of funding

<sup>399</sup> Barberton, 2006

<sup>400</sup> Jamieson *et al.*, 2014

<sup>401</sup> Jamieson *et al.*, 2014

<sup>402</sup> Jamieson *et al.*, 2014

<sup>403</sup> Jamieson *et al.*, 2014



severely compromises the implementation of Acts, policies and plans, and the realisation of the objective to eliminate VAWC.

The current model of service delivery is reliant on NPOs; however, the evaluation found indications of poor resourcing of NPOs and reliance on donor funding. Transfers to NPOs are not regularised across departments and provinces. Reliance on donor funds across both the NPO and government sectors further brings into question the financial sustainability of existing funding strategies.

The budget allocation process does not support effective implementation of the VAWC agenda. Funding decisions are not made based on an understanding of potential impact and return on investment. In particular, a lack of investment in prevention initiatives misses a crucial opportunity to reduce the required funds for response services. Furthermore, siloed planning and budgeting is not an effective use of limited funds and does support effective implementation.

**Level of readiness: Not ready**

## 5.6 Human capacity

Human capacity, also referred to as human and technical resources, is defined as the skills, expertise, experience, training, and dedicated roles allocated to the state response to VAWC across all levels, including those of service delivery, management, and governance and oversight. The South African VAWC sector is characterised by a number of human and technical resource constraints, including a shortage of qualified and skilled staff, limited education institutions providing specialised training, weak in-house (i.e. government led) training courses, and overall staff shortages and high attrition rates.

Capacity building and human resources are identified in the POA:VAWC as one of the system components which must be strengthened to achieve the strategic goals. The POA:VAWC recognises that a lack of human and technical resources currently undermines the ability of the state to shift from an emphasis on response services to one which more holistically considers the underlying causes of violence and preventative interventions to stop VAWC before it occurs.

The POA:VAWC identifies 59 actions that could put an already under-capacitated system under more stress, including actions which will require significantly more resources, such as establishing a national command or response centre, re-establishing sexual offences courts, and up-scaling family courts. However, a number of these actions are intended to help address institutional capacity building, including actions to address skills shortages and improve training. These actions include:

- Recognition for specialisation in the field of child protection and victim empowerment and increased training of specialists in these fields;
- Recruitment, training and deployment of Victim Support Workers (VSWs) across nine provinces (500 VSWs by 2016), to provide safety advice, referral services, and psychosocial support;
- Use of retired professionals and community development workers to carry out anti-violence campaigns;
- Development of an inter-sectoral training policy and minimum norms and standards to ensure uniform implementation of women and child protection matters;
- Provision of institutional support for effective implementation of norms and standards, by improving staff retention and deploying existing staff to support VAWC activities; and
- Provide pre-service and in-service training on all VAWC-related legislation.

The diagnostic review identified four main findings with respect to the human capacity dedicated to the national VAWC response.

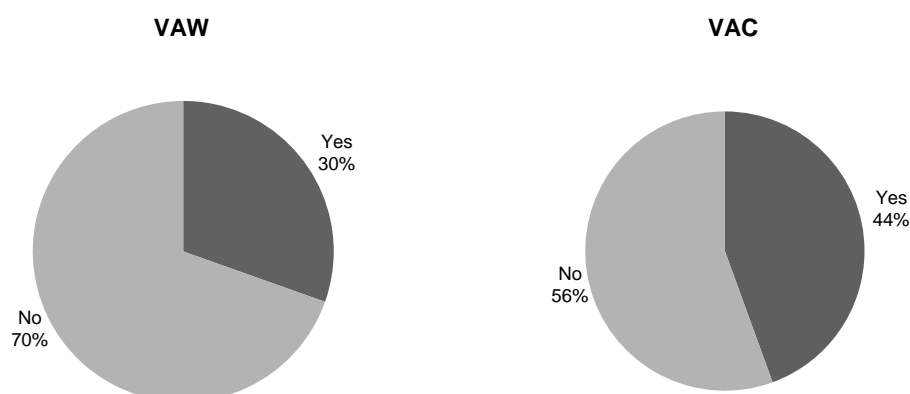
### 5.6.1 Workforce shortages

The shortage of skilled and qualified professionals, particularly in the social services and healthcare sector, is a significant challenge to addressing VAWC. In assessing South Africa's capacity for child maltreatment prevention, Makoe *et al.*<sup>404</sup> found that two thirds of survey respondents stated that

<sup>404</sup> Makoe *et al.*, 2012

current human and technical resources were inadequate.<sup>405</sup> Less than one in 10 respondents felt that the number of professionals specialising in child maltreatment prevention was adequate. The survey for the diagnostic review yielded similar results. Figure 22 demonstrates departments' perceptions of the adequacy of the capacity in their department to effectively deliver VAWC programmes. The majority of respondents felt that human capacity for VAWC programme delivery is an issue of concern. Over two thirds reported capacity for VAW as inadequate and just over half reported capacity for VAC as inadequate.

**Figure 22: Survey responses to the question: Is there adequate capacity in your department to effectively deliver VAW and VAC programmes?**



The DSD and DoH are both frontline response departments which victims might present to directly following an incident. It is notable that these are also among the departments that reported the greatest challenge in terms of staff shortages, as shown in Figure 23. It is also notable that provincial Safety departments, which oversee the activities of the SAPS, and, in particular, SAPS's implementation of the DVA, also strongly indicated the inadequacy of staff to deliver VAWC programmes.

**Figure 23: Survey response to the question: What is the biggest constraint to your department in implementing VAWC related programmes?**

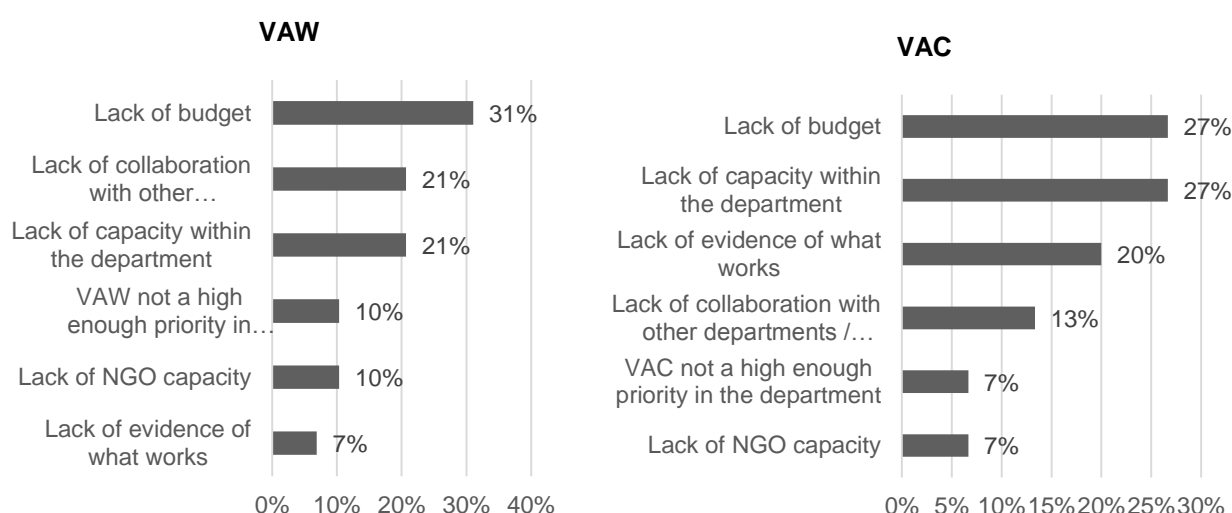


Figure 23 above shows that 21% and 27% of survey respondents ranked lack of capacity within the department as the biggest constraint to implementing VAW and VAC related programmes, respectively. This makes it the second most commonly cited as the biggest constraint, indicating that

<sup>405</sup> Based on a survey of National and Western Cape government practitioners

departmental capacity is seen as one of the most constraining factors for government efforts to address VAWC.<sup>406</sup> This was echoed at the municipal level, where capacity both within dedicated administrative units and in the field was cited as a major constraint.

The implementation of the SORMA highlights similar shortages. Victims of sexual offences have special needs that require special services that can often only be rendered by specialists in the field. In 2013, the NPA informed the Portfolio Committee on Justice and Constitutional Development that it was in “crisis” with respect to implementing sexual offences courts, which is reflected in shortages in sufficient numbers of intermediaries, court preparation officers and social workers.<sup>407</sup> High staff turnover was raised by the DSD and the DoJCD in discussing the challenges in implementing the Child Protection Register and National Register of Sex Offenders respectively.<sup>408</sup> In 2013, the DoJCD Vulnerable Groups Directorate was reported to have only two officials dedicated to sexual offences.<sup>409</sup> The DoH has also reported shortages of forensic medical practitioners, which was leading to delays in sexual offences cases and a backlog in processing forensic evidence,<sup>410</sup> and a lack of capacity to provide adequate assessment of survivors and the provision of psychosocial services.<sup>411</sup> Staff shortages also lead to, and are compounded by, low morale and outputs, which was observed in FCS units where personnel did not have FCS skills and experience.<sup>412</sup>

In the more rural provinces and municipalities, interviewees from DSDs noted that social workers are especially overworked and under-staffed. They face particularly dire working conditions and, without clear opportunities for career progression, tend to either move to other provinces or to professions where they may not necessarily use their qualifications. This problem was explicitly expressed by a number of interviewees from the Northern Cape and Limpopo particularly. A municipal interviewee from OR Tambo Municipality noted that **“it is especially difficult for the social workers in rural areas to provide services.”** Unclear career paths for VAWC professionals have also been recognised in the literature as contributing to skills and staff shortages.<sup>413</sup>

A further issue that was raised in interviews is that many social services professionals suffer their own emotional trauma in having to deal with VAWC related cases. This raises the question as to whether there is sufficient trauma debriefing and support available for practitioners working in this sector.

The NPAC proposed to develop a national capacity development and institutional support programme that would ensure that capacity is enhanced in terms of: the understanding of children’s rights; the understanding of South African policy and legislative environment; an understanding and ability to mainstream children’s rights within all government departments and spheres of government; and the monitoring and evaluation of children’s rights implementation. The status of this capacity development programme, along with the NPAC, is unknown.

The POA:VAWC also attempts to innovate to respond to the capacity constraints of the sector. It proposes to develop a large number of ‘victim support workers’ (VSWs). These would be retired nurses, social workers and similar professionals. The terms of reference for a VSW are not known, but potentially the VSW model is intended to replicate the success of the Isibindi model. It is not clear whether any feasibility studies have been done to determine the evidence base, potential workforce, cost, or planned impact of this model. Notwithstanding the use of the VSW role, full implementation of the POA:VAWC will require significant capacity and resources. The POA:VAWC does not estimate the resources required in this respect, which is a significant limitation of the plan and constraint on implementation.

While these actions will help to address some of the capacity constraints discussed in this section, they are unlikely to fully address the sector’s capacity issues. In particular, while the capacity issues to implement the Children’s Act, including the number of staff required, have been quantified, no similarly comprehensive assessment has been done for VAW. Overall, the success of the POA:VAWC is likely to be considerably compromised without an underpinning comprehensive sector capacity assessment

<sup>406</sup> Thorpe et al., 2015

<sup>407</sup> Thorpe et al., 2015

<sup>408</sup> The Portfolio Committee on Social Development, 2013

<sup>409</sup> The Portfolio Committee on Justice and Constitutional Development, 2013

<sup>410</sup> Thorpe et al., 2015

<sup>411</sup> DfID, 2012b

<sup>412</sup> Thorpe et al., 2015

<sup>413</sup> Thorpe et al., 2015

and costed plan. Best practice advocates that national action plans should not only name the central government unit and focal points responsible for implementation of the plan, but also mandate adequate resources for their effective functioning, including sufficient numbers of expert staff, strategic policy coordination, service provision, consultation, programming, ministerial support and secretariat functions for governance structures.<sup>414</sup>

Increasing human capacity in the VAWC sector requires a similar increase in budget to fund the increased capacity. The intended capacity building efforts of the POA:VAWC are not costed. Despite the DSD's attempt to increase the supply of scarce skills through the Social Work Scholarship programme, some provincial departments reported in interviews that they have not been able to absorb the social work graduates due to lack of budget and support capacity. As a result of budget constraints, the departments instead rely heavily on lay counsellors in the district offices to assist social workers. This is a great opportunity to give unemployed volunteers skills and income in the form of stipends; however, a lack of adequate training and qualification can have a negative impact on the quality of services being provided to victims. In addition, lay counsellors are not always included in trauma debriefing, which may impact the sustainability of these workers to stay in the sector.

The estimated ratio of social workers to population countrywide is 1:5000, which is well above recommended levels.<sup>415</sup> There is no indication however from the source, of what the recommended levels should be. The effect of this inadequacy is poor implementation of norms and standards in social work practise.<sup>416</sup> The effective operation of social workers is further weakened by inadequate and poorly resourced offices, lack of vehicles as well as the non-payment of danger and rural allowances.<sup>417</sup>

Perhaps most concerning of all, a lack of capacity has a multiplier effect on demand for services. Shortages in the workforce impacts heavily on the provision of prevention and early intervention services, creating a vicious cycle of increasing demand for services. Giese<sup>418</sup> observes that 'the lack of capacity in the system forces social workers to prioritise the most urgent cases, neglecting prevention and early intervention services. This leads to a greater number of children requiring protection, further reducing the capacity'.<sup>419</sup> Two vicious cycles interact and exacerbate the gap in the social service workforce. These are illustrated in **Error! Reference source not found.** below.

**Figure 24: Vicious cycles causing gap in social services workforce (SSW)**



Source: Adapted from KPMG, 2015 (In press), Study on the supply and demand for social services professionals in South Africa

<sup>414</sup> UN Women, 2012

<sup>415</sup> DSD, 2015

<sup>416</sup> DSD, 2015

<sup>417</sup> DSD, 2015

<sup>418</sup> Giese, 2010

<sup>419</sup> Giese S, 2010, cited in Martin, 2010

Some of the supply-side driving forces driving the vicious cycle are outlined below:<sup>420</sup>

- An initial shortage in the social service workforce leads to a large workload and challenging working conditions, in turn, leading to frustrations in the SSW;
- In addition to not being able to adequately take care of current caseloads, the current number of social workers remains unable to service the entire need for social worker services nor the future need for social worker services;
- Attrition rates are elevated due to unfavourable working conditions, lack of trauma debriefing and unclear career paths;
- There is inefficient use of existing resources, with social workers having to manage administratively burdensome, paper based processes instead of focusing on seeing clients;
- Training and hiring of SSW are insufficient; and
- The gap (shortage) in the social service workforce becomes entrenched and the vicious cycle on the supply side continues.

Additionally, a number of important demand-side factors contribute to the gap (shortage) in the SSW and interact in a cyclical manner:

- With an initial gap in the SSW, not all vulnerable families, women and children receive the required support, given that insufficient capacity exists in the SSW;
- As a result, women and children are at greater risk of being victimised, as prevention and early intervention cases are deprioritised over urgent response cases;
- This perpetuates the vulnerability and the risk of victimisation;
- The burden on social service delivery escalates; and
- In turn, the gap in social service provision due to the gap in the social service workforce is exacerbated.

The DSD has taken a number of steps towards addressing the workforce gap, including the introduction of a social work scholarship available to those wanting to pursue social work degrees, research into the magnitude of the shortage and expected future need, an indaba under the theme 'revitalizing social work practice in SA' and a subsequent action plan, among others. With the inadequate number of specialist professionals and institutions providing training and education, South Africa has explored non-traditional approaches to skills development and programme delivery in the field of child care.<sup>421</sup> There has been significant progress to formally recognise the role and contribution of other social services practitioners to provide statutory social services; for example, child and youth care workers, auxiliary social workers and community development workers, through the Social Services Professions Act.<sup>422</sup> This Act requires registration of all practitioners that will perform statutory functions. The Isibindi model is one such example of such innovation, whereby registered community and home based child and youth care workers provide preventative and psycho-social support to orphans and vulnerable children. The impact of the Social Services Professions Act, in terms of mitigating workforce shortages, has not been quantified to date. While it is imperative that we think creatively about including various categories of social services professionals to deliver services, this requires that adequate supervision and training is provided to fill this gap. One interviewee for the national DSD said, ***"the workforce is there, but it's how we're deploying it that is the problem. And the need for role clarification, strengthening the referral process and following up on cases."***

The shortage of skilled staff in the sector undermines the state's efforts to make a meaningful impact on VAWC and can be argued as actually serving to increase VAWC victimisation as prevention and early intervention are deprioritised. Innovative approaches to addressing the workforce supply gap are commendable, but the sector remains constrained by a shortage of skilled staff. This creates a vicious circle of increasing demand, as staff prioritise urgent cases and de-prioritise prevention which ultimately increases the number of victims. The existing workforce is not being deployed optimally.

<sup>420</sup> Adapted from KPMG, 2015 (In press), Study on the supply and demand for social services professionals in South Africa

<sup>421</sup> Makoae *et al.*, 2012

<sup>422</sup> Martin, 2010

There is potential for streamlined administration, better role definition, and technology to enhance the efficiency of the workforce and allow them to focus on core services.

### 5.6.2 Inadequate specialised skills

Exacerbating the shortage of staff is the lack of specialist skills to effectively combat VAWC. With respect to child maltreatment prevention, Makoe *et al.*<sup>423</sup> found that almost all survey respondents identified a lack of non-university institutions providing skills and continuing professional development opportunities. Over half felt there was an adequate number of university level institutions providing specialised education in child maltreatment prevention which would seem to indicate that it is non-university programmes that should be scaled up, rather than those in universities. This would make VAWC related skills accreditation more accessible to the potential workforce, as the high cost of university and entry requirements means it is not an option for all those who might be interested in the sector.

Interviews with representatives from the DoH indicated that the department struggles to retain graduates in the absence of a SAQA qualification for forensic nursing. Reportedly, the South African Nursing Council (SANC) does not recognise forensic nursing as a specialty. Furthermore, some courts also do not recognise forensic nurses as expert witnesses competent to testify knowledgeably on the findings of the medico-legal examination.<sup>424</sup> This non-accreditation disqualifies forensic nurses from getting the Occupation Specific Dispensation (OSD) and many choose to leave forensic nursing to become primary healthcare workers. This shortage of forensic nurses, and nurses in general, leaves the department with scarce resources to identify and adequately care for a victims of abuse.

The shortage of professionals with specific responsibilities and skills to prevent and respond to VAWC has been documented in a number of other studies. The 2006 costing of the implementation of the Children's Act very clearly articulates this shortage.<sup>425</sup> The increased jurisdiction and workload of various departments, particularly the DoJCD and the DSD, under the revised Act, requires significant human and technical resources but the availability of resources has been found entirely inadequate to implement.<sup>426</sup> While these concerns were raised almost 10 years ago, and efforts have been made to increase capacity, given the magnitude of the early findings, it is unlikely that these shortages have been fully addressed.

For example, in 2010/11, the number of magistrates required to deliver the services contemplated by the Children's Act exceeded the total number of magistrates serving all the courts in the country in 2004/05.<sup>427</sup> The total number of social workers required to implement the Children's Act is estimated at 60 000 and in February 2009 there were less than 25 percent of the required numbers, with only 14 322 registered social workers.<sup>428</sup> The increased jurisdiction and responsibility of the DoJCD also means that the Department will have to compete with the social welfare sector, and specifically the DSD, to meet the demand for social workers which adds further complexity to the market for appropriately qualified staff.<sup>429</sup> As of 2013, there was still no plan of how to address the social worker shortage.<sup>430</sup>

Local municipalities also pointed to inadequate technical skills, particularly where high profile incidents happen in the locality, and the municipality feels ill-equipped to deal with the community in that context. One municipal interviewee noted that **"[t]he Social Workers are not specialising in these [VAWC] issues at the local service offices and this is an issue."** Even in the NPO sector, lack of skill, in remote areas especially, constrains the ability of partnerships to address VAWC effectively. The same municipal respondent said **"[t]he Department has a problem of NPO capacity [sic], as since they are based in rural areas, the people are not qualified and they only take the work as an employment opportunity."**

The evaluation concludes that the sector lacks certain specialist skills required to effectively respond to VAWC, including forensic nurses, social workers and court officials equipped to address VAWC and sexual offences respectively, FCS trained police officials, and data and analytics skills for M&E within

<sup>423</sup> Makoe *et al.*, 2012

<sup>424</sup> Shukumisa Campaign Briefing Note [www.shukumisa.org.za/wp-content/.../forensic-nursing-briefing-note.pdf](http://www.shukumisa.org.za/wp-content/.../forensic-nursing-briefing-note.pdf)

<sup>425</sup> Barberton, 2006

<sup>426</sup> Martin, 2010

<sup>427</sup> Barberton, 2006

<sup>428</sup> Giese S, 2010 cited in Martin, 2010

<sup>429</sup> Barberton, 2006

<sup>430</sup> Thorpe *et al.*, 2015

departments. Training opportunities, career pathways and accreditation can be strengthened to make the sector more attractive to the potential workforce.

