



planning, monitoring & evaluation

Department:
Planning, Monitoring & Evaluation
REPUBLIC OF SOUTH AFRICA





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

1. 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.1 Other studies estimate that between 43% and 56% of women in South Africa have experienced intimate partner violence² and 42% of men report perpetrating it.³ 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 VAC in the country; it has been estimated that only one in nine women report incidences of sexual violence.4 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.5 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.6 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.

2. 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.

3. Methodology

The diagnostic review included all three spheres of government: national, provincial and local. 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.

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

- City of Cape Town Metropolitan Municipality (Western Cape)
- City of Johannesburg Metropolitan Municipality (Gauteng)

¹ Jewkes et al., 2001

² Abrahams et al., 2006, Dunkle et al. 2004 Jewkes et al., 2009

Jewkes *et al.*, 2009
 Bowman and Stevens, 2004

Holtmann, 2011
 Holtmann, 2011

- 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.

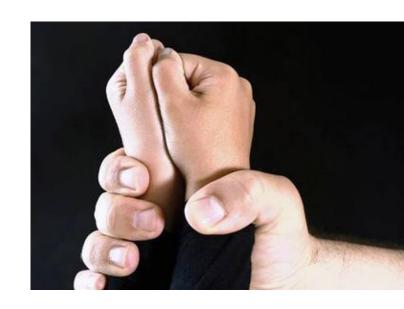
The budget allocation process does not support effective implementation of the VAWC agenda. Funding decisions are not made based on an understanding of potential impact and return on investment. Departments plan and utilise budgets in silo, which restricts efficiencies that could be gains from looking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

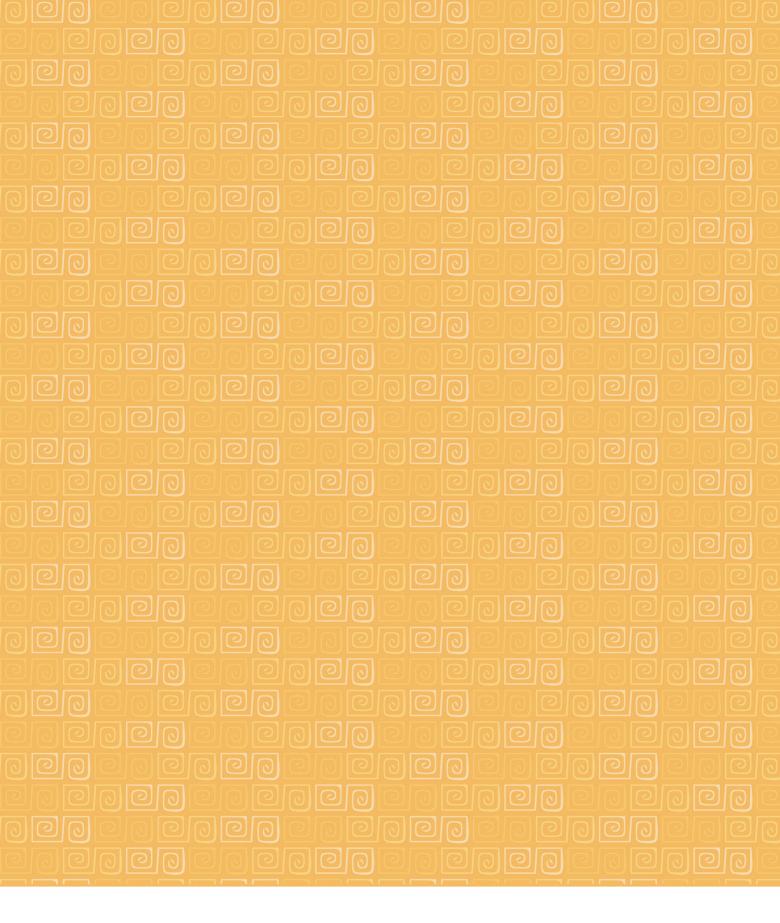
The final recommendation is for the DSD to lead in comprehensively defining psychosocial response services for victims of VAWC, establishing minimum core services and funding implications for their implementation.

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.





Notes



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