### 5.6.3 Departmental responsibility for VAWC

A review of departmental strategic plans, annual performance plans, annual reports and municipal IDPs revealed very few identifiable VAWC specific roles in departmental organograms. Even in departments such as the DSD, which has a large number of staff working within victim empowerment, child protection, and support to families (amongst others), ultimate accountability for VAWC is not clear. Victim empowerment is broader than VAWC. Child protection is different to VAC. As such, VAWC becomes more of a 'cross cutting' theme with several key players in the organisation impacting VAWC without taking a specific focus on VAWC. In the majority of instances, responsibility for VAW and VAC are attributed to the same person. While it may not be inappropriate to combine these roles, it raises significant questions about capacity to effectively serve both agendas.

This finding was confirmed through interviews, where interviewees expressed that the impetus for addressing VAWC predominantly relies on passionate and dedicated individuals going beyond the duties of their own job description. The view that VAWC activities are usually an add-on to existing roles was strongly expressed across departments. The VAWC agenda is therefore not adequately supported by designated roles to lead the fulfilment of VAWC mandates, implementation of programmes and oversight of services. This is true at the municipal level too. One municipal interviewee stated that ***“[t]he municipality does not have a dedicated department for VAWC, but rather a unit within a department. Other department functions are staffed first. The unit does not have enough budget to hire more people.”***

**Figure 25: Survey responses to the question: Does your department have a designated position/unit for the implementation of VAW and VAC programmes within departments?**

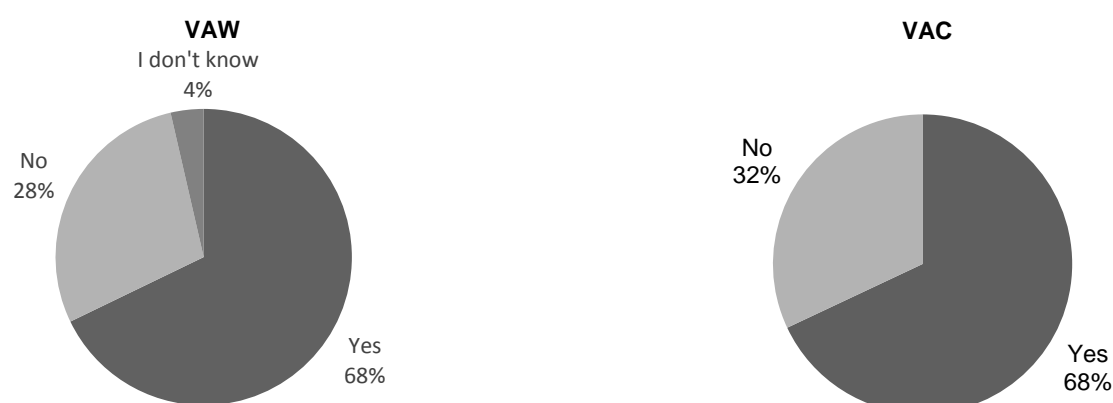


Figure 25 illustrates survey responses to the question “Does your department's organisational structure have a designated position/unit to oversee the implementation of VAW programmes?”. The results indicate that 68% of respondents reported that their department does have a designated position or unit to oversee the implementation of VAWC programmes. This was also evident for the large urban local municipalities, but less so for rural municipalities. This is a positive finding, and suggests the opportunity to strengthen the activities of these individuals to be more focused on the VAWC agenda. However, it should also be noted that the results need to be interpreted with some scepticism, as in many instances, these positions/units were identified in the interview to be the department's Gender Focal Point.

The intended roles and responsibilities of the Gender Focal Point include the general mainstreaming of gender issues within the department through the evaluation of policies, programmes and systems to ensure they are gender responsive, to ensure that the department reports on gender issues, and promotes gender equality within the department. In addition, this role requires the incumbent to attend all gender-related events co-ordinated by other departments and be part of the planning of certain events and campaigns. The role is not, however, specific to VAWC or charged with leading VAWC, although monitoring of department's response VAWC (either the department's response to support employees who may be affected by VAWC or the department's mandate with respect to VAWC) may

be included. In practice, department's understanding of the function of the Gender Focal Point was not clear. For example, an interviewee for a provincial DoH expressed that the purpose of the role had not been clearly communicated and, as a result, the activities of the individual designated as the Gender Focal Point were not defined. In some departments it was seen as a 'catch-all' or 'box-ticking' exercise to cover all 'gender issues'. Some departments reported that the Gender Focal Point is supposed to serve the interests of all vulnerable groups, including older persons, persons with disabilities, children and women.

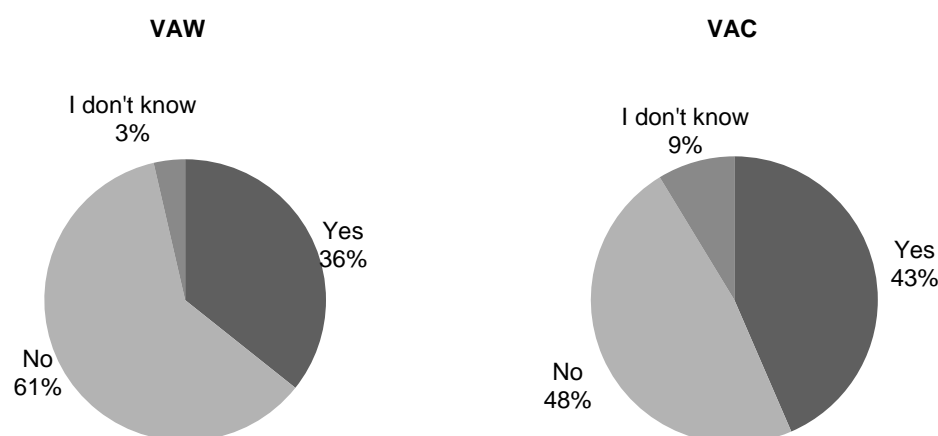
Nonetheless, it is clear that the primary focus of the Gender Focal Point is not intended to be VAWC, and there were no clear cases where VAWC was included in the functions of the Gender Focal Point. In spite of this, the research team was frequently directed to this individual as the appropriate person to interview for the diagnostic review, revealing a general lack of understanding of where the VAWC agenda falls within departments, as well as a lack of clearly designated roles for VAWC within government.

#### 5.6.4 Training

The need for ongoing training on VAWC, to ensure that government officials, judicial officers, social workers and, especially, police, are equipped to deal with cases brought to their attention in accordance with legislation, and in a manner that reduces secondary trauma, is a strong theme from the literature and was a similar issue raised in the research.<sup>431</sup> The SORMA introduced 66 new offences which required substantial police training but there is frequently a lack of dedicated budget for such multi-disciplinary training.<sup>432</sup> The Medical Research Council reported that the training of medical personnel on post-rape care was not uniform or consistent, and that there was a lack of protocol on assisting cases of gang rape.<sup>433</sup> The South African National AIDS Council (SANAC) noted in 2009 that the rape policy for implementation by health care workers was being implemented too slowly and, that as a result, Post-Exposure Prophylaxis (PEP) was not being administered to rape survivors.<sup>434</sup>

Responses to the institutional survey revealed that the provision of VAWC specific training varies across departments. Figure 26 suggests that there is more VAC-related training taking place in departments than there is for VAW.

**Figure 26: Survey responses to the question: Does your department provide compulsory internal VAW or VAC training to employees?**



Survey comments point mainly to the existence of clinical forensic training or training in sexual assault care practice, which is not compulsory, but provided to doctors and nurses working in clinical forensic medical service facilities. Several comments on the surveys suggest that other training relates mostly to legislation, such as training on the SORMA, the Human Trafficking Act and the DVA. Furthermore, it is likely that respondents also included internal gender mainstreaming or employee wellbeing

<sup>431</sup> Thorpe *et al.*, 2015

14; Van Graan, 2012; African Union, 2015

<sup>432</sup> Thorpe *et al.*, 2015; Van Graan, 2012; African Union, 2015

<sup>433</sup> Medical Research Council, 2010

<sup>434</sup> Thorpe *et al.*, 2015



workshops in their answers, as these were frequently cited in interviews when training was discussed. The DSD Annual Report (2015) states that the department trained 6840 practitioners and stakeholders from national and provincial DSDs, other government departments and civil society organisations on the Integrated Crime Prevention Strategy. The purpose of this training was to enhance the implementation of the strategy.

SAPS has official training programmes that address the provision of victim assistance, handling of evidence and management of crime scenes, interviewing of witnesses - including child witnesses. These are the First Responders Sexual Offences Learning Programme; and FCS Learning Programme. The First responders Learning Programme is geared at provision of skills to all members who first come into contact with victims including patrollers, Community Service Centre members, and emergency services. The FCS course is aimed at providing specialised investigation skills to detectives that investigate crimes against children, sexual offences and other domestic violence related crimes. There is a formal five-day Domestic Violence Learning Programme that was developed to include a range of aspects including social context, practical skills for handling incidents of domestic violence, victim support and assistance. It is not clear, however, how many officials have been provided the training, or if it has been effective.

Interviews revealed that there is still a need for improved service provision by police to complainants. Interviewees from various departments suggested that police officers need more training on how to deal more sensitively with victims. There was a perception among many interviewees that police do not attend to the victim with the level of empathy required and the response times for filing the statement and arresting the perpetrator are too long, which lowers faith and confidence in the system. In the case of SAPS, training must ideally be delivered by police officers themselves, and supported by senior police officials. This was found to be particularly important, as police personnel understand the practical realities on the ground. Combining this practical experience with the complementary knowledge of social welfare and child rights trainers and NPOs can help create "legitimate agents of long term change".<sup>435</sup>

Interviewees for the DoH also expressed concern about the level of empathy displayed by healthcare workers, who they feel are also in need of sensitisation training. One interviewee for a provincial DoH explained that healthcare workers sometimes tell victims that they brought the violence upon themselves by being provocative or disrespectful, and that they deserve the consequences. Some interviewees thought it should be the responsibility of tertiary education institutions to ensure that sensitivity and professionalism are central to the handling of cases of VAWC.

The recommendations of the literature emphasise the need for both pre-service and in-service training, training on prevention and response ends of the care continuum, and training on the root causes, risk and preventative factors of VAWC.<sup>436</sup> Good training can go beyond direct skills provision and challenge prejudicial attitudes and behaviours, particularly among police and security personnel.<sup>437</sup> However, implementation weaknesses frequently undermine the potential impact of VAWC related training.<sup>438</sup> Training is typically a one off event with no follow up or refresher, and it is not linked to institutional change, such as embedding issues in policies and procedures, which undermines the sustainability of the impact of the training or career progression.

The evaluation concludes that increased and improved training and development of government officials is required to help strengthen the VAWC response. In particular, training needs to be more nuanced to deal with critical gaps in the skill base to address VAWC. Arguably, the most important of these is sensitivity training for frontline staff in police and medical services, and the provision of ongoing training and support services for social workers dealing with VAWC. Training on the referral process is also required.

### 5.6.5 International perspectives

The Handbook for Legislation on Violence against Women<sup>439</sup> emphasises the critical importance of ensuring that those mandated with the implementation of legislation on VAW, including police, prosecutors and judges, have an in-depth understanding of the legislation and are able to implement

<sup>435</sup> Jewkes, 2014 citing Heise, 2011

<sup>436</sup> Jewkes, 2014, Thorpe *et al.*, 2015, UN Women, 2012

<sup>437</sup> Jewkes, 2014, UN Women, 2012

<sup>438</sup> Jewkes, 2014

<sup>439</sup> UN, 2010

it in an appropriate and gender-sensitive manner. Article 47 of the Spanish Organic Act on Integrated Protection Measures against Gender Violence (2004) requires the government and the General Council of the Judiciary to ensure that training courses for judges and magistrates, prosecutors, court clerks, national law enforcement and security agents and coroners include specific training on sexual equality, non-discrimination for reasons of sex, and issues of violence against women. Another example is Section 42 of the Philippine Anti-Violence against Women and their Children Act (2004) which requires all agencies responding to violence against women and their children to undergo education and training on (a) the nature and causes of violence against women and their children; (b) legal rights and remedies of complainants/survivors; (c) services available; (d) legal duties of police officers to make arrests and offer protection and assistance; and (e) techniques for handling incidents of violence against women and their children.

This is also very relevant in the South African context. For example, while the DVA is an impressive piece of legislation a key challenge in its implementation is that no consistent training of court and police officials has taken place, resulting in inconsistent service provision.<sup>440</sup> This applies equally to the SORMA which is not being properly implemented because it is still largely unknown and very little training on the law has taken place.<sup>441</sup>

Many states have used their national action plans to strengthen and standardise accredited training across sectors and jurisdictions for professionals involved in the prevention of, and response to, violence against women, including Uruguay and Liberia. Noting the deeply ingrained nature of GBV in attitudes and behaviours of individuals, Belize's National GBV Plan of Action (2010-2013) stresses the need for training to focus not only on processes and procedures but also on developing a shared understanding of the causes, consequences and nature of violence against women, in order to challenge prejudicial attitudes which can undermine an effective response system.<sup>442</sup>

A number of countries are exploring how to utilise existing gender machinery to enhance the capacity of the response to GBV, particularly with respect to monitoring and evaluation of wider government efforts to address GBV. Gender focal points in the Belize government departments form a Gender Based Violence Subcommittee, part of an existing Gender Integration Committee, with specific responsibilities for reporting on progress on the POA.<sup>443</sup>

Jordan's *National Strategy for Jordanian Women 2006-2010* includes an organisational development strategy to mainstream gender throughout government, including policy and programme development, budget preparation, the preparation of statistical data and reports and the provision of adequate financial and administrative means as a way of addressing broader discrimination against women.

<sup>440</sup> Commission for Gender Equality, 2010

<sup>441</sup> Commission for Gender Equality, 2010

<sup>442</sup> UN Women, 2012

<sup>443</sup> UN Women, 2012

**Readiness summary:**

The state's response to VAWC lacks effectiveness due to capacity constraints that result in challenges to providing services to victims. The South African VAWC sector needs a strong workforce that is skilled, trained, effectively delegated and adequately capacitated to deliver quality services to victims and vulnerable women and children.

The workforce supply gap is constrained by the shortage in skilled staff. There is a shortage of trained social workers, despite efforts through the Social Work Scholarship programme. The DSD is unable to absorb graduates due to financial constraints.

Findings from the human capacity dimension of the review provide insight into several key issues that should be addressed in strengthening the state response.

- Innovative approaches to addressing the workforce supply gap are commendable, but the sector remains constrained by a shortage of skilled staff. This creates a vicious circle of increasing demand, as staff prioritises urgent cases and de-prioritises prevention, which ultimately increases the number of victims;
- The existing workforce is not being deployed to provide optimal services to victims;
- The sector lacks the specialist skills required to effectively respond to VAWC. Training opportunities, career pathways and accreditation can be strengthened to make the sector more attractive to the potential workforce; and
- Departmental responsibility for VAWC is unclear and exacerbated by lack of designated roles.

Level of readiness: **Partially ready**

## 5.7 Data, monitoring and evaluation

Monitoring and evaluation (M&E) is an essential component of any effective strategy for social change in order to understand whether interventions are having an impact and how to refine initiatives to enhance their effectiveness and efficiency. The need to enhance the availability of scientific data, monitoring and evaluation is recognised in the POA:VAWC. Some of the intended interventions and activities for the programmatic period include:

- Establish a national baseline for VAWC;
- Establish a national monitoring and evaluation system;
- Develop national indicators on VAWC;
- Establish a national research and knowledge hub on VAWC; and
- Develop a national information management system and data sharing portals to collect, record and analyse data on VAWC and support effective reporting, programming, monitoring and evaluation.

Strengthening data, monitoring and evaluation for VAWC is therefore a significant portion of the state's intention to strengthen national system components. This section considers the extent to which information and data on VAWC is collected by government departments and the extent to which that data, other data sources such as academic research, and evaluations of VAWC programmes and services are used to inform programme design, service delivery and the strategic response to VAWC.

The diagnostic review identified four main findings with respect to data, monitoring and evaluation processes in place to support the state's response to VAWC.

### 5.7.1 State of prevalence data

Currently, South Africa does not have comprehensive data on national prevalence rates of VAWC and the national census and SAPS crime statistics do not measure or disaggregate usefully for indicators of VAWC. The literature identifies a lack of reliable national and sub-national data on VAWC as a challenge to helping inform the development of targeted and effective programmes. The indicators used to measure the intended outcomes of the POA:VAWC itself are not supported by baseline or target

metrics which will mean the progress made over the programmatic period in terms of the outcomes will not be measurable.

In a survey of South African child maltreatment practitioners,<sup>444</sup> the majority of respondents stated that data regarding the general magnitude of child maltreatment was not available. This data extended to various forms of maltreatment (physical, sexual, and psychological and emotional) and short term and long term consequences of child maltreatment. A key challenge was that available data was on reported cases only and not representative of the provincial populations. Specifically, the feedback reported challenges in relation to planning, programme implementation and evaluation of child maltreatment initiatives due to lack of adequate surveillance data.

In interviews, almost all departments reported that SAPS crime data is currently the only source of data used to understand the current state of VAWC. The heavy reliance on SAPS data is problematic for several reasons:

- Police statistics are not adequately disaggregated. All forms of VAWC, including rape and domestic violence, are currently lumped into the broad categories of “sexual offences”, “contact crimes” and “assault with the intent to inflict grievous bodily harm”. This makes it impossible to accurately distinguish the number of cases of VAWC that are reported to the police;
- The data is known to underrepresent the true extent of VAWC because of the sensitive nature of the associated crimes, a lack of trust in the criminal justice system, a fear of retaliatory violence from perpetrators, or secondary victimisation at the police station. It has been estimated that only one in nine women report incidences of sexual violence in South Africa, and this figure may be even lower;<sup>445</sup>
- SAPS data are dependent on the accuracy of police reporting; and
- There are inadvertent incentives for the police to turn cases away, due to a misperception that lower reported offences represents an achievement by SAPS to reduce VAWC.

Disaggregated statistics related to VAW should be reported to Parliament annually by the SAPS, and statistics on convictions and conviction rates should be reported annually by the DoJCD. Statistics on the total number of domestic violence incidents in a year are also required to be reported to Parliament annually but this to date has also not happened. Domestic Violence Registers are required to be present at each police station. However the police do not publicly report on domestic violence statistics, and do not collect disaggregated statistics on domestic violence.<sup>446</sup> Statistics on sexual offences demonstrate similar issues.

As Davis<sup>447</sup> points out, an interrogation of the 2014-15 crime statistics reveals that they should be read with some scepticism.<sup>448</sup> Reported total sexual offences declined by 5.4% from 2013-14 figures, while all other forms of violent crime increased.<sup>449</sup> It seems unlikely that this is reflective of an actual reduction in cases of sexual offence actually occurring, and is more plausibly attributable to declining impetus to *report* cases of sexual violence to the police. Furthermore, Davis points out, “sexual offences *detected as a result of police action* – as opposed to someone walking into a police station and reporting them – have increased by a mammoth 34,3%, from 4,720 such cases in 2014 to 6,340 cases in 2015”<sup>450</sup>, suggesting that the prevalence of these forms of violence may in fact have increased from the previous year.

There is general consensus that reporting data provided by provincial departments must be treated with caution.<sup>451</sup> This is problematic, as granular, geographically specific data is necessary for the effective planning of where to implement interventions, and at what scale. An additional issue is that

<sup>444</sup> Makoe *et al.*, 2012

<sup>445</sup> Bowman and Stevens (2004) reports that as few as 11% of women who experienced attempted rape in 1998 reported it to the police

<sup>446</sup> Thorpe *et al.*, 2015

<sup>447</sup> Davis, 2015

<sup>448</sup> Davis, 2015

<sup>449</sup> SAPS, 2015

<sup>450</sup> Davis, 2015

<sup>451</sup> Martin, 2010

professionals do not adhere to the mandatory reporting system as required by the Children's Act.<sup>452</sup> The form (Form 22) is perceived to be complex. The manual data capture method and paper based system is also not working well.

The POA:VAWC seeks to establish a national baseline for VAWC, recognising that a basic level of data is required to enable the effective planning and delivery of programmes and services to address VAWC. A breakdown of the various forms of violence, the age and geographic distribution of victimisation, and details on the perpetrators, *inter alia*, are important data points towards the achievement of this goal.

In spite of the above limitations, SAPS data has the potential to be much more useful. Many interviewees felt that greater disaggregation of SAPS crime statistics relating to VAWC would be very helpful, as it would enable more targeted programming. Specifically, disaggregation across age and gender should be standardised, and the classification of various crimes against women and children, such as rape and domestic violence, need to be aligned with legislation and reported publicly in this way. At the recent presentation the 2014-15 crime statistics, it was noted by the Institute for Security Studies (ISS) that gender NPOs have been consistently calling for more specific crime data, as it would help them in their attempts to tackle VAW.<sup>453</sup>

According to the Handbook, some countries have responded to the need for further data collection by mandating it in legislation. Italy's Financial Law (2007) created a National Observatory on Violence against Women and allocated €3 million per year for the next three years to the Observatory. The Guatemalan Law against Femicide and other Forms of Violence against Women (2008) obliges the national statistical office to compile data and develop indicators on VAW. Articles 7 and 8 of the Polish Law on Domestic Violence (2005) require the Minister of Social Affairs to direct and fund research and analyses on domestic violence. Based on the insights provided in the Handbook, it is clear that the effective implementation of the suite of South African legislation described above requires several elements to be in place in order to bring to fruition the protection envisaged therein. These elements include, among others, adequate funding, high levels of collaboration among the many organs of state that are mandated with the implementation of legislation as well as between these organs of state and civil society, the need capacity-building and the training of officials, monitoring and evaluation and the co-ordinated collection of statistical data on VAWC.

Better data collection and management for VAWC is required to enable effective planning and delivery of programmes and services. The review found heavy reliance on SAPS data, which is not adequately disaggregated, nor is it representative of the extent of VAWC victimisation in South Africa. The UN Handbook for Legislation on Violence against Women<sup>454</sup> recommends that legislation should require the regular collection of statistical data, which is very difficult to obtain in South Africa, on the causes, consequences and frequency of all forms of violence against women, and on the effectiveness of measures to prevent, punish and eradicate violence against women and protect and support complainants/survivors. Where possible, it is important to engage the national statistical office in the collection of statistical data.

### 5.7.2 Programme evaluation

A key challenge for South Africa is the absence of strong evidence of what works to reduce and eliminate VAWC.<sup>455</sup> Most programmes do not keep good records of administrative and implementation data and even fewer are subjected to rigorous evaluation to ascertain what works where, how and why. This is partly because programmes are implemented by NPOs, which do not have capacity and resources to conduct evaluations. Where monitoring data is collected, very minimal analysis of that data takes place and even less use of such data/information has been observed in terms of designing or refining programmes and services. This is true of programmes funded and implemented by government, and those funded by government and implemented by NPOs. This is partly due to poor understanding of the value of M&E as a management tool, but also of lack of capacity with government and NPOs to record, track and use M&E data. Improved M&E, based on clear theories of change, would enable departments to strengthen existing programmes, and to build a knowledge base of what types of interventions work in preventing and responding to VAWC. The roll-out of the national evaluation system to provinces, led by the DPME, may help increase the culture, capacity and prioritisation of M&E across

<sup>452</sup> Makoae *et al.*, 2012

<sup>453</sup> Davis, 2015

<sup>454</sup> UN, 2010

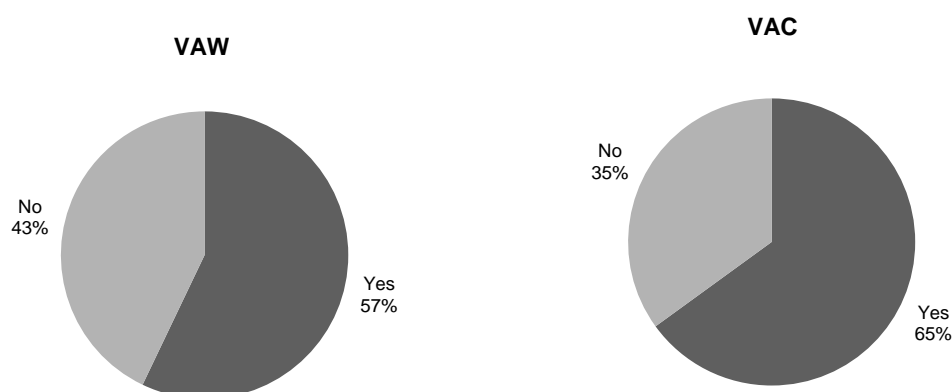
<sup>455</sup> Mathews and Benvenuti, 2014

departments. Encouragingly, local municipalities described the importance of monitoring and evaluation, although quality was a concern.

Inadequate M&E skills is seen as a constraint to measuring the impact of existing programmes, especially in provincial departments. For example, one provincial DSD noted that the absence of dedicated M&E officers within the department means that data collection is conducted by social workers, who are already in short supply. Similarly, an interviewee for the OTP noted that there is no culture of M&E in government yet, as it is a fairly new discipline that is yet to become embedded within the provincial and district spheres of government. The same interviewee identified the lack of skills in data collection and analytics as contributing to the insufficient understanding of the current state of VAWC, and that as a result, VAWC is not prioritised sufficiently. An interviewee for the DoH articulated the view that there is no clear career path in government for individuals with data and M&E skills and it is therefore difficult to retain these staff.

Figure 27 shows that most survey respondents (57% for VAW and 65% for VAC) reported that their department has a designated person or unit for the monitoring of VAW and VAC programmes. This suggests, therefore, that there is scope to train existing staff to conduct more rigorous monitoring and evaluation processes in order to strengthen this function for the improvement of VAWC programmes and services in general.

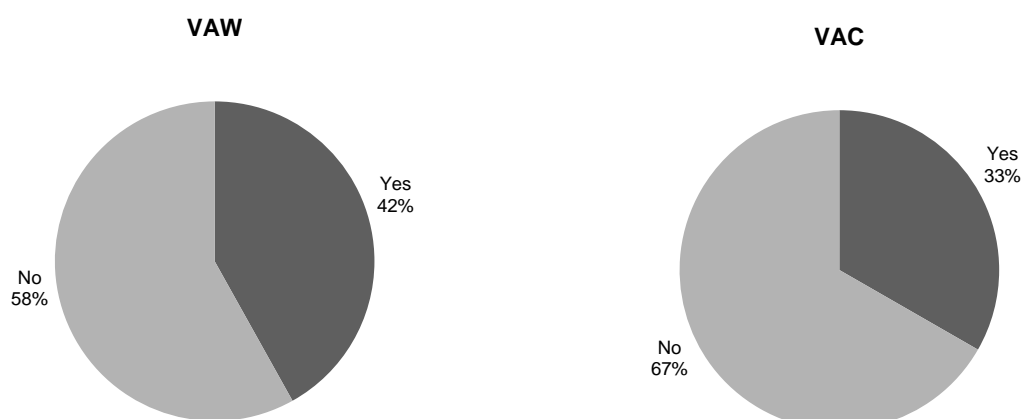
**Figure 27: Reported existence of a designated person/unit for monitoring of VAW and VAC programmes within departments**



Across the provinces, the OTP function is well positioned to coordinate and monitor the activities of other departments around transversal issues such as VAWC. However, consultation with this office revealed that there is very little activity in this regard within these departments. Several interviewees expressed that reporting on VAWC activities is usually ad hoc, and is only done on request when there is a need (e.g. for CEDAW reports). This means that there is always a rush to find data, and no real or consistent progress measurement is done. A lack of technical capabilities within the OTPs was also cited as a constraint to M&E activities at a provincial level. There appears to be a missed opportunity for OTPs to play a central role in coordinating M&E within their respective provinces. This approach would facilitate learning and sharing of data across departments, which currently is not optimised.

There is not a significant amount of evaluation being conducted within departments to assess the impact and effectiveness of existing programmes and services. Only 33% of respondents reported that formal evaluations had been conducted on one or more VAC-related programme in their department in the past three years; similarly, only 42% of respondents indicated formal evaluations for one or more VAW programmes had been conducted.

**Figure 28: Survey responses to the question: Has a formal evaluation had been conducted on one or more VAWC related programmes in the last three years (i.e. evaluation report available)**

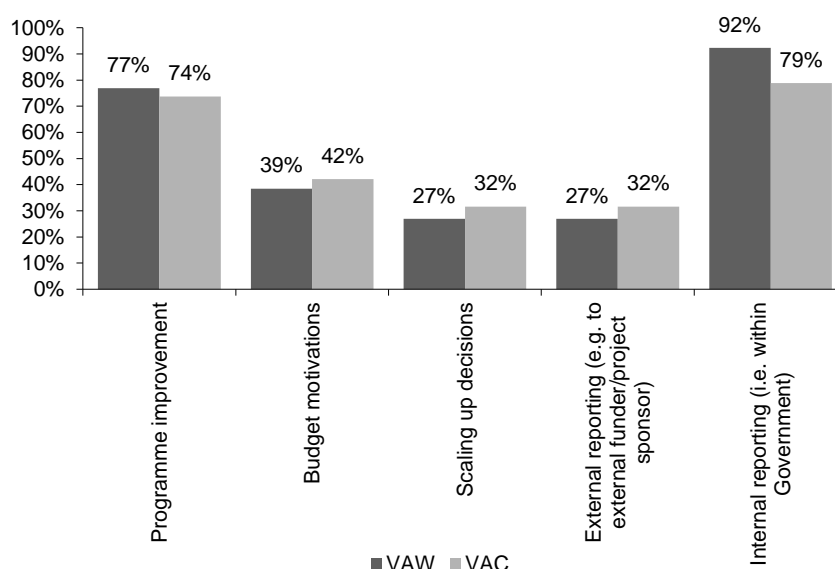


Based on interview feedback, even where evaluations are reported to occur, these tend not to be impact evaluations, but rather tend toward annual site visits to funded NPOs or the aggregation of monthly monitoring data into a single annual report. Such an interpretation of 'evaluation' is insufficient to gathering and analysing data and information to generate evidence of what works.<sup>456</sup> Consequently, there is a risk that either evaluations are not used to inform ongoing design, or poor quality evaluations might yield weak diagnoses of strengths and weaknesses and result in the wrong changes being made to programmes and services. 71% of survey respondents reported that their department collects monitoring data. This data is mostly collected by internal staff and/or programme implementers, and, as ovince solve specific issues.

Figure 29 shows, is predominantly used for internal reporting and/or programme improvement. In interviews, respondents confirmed that departments conduct routine programme performance monitoring at a very high level, mostly focusing on broad indicators of reach and expenditure, and predominantly for the purpose of compliance, and reporting for Annual Reports. Several interviewees complained that there is no feedback on reports presented to national departments, and no actions follow. For example, an interviewee for the DSD noted that ***“the purpose of reporting should be to look at successes and challenges of services, rather than just taking note of them”***. There is a role for national departments to review feedback from provinces and ask questions, provide guidance, share best practices or experiences across other provinces, with a view to helping each province solve specific issues.

<sup>456</sup> The scope of the diagnostic review did not include a review of the evaluation reports for VAWC

**Figure 29: Survey responses to the question: What are the monitoring data and/or evaluation results used for?**



### 5.7.3 Administrative data

One of the intended interventions of the POA:VAWC is to develop a national information management system and data sharing portals to collect, record and analyse data on VAWC and support effective reporting, programming, monitoring and evaluation. The issue of inter-departmental statistic collection has been raised on a number of occasions to Parliamentary Committees. The literature identifies a strong need to improve the information systems by which data on VAWC is collected and ensure standardised recording of information. This is a challenge that needs to be addressed inter-sectorally by all relevant departments to ensure that a case is able to be tracked at all points through the system. It will require a significant shift from the current reliance on paper-based case management to automated systems to ensure effective implementation.

Current information systems are not compatible across departments. For example, the SAPS, the NPA and the DoJCD have different categories for reporting sexual offences resulting in incongruous figures and statistics across departments. As a result, it is not possible to track trends or assess performance at a sectoral level. This issue extends beyond statistics on prevalence and reporting rates: investigations outcomes, referrals for prosecution and prosecution outcomes must also include disaggregation by age, gender, rural/urban split, amongst other variables. The introduction of an effective centralised case management system for VAWC, that all departments can access and use, presents several key opportunities for better case and data management. Firstly, it would facilitate better data collection, avoiding double counting of statistics and capturing cases more accurately, which will improve the understanding of VAWC and allow for stronger M&E of services. Secondly, it would enhance government's management of individual cases by allowing for leveraging of intersectoral services, enhancing the referral process, and centralising information on case history.

The DSD is currently piloting a Victim Empowerment Programme and Older Persons Abuse Register (VEPOPAPAR), which is an electronic system designed to facilitate the centralised tracking of cases by various departments so that individual cases can be monitored, and to help prevent cases becoming lost in the system, in particular where responsibilities apply to several departments. The hope is that this will facilitate better interaction between relevant departments in dealing with cases of violence; however, it is not clear how this system will integrate with existing legislated tracking systems, such as offence registers and case management systems, or what the buy-in from other departments will be.



From a data perspective, an important advantage of a centralised tracking system is that it enables the triangulation of information from various sources, enhancing the reliability of the evidence gathered.

The POA:VAWC establishes the DoW as the monitoring function for the plan, though this is not embraced by the DoW in its most recent strategic plan. UN Women<sup>457</sup> advocates for an independent function to monitor the implementation of national plans of action as best practice. Independence helps to strengthen perceptions of validity of results. Some states have invested their independent bodies with data collection and research responsibilities and therefore provide de facto coordination of the evidence base and evidence building facet of the plan's implementation. The advantages in this approach lie in the centralisation of research, data and evaluation. The concern in having DoW as the monitoring function for the POA:VAWC is whether it has the capacity to undertake the role. Given the lack of data for VAWC in South Africa, there is a significant data collection and evidence building effort necessary, and while the DoW has a research building mandate for gender, it is not specific to VAWC.

M&E for VAWC in the country is relatively weak. At country level, there is heavy reliance on SAPS data which only provides reported cases. There is no prevalence data for VAWC at a national or more granular level. There is limited understanding of geographical and district level peculiarities in women and children's experience of VAWC. This compromises planning and resource targeting. This is an area that requires strengthening. M&E at departmental level is also not adequate. Some departments do not have M&E units while those that do have indicated inadequacy in capacity and infrastructure. M&E data is therefore collected at high level and used mainly for financial accounting and not to make strategic decisions about resource allocation and programme management. There is also limited correlation or coreferencing of different administrative data. Effect of programmes are also not well documented. There is limited understanding of which programmes work in prevention and response for different categories of violence. This could partly be due to the fact that most programmes are delivered by NPOs, which have limited resources to deliver services while also dedicating resources to evaluation. There is a need for more evaluation of VAWC programmes to understand what works and build an evidence base for the country's response. Programme monitoring needs to go beyond tracking inputs and outputs; it should be used to measure outcomes and enhance programming. Basing programmes on evidence is a more effective use of public funds and more likely to achieve the desired impact.

#### 5.7.4 International perspectives

According to the Handbook for Legislation on VAW<sup>458</sup>, regular monitoring and evaluation is critical as this may reveal gaps in the scope and effectiveness of the legislation, the need for training of legal professionals and other stakeholders, the lack of a coordinated response and unintended consequences of the law for survivors that may indicate the need for legal reform. The Handbook further points out that monitoring is most effective when conducted by government in collaboration with NPOs, and with the involvement of survivors of violence and service providers, in order to ensure that any evaluations performed reflect how the legislation is experienced on the ground.

International experience suggests that states should ensure that programmes and strategies are informed by evidence on the underlying causes of violence, an understanding of its context, and the structures and resources available for combatting it.<sup>459</sup> Most national action plans begin with what is known in statistical and qualitative terms about the root causes, nature, prevalence and impact of violence against women, not only to demonstrate the different forms and intersections of violence against women in that particular country, but also to allow gaps in knowledge and strategy to be identified and set a baseline against which progress can be measured.<sup>460</sup> Based on this, they should clearly define indicators, targets and performance monitoring frameworks to ensure accountability across the relevant ministries and public institutions.

The development, implementation and assessment of strategies and measures in National Action Plans should be undertaken through an approach which is both evidence based and 'evidence building'.<sup>461</sup> The collection of accurate and comprehensive statistical data and qualitative input is central to this

<sup>457</sup> UN Women, 2012

<sup>458</sup> UN, 2010

<sup>459</sup> Fergus, 2012

<sup>460</sup> UN Women, 2012

<sup>461</sup> UN Women, 2012

endeavour. Large scale population surveys are generally considered the best available methods of obtaining prevalence and frequency data and quantifiable information on the nature and impact of different forms of violence against women.

Fergus<sup>462</sup> suggests that existing multisectoral coordination structures are suitable bodies to implement monitoring, research, information gathering and analysis. They should also identify good practices and develop proposals for future action. In addition, bilateral donors and multilateral institutions have a key role to play in facilitating knowledge sharing and disseminating evaluation results across countries, and promoting investment in effective prevention and treatment initiatives.<sup>463</sup> The meaningful inclusion of civil society and other stakeholders in the monitoring and evaluation of programmes was also identified as a good practice.<sup>464</sup>

Internationally, other states have set up independent monitoring bodies which are specific to VAWC and the monitoring of the national strategy, such as the UK which established the post of Victims' Commissioner, and Argentina, which created an Observatory on Violence against Women. The Dominican Republic's *Second National Action Plan for Gender Equality and Equity (2006-2016)* establishes that the Secretariat for Women will be responsible for coordinating the production of data/information on violence against women and all other areas covered in the plan with the governmental entities responsible for generating this information. Haiti's *National Plan to Fight Violence against Women 2006-2011* calls for the establishment of a permanent national structure to collect, record and analyse data on violence against women, supported by a technical commission mandated to conceptualise, develop and oversee data collection, with operational portfolios in each relevant government department.

An important focus of National Action Plans should be to include a review of case data systems on VAWC across agencies and jurisdictions with a view to improving identification and recording of VAWC in the data systems of all relevant sectors and harmonising collection of data in order to enable effective comparison and analysis.<sup>465</sup> Internationally, strong evidence of programme impact is not forthcoming. Bott *et al.*<sup>466</sup> identify several common weaknesses that tend to characterise evaluations. They include:

- Exclusive reliance on “process” or “output indicators”;
- Failure to measure (or even specify) the outcomes that the interventions were expected to achieve;
- Lack of baseline data because evaluations did not begin until after the programmes were fully implemented;
- Lack of control groups (or communities);
- Short follow-up periods or no follow-up at all;
- Small sample sizes.

In the measurement of the impacts of preventive initiatives, the long-term nature of the social change manifestations presents a challenge, as the impacts may not be apparent until long after the programme is initiated.<sup>467</sup> However, the demands of short electoral and funding cycles puts pressure on governments and donors to demonstrate results quickly. Fergus<sup>468</sup> therefore suggests that there is “a need to build indicators for shorter-term, measurable impacts of prevention programming that may reasonably be assessed to contribute to longer term impacts on perpetration” and to “establish

<sup>462</sup> Fergus, 2012

<sup>463</sup> Bott *et al.*, 2005

<sup>464</sup> Fergus, 2012

<sup>465</sup> UN Women, 2012

<sup>466</sup> Bott *et al.*, 2005

<sup>467</sup> Fergus, 2012

<sup>468</sup> Fergus, 2012

confidence in such indicators by building evidence on links between such changes and reduced perpetration.”<sup>469</sup>

An important issue that emerged from the international literature is the extent to which monitoring and evaluation protocols can have the unintended effect of limiting the innovation and effectiveness of intervention strategies.<sup>470</sup> Fergus notes that “the usefulness and limits of strictly evidence-based public-health programming methodologies are reached when it comes to an issue which – unlike smoking, obesity, alcohol abuse and other practices with health impacts – is above all an abuse of human rights and in many cases, a crime. As such it imposes a higher and more immediate obligation upon states to take action, and brings an urgency to policy and legislative development.”<sup>471</sup> Fergus therefore asserts that states must caution against the evidence-based demands of the discipline being used by governments or donors “as justification for avoiding investment or innovation in policy and programming...”<sup>472</sup>

#### **Readiness summary:**

Better data collection and management for VAWC is required to enable effective planning and delivery of programmes and services. This requires integration of relevant departments’ case management systems, which will enable both better service delivery and programme monitoring. Currently, in the absence of other data sources, there is heavy reliance on SAPS data, which is not adequately disaggregated, nor is it representative of the extent of VAWC victimisation in South Africa as it only records reported incidents.

In order to strengthen programme design, there is a need for more evaluation of VAWC programmes to understand what works and build an evidence base for the country’s response. Programme monitoring needs to go beyond tracking inputs and outputs; it should be used to measure outcomes and enhance programming. Basing programmes on evidence is a more effective use of public funds and more likely to achieve the desired impact.

Level of readiness: **Not ready**

## **5.8 Attitudes of government officials**

This dimension of the state response to VAWC considers the perceptions, awareness, understanding, and attitudes of key state players. These might include policy makers, programme implementers, child protection specialists, health care workers, educators, social workers, law enforcement officers, and others with current or potential involvement in decision-making power over VAWC policies and programme. This section focuses specifically on the attitudes of those involved in service delivery and management of VAWC services and does not include those of individuals in leadership positions. Attitudes towards VAWC by these key players can be a contributing factor in the weak implementation of legislative frameworks and a barrier to effective programme and service delivery.<sup>473</sup>

While the POA:VAWC recognises the urgency of addressing societal and cultural norms and patriarchal attitudes, and instilling positive values, it does not specifically recognise the role of state employees attitudes in contributing to, or negating, the state’s response to VAWC. However, while the plan outlines interventions related to training of state employees on VAWC, it does not directly recognise the role of the state as a potential, and actual, perpetrator of violence, and the number of state employees, particularly in SAPS, that commit VAWC or perpetuate VAWC through their actions or inactions.

Based on interview feedback, government employees do not experience disproportionate levels of sexism or sexual harassment in the workplace. Almost no interviewees expressed the perception that women are discriminated against in terms of their career trajectories within government. The government has Employment Equity policies which promote equal opportunity and fair treatment in the

<sup>469</sup> Fergus, 2012

<sup>470</sup> Fergus, 2012

<sup>471</sup> Fergus, 2012

<sup>472</sup> Fergus, 2012

<sup>473</sup> Moosa, 2012

workplace redressing past disadvantages in employment experienced by women. While government as an employer does not appear disproportionately sexist or patriarchal, this does not necessarily reflect the attitudes of individual government employees.

### 5.8.1 Attitudes

Attitudes of state employees are both the result of and also a determinant of social norms and attitudes. A sustained reduction in VAWC will only occur through processes of significant social change, including in social norms, at all levels.<sup>474</sup> One of the fundamental barriers to reducing VAWC is the large scale, deep rooted attitudes in South African cultures and society that do not recognise the fundamental rights of women and children, as well as an entrenched normalisation of violence more generally. Entrenched sexism and patriarchal attitudes are barriers to effective services.<sup>475</sup> Where these negative attitudes are held by those with VAWC service delivery and management responsibilities, this has the potential to significantly undermine the interventions to protect and support women and children, as victims could become reluctant to present themselves to the state for assistance for fear of secondary victimisation. In the extreme, such attitudes can manifest as the state being the perpetrator of violence, either through direct violence or through secondary victimisation, which has been described by victims as equally, if not more, traumatic as the primary abuse.<sup>476</sup>

Interviewees for the DoH also expressed concern about the level of empathy displayed by healthcare workers, who they feel are also in need of sensitisation training. One interviewee for a provincial DoH explained that ***“healthcare workers will sometimes tell patients that they deserved to be abused because of their behavior or appearance.”***

Interviews with officials from a provincial Community Safety department identified that ***“domestic violence is viewed as an added function and this creates a negative attitude towards VAW by police officers”***. This attitude of viewing VAW as a burden and not a core function in their mandate is problematic as many police officers can constitute a barrier to access to the protection services afforded to victims by the legislation. Police officers are often reluctant to exercise the wide protective powers of arrest afforded to them by the law, and in particular the Domestic Violence Act, including investigation of telephonic reports of violence and failure to refer complainants to shelters or medical assistance.<sup>477</sup> The reluctance is premised on a widespread perception among police officers that domestic violence is a ‘family matter’ in which they have no right to involve themselves in or that domestic violence is of lesser importance or urgency than other crimes.<sup>478</sup> For example, one interviewee at the CSSL stated that ***“police officers just don’t want to get involved”***.

Such attitudes by state workers effectively deny victims the legislated services they are entitled to. Magistrates have also been accused of not taking issues of VAW seriously and not prioritising interim protection orders which provide some immediate protection to women.<sup>479</sup> At times, ***“cases of sexual abuse of children have been dropped by magistrates citing a lack of evidence as a front of the low statistical probability of winning the case”***, reported the DoJCD. This could possibly result in community members believing that the system is not on their side and has sometimes led to mob justice and the decrease in reporting of VAWC. Communities trust the state less now with the premier of Gauteng premier openly stating that “there must be better performance of government and its responsiveness. The trust deficit between government and citizens must be closed”<sup>480</sup>.

In terms of service provision, officials from the DoH and SAPS are often the frontline respondents to VAWC in communities. These departments provide services to victims at hospitals and police stations respectively. As employees of government and, therefore, representatives of the state, the actions (or inactions) of these professionals serve as a direct indication to victims of government’s perception of VAWC.

<sup>474</sup> Moosa, 2012

<sup>475</sup> Thorpe *et al.*, 2015

<sup>476</sup> The Portfolio Committee on Women, Children and People with Disabilities, 2009c

<sup>477</sup> Martin, 2010

<sup>478</sup> Legal Resources Centre and POWA, 2009

<sup>479</sup> Thorpe *et al.*, 2015

<sup>480</sup> Moonsamy, 2015

The high level of violence across South African society is explained in many ways by the legacy of the Apartheid system. For decades, violence was socially sanctioned from the top.<sup>481</sup> To reverse this culture, the top now has a significant role to play in setting alternative social norms, and attitudes of state employees is critical to progress towards social change. Government can play a greater role in eliminating VAWC by educating its employees on the complexity and the magnitude of the issue as a step in transforming state employee's attitudes.

A 2013 study noted that 66% of GBV victims did not report an attack because they did not think they would be taken seriously.<sup>482</sup> Of those, 22% specifically feared being abused by the police.<sup>483</sup> Decreased reports of VAWC are shown by SAPS's crime statistics released in September 2015: according to the report, sexual offences reported have been on a steady decline since 2008. The decrease in reported cases since 2008 has generated mixed reviews from Government employees. Departments were happy at the reports of decreased VAWC in South Africa, although the reasons for the decline were not explored. Some attributed these results to the active Government wide campaigns held towards the decrease of VAWC, while others view this as a worsening situation as they see it as reduced reporting and not reduced crime.

The evaluation concludes that government employees', attitudes toward VAWC, and particularly of those in frontline service, seems to reflect that of South African society at large, and could potentially constrain the state response to VAWC. The impact of these attitudes ranges from discouraging women and children from seeking help and reducing the effectiveness of services to actual perpetration of violence. Attitudes of state employees are both the result of and also a determinant of social norms and attitudes towards VAWC. A sustained reduction in VAWC will only occur through processes of significant social change, including in social norms, and at all levels. Government can play a greater role in eliminating VAWC by educating its employees on the complexity and the magnitude of the issue as a step in transforming state employee's attitudes.

#### Readiness summary:

Attitudes of government officials can contribute to weak implementation of legislation, policy and plans and a barrier to effective programme and service delivery. The POA:VAWC does not specifically recognise the role of state employees (especially of frontline departments) attitudes in contributing to, or negating, the state's response to VAWC.

Interview feedback found that government employees do not experience disproportionate levels of sexism or sexual harassment in the workplace. Although government, as an employer, is not sexist, the individual attitudes of government employees tend to be more patriarchal. Frontline departments provide services to victims at hospitals and police stations respectively, and sometimes employees of these departments consider VAWC as an added function therefore not a part of their core mandate. This implies that lesser importance or urgency is placed on VAWC matters that arise. As employees of government and therefore representatives of the state, the actions (or inactions) of these professionals serve as a direct indication to victims of government's perception of VAWC. Negative attitudes by state workers effectively deny victims the legislated services they are entitled to and moreover, can serve to exacerbate victims' experience of violence.

Reporting of VAWC also suffers as a result of state employee's attitudes towards victims. Reporting of sexual offences has been on a steady decline since 2008, which may be reflective of victims' sense of assurance that justice will be served. Some employees attributed these results to the active government wide campaigns held towards the decrease of VAWC, while others view this as a worsening situation, as they see it as reduced reporting and not reduced crime.

Government has the opportunity to play a greater role in eliminating VAWC by educating its employees on the complexity and magnitude of VAWC as a step in transforming state employee's attitudes and thereby providing better programmes and services to victims and those at risk.

Level of readiness: **Partially ready**

<sup>481</sup> DSD *et al.*, 2012

<sup>482</sup> The Triangle Project, 2013, cited in Thorpe *et al.*, 2015

<sup>483</sup> The Triangle Project, 2013, cited in Thorpe *et al.*, 2015

## 5.9 State programmes

This section of the diagnostic review looks specifically at the current range of programmes and services that the state has in place at a national and provincial level to respond to VAWC. The objective of the exercise is to conduct a mapping of current programmes and to perform a structural gap analysis against the socio-ecological model and continuum of care, which are widely accepted models informing comprehensive responses to VAWC.

### 5.9.1 Definition of a programme versus a service

Leading private and public sector methodologies define a **programme** as “made up of a specific set of projects identified by an organisation that together will deliver some defined objective, or set of objectives, for the organisation. The objectives, or goals, of the programme are typically at a strategic level so that the organisation can achieve benefits and improvements in its operation. A programme is made up of projects and is only successful if the projects within it succeed. The concept of a programme is that it should deliver more than the 'sum of its parts'. In other words, without the Programme, the projects would probably still be able to deliver their particular outcomes but these would not be co-ordinated or integrated into the achievement of a strategic goal”.<sup>484</sup>

The term ‘programme’ is used in different ways in South African government depending on the context.

‘Budget Programmes’ have specific meaning and are used as the basis for departmental budget structures and strategic and annual performance plans. The definition of Budget Programmes in DPME Planning Implementation Programme guidelines is in line with the Public Finance Management Act (PFMA). A Budget Programme is a main division within a department’s budget that funds a clearly defined set of objectives based on the services or functions within the department’s constitutional and legislative mandates. It also constitutes a management unit established within a department responsible for the delivery of that defined set of services and function. Budget programmes are high level, and are not used as a unit of measurement for planning practical implementation.

A ‘Sub-Programme’ is a constituent part of a programme, that defines the services or activities which contribute to the achievement of the objective(s) of the programme of which it forms a part. Some of the defined services or activities could include key projects identified by a department.

Underneath sub-programmes are ‘Implementation Programmes’. The term ‘Implementation Programme’ refers to programmes addressing coherent areas of work which are usually at a much lower level than the high level budget programmes or sub-programmes (for example at the sub-sub-programme level). These may focus on delivering services to the public (e.g. the Expanded Public Works Programme, Integrated Nutrition Programme, National Integrated Plan for Early Childhood Development, Maternal Health Programme), or be more internally focused (e.g. improving supply chain management in local government).<sup>485</sup> There is no knowledge of how many such Implementation Programmes exist across government and no standardisation in approach and no minimum standards about how such Implementation Programmes are planned and designed.<sup>486</sup>

In order to be consistent with government terminology, budget and reporting documents, and given the lack of available detail at the Implementation Programme level, the diagnostic review takes programmes to be both Budget Programmes and Sub-Programmes.

A further distinction is made between direct and indirect VAWC programmes:

**Direct programmes** are those that contain at least one intervention or service that is aimed specifically at addressing VAWC, whether or not this is the primary purpose of the programme as a whole. These programmes are identified by virtue of direct mention of VAWC in their purpose, or the articulation of outcomes or indicators targeting VAWC. The budget allocated to these programmes is considered to be dedicated funds, though they are likely overstated due to the level of aggregation of government budgets, which is not granular enough to exclude non-VAWC related interventions and services. For example, the Victim Empowerment Programme (VEP) is included as a direct programme, but VEP covers all victims of crime, not just VAWC.

**Indirect programmes** include programmes that are not primarily intended to address VAWC, but which contribute indirectly to preventing or responding to VAWC by virtue of addressing a risk factor

<sup>484</sup> Managing Successful Programmes and PRINCE 2

<sup>485</sup> DPME, 2013

<sup>486</sup> DPME, 2013

of VAWC, such as substance abuse, or a protective factor for VAWC, such as positive parenting. The outcomes and indicators for these programmes do not target VAWC, though they are considered to have an impact on the risk or prevalence of VAWC. The budget allocated to these programmes is considered to contribute to efforts to address VAWC, but are not classified as dedicated funds.

A public **service** is a service which is provided by government to people living within its jurisdiction, either directly (through the public sector) or by financing the provision of services. While services may have performance metrics and indicators, they do not, on their own, typically achieve holistic outputs or outcomes. Services tend to be delivered by one organisation or department and may be sequenced with other services from other departments but are not typically integrated into a holistic programme with a shared goal or objectives. A programme may be comprised of one or more services.

### 5.9.2 Municipal programmes

Since the municipal review was conducted across a sample of only four municipalities, it would not make sense to include municipal level programmes in the programme and budget analyses. However, it is still useful to comment briefly on the range and extent of municipal level programming observed across the four municipalities sampled. Observations are based predominantly on a review of each municipality's most updated IDP and, to a lesser extent, on interviews and survey responses.

**City of Johannesburg Metropolitan Municipality** has an Urban Safety programme, which speaks predominantly to medical services and disaster relief. There is no mention in this programme of VAWC. VAWC seems to be most closely positioned in the Policing and Management of Public Spaces Programme, which targets reductions in substance abuse, and various crimes; however, does not include VAWC-related crimes. This indicates that, although the municipality may be implementing various programmes which have a positive impact on VAWC, such as economic empowerment programmes, substance abuse programmes, and urban safety programmes, there does not appear to be a strong focus on VAWC directly.

**City of Cape Town Metropolitan Municipality** has a strong focus on safety in its IDP. To this effect, it plays a large role in the policing of the metro, and oversight of SAPS in the city. It has also implemented a programme of neighbourhood safety officers, which operate in each ward and selected schools. The IDP recognises the municipality's role to carry out the NDP; specifically, in providing healthcare particularly for women and children, and in the need for women and children to feel safe by building safer communities. The IDP states that seven social development programmes are implemented in the metro, but does not expand on the nature of the programmes. In addition, it reports that eight awareness and support projects were implemented for women and girls at risk, but no further details are provided. The city has a strong focus on reducing substance abuse, but little explicit mention of VAWC, which mirrors the provincial priorities of the Western Cape.

**Vhembe District Municipality's** IDP articulates an intention to address gender-based violence and child abuse through, but this is done primarily through a gender-lens and manifesting mainly through a focus on special events. The IDP also speaks to a focus on moral regeneration as a source of crime and violence in the country, but does not specifically mention VAWC in relation to this. VAWC is also not raised in rural and urban safety programmes. However, the IDP does cite 26 victim empowerment centres that are funded by the municipality. Reporting on this matter indicates that there is a significant backlog in the establishment of these centres, with 13 centres still outstanding. The extent to which the partnerships with and oversight of these centres is not clear from the document.

Whilst its IDP does not explicitly mention VAW or VAC as areas of priority, **OR Tambo District Municipality's** Department of Social Development funds a large number of centres for Drug Abusers, Older Persons, Crime Prevention, People with Disabilities and Children. In addition, it supports nine Victim Empowerment Centres throughout the district. Finally, the department has a Women Development Programme, aiming to uplift women by involving them in commercial activity.

### 5.9.3 Mapping state programmes

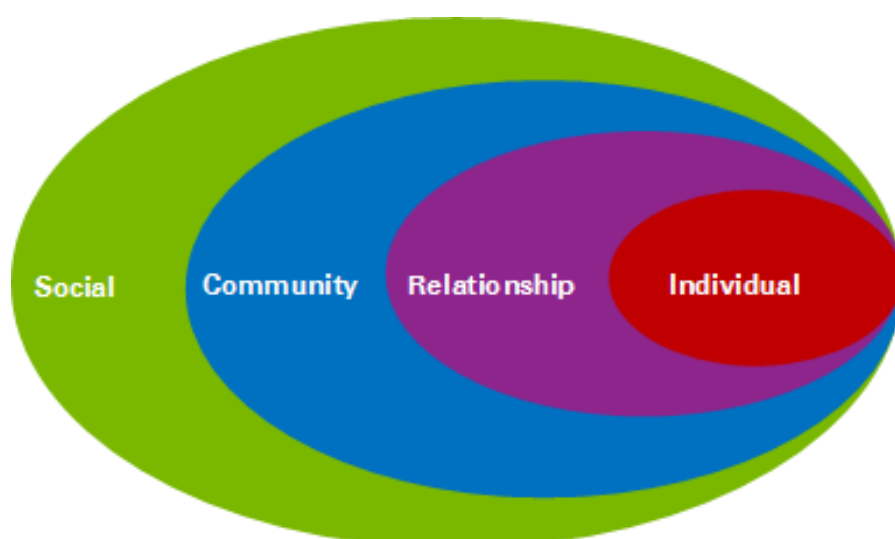
The diagnostic review uses two frameworks for mapping state programmes: the socio-ecological model and the continuum of care.

#### a) **Socio-ecological model**

Successful interventions are those that are tailored and based on the rigorous analysis of the particular factors affecting VAWC in a specific context.<sup>487</sup> In order for the state to design effective interventions, it must have a rigorous and evidence based understanding of the risk and protective, or resilience, factors that drive VAWC. Risk factors are factors which increase the likelihood or risk of being a victim or perpetrator of VAWC. Protective factors are factors which increase the resilience to or protection against VAWC. Effective interventions are, therefore, those which seek to reduce risk factors and increase protective factors across specific contexts.

VAWC, however, is complex and cannot be explained simply by individual risk and protective factors. Instead, it is best understood as a complex interaction of these factors between individuals and their environment. The socio-ecological model provides a framework for identifying and understanding the factors that contribute to the risk of VAWC and also those that increase the resilience to or protection against VAWC in the realms of the individual, relationship, community and society. In order to understand how to combat violence one must acknowledge that there is an interplay of biological, psychological, social, cultural, economic and political factors which increase the risk of violence and victimisation and an interplay of protective factors which increase the resilience to VAWC. A useful and widely accepted approach to understanding the interplay of these factors, the ecological model, was first documented by Heise in 1998 and has been developed as below by the Centres for Disease Control and Prevention and the WHO.

**Figure 30: The socio-ecological model**



Source: Centres for Disease Control and Prevention

**Table 19: Realms of the socio-ecological model**

Individual	Relationship	Community	Societal
Identifies biological and personal history factors; such as gender, race, age, education, income, substance use, or history of abuse, that increase the likelihood of becoming a victim or perpetrator of violence.	Examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle – peers, partners and family members – influences their behaviour and contributes to their range of experience.	Explores the settings, such as schools, workplaces, and neighbourhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.	Looks at the broad societal factors, such as health, economic, educational and social policies, that help create a climate in which violence is encouraged or inhibited and help to maintain economic or social inequalities between groups in society.

<sup>487</sup> UN Division for the Advancement of Women and UN Office on Drugs and Crime, 2005



Source: Centres for Disease Control and Prevention

The socio-ecological model provides a framework for understanding how VAWC is influenced by a complex interplay of risk and protective factors in different settings of a nested and interconnected system<sup>488</sup> by allowing for the identification of risk and protective factors at four levels, namely individual characteristics and behaviours, the impact of close relationships, the community, and wider society.<sup>489</sup> This creates the context for interventions that should address multiple levels of the model over time in order to effectively prevent and respond to VAWC.<sup>490</sup>

In a study commissioned by the IMC for VAWC, the University of Cape Town<sup>491</sup> analysed the risk and protective factors specific to VAWC in South Africa. While there is a high degree of overlap of these factors across the four levels of the model, having an understanding of the socio-ecological level at which these factors manifest, allows the state to design and target interventions more effectively. For example, by tackling the availability of weapons and substances at a community level, and engaging in dialogue on sexual risk taking at the relational level. Protective factors in one setting may compensate for risk in another setting. However, the more risks to which children and women are exposed, the less likely they are to be protected from violence.<sup>492</sup>

The two tables below provide an overview of some of the risk factors that increase women and children's vulnerability to violence at the different levels of the socio-ecological model. The tables also map, across the different levels of the socio-ecological model, the protection factors that increase the resilience of women and children to violence.

<sup>488</sup> Krug *et al.*, 2002

<sup>489</sup> Krug *et al.*, 2002

<sup>490</sup> Krug *et al.*, 2002

<sup>491</sup> UCT, 2015

<sup>492</sup> IMC, 2013

**Table 20: Risk and protective factors for VAW categorised according to the socio-ecological model**

	INDIVIDUAL	RELATIONSHIP	COMMUNITY	SOCIETY
<b>Risk and protective factors for VICTIMISATION</b>	<ul style="list-style-type: none"> <li>• Substance abuse (R)</li> <li>• Previous victimisation (R)</li> <li>• Low- socio-economic status</li> <li>• Attitudes to women's roles (R)</li> <li>• Race and nationality (R)</li> <li>• Membership in a vulnerable group (R)</li> <li>• Gender-bias (R)</li> <li>• Women with disabilities and chronic illnesses (R)</li> <li>• Migrant and Refugee Women (R)</li> <li>• Level of education (R)</li> <li>• Age (R)</li> </ul>	<ul style="list-style-type: none"> <li>• Male controlling behaviour and gender inequality in relationships (R)</li> <li>• Sexual-risky behaviour (R)</li> <li>• Poor communication and high conflict in the relationship (R)</li> <li>• Big age differences (R)</li> <li>• Educational factors (R)</li> <li>• Cohabitation vs marriage (R)</li> <li>• Peer pressure (R)</li> <li>• Economic dependence (R)</li> <li>• Skills development and employment opportunities (P)</li> <li>• Behavioural intervention Programmes (P)</li> </ul>	<ul style="list-style-type: none"> <li>• High levels of violence in the community (R)</li> <li>• Province and neighbourhood location (R)</li> <li>• Poverty, inequality and high unemployment rate (R)</li> <li>• Availability of weapons and substances (R)</li> <li>• Weak community sanctions against violence (R)</li> <li>• Community pressure to remain silent about abuse (R)</li> <li>• Patriarchal norms (R)</li> </ul>	<ul style="list-style-type: none"> <li>• Gender inequitable cultural and social values (R)</li> <li>• Male sexual entitlement (R)</li> <li>• Male sex drive discourse (R)</li> <li>• Sexual indebtedness (R)</li> <li>• Patriarchal norms of male superiority, control and ownership of women (R)</li> <li>• Violent masculinities adopted to gain respect and power (R)</li> <li>• Religious and culturally constructed gender roles (R)</li> <li>• Litigation, policies and poor law enforcement (R)</li> <li>• Protective legislation and policies (P)</li> <li>• Women's empowerment (P)</li> <li>• Awareness-raising and promotion of pro-social and gender equitable attitudes (P)</li> </ul>

<b>Risk and protective factors for PERPETRATION</b>	<b>Exposure to and/or experience of trauma in childhood (R)</b> <b>History of and/or current involvement in other forms of criminal behaviour (R)</b> <b>Psychological state (R)</b> <b>Low educational attainment and socio-economic status (R)</b> <b>Gender inequitable attitudes (R)</b> <b>Substance abuse (R)</b> <b>Age (R)</b> <b>Race and nationality (R)</b>			
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Source: Warton *et al.*, 2015 (In Press). Key: (R) – risk factor (factor which increases the likelihood or risk of being a victim or perpetrator of VAW); (P) – protective factor (factor which increases the resilience to or protection against VAW)

**Table 21: Risk and protective factors for VAC categorised according to the socio-ecological model**

	INDIVIDUAL	RELATIONSHIP	COMMUNITY	SOCIETY
<b>Common risk and protective factors</b>	<ul style="list-style-type: none"> <li>Gender (R)</li> <li>Age (R)</li> <li>Children with disabilities (R)</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol and drug abuse (R)</li> <li>Big age difference/gap (R)</li> </ul>	<ul style="list-style-type: none"> <li>Availability of weapons (R)</li> <li>Social norms and values (R)</li> <li>Poverty, Inequality and Unemployment (R)</li> </ul>	
<b>Risk and protective factors in the HOME</b>		Care-giver related factors (R) Family structure and functioning (R) Orphans and child-headed households (R) Households with chronic illnesses (R) Discipline practices (R) Family conflict and domestic violence (R) Family characteristics (P) Social assistance grants (P)		
<b>Risk and protective factors in SCHOOL</b>	Children with disabilities (R) Perpetrator-related factors (R) Risk factors for corporal punishment	Family history of criminality (R) Delinquent peers (R) Bullying (R)	Community-level factors, i.e. disorganised communities (R) Involvement in afterschool activities	

<b>Risk and protective factors in the COMMUNITY</b>	<b>Children's services (P)</b> <b>Children living on the streets (R)</b>		<b>Resilience to community violence (P)</b> <b>Youth offending (P)</b>	
			<ul style="list-style-type: none"> <li>• Social myths (R)</li> <li>• Harmful cultural and traditional practices (R)</li> <li>• Harmful traditional practices affecting young girls (R)</li> <li>• Male circumcision (R)</li> <li>• Violence in the media (R)</li> <li>• Gangs (R)</li> </ul>	

Source: Warton *et al.*, 2015 (In Press)

Key: (R) – risk factor (factor which increases the likelihood or risk of being a victim of VAC); (P) – protective factor (factor which increases the resilience to or protection against VAC)

In order to prevent violence, it is important to design and implement programmes and policies that can reduce the risk factors and increase the protective factors at each of the different levels in the model. Each level in the socio-ecological model can be viewed as a level of influence and, therefore, also as a key point for prevention and early intervention. It is, however, also important to consider the interplay of the factors across the four levels of the model in designing programmes and policies. A multi-sectoral approach is, therefore, required for planning and implementing preventative and responsive measures, in order to ensure that the multi-faceted nature of VAWC is mirrored in the co-ordination of the various stakeholders required to combat it. The approach needs to incorporate sectors such as, but not limited to, health, education, social development, justice and security.<sup>493 494</sup>

This way of understanding the problems of VAWC also provides a useful tool for the diagnostic review for mapping the state's response to VAWC in terms of the interventions and programmes currently in place, as it creates a framework for mapping the the compendium of existing prevention and early intervention programmes at each level of the four levels of the socio-ecological model. Using the model to map these interventions and programmes also assists in identifying and assessing potential gaps in the response. The tables above illustrate the type of mapping that can be achieved using the socio-ecological model as the framework for analysis. The focus of the diagnostic review, however, is on programmes and services to *directly* prevent or respond to VAWC: for example, while substance abuse is widely regarded as one of many root causes of VAWC,<sup>495</sup> both by increasing vulnerability to violence and causing violence behaviour, the diagnostic review does not collect information on the state's programmes and services to reduce substance abuse.<sup>496</sup>

### **b) Continuum of care**

The diagnostic review has revealed several differences in the way that the continuum of care for VAWC is understood across several key plans and pieces of legislation addressing VAWC in South Africa.

The Children's Act refers to the continuum of care as being constituted by the following:

- Prevention programmes
- Early intervention programmes
- Statutory services
- Reconstruction and aftercare services

The Act emphasises the importance of strengthening programmes and services at the front end of this continuum – namely prevention and early intervention, including efforts to support caregivers, families and communities to care for and protect their children.

Similarly, the Prevention and Early Intervention (PEI) Draft Strategic Plan (2013-2017) conceives of the continuum of care as constituting:

- Prevention;
- Early intervention;
- Statutory, residential or alternative care; and
- Reunification and aftercare.

The version of the continuum of the care represented in the POA:VAWC, on the other hand, is slightly narrower, constituting three pillars, namely:

- Prevention and protection;
- Response; and
- Care and support.

<sup>493</sup> Ward and Lafreniere, 2010

<sup>494</sup> Ward, *loc. cit.*

<sup>495</sup> University of Cape Town, 2015

<sup>496</sup> While substance abuse is a risk factor in VAWC, it should not be viewed as a direct underlying cause; i.e. eliminating substance abuse will not necessarily eliminate VAWC. See Nagia-Luddy and Mathews, 2011

It is not clear why the definition used by the POA:VAWC, which is led by the DSD, differs from the definitions in the DSD's own PEI strategy.

Finally, the Centre for Disease Controls defines all activities along the continuum of care in terms of violence prevention as follows:<sup>497</sup>

- **Primary prevention** aims to prevent violence before it happens;
- **Secondary prevention** focuses on immediate responses to violence including emergency services and holistic care; and
- **Tertiary prevention** includes short- and long-term approaches to reduce the impact of trauma in victims, and to rehabilitate offenders.

The table below attempts to map the various definitions:

**Table 22: Comparison of definitions of the continuum of care**

Children's Act	PEI strategy	POA:VAWC Interpretation 1	POA:VAWC Interpretation 2	CDC
Prevention programmes	Prevention programmes	Prevention and protection	Prevention and protection	Primary prevention
Early intervention programmes	Early intervention programmes	Response		
Statutory services	Statutory, residential and alternative care		Response	Secondary Prevention
Reconstruction and aftercare services	Reunification and aftercare services	Care and support	Care and support	Tertiary prevention

For the purpose of the diagnostic review, we will assess the spread of programmes across the continuum of care, constituting the four pillars explained in Table 23 below.

**Table 23: Continuum of care definitions**

<b>Prevention</b>	<i>Universal prevention</i> targets the general population or a sub-population, to address common risk factors for VAWC.
	<i>Selective prevention</i> targets individuals or sub-groups of a population where the risks facing women and/or children are higher than average, e.g. communities with high levels of VAWC.
<b>Early Intervention</b>	These are focused or 'indicated' interventions that target high-risk individuals or families identified as having signs or symptoms of social problems, e.g. a child who is frequently absent from school, or a couple experiencing marital conflict.
<b>Immediate response (statutory services)</b>	These services target individuals who have been harmed or who are at risk of imminent harm. They necessitate the involvement of the state and/or a designated organisation. They include hospital services, police services, alternative housing and foster care services, among other things, which are provided in accordance with the law.
<b>Care and support</b>	This level of service delivery enables service beneficiaries to regain self-reliance and optimal social functioning within the least restrictive environment possible. It facilitates reintegration into family and community life after separation. It also refers to the building of optimal self-reliance and social functioning within residential care if this is deemed necessary.

Source: Adapted from DSD (2011) Framework for Social Welfare Services

#### 5.9.4 POA:VAWC proposed approach to programming

As the first national integrated plan for VAWC, the POA:VAWC is based on three pillars: prevention and protection; response; and care and support. As stated by the programme: *the specific focus on these three pillars and the rationale behind the programme strategy is the need to shift national programming approaches away from crisis response to prevention and early intervention.*<sup>498</sup> The

<sup>497</sup> CDC, 2012

<sup>498</sup> IMC, 2013

POA:VAWC also proposes a balance between short, medium and long term interventions. The POA:VAWC provides a situational analysis which attempts to define what is known about the prevalence and phenomenon of VAWC and uses the socio-ecological model as a framework for considering the causes and contributing factors of VAWC. The POA:VAWC describes the integrated response as multi-sectoral, requiring interventions across national, provincial and local spheres of government, although the interventions are not described in terms of their relevant sphere.

Examples of key interventions across the three pillars are provided in Table 24.

**Table 24: Planned interventions of the POA:VAWC**

Prevention and Protection	Response	Care and Support
<b>Address root and underlying causes of VAWC to stop it before it occurs. Specifically focus on changing attitudes, practice and behaviours to ensure all South Africans reject VAWC. Target local communities and individuals, particularly men and boys.</b>	<b>Consistent, coordinated and timely support to victims. Emergency physical and mental health care, safe accommodation, counselling and access to justice.</b>	<b>Prioritise the safety, well-being and long term empowerment of women, while ensuring accountability and rehabilitation of perpetrators to reduce re-offending.</b>
<i>Key planned interventions:</i>  Communication campaigns and community mobilisation and dialogues  Harmful cultural and traditional practices  Parenting responsibilities to decrease vulnerability  Urban and rural municipal planning and active role of local government in planning and implementation of VAWC interventions  School based human rights and life skills programmes  Media sensitisation  Mainstreaming VAWC into wider socio-economic inequality interventions	<i>Key planned interventions:</i>  National toll-free 24/7 helpline  Panic buttons and mobile technology solutions  National command or response center  Employ Victim Support Workers (VSWs) to increase access to justice  One integrated service model to provide expert services  Re-establish Sexual Offences courts  Harmonise, streamline and link expert services of FCS, TCCs, and others  Mobilise communities through community development workers and community policing forums  First line protection of children in child headed households  Review of Films and Publications Act 2009	<i>Key planned interventions:</i>  Improve aftercare services  Review current parole system  Reinforce infrastructure through shelters, boarding facilities, low cost housing and transportation  Improve job opportunities for women and youth  Employ VSWs for door to door psychosocial support  Develop 52 half way houses using the Khuseleka model  Empower survivors through life skills and social and economic programmes  Develop and strengthen statutory and non-statutory rehabilitation programmes for perpetrators of violence

Source: IMC, 2013

### 5.9.5 Compendium of current programmes

The tables in Annex 3 outline the direct and indirect government programmes identified in the diagnostic review. They briefly describe each programme and identify the type of violence, target group, service delivery mechanism and positioning in the continuum of care and socio-ecological model. 11 direct programmes and 12 indirect programmes were identified.



A review of relevant departments' strategic and annual performance plans, survey responses and interviews with key stakeholders identified a total of 11 direct and 12 indirect government programmes addressing VAWC in South Africa. With the exception of two programmes which are not reflected in the budgets of the Western Cape DSD,<sup>499</sup> all programmes identified are either national level programmes, or provincial level programmes which are implemented in all provinces.

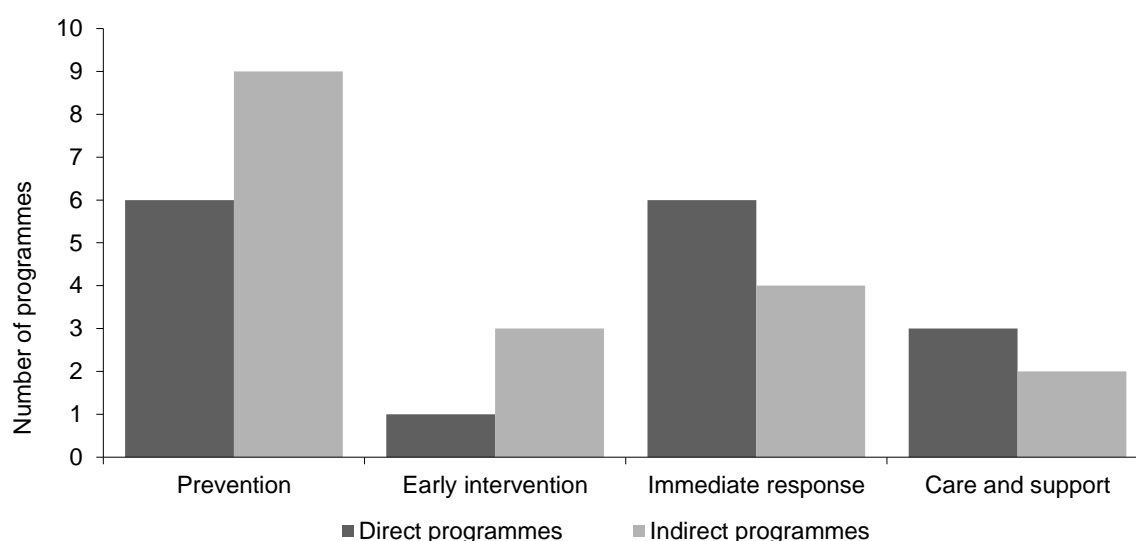
Table 25 and Figure 31 below show the spread of government programmes across the continuum of care.

**Table 25: Spread of programmes across the continuum of care<sup>500</sup>**

Continuum of care	Direct programmes	Indirect programmes
<b>PREVENTION</b>	<ul style="list-style-type: none"> <li>• Crime Prevention and Support</li> <li>• Care and Services to Families</li> <li>• Child Care and Protection</li> <li>• Community-Based Care Services to Children</li> <li>• Educational Enrichment Services</li> <li>• Social, Political and Economic Participation and Empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• Children</li> <li>• Families</li> <li>• Social Worker Scholarships</li> <li>• Substance Abuse, Prevention and Rehabilitation</li> <li>• ECD and Partial Care</li> <li>• School Sport, Culture and Media Services</li> <li>• Communication and Outreach Initiatives</li> <li>• Provincial Secretariat for Police Services/Civilian Oversight</li> <li>• Family Advocates</li> </ul>
<b>EARLY INTERVENTION</b>	<ul style="list-style-type: none"> <li>• Care and Services to Families</li> </ul>	<ul style="list-style-type: none"> <li>• Families</li> <li>• Substance Abuse, Prevention and Rehabilitation</li> <li>• Provincial Secretariat for Police Services/Civilian Oversight</li> </ul>
<b>IMMEDIATE RESPONSE</b>	<ul style="list-style-type: none"> <li>• Social crime prevention and Victim Empowerment</li> <li>• Child and Youth Care Centres</li> <li>• Lower Courts</li> <li>• Community Based Services</li> <li>• Specialised Prosecution Services</li> <li>• Crime Investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Social Workers Scholarships</li> <li>• Violence, Trauma and EMS</li> <li>• Provincial Secretariat for Police Services/Civilian Oversight</li> <li>• Crime Prevention</li> </ul>
<b>CARE AND SUPPORT</b>	<ul style="list-style-type: none"> <li>• Victim Empowerment and Support</li> <li>• Community-Based Care Services to Children</li> <li>• Community Based Services</li> </ul>	<ul style="list-style-type: none"> <li>• Families</li> <li>• Social Workers Scholarships</li> <li>• Rehabilitation</li> </ul>

<sup>499</sup> Community-Based Care Services to Children and School Sport, Culture and Media Services programmes are not reflected in Western Cape EPRE reports for the DSD and DoE respectively; they are likely incorporated elsewhere in the departments' budgets.

<sup>500</sup> Note that some programmes target more than one type of care in the continuum

**Figure 31: Spread of programmes across the continuum of care<sup>501</sup>**

#### a) Prevention

The programme mapping identified six direct and nine indirect government programmes targeting prevention. Selected prevention programmes are explored in more detail below.

- **Campaigns and special events**

Interviews revealed that, in general, government's prevention initiatives are largely constituted by campaigns, often once off events held in selected communities on special days, which do not bring about meaningful behavioural change. Interviewees commonly cited Women's Month events and 16 Days of Activism campaigns as key prevention interventions. The 16 Days of Activism campaign has been running since 1994 and is Government's flagship campaign to raise awareness of violence against women and children. It was first taken up in South Africa by the activist community, but increasingly, through the encouragement of the non-profit organisation (NPO) sector, Government has taken ownership of the campaign.<sup>502</sup> A secretariat was created, with a budget and a committee to coordinate the campaign nationally. The committee is made up of key government departments, NPOs and faith based organisations (FBOs), traditional leadership and business.

In 2006, UNICEF and the NPA convened the Kopang conference, which initiated a shift in the campaign toward an action plan in recognition of the need to carry the momentum of the campaign through the remainder of the year, and to start addressing root causes. In response, the Government launched a 365 Day National Action Plan for ending gender based violence over the period 2007 – 2009, placing a strong emphasis on prevention. However, there is widespread concern that these campaigns do not have the potential to meaningfully change attitudes and behaviour.

- **School based programmes**

Despite there being no legal mandate placed on the Department of Basic Education (DBE) to address VAWC through the curriculum,<sup>503</sup> the Department is in a position to, and does, provide programmes which contribute to gender empowerment, and the intended prevention of rape and child assault, the prevention of school violence, bullying, and child pornography, among others. These issues have been incorporated into schools through the compulsory Life Orientation curriculum since 2011.<sup>504</sup> Recently, there has been an effort to introduce other initiatives in schools, such as an Early Warning System for

<sup>501</sup> Note that some programmes target more than one type of care in the continuum

<sup>502</sup> Gender Links, 2008

<sup>503</sup> MRC, 2013

<sup>504</sup> Nagia-Luddy and Mathews; 2011; IMC, 2013, MRC; 2013

the identification and reporting of cases in schools; the national rollout of a School Safety Framework; and the School Safety Programme, which links schools with local police stations and establishes Safe School Committees.<sup>505</sup>

The DBE is currently finalising the National School Safety Framework (NSSF), compiled with the support of UNICEF. The DBE and SAPS are responsible for implementing the Collaborative Protocol on Crime and Violence in Schools through the Safe Schools Programme. The Protocol was signed by the Ministers for Basic Education and Police in 2011. The safe schools programme is aimed at building resilience and resistance to crime and mobilising the schooling community on crime prevention. The Framework is designed to provide a comprehensive toolkit that can guide schools, districts and provinces on a common approach to achieving a safe and healthy school environment. It incorporates primary prevention, situational prevention, social prevention and institutional prevention in schools.

The NSSF states its “vision” for the programme as being: *the NSSF provides the basis for achieving a common vision for all schools in South Africa.*

The strategic goal of the programme is to create a safe, violence and threat-free, supportive learning environment for learners, educators, principals, school governing bodies and administration. The broad objectives of this framework are to:

- Assist the school in understanding and identifying all security issues and threats;
- Guide schools to effectively respond to identified security issues and threats;
- Create reporting systems and manage reported incidents appropriately; and
- Help the school to monitor its progress over time.

The programme intends to consolidate existing school safety and violence prevention initiatives and strategies, and provides the thread that links them all together. The programme is based on a ‘train the trainer’ approach to implementation. Currently, training is being rolled out to DBE provincial and district master trainers. These master trainers are trained on the NSSF and are then required to roll the training out at school-level within their respective districts. To date, training has begun in four provinces. The School Safety coordinator in schools is a teacher. The teacher takes on this role as an “add on” to his or her current role. The teacher does not receive additional compensation for this role. There is a high risk, therefore, that the full implementation of NSSF will not be prioritised against the competing priorities faced by teachers, particularly where the implementation of the NSSF is not reflected in job descriptions or performance targets for individuals.

The National DBE does not provide budget to the provinces to implement NSSF. Provincial departments are expected to fund the training from provincial budgets.

The DBE has also developed an advocacy programme for learners that informs them of their rights and the course of action if they are sexually harassed or raped. The advocacy programme is supported by a comprehensive, learner-friendly handbook entitled “‘Speak Out’ Youth report sexual abuse-A handbook for learners on how to prevent sexual abuse in public schools.’ The advocacy programme utilises school dialogues and role playing to address gender based violence in schools. The booklet is distributed amongst the GEMBEM clubs.<sup>506</sup>

Other initiatives include:<sup>507</sup>

- Speak out Against Abuse booklet for learners;
- Social Cohesion Toolkit for schools and communities;
- School-Community Dialogues;
- Values in Action training manual for school and student governing bodies (has a chapter on gender, sexual violence and harassment);
- Guidelines for the prevention and management of sexual violence and harassment in public schools (available on the DBE website);

<sup>505</sup> IMC, 2013

<sup>506</sup> The GEMBEMS movement is a UNICEF sponsored programme that targets the empowerment of girls and boys.

<sup>507</sup> MRC, 2013

- Building a culture of responsibility and humanity in our schools teachers' manual; and
- Open your eyes booklet for schools and teachers, addressing GBV.

Because the DBE is not mandated to tackle VAW and VAC, it typically does not receive funding for any initiatives it does roll out.<sup>508</sup>

According to Fouche<sup>509</sup>, prevention initiatives for VAC in South Africa are mostly school based, and, in particular, are positioned within the Life Orientation curriculum, which is also under immense pressure to cover a long list of other issues. Furthermore, the content is often adapted from international programmes, and is not based on research into the specific risk-reduction strategies suitable to the South African environment. This approach places emphasis on the child as the primary change agent, which has been identified as being problematic, as children “are not able to resist the will and strength of adults, even more so if it is a known and trusted adult.”<sup>510</sup> Fouche asserts that agency for reducing VAC should lie with adults, but notes that statistics have shown that this might never happen.<sup>511</sup> She therefore suggests that professionals, parents and communities should continue to empower children to identify potentially risky situations and persons.

According to the South African Human Rights Commission<sup>512</sup>, South African schools are “not equipped” to manage child sexual abuse as educators fail to comply with mandatory reporting of sexual child abuse. In addition, it has been found that a significant proportion of child sexual assault in South Africa is perpetrated by teachers or peers at school<sup>513</sup> with the evidence going so far as to state that sexual violence against girls “permeates the whole of the South African education system”.<sup>514</sup> This calls into question what learners can take from being taught about sexual abuse, when in the same environment they are faced with rape, sexual assault, offers of better grades or money in exchange for sexual favours and other forms of abuse which directly contravene the lessons that are be in touch.

#### **b) Early intervention**

There is only one direct programme providing early intervention services to vulnerable women and children, namely, the Care and Services to Families programme. This programme aims to build strong families through counselling and therapeutic services for vulnerable families.

#### **c) Immediate response programmes**

South Africa's overall response to VAWC is, similarly, perceived as fragmented and uncoordinated. The Thuthuzela Care Centre model is regarded as an international ‘best practice’ in its attempt to provide a ‘one stop shop’ to victims of sexual abuse;<sup>515</sup> however, as with the majority of South African programmes, its effectiveness is constrained by lack of adequate human and financial resources and other barriers.

#### **• The Victim Empowerment Programme**

The Victim Empowerment Programme (VEP) is one of the core outputs of the National Crime Prevention Strategy of 1998, and is coordinated by the DSD within the Justice, Crime Prevention and Security (JCPS) Cluster.<sup>516</sup> The mission of the VEP is to develop, strengthen and monitor integrated victim empowerment policies, programmes and services through strategic partnerships, across multiple sectors and government departments. It specifically targets women, victims of GBV, sexual assault and rape, child abuse, abuse of people with disabilities and older persons, and victims of human trafficking and hate crime.

The VEP guides the development of plans to implement policies, legislation and governance systems supporting victim empowerment; to develop a policy package to drive integrated programmes and

<sup>508</sup> MRC, 2013

<sup>509</sup> Fouche, 2012

<sup>510</sup> Centre for AIDS Development, Research and Evaluation, 2004 cited in Fouche, 2012

<sup>511</sup> Fouche, 2012

<sup>512</sup> SAHRC, 2002

<sup>513</sup> Human Rights Watch, 2001, the Medical Research Council 2000, Madu 2001, and Petersen *et al.*, 2005

<sup>514</sup> Human Rights Watch, 2001

<sup>515</sup> DSD, 2012b

<sup>516</sup> MRC, 2013

services across the relevant sectors. It seeks to enhance service delivery and training, especially in rural areas. Services include: shelter provision; court preparation services; awareness and education programmes; psycho-social services; and life-skills programmes. Some of the interventions initiated to date include a toll-free line for victims of violence and the green door programme which identifies safe-houses in communities for victims to take refuge.

Under the umbrella of the VEP, the DSD has also developed a model for one-stop victim support centres, called Khuseleka Centres, which are attached to shelters.<sup>517</sup> The centres are intended to provide multi-sectoral services for women and child victims of crimes such as domestic violence, rape, human trafficking and sexual harassment. Services include trauma counselling and psychosocial support, health care, police services, legal assistance and shelter services. As at October 2013, seven centres had been opened. There is some concern that these centres are a duplication of the TCCs, and that their development failed to take into account learnings from the TCCs.<sup>518</sup>

The VEP is a national programme, in operation in all nine provinces. It has been criticised for a lack of uniformity of implementation, in particular as a result of a lack of adequate monitoring and oversight.<sup>519</sup>

- **Thuthuzela Care Centres**

The Sexual Offences and Community Affairs Unit, within the NPA, was established in 1999 and is designated to address sexual offences.<sup>520</sup> One of its main activities has been the establishment of Thuthuzela Care Centres (TCCs), which provide a one-stop hospital-based service to survivors of sexual violence, including medical, legal and psychological management support.<sup>521</sup> The aim of the centres is to reduce secondary victimisation, improve conviction rates and reduce the cycle time for the finalisation of cases. To date, 51 TCCs have been established, but as at 2013, only 35 of these were fully operational.<sup>522</sup> This is against the NPA's initial target of 55 operational TCCs by 2015/16.

The TCC model is widely regarded as innovative, and has improved the medico-legal aspect of criminal cases; however the majority of centres do not provide specialised counselling for child trauma, which means there is still a reliance on referrals to NPOs that provide therapeutic services for children,<sup>523</sup> and many centres are not open at night, which is when violence is most likely to occur. They are also not widely accessible, given the scale of the problem, with only 35 operational. TCCs are facilitated by multiple partners, including the Departments of Justice, Health, Education, Treasury, Correctional Services, SAPS, Social Development and designated civil society organisations and are regarded as being an example of leading practice in the integrated provision of services. In 2009, the conviction rate for sexual offence cases that were reported using the TCC model was around 90%<sup>524</sup>.

While the TCC model has been widely commended, in terms of its implementation there are concerns that lay counsellors do not always receive good training and thus can be ill equipped to deal with the counselling needs of victims of violence.<sup>525</sup> Interviews also indicated that there is concern over the lack of funding for TCCs, as they have historically been donor funded and are now reportedly facing budget challenges.

- **Family Violence, Child Protection and Sexual Offences Units**

In 1986, a Child Protection Unit (CPU) was established within the then South African Police to address crimes against children. In the years that followed, it became clear that the unit needed to be extended to encompass the rising number of adult victims of family violence and sexual offences. In 1996, the SAPS established the Family Violence, Child Protection and Sexual Offences Unit (FCS). The FCS is mandated to police family violence, child protection, and sexual offences. In 2006, the FCS units were decentralised<sup>526</sup>, moving members from specialised units to police stations, arguing that this was the

<sup>517</sup> MRC, 201.

<sup>518</sup> MRC, 2013

<sup>519</sup> Thorpe *et al.*, 2015

<sup>520</sup> MRC, 2013

<sup>521</sup> IMC, 2013

<sup>522</sup> Thorpe, 2014

<sup>523</sup> Proudlock *et al.*, 2014

<sup>524</sup> Thorpe *et al.*, 2015

<sup>525</sup> Thorpe *et al.*, 2015

<sup>526</sup> Western Cape was an exception to this re-organisation

first place where a victim would present, but this structure led to a decline in the service delivery by, amongst other factors, spreading services too widely.<sup>527</sup> In 2010 the FCS units were re-established. In an international comparative study of policing strategies across middle and high-income countries, Van Graan<sup>528</sup> finds that the provision of services under the re-established, centralised FCS units in South Africa is “more advantageous for effective service delivery to victims of abuse”, and asserts that the importance of sufficient and skilled FCS investigators is paramount to the success of the strategy. Concerns about the capacity of police officials at these units have been raised: police officials are sometimes not readily available after hours and over weekends which can result in a child-victim and his or her parents waiting up to two to three days for expert assistance from the police.<sup>529</sup> Further studies have highlighted that FCS staff are not consistently suitably qualified to provide these services, are not suitably experienced, did not undergo specialised screening for suitability, and do not have some of the basic requirements, such as a driver’s licence.<sup>530</sup>

Victim-friendly services are essential to ensuring that victims of gender-based violence are informed of their rights, understand their role in criminal justice system processes, and are able to heal and recover. A number of challenges have been identified including an adversarial court system that is not child-friendly, shortage of victim friendly rooms at police stations and courts, and poor referral mechanisms between government departments.<sup>531</sup>

#### • **Sexual Offences Courts (under Lower Courts)**

Between 2002 and 2005, South Africa established 74 specialised Sexual Offences Courts, with the result of increased conviction rates and decreased secondary trauma and victimisation.<sup>532</sup> In 2008, however, the courts were dissolved, as a result of a perception in areas of Government that these courts were better resourced than other courts, representing an inequitable distribution of services.<sup>533</sup> The decision was widely criticised. In 2013, the Minister of Justice and Constitutional Development decided that the Sexual Offences Courts would be re-established. Twenty-two specialised courts were to be established in the 2013/14 financial year.<sup>534</sup>

#### • **Shelters (under the VEP)**

Legislative gaps in the DVA do not clearly obligate the DSD, or other departments, to provide shelters to victims of abuse. While DSD does provide funding to NPOs to provide shelter support, overall there is insufficient shelter provision available to women and their children.<sup>535</sup> The specific constraints include:

- A shortage of shelters that could accommodate both women and their children;
- A shortage of shelters in some provinces;
- A shortage of social workers to assist in shelters;
- A lack of exit housing for women in shelters which has been linked to women returning to violent relationships and in some instances to femicide; and
- A lack of shelters for rural women and for women with disabilities.

The DSD has identified the lack of shelters for victims of domestic violence as a major constraint to effectively implementing the DVA. In 2009, the DSD reported that there were 96 shelters across South Africa. However, Childline suggested that there were only 60. Not all shelters are funded by government and the DSD has acknowledged that the decision to allow Provinces to fund differently had resulted in challenges to ensuring adequate funding for shelters.<sup>536</sup> In 2013, the Women’s Shelter

<sup>527</sup> Van Graan, 2012 and Martin, 2010

<sup>528</sup> Van Graan

<sup>529</sup> Martin, 2010

<sup>530</sup> Martin, 2010

<sup>531</sup> Thorpe *et al.*, 2015

<sup>532</sup> MRC, 2013

<sup>533</sup> Proudlock *et al.*, 2014

<sup>534</sup> Proudlock *et al.*, 2014

<sup>535</sup> Thorpe *et al.*, 2015

<sup>536</sup> Thorpe *et al.*, 2015

Movement noted that there continued to be an insufficient number of shelters across the country, and that many shelters were not funded at all by the DSD.<sup>537</sup>

#### **d) Care and support**

The diagnostic review identified only three direct and two indirect government care and support programmes to address VAWC victims. Notably, there are no care and support programmes for women victims.

The legislation does not compel the provision of counselling for victims of abuse.<sup>538</sup> The obligations relating to counselling are voluntary, depending on availability and knowledge on the part of the police official of available services.<sup>539</sup> In an assessment of the VEP, the Portfolio Committee on Women, Children and People with Disabilities noted psycho-social interventions undertaken by the DSD have historically focussed on the bio-medical aspects of the crime and have not incorporated a community-based approach.<sup>540</sup> In many instances victims were only able to access services in the acute phase of their trauma; they did not have access to long term interventions (such as support groups). The Committee also highlighted an overall lack of psycho-social services for children.

Children witnessing violence is an extremely important factor to recognise if the cycle of violence is to be broken. This is especially important in the South African context, where high levels of violence and behavioural normalisation of violence is common. In South Africa, this is still seen to be a secondary or lesser form of victimisation, both by policy-makers and practitioners, leading to this traumatising often not being addressed.<sup>541</sup> Nagia-Luddy and Mathews therefore assert that “a greater focus on addressing abuse-related trauma in children is important for the prevention of the future perpetration of domestic violence.”<sup>542</sup>

The Community based Care and Support to Children programme makes use of community based child and youth care workers to provide care and support to vulnerable children in communities. There are therefore no government care and support programmes evident that provide professional long term therapeutic services for either women or child victims of VAWC in South Africa. Given the high risk of re-victimisation, this is an area in need of critical importance.

<sup>537</sup> Thorpe *et al.*, 2015

<sup>538</sup> Martin, 2010

<sup>539</sup> RAPCAN, 2009

<sup>540</sup> Thorpe *et al.*, 2015

<sup>541</sup> Nagia-Luddy and Mathews, 2011

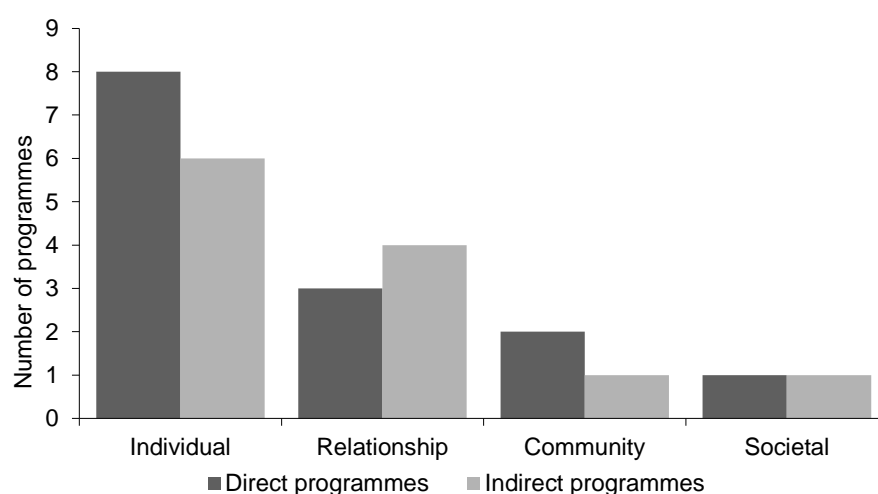
<sup>542</sup> Nagia-Luddy and Mathews, 2011

Table 26 and Figure 32: Spread of VAWC programmes across the socio-ecological model below show the spread of direct and indirect government VAWC programmes across the four levels of the socio-ecological model. The majority of programmes are aimed at the individual level; almost all of these are statutory services (immediate response programmes). There is only one direct programme targeting each of the community and social levels, respectively.



**Table 26: Spread of VAWC programmes across the socio-ecological model<sup>543</sup>**

Socio-Ecological Model	Direct Programmes	Indirect Programmes
<b>INDIVIDUAL</b>	<ul style="list-style-type: none"> <li>• Social crime prevention and Victim Empowerment</li> <li>• Child and Youth Care Centres</li> <li>• Community-Based Care Services to Children</li> <li>• Community Based Services</li> <li>• Lower Courts</li> <li>• Specialised Prosecution Services</li> <li>• Educational Enrichment Services</li> <li>• Crime Investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Children</li> <li>• Social Workers Scholarships</li> <li>• ECD and Partial Care</li> <li>• Violence, Trauma and EMS</li> <li>• School Sport, Culture and Media Services</li> <li>• Crime Prevention</li> </ul>
<b>RELATIONSHIP</b>	<ul style="list-style-type: none"> <li>• Care and Services to Families</li> <li>• Child Care and Protection</li> <li>• Community Based Services</li> </ul>	<ul style="list-style-type: none"> <li>• Children</li> <li>• Families</li> <li>• Social Workers Scholarships</li> <li>• Substance abuse, Prevention and Rehabilitation</li> </ul>
<b>COMMUNITY</b>	<ul style="list-style-type: none"> <li>• Child Care and Protection</li> <li>• Educational Enrichment Services</li> </ul>	<ul style="list-style-type: none"> <li>• Provincial Secretariat for Police Services/Civilian Oversight</li> </ul>
<b>SOCIAL</b>	<ul style="list-style-type: none"> <li>• Social, Political and Economic Participation and Empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• Communication and Outreach Initiatives</li> </ul>

**Figure 32: Spread of VAWC programmes across the socio-ecological model<sup>544</sup>**

Importantly, there are also very few direct programmes that focus at the relationship level, in spite of this being the source of the majority of cases of VAWC. Specifically, there is only one programme that focuses on the family, even though many women turn to family members for support after incidents of violence. Family members are thus often the first port of call for victims of violence, and a critical part of the strategy to end the cycle of silence. Programmes that focus on positive parenting are also important for the development of child into a well-adjusted adult.

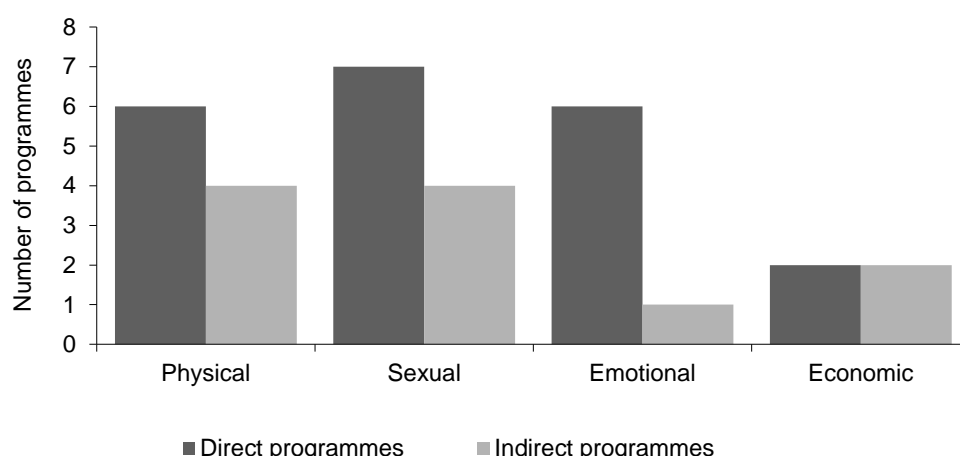
<sup>543</sup> Note that some programmes target more than one level of the socio-ecological model

<sup>544</sup> Note that some programmes target more than one level of the socio-ecological model

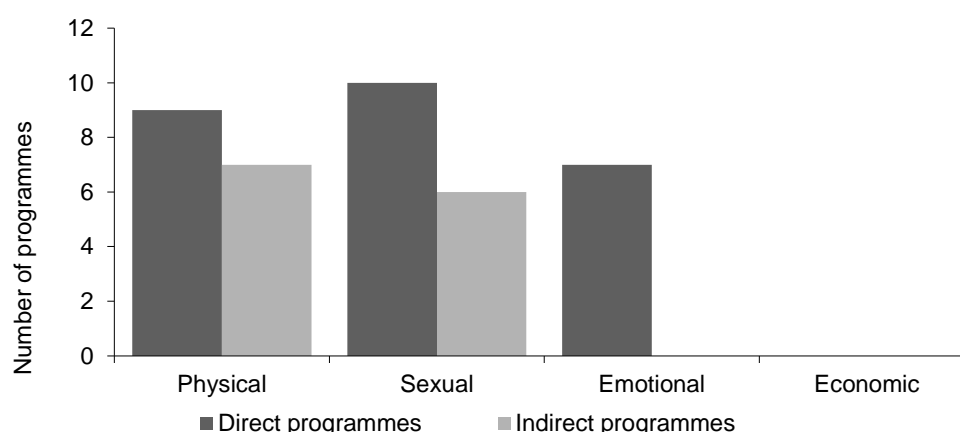
Although most of the programmes target individuals, Thorpe *et al.*<sup>545</sup> note that vulnerable populations remain challenged in terms of access to services. Specific populations include LGBTI, migrants, refugees and women on farms or isolated rurally.<sup>546</sup> There are also limited specialised facilities, services and staff for people with disabilities in the criminal justice system. Specific challenges include a lack of sign-language interpreters at courts and police stations for deaf people, a lack of shelters accessible for people with physical or intellectual disability, poor follow up about the case by criminal justice system officials, and poor communication about rights (e.g. a lack of information in Braille).<sup>547</sup>

Figure 33 and Figure 34 show the spread of programmes across the four main types of VAWC; physical, sexual, emotional and economic abuse.

**Figure 33: Spread of programmes across the types of VAW<sup>548</sup>**



**Figure 34: Spread of programmes across the types of VAC<sup>549</sup>**



It is notable that there are only two direct programmes addressing economic abuse, namely the Social, Political and Economic Participation and Empowerment Programme, and the Communication and Outreach Initiatives Programme. Both of these programmes are preventive; one of them is an

<sup>545</sup> Thorpe *et al.*, 2015

<sup>546</sup> Thorpe *et al.*, 2015

<sup>547</sup> Thorpe *et al.*, 2015

<sup>548</sup> Note that some programmes target more than one type of violence

<sup>549</sup> Note that some programmes target more than one type of violence

awareness programme aimed at the social level. They are also both DoW programmes. Given the significant contribution that economic independence has on women's ability to leave abusive relationships, there is an opportunity for government to focus more on this aspect of VAWC.

It is difficult to assess the state's programmatic response to VAWC as VAWC is often a portion of a larger programme with a broader focus than just VAWC. There are gaps in the current programme portfolio, particularly with respect to the provision of early intervention services, care and support services, programmes addressing community and societal level change, and programmes to prevent and address economic abuse of women. It is also not clear within the current programmes the extent to which vulnerable populations are considered, such as, elderly women and those with disabilities.

**Readiness summary:**

Despite growing acceptance of the notion that interpersonal violence can be prevented, in South Africa, VAW and VAC have largely been addressed through responsive interventions, such as crisis services, law enforcement interventions, and judicial sanctions.

The socio-ecological model and continuum of care provide useful frameworks against which to map the current range of state programmes to address VAWC. The diagnostic review revealed inconsistencies in the way the sector defines the continuum of care for VAWC.

The diagnostic review revealed 11 direct and 12 indirect government programmes to address VAWC. Several gaps were identified in the current programme portfolio, particularly with respect to the provision of early intervention services, care and support services, programmes which address community and societal level change, and programmes to prevent and address economic abuse of women. It is also not clear within the current programmes the extent to which vulnerable populations are considered, such as, elderly women and those with disabilities. There is thus potential to strengthen the portfolio of programmes to address VAWC in South Africa.

Level of readiness: **Partially ready**

## 6. Conclusions

The diagnostic review is a milestone report in the country's attempt to understand and address VAWC. Table 27 below summarises the conclusions of the report across the nine dimensions, as well as the level of the state's 'readiness' to effectively address VAWC under each dimension, determined through the diagnostic review. While legislation was the only dimension on which the government was assessed as 'ready', five out of the nine dimensions were identified as reflecting 'partial readiness' to address VAWC effectively. Three dimensions show significant areas of improvement that need to be addressed in order to enable effective programming and service delivery to eliminate VAWC.

**Table 27: Readiness of state to address VAWC across WHO dimensions**

Dimension	Findings	'Readiness'
VAWC legislation	<ul style="list-style-type: none"> <li>Overall, the analysis confirms that South Africa's legislation addressing VAWC is comprehensive. However, since high levels of VAWC continue to prevail in spite of strong legislation to prevent and protect against it, the diagnostic review identified an 'implementation gap' between the legislation and effective implementation of the activities that it calls for.</li> </ul>	Ready
VAWC mandates and policies	<ul style="list-style-type: none"> <li>There is a lack of alignment in the overall planning framework for VAWC. The intended outcomes for VAWC that are set out in the POA:VAWC do not align with departmental outcomes in the strategic and annual performance plans. Indicators are not designed to measure impact and may lead to unintentional behaviours.</li> </ul>	Partially ready
Leadership and political will to address VAWC	<ul style="list-style-type: none"> <li>There is no clear consensus on whether VAWC is a priority for political and executive leadership and there is a lack of consensus on who the lead department is for VAWC.</li> <li>South Africa lacks an oversight body which can hold government accountable for its progress with respect to reducing and eliminating VAWC.</li> </ul>	Partially ready
Integration and inter-sectoral collaboration on VAWC	<ul style="list-style-type: none"> <li>While areas of best practice and innovation exist; overall, the response of the VAWC sector would benefit from improved collaboration and integration to achieve a bigger impact. This is true of collaboration and integration between departments, across spheres of government and particularly with civil society who provide the majority of services for those affected by VAWC.</li> <li>The majority of coordination structures for VAWC appear duplicative and ineffective and do not facilitate an integrated government response to VAWC.</li> </ul>	Not ready
VAWC funding and budgets	<ul style="list-style-type: none"> <li>VAWC acts, policies and plans are typically not costed and inadequately resourced as a result. Even with the high level data, which is prone to over and under estimation, it is clear that there are areas that are inadequately funded. The immediate response budget is mainly attributable to policing, and there is limited budget for psychosocial services.</li> <li>The current model of service delivery is reliant on NPOs; however, the evaluation found indications of poor resourcing of NPOs and reliance on donor funding.</li> <li>The budget allocation process does not support effective implementation of the VAWC agenda. Funding decisions are not made based on an understanding of potential impact and return on investment. Siloed budgets are not an effective use of limited funds and do not support effective implementation.</li> </ul>	Not ready

<b>Human capacity for the VAWC response</b>	<ul style="list-style-type: none"> <li>• Innovative approaches to addressing the workforce supply gap are commendable, but the sector remains constrained by a shortage of skilled staff. This creates a vicious circle of increasing demand, as staff prioritise urgent cases and de-prioritise prevention which ultimately increases the number of victims.</li> <li>• The sector lacks the specialist skills required to effectively respond to VAWC. Training opportunities, career pathways and accreditation can be strengthened to make the sector more attractive to the potential workforce.</li> <li>• The existing workforce is not being deployed efficiently to provide optimal services to victims.</li> <li>• Departmental responsibility for VAWC is unclear and exacerbated by lack of designated roles.</li> </ul>	Partially ready
VAWC data, monitoring and evaluation	<ul style="list-style-type: none"> <li>• There is no prevalence data on VAWC in South Africa. There is heavy reliance on SAPS data, which is not adequately disaggregated, nor is it representative of the extent of VAWC victimisation in South Africa.</li> <li>• Better collection and management of administrative data for VAWC is required to enable effective planning and delivery of programmes and services.</li> <li>• There is a need for more evaluation of VAWC programmes to understand what works and build an evidence base for the country's response. Programme monitoring needs to go beyond tracking inputs and outputs; should be used to measure outcomes and enhance programming. Basing programmes on evidence is a more effective use of public funds and more likely to achieve the desired impact.</li> </ul>	Not ready
Attitudes of government officials towards VAWC	<ul style="list-style-type: none"> <li>• Government employees' attitudes toward VAWC reflect that of South African society at large, and are therefore a constraint to addressing VAWC effectively. The impact of these attitudes ranges from reducing the effectiveness of services to actual perpetration of violence.</li> </ul>	Partially ready
Programmes to address VAWC	<ul style="list-style-type: none"> <li>• It is difficult to assess the state's programmatic response to VAWC as VAWC is often a portion of a larger programme with a broader focus than just VAWC. There are gaps in the current programme portfolio, particularly with respect to the provision of early intervention services, care and support services, programmes which address community and societal level change, and programmes to prevent and address economic abuse of women. It is also not clear within the current programmes the extent to which vulnerable populations are considered, such as, elderly women and those with disabilities.</li> </ul>	Partially ready

## 7. Recommendations

The report concludes with six critical recommendations addressing the key challenges and gaps identified in this diagnostic review and that will help to improve the state's readiness to respond more effectively to VAWC.

The recommendations are cross-cutting, often addressing more than one of the dimensions discussed in the diagnostic review. Some can be implemented immediately while others will require some form of integration or institutionalisation of practices in order to implement and will, therefore, take more time to be fully achieved.

### **Recommendation 1: Use the evidence collected through recently commissioned studies to refresh and re-launch the POA:VAWC.**

This recommendation has five parts.

**Recommendation 1.1.** The IMC on VAWC has developed the country's first integrated national programme to address VAWC, the POA:VAWC. However, the POA:VAWC is yet to be officially launched and few stakeholders are aware of their role in its implementation. In order to better inform the POA:VAWC, the IMC and various departments also commissioned a number of important studies on the issue of VAWC, including a study on the direct determinants of VAWC, two studies on surveillance systems and incidence data, and this diagnostic review on the strengths and weaknesses of the state's institutional and programmatic response to VAWC. This presents an opportunity for the IMC to revitalise and strengthen the POA:VAWC and establish a common conceptual framework for understanding and addressing VAWC.

**Recommendation 1.2.** The POA:VAWC, and indeed the sector as a whole, will be better placed to receive ongoing support, prioritisation and resourcing if there is clear political leadership and accountability in the form of a lead minister. Currently, while certain pieces of legislation clearly articulate where the responsibility lies for implementing those pieces of legislation, it is unclear where the responsibility for leading the sector as a whole lies.

A key issue, therefore, that needs to be addressed is clarifying the leadership role for the sector. The lead minister should be empowered to define the problem, set the strategic direction and vision for the sector and lead broad, multi-sectoral interventions that need to be implemented in order to address VAWC. This should be followed by clear indications of roles of each department (both national and provincial) and civil society, and importantly, the integration with local government.

It would seem logical that the Minister of Social Development takes this leadership role, given the DSD's role in developing the POA:VAWC, and given that the majority of the current programmes in place are led by the DSD. That having been said, while leadership is important to drive effective implementation of the programme, it will be important to take measures to avoid the dangerous perception that the DSD is the only department responsible for implementing the POA:VAWC.

**Recommendation 1.3.** Without adequate funding, the POA:VAWC cannot be implemented effectively. Once the activities and role players are confirmed through broad consultation, the POA:VAWC should, therefore, be costed to facilitate motivation for the appropriation of funds to execute the programme, and to reduce the challenges related to an 'implementation gap'. The DSD should lead this process and involve consultation with stakeholders from civil society, as well as from Treasury, to ensure that costs are accurately reflected and funds can be realistically identified.

**Recommendation 1.4.** The revitalisation process requires a clear communication strategy, including provincial level events to re-launch the POA:VAWC across the country, and to ensure that all relevant departments in each province are aware of and on-board with their roles in carrying out planned activities.

**Recommendation 1.5.** The process of revitalising the POA:VAWC should include the active participation of civil society and other stakeholders that have invaluable experience in the sector that can be leveraged in the development, implementation and monitoring of the programme.

## **Recommendation 2: Establish an oversight body to provide leadership to the sector and coordination to the implementation of national strategies to address VAWC.**

The activities within the sector as well as the implementation of the POA:VAWC should be coordinated and overseen by an adequately resourced high-level steering committee or body comprising senior government officials across all departmental areas with responsibilities for addressing VAWC as well as key stakeholders from civil society, academia and the private sector. It is important that this lead implementation and coordination body should also link to provincial and local government.

The body should be vested with powers to put forward proposals and plans concerning sector and, more specifically, lead the implementation of the POA:VAWC and co-ordinate the activities of different stakeholders and levels of government implementing the programme.

The establishment of this oversight and coordination body will help ensure collaboration across departments and other key stakeholders. As a multi-sectoral issue, where the elimination of VAWC relies on the shared success of several government departments as well as civil society, it is important that oversight of the state's response to VAWC takes into account the multiple role players, rather than being promulgated through a 'lead/support' department arrangement.

The body should also be responsible for setting the tone for the country's response to VAWC; in particular, that it is a serious priority for government, that it relies on an integrated multi-sectoral approach, and that initial increases in reported violence are to be welcomed as evidence that victims have faith that the system will help them and perpetrators will be brought to justice.

Finally, it is important that the mandate of this structure aligns with the renewed focus on VAWC, rather than GBV, as an equal focus on VAC is necessary to break the cycle of violence.

Two options for the establishment of this body are proposed:

### ***Option 1: A rejuvenation of the National Council, with a revised agenda and structure.***

The advantages of a National Council are that, whilst being led by government, it easily facilitates engagement between multiple government departments and civil society. However, the recently dissolved NCGBV was widely criticised for its inactivity and its narrow focus on GBV. A rejuvenated National Council would require strong leadership and a wider focus on VAC and VAW, in order to align with the POA:VAWC.

### ***Option 2: An extension of the terms of reference for the current IMC, with a mandate to engage civil society regularly at IMC TTT level.***

The current IMC facilitates representation from multiple departments, but an extension of its terms of reference to oversee the implementation of the POA:VAWC would need to make provision for the participation of civil society at IMC TTT level. It would also require strengthened leadership and participation to ensure regular meetings and effective decision making.

In considering the options outlined above, it will be important to take into account the lessons learned and best practices that are vital to achieving real change from the HIV/AIDS sector as they may provide important insights into the country's mission to eliminate VAWC; in particular around the system components – such as leadership, funding, human capacity, collaboration. These experiences should be built upon in strengthening the country's national response to VAWC.

## **Recommendation 3: Improve the collection, analysis and monitoring of prevalence data.**

An effective response to VAWC relies heavily on the availability and proper analysis of national level VAWC prevalence data with district level granularity – disaggregated by sex, race, age, ethnicity and other relevant characteristics – in order to inform the effective deployment of programmes and services where the needs exist, to the necessary scale and particular demand of a given community.

To this end, the sector should implement an annual household survey, which can help to determine the prevalence and geographic distribution of VAWC in the country. The DSD should engage Stats SA to lead the development of the survey and the National Treasury for the funding required to develop

and roll out the survey. The survey should be designed in consultation with NPOs and relevant government departments in order to ensure that the sensitivity of the subject matter is considered and that the survey meets the needs of the sector. This will require careful design as well as rigorous fieldworker training.

Following from this, the use of SAPS crime statistics as an indication of prevalence should be halted, as reported crimes are not indicative of prevalence; this should be clearly communicated. Importantly, the use of reported cases to measure police performance should be reconsidered as it has created perverse incentives for police to not record certain cases. A reduction in reported VAWC related crimes is not an appropriate indicator of police performance; an increase in reported cases can be indicative of citizens' faith in the justice system.

#### **Recommendation 4: Strengthen the collection and management of administrative data.**

The collection and management of administrative data should be strengthened and such data should be made available for use across departments. There is a need to go beyond measuring only the reach of various programmes and services, and to better monitor the implementation of programmes implemented by both government and NPOs.

Opportunities to identify additional useful sources of data within the processes of relevant departments should also be identified and leveraged. For example, the potential for healthcare workers to identify victims of VAWC and, in addition to referring patients to social workers, to enter this information into a data repository should be explored. This would strengthen the state's ability to identify and investigate high risk cases and to prevent further incidents of violence.

Ideally, the state should aim to centralise and align the collection of VAWC related data in order to facilitate better identification of high risk individuals, case management and situational analysis. Additionally, data capture should be electronic and sufficiently disaggregated in order to enable widespread access and usability for all relevant departments. The full integration of data might not be possible at this stage; however, mechanisms to better cross reference data between departments should be explored.

#### **Recommendation 5: Build an evidence base of what works to address VAWC in South Africa through programme evaluations.**

It is important that the country's response to VAWC should be based on an approach that is both evidence-based and evidence-building in order to ensure continuous improvement. This means that there is a need for comprehensive and regular evaluations of VAWC programmes with feedback mechanisms in order to build an evidence base of what works to address VAWC in South Africa, assess and address gaps identified and improve performance. Both government programmes and programmes implemented by NPOs should be evaluated regularly to determine what works and also build an evidence base to better direct the investment of public funds for the highest possible impact.

Comprehensive evaluation, coupled with a strengthened evidence base and improved prevalence data, will also assist departments in securing much needed funds from Treasury departments, enabling the comprehensive rollout of programmes to eliminate VAWC in South Africa.

#### **Recommendation 6: Clearly define response services to improve funding for these services**

To complement the criminal justice elements of the immediate response and care and support pillars of the continuum of care, the DSD must lead a process to comprehensively define psychosocial response services for victims of VAWC. This should clearly articulate the kinds of service requirements of women and children who experience different forms of violence. While acknowledging the complexity and different circumstances of women and children who experience violence, the review recommends the determination of minimum core services that the state must provide to survivors of VAWC, to be incorporated into existing services for women and the child protection system respectively. This should be subjected to cost modelling to establish the level of funding that the DSD and other departments need to provide to NPOs and other service providers. This exercise should be completed with the close participation of NPOs and other departments.



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## Annex 1: List of officials interviewed

Department	Interviewee name	Title/ designation	Unit	Gender	Date of interview	#
<b>National</b>						
DBE	Dr Shermain Mannah	Director		Female	26 August 2015	1
DHA	Themba Kgasi	Director		Female	01 September 2015	2
DHET	Sesi Mahlobogoane	Director		Female	15 July 2015	3
DoJCD	Praise Kambula	Director		Female	07 August 2015	4
DoW	Ranji Reddy	DDG		Female	07 August 2015	5
DoW	Bernedette Muthien	Director		Female	07 August 2015	6
DSD	Prof. Rose September	Chief Director	Child Protection	Female	18 December 2015	7
DSD	Musa Mbere	Director	Child Protection	Female	12 February 2016	8
DSD	Siza Magangoe	Chief Director	Families and Social Crime Prevention	Female	16 February 2016	9
DSD	Connie Nxumalo	DDG	Social Services	Female	18 February 2016	10
NPA	Advocate Pierre Smith	Director		Male	11 August 2015	11
SAPS	Major General: Botsheleng Yvonne	Director		Female	06 August 2015	12
Treasury	Zaheera Mohammed	Director		Female	21 July 2015	13
<b>Gauteng</b>						
DSD	Myrtle Morris	Director	VEP programme	Female	29 July 2015	14
DoE	Vuyani Mpofu	DDG	*	Male	24 August 2015	15
DoH	Beverly Pepper	Director	Clinical Forensic Services	Female	20 July 2015	16
Treasury	Matshepo Msibi	Chief Director	*	Female	07 August 2015	17
<b>Northern Cape</b>						
DSD	Portia Qondani	Programme Manager	Victim Empowerment Programme	Female	06 August 2015	18
DHA	Sue-Allan Botha	Deputy Director	Human Resources	Female	26 August 2015	19
DoH	Mrs Gugulethu Matlaopane	HOD	*	Female	06 August 2015	20
Education	Mr D. Moreothata	Director	*	Male	03 August 2015	21
OTP	Mr Twasa	Unit Head	Special Programmes	Male	04 August 2015	22
Transport, Safety and Liaison	Mr L van Heerden	Manager	Safety and Promotion	Male	06 August 2015	23
Transport, Safety and Liaison	Ms Leander Rustoff	Regional officer	Safety and Promotion	Female	06 August 2015	24

Transport, Safety and Liaison	Ms Mangie Bacon	Regional officer	Safety and Promotion	Female	06 August 2015	25
Transport, Safety and Liaison	Ms Eucynia Brandt	Assistant Manager	Safety and Promotion	Female	06 August 2015	26
Transport, Safety and Liaison	Mr Mzi Jele	Assistant Manager	Safety and Promotion	Male	06 August 2015	27
Treasury	Elias Mosikare	Manager	Special Programmes	Male	04 August 2015	28

**Western Cape**

DSD	Renee Botha	Programme Manager	Victim Empowerment Programme	Female	29 July 2015	29
Community Safety	Patrick Lucky Njozela	Deputy Director	Monitoring and Evaluation	Male	19 October 2015	30
DoH	Dr Tracey Naledi	HOD		Female	31 July 2015	31
DoH	Edna Arends	Director	Maternal and Women's Health Programme	Female	31 July 2015	32
OTP	Mr Nkosekhaya Lala,	Chief Director	International Relations and Special Projects	Male	27 July 2015	33
OTP	Denver Moses	Coordinator	Priority Programmes: Events and social progress	Male	27 July 2015	34
OTP	Monica Makaula	Manager	Priority Programmes – Human Rights Programmes	Female	27 July 2015	35
Treasury	Sihaam Nieftagodien	Economist	Provincial Government Budget Office	Female	11 August 2015	36

**Limpopo**

DoH	Sibongile Ncongwane	Deputy Director	Gender Mainstreaming Programme	Female	13 August 2015	37
Treasury	Ms Charlotte Msindwana	Deputy Director	Strategic Operations and Policy Coordination	Female	11 August 2015	38
DHA	Ms Nthoriseng Motsitsi	Provincial Manager		Female	12 August 2015	39
DoJCD	Raesibe Tlad	Director	Legal Service	Female	12 August 2015	40
DSD	Ms Ramokgopa		*	Female	12 August 2015	41
DSD	Mr Mphasha		*	Male	12 August 2015	42
OTP	Lydia Maradu	Director	Office of the Status of Women	Female	11 August 2015	43

OTP	Isaac Thema	*	*	Male	11 August 2015	44
OTP	Selaelo Makgatho	*	*	Male	11 August 2015	45
Safety, Security and Liaison	Mr Bopape	Senior Manager	Civilian Oversight for SAPS	Male	14 August 2015	46
Safety, Security and Liaison	Mr Namakwarale	*		Male	14 August 2015	47
SAPS	Col Matlamela	*	*	Female	11 August 2015	48
<b>Mpumalanga</b>						
Finance	Joye Nel	Senior Manager	*	Female	03 August 2015	49
DSD	Khoza Simanga	Acting Senior Manager	Strategic planning, Policy Coordination and M&E	Male	05 August 2015	50
Community Safety, Security and Liaison	Caiphus Nkosi	Acting Senior Manager	Special Programmes	Male	05 August 2015	51
DoE	Lucy Moyane	Deputy Director	General & Further Education and Training	Female	06 August 2015	52
DoH	Mr Moses Ngutshane	Assistant Manager	Transformation and Transversal	Male	06 August 2015	53
<b>Kwa-Zulu Natal</b>						
Community Safety and Liaison	Mrs Khaladi Mbongwe	Senior Manager	Manager Victim Empowerment Directorate	Female	31 July 2015	54
DoE	Patsy Peterson	Deputy Manager	Public Participation & Community Liaison and Gender Diversity	Female	28 July 2015	55
DSD	Dr Mqadi	General Manager	Strategy and Business Performance Monitoring	Male	29 July 2015	56
DSD	Vusi Khoza	Senior Manager	Victim Empowerment	Male	29 July 2015	57
OTP	Prof Queeneth Mkabela	Acting General Manager	Democracy Support Services Chief Directorate	Female	29 July 2015	58
Treasury	Idah Zwane-Dlomo	Head	Corporate Services	Female	29 July 2015	59
Treasury	Nelly Mlotshwa	*	Employee Wellness	Female	29 July 2015	60
Treasury	Koki *	Senior Manager	Human Resources	Female	29 July 2015	61

Treasury	Veronica *	*	Policy Development, Strategy Development and Special Projects	Female	29 July 2015	62
<b>Free State</b>						
DSD	Catherine R. Senatle	Chief Director	Remedial Services	Female	27 July 2015	63
DSD	Prudence Ramolehe	Manager	VEP programme	Female	27 July 2015	64
DHA	Nomalizo Zulu	HR Manager	Human Resource Management	Female	28 July 2015	65
DoE	Thabiso Motsoeneng	Deputy Director	Special Programmes and Transformation	Male	31 July 2015	66
DoH	Priscilla Monyobo	Manager	Clinical Forensics	Female	28 July 2015	67
OTP	Carol Mokobe	Manager and Director	Special Programmes	Female	30 July 2015	68
Police, Roads and Transport	Zolile Walaza	Director for Crime Prevention	Police, Roads and Transport	Male	25 July 2015	69
Treasury	M.Sithole	Senior Manager	Special Programmes	Female	30 July 2015	70
<b>North West</b>						
OTP	Dianne Michaels	Director	Human Resources	Female	06 August 2015	71
DSD	Julia Scholtz Maralack	Director	Social crime prevention and victim support services	Female	05 August 2015	72
DSD	Dineo Maribeng	Deputy Director	VEP	Female	05 August 2015	73
DSD	Theresa Maluane	Social work supervisor	Prevention programmes	Female	05 August 2015	74
DSD	Lerato Rakatane	Social work supervisor	Capacity building within VEP	Female	05 August 2015	75
DSD	Ouma Thekiso	Social worker supervisor	VEP empowerment & therapeutic	Female	05 August 2015	76
Finance/Treasury	Mompai Ngakantsi	Deputy Director	Transformation - Women, Youth and Persons with Disabilities, Older Persons and Employment Equity	Male	05 August 2015	77
Finance/Treasury	Kedibone Ditsela	Assistant Director	Transformation-Children Programmes	Female	05 August 2015	78
Finance/Treasury	Nkeng Maesethle	Administration Officer	Transformation-Gender Programmes	Female	05 August 2015	79

OTP	Mamorena Lehoko	Acting Deputy Director General	Administration	Female	06 August 2015	80
<b>Eastern Cape</b>						
DHA	Pendrigh Rosalind	Deputy Director	HR Business Partnering	Female	20 August 2015	81
DoE	Gregory Macmaster	Chief Director Strategic Management	Strategic Management	Male	18 August 2015	82
DoH	Dr Tobela Nogela	Director	Specialised Services	Male	21 August 2015	83
DSD	Zoleka Mteto	Senior Manager	Victim Empowerment	Female	20 August 2015	84
DSD	Nolitha Mabangula	Senior Manager	Children	Female	20 August 2015	85
OTP	Pumla Msikinya-Malebogo	Senior Manager	Special Programmes	Female	20 August 2015	86
Safety and Liason	Neil Naidoo	Senior Manager	Social Crime Prevention	Male	17 August 2015	87
Treasury	Ntozake Daweti	Deputy Director	Special Programmes	Male	21 August 2015	88
Treasury	Bandile Sijadu	Gender and Disability Coordinator	Special Programmes	Male	21 August 2015	89
<b>City of Cape Town</b>						
Social Development and Early Childhood Development	Suzette Little	Mayoral Committee Member	Social Development and Early Childhood Development	Female	02 August 2015	90
Social Development and Early Childhood Development	Lorraine Frost	Programme Manager	Vulnerable groups	Female	21 October 2015	91
<b>City of Johannesburg</b>						
Women and the Elderly	Carina van Zyl	Head	Women and the Elderly	Female	30 October 2015	92
<b>OR Tambo</b>						
Safety	Fikile Hintsa	District Manager	Safety	Male	03 November 2015	93
Victim Empowerment	Zwelithini Goodwill Mbangi	Assistant Director	Victim Empowerment	Male	03 November 2015	94
<b>Vhembe</b>						
Special Programmes (Gender)	Constance Mphaphuli	Chairperson	Special Programmes (Gender)	Female	28 October 2015	95

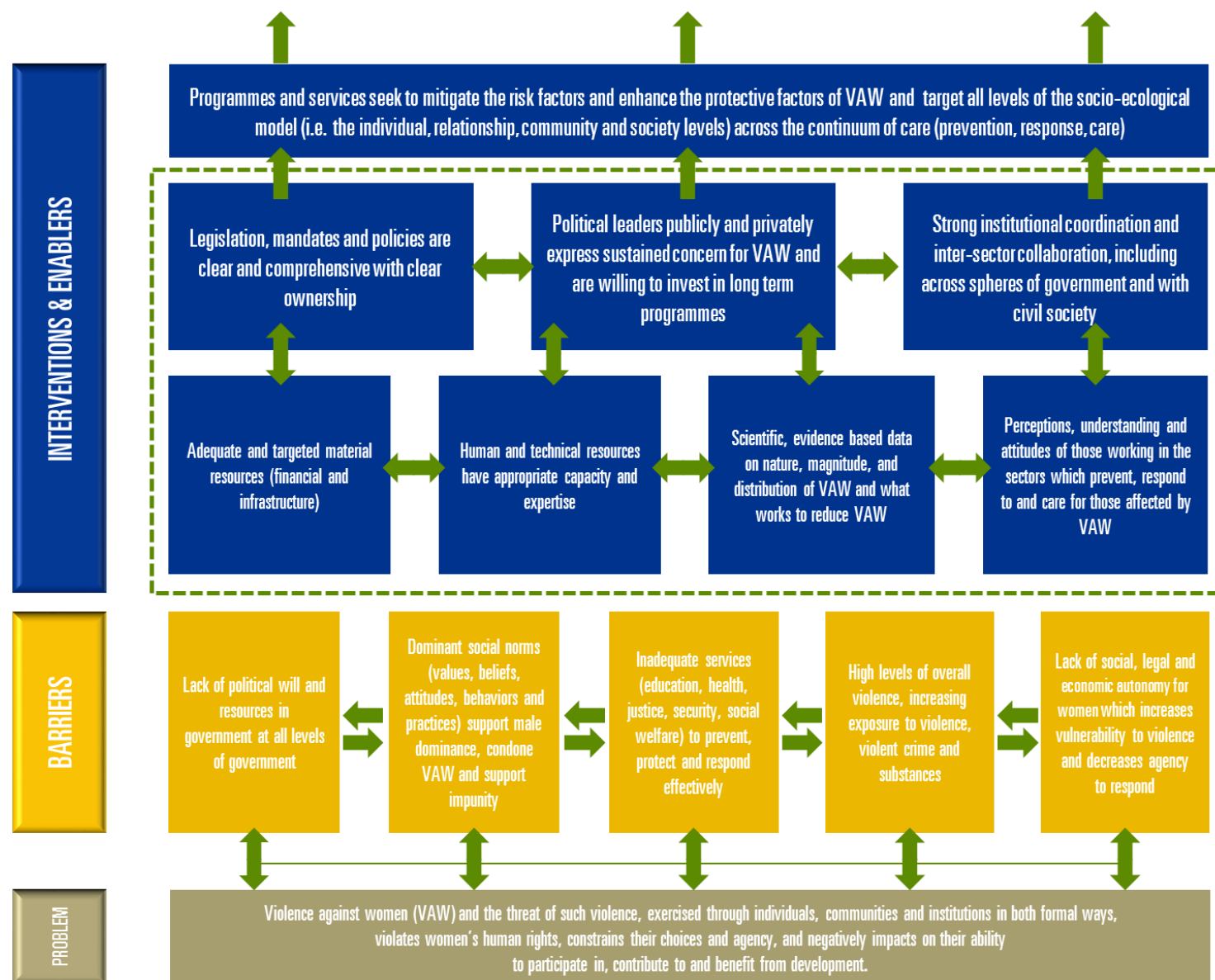
\*Additional information not available

## Annex 2: Proposed theory of change for VAW and VAC

Figure 35: Proposed theory of change for state response to eliminating VAW



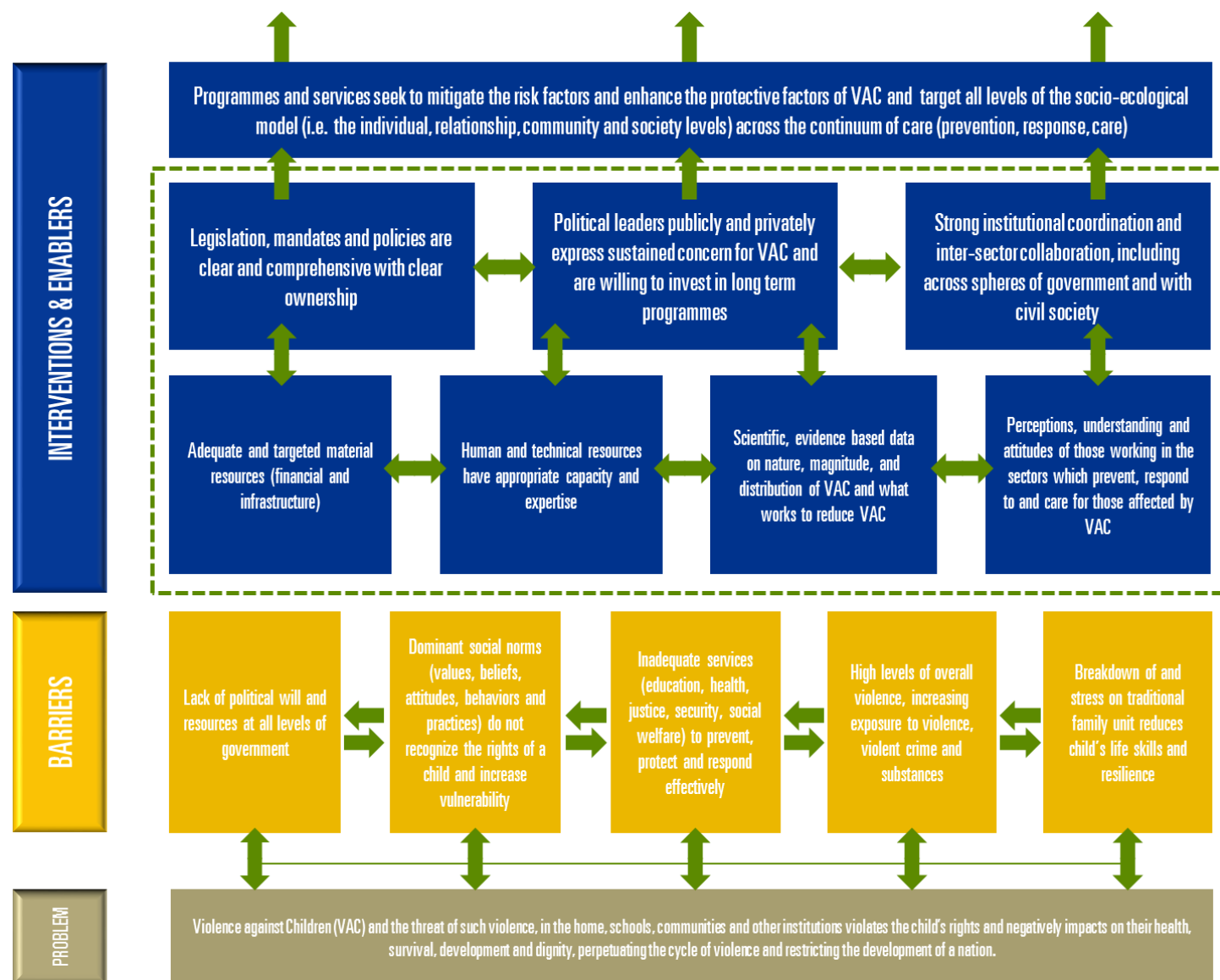




Source: Moosa, 2012; WHO, 2013

Figure 36: Proposed theory of change for state response to eliminating VAC





Source: Moosa, 2012; WHO, 2013

## Annex 3: Compendium of direct and indirect VAWC programmes

**Table 28: Direct VAWC programmes**

	Programme name	Relevant implementation programmes identified	Type of violence	Target group	Lead department	Service delivery mechanism	Continuum of care	Socio-ecological model
1	DSD Programme 4, sub-programme 3: <b>Social Crime Prevention and Victim Empowerment</b>	<b>Victim support centres</b> <b>Empowerment Programmes</b> Inter-sectoral VEP forums Victim Empowerment Training Lay Counselling Men and Boys programmes Social crime prevention programmes Probation services	Physical, sexual, emotional	Women and children	DSD	Government and NPOs	Prevention, immediate response	Individual
1	DSD Programme 4: Restorative Services, Sub-Programme 2: <b>Crime Prevention and Support</b>	Dialogues and Awareness Programmes Referrals <b>Case Management/Victim Support Services</b> Prepare Case file Social Worker Forensic Assessments Accompany victims to medical examinations	Physical, sexual	Women and children	DSD	Government and NPOs	Prevention	Individual
1	DSD Programme 4: Restorative Services, Sub-Programme 3: <b>Victim Empowerment and Support</b>	Pre-trial preparation and counselling Accompany victims to court appearances Social worker supervision Peer educator training <b>Helpline</b> Referrals <b>Capacity Building of Social and Public Service Officials</b> Training SAPS Volunteers Training Social Workers Training Police Officers <b>Shelters For Abused Women</b> <b>Social crime prevention programmes</b> <b>Probation services</b>	physical, sexual, emotional	Women and children	DSD	Government and NPOs	Immediate response, care and support	Individual

	Programme name	Relevant implementation programmes identified	Type of violence	Target group	Lead department	Service delivery mechanism	Continuum of care	Socio-ecological model
2	DSD Programme 3: Children and Families, Sub-programme 2: <b>Care and Services to Families</b>	Family counselling, couple/ marriage counselling, family therapy Mediation services such as divorce mediation and family group conferencing Provincial and Regional Family Services Forums	Physical, emotional, sexual, economic	Women and children	DSD	Government and NPOs	Prevention and early intervention	Relationship
3	DSD Programme 3: Children and Families, Sub-programme 2: <b>Child Care and Protection</b>	<b>Public education and prevention programmes, Programmes for children with risky behaviours</b> <ul style="list-style-type: none"> <li>• Adolescent development programmes;</li> <li>• Programmes for children with behavioural, psychological and emotional difficulties;</li> <li>• Community-based care programmes (e.g. Isibindi); and</li> <li>• Transitional care and support programmes for children about to exit alternative care.</li> </ul> <b>Services for children found to be in need of care and protection:</b> <ul style="list-style-type: none"> <li>• Children in foster care and residential care programmes; and</li> <li>• Adoption services for children.</li> </ul> <b>Provision of aftercare services:</b> <ul style="list-style-type: none"> <li>• Reintegration and reunification services for children to promote family preservation; and</li> <li>• Support to families to sustain relationships after family reunification and reintegration services.</li> </ul>	Physical, emotional, sexual	Children	DSD	Government and NPOs	Prevention	Relationship, community
4	DSD Programme 3: Children and Families, Sub-programme 5: <b>Child and Youth Care Centres</b>	Alternative care and support programmes for children found to be in need of care and protection	Physical, emotional, sexual	Children	DSD	Government and NPOs	Immediate response	Individual

	Programme name	Relevant implementation programmes identified	Type of violence	Target group	Lead department	Service delivery mechanism	Continuum of care	Socio-ecological model
5	DSD Programme 3: Children and Families, Sub-programme 6: <b>Community-Based Care Services to Children</b>	Facilitate the provision of community based child and youth care services to improve access by more vulnerable children	Physical, emotional, sexual	Children	DSD	Government, communities	Prevention, care and support	Individual
6	DoH Programme 2: District Health Services, Sub-Programme 4: <b>Community Based Services</b>	Rendering a community based health service at non-health facilities in respect of home-based care, community care workers, caring for victims of abuse, mental- and chronic care, and school health.	Physical, emotional, sexual	Women and children	DoH	Government, communities	Immediate response, care and support	Individual, relationship
7	DoJCD Programme 2: Court Services, Sub-programme 1: <b>Lower courts</b>	Sexual offences courts	Sexual	Women and children	DoJCD	Government	Immediate response	Individual
8	NPA Programme 4: National Prosecuting Authority, Sub-Programme 2: <b>Specialised Prosecutions Service</b>	Specialised prosecution units dealing with priority crimes litigation, sexual offences and community affairs Thuthuzela Care Centres	Sexual	Women and children	NPA	Government	Immediate response	Individual
9	DBE Programme 5: <b>Educational Enrichment Services</b>	Safe Schools	Physical, emotional, sexual	Children	DBE	Government, communities	Prevention	Individual, community
10	DoW Programme 2: <b>Social, Political and Economic Participation and Empowerment</b>	Oversight of the implementation of policies related to women's empowerment and the elimination of all forms of discrimination against women Development and approval of an NSP on GBV Public campaigns	Emotional, economic	Women	DoW	Government	Prevention	Social

	<b>Programme name</b>	<b>Relevant implementation programmes identified</b>	<b>Type of violence</b>	<b>Target group</b>	<b>Lead department</b>	<b>Service delivery mechanism</b>	<b>Continuum of care</b>	<b>Socio-ecological model</b>
11	SAPS Programme 3: Detective services, sub-programme 1: <b>Crime Investigation</b>	Provides for detectives at police stations who investigate general and serious crimes, including crimes against women and children.	Physical, sexual	Women, children	SAPS	Government	Immediate response	Individual

Source: Analysis of Departmental Strategic and Annual Performance Plans (2015/16) and Estimates of National and Provincial Expenditure Reports (2015)

**Table 29: Indirect VAWC programmes**

	Programme name	Brief description	Type of violence	Target group	Lead department	Service delivery mechanism	Continuum of care	Socio-ecological model
1	DSD Programme 4, sub-programme 5: <b>Children</b>	Strengthen child protection services and improve the quality of Early Childhood Development (ECD) services. Develops, supports and monitors the implementation of policies, legislation and norms and standards for social welfare services to children.	Physical, sexual, emotional	Children	DSD	Government and NPOs	Prevention	Individual, relationship
2	DSD Programme 4, sub-programme 6: <b>Families</b>	Develops, supports and monitors the implementation of policies, legislation and programmes for services aimed at strengthening families.	Physical, sexual, emotional	Women and children	DSD	Government and NPOs	Prevention, early intervention, care and support	Relationship
3	DSD Programme 4, sub-programme 10: <b>Social Workers Scholarships</b>	Provides full scholarships for social work students.	Physical, sexual, emotional	Women and children	DSD	Government	Prevention, immediate response, care and support	Individual, relationship
4	DSD Programme 4: Restorative Services, Sub-Programme 2: <b>Substance Abuse, Prevention and Rehabilitation</b>	Design and implement integrated services for substance abuse, prevention, treatment and rehabilitation	Physical, sexual, emotional, economic	Women and children	DSD	Government and NPOs	Prevention, early intervention	Relationship
5	DSD Programme 3: Children and Families, Sub-Programme 4: <b>ECD &amp; Partial Care</b>	Facilitate a nurturing, caring and safe environment for children to survive, be physically healthy, mentally alert, emotionally secure, socially competent and be able to learn.	Physical, sexual, emotional	Children	DSD	Government, NPOs	Prevention	Individual



	Programme name	Brief description	Type of violence	Target group	Lead department	Service delivery mechanism	Continuum of care	Socio-ecological model
6	DoH Programme 4: Primary Health Care Services, sub-programme: <b>Violence, Trauma and EMS</b>	Formulates and monitors policies, guidelines, and norms and standards for the management of violence, trauma and emergency medical services.	Physical, sexual	Women and children	DoH	Government	Immediate response	Individual
7	DoE Programme 2: Public Ordinary Schools, sub-programme 4: <b>School Sport, Culture and Media Services</b>	Consolidate the efforts to eliminate drug and substances abuse and to make schools places of safety.	Physical, sexual, emotional, economic	Children	DoE	Government	Prevention	Individual
8	DoW Programme 4, sub-programme 3 : <b>Communication and Outreach Initiatives</b>	Campaigns and awareness events promoting an informed society that upholds the socio economic empowerment of women and gender equality	Emotional, economic	Women	DoW	Government	Prevention	Social
9	Safety departments, Programme 2: <b>Provincial Secretariat for Police Services/Civilian Oversight</b>	The provincial department is responsible for the following functions in line with the effective implementation of the Civilian Secretariat for Police Services Act, 2011: Promoting democratic accountability and transparency in the police service. Promoting good relations and establishing partnerships between the police and communities. Directing the SAPS toward effectively addressing provincial needs and priorities. Facilitating the development and co-ordination of social crime prevention initiatives. Promoting and supporting victim empowerment.	Physical, sexual, emotional	General public	Safety departments	Government, NPOs, communities	Prevention, early intervention, immediate response	Community and social

	Programme name	Brief description	Type of violence	Target group	Lead department	Service delivery mechanism	Continuum of care	Socio-ecological model
10	DOJCD Programme 2: Court Services, Sub-programme 2: <b>Family Advocates</b>	Family Advocates make recommendations to the court where there is litigation and mediation affecting children;	Emotional	Children	DoJCD	Government	Prevention, early intervention, immediate response	Individual
11	DCS, Programme 3: <b>Rehabilitation</b>	Address factors that led to offending behaviour Provide offenders with opportunities for personal development Provision of psychological services to inmates in need of such service Provide access to social work services to all offenders and remand detainees in need of such services Provide access to spiritual services to inmates	Physical, sexual, emotional	Offenders	DCS	Government	Care and support	Individual
12	SAPS, Programme 2: Visible Policing, Sub-programme 1: <b>Crime Prevention</b>	One of many performance indicators: Percentage of police stations rendering a victim friendly service to victims of rape, sexual offences and abuse.	Physical, sexual, emotional	General public	SAPS	Government	Immediate response	Individual

Source: Analysis of Departmental Annual Performance Plans (2015/16) and Estimates of National and Provincial Expenditure Reports (2015)



