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PSPPD

PROGRAMME TO
SUPPORT PRO-POOR
POLICY DEVELOPMENT

POLICY BRIEF SERIES

Evidence for policy-making and implementation



Strengthening government's implementation of violence against women and children (VAWC) interventions

INTRODUCTION

Violence against women and children (VAWC) is arguably one of the most perilous challenges that South Africa is currently facing. Research from three provinces undertaken by the Medical Research Council (MRC) revealed that 25% of women had experienced physical violence at some point in their lives. In 2013/14 alone, 169 559 crimes committed against women were reported to the South African Police Service (SAPS) (Abrahams et al: 2014). This figure should be taken in the context that underreporting of violence against women (VAW) is a significant issue in South Africa; for example, it is estimated that only one in nine women report incidences of sexual violence (Bowman & Stevens: 2014). Further, a national study on female homicide found that a woman is killed by her intimate partner every eight hours. Other studies estimate that between 43% and 56% of women in South Africa have experienced intimate partner violence (IPV) and 42% of men report perpetrating it. Violence against children (VAC) is also pervasive in South Africa, with 45 230 contact crimes against children, including 22 781 sexual offences, reported to SAPS in 2013/2014.

The high rates of VAW and VAC have continued despite significant legislation in place to protect women and children against violence and several key integrated plans and strategies aimed at eliminating VAWC. It is against this backdrop that the Department of Social Development (DSD) together with the Department of Planning, Monitoring and Evaluation (DPME) initiated a diagnostic review of the state's response to VAWC. The diagnostic review was a second deliverable of the Inter-Ministerial Committee for VAWC. A study commissioned by the United Nations Children's Fund (UNICEF) on the structural determinants of VAWC was the first output requested by the committee. The two projects were carried out concurrently and findings of the structural determinants study were used in analysing the adequacy of the current government response to VAWC.

METHODOLOGY

The diagnostic review of the state's response to VAWC reviewed both the institutional and programmatic mechanisms by which the state addresses VAW and VAC. It considered the 'whole of government' response, covering overarching challenges faced by 11 key departments with roles in addressing VAWC. It considered the state response across the three spheres of government: national, provincial and local. The diagnostic is part of the National Evaluation Plan 2014/15.

The review utilised the World Health Organisation (WHO) Readiness Assessment Framework, which measures state readiness to respond to violence on nine dimensions, namely legislation, mandates and policies, leadership and political will, integration and inter-sectoral collaboration, funding and budgets, human capacity, data and monitoring and evaluation (M&E), attitudes of government officials, and programmes to address VAWC. Each dimension was given an overall assessment of "ready", "partially ready" or "not ready to respond".

FINDINGS

Overall, the review found government to be ready to respond through legislation, and partially ready in three dimensions: human resources, programmes and policy, and mandates. However, government was not ready to provide adequate response to VAWC in five dimensions, namely political will and leadership, attitudes of government employees, inter-sectoral collaboration, data and M&E, and financial resources.

Implementation gap

The review found that while the country's legislation offers women and children adequate legal protection, there is an implementation gap.

Most legislative requirements are not implemented effectively, largely because there are no financial and human resources and infrastructure to give them effect, and there has not been adequate effort to cost legislation, with the exception of the Children's Act and Domestic Violence Act. As a result, it is not known how much is needed to give effect to the progressive legislation. Compounding the challenge is that infrastructure required to implement legislation is often lacking or inadequate.

Integration and collaboration

Although the institutional mandates of different departments in the VAWC sector are sufficiently clear and seem ready to respond to VAWC, integration and collaboration has not materialised. The Programme of Action for VAWC (PoA: VAWC) is a good step towards systematising and integrating government intervention to optimise resources and improve the likelihood of having effect. However, the review found misalignment between inter-sectoral plans such as the PoA: VAWC and departmental strategic and annual performance plans. Few departments have integrated the vision and activities of the PoA: VAWC in their plans. Only 36% of strategic plans and 33% of annual performance plans articulated VAWC targets. This indicates that the PoA: VAWC is not widely adopted and has not sufficiently coordinated and integrated government response to VAWC. In addition, much work needs to be done to make the PoA: VAWC a programme of the country – including provincial and local government and civil society – and not only national departments.

Poorly-defined conceptualisation of VAWC

An important finding of the review is that VAWC is currently not well-defined as a social problem. In most cases, government departments see it as a gender or women's issue and in other cases, as just a crime. This fails to recognise VAWC as a human rights violation which society as a whole should condemn, and that government needs to protect those who are vulnerable. It also underestimates the public health implications of the problem and the cost to government and society.

Inadequate resourcing of activities

The inappropriate conceptualisation of the problem, combined with government budgeting approaches, is contributing to inadequate resourcing of activities in the sector. To establish how much government is spending on VAWC-related activities, the review distinguished between direct and indirect VAWC programme/services. Direct VAWC programmes were defined as containing at least one intervention or service aimed specifically at tackling VAWC, while indirect programmes may not directly address VAWC, but contribute indirectly to preventing VAWC.

The review found that total appropriation for direct VAWC programmes in 2014/15 was R26.9bn across the 65 departments (national and provincial), representing only 7% of departments' total budget allocations.

Furthermore, the spread of government funding is uneven in the continuum of care: only R250 million was allocated for immediate response interventions, while prevention programmes received R9 billion, and care and support (long-term care) received R3 billion.

The review concluded that this was inadequate, given that previous research estimated the cost of VAW alone was at least R42 billion. Even more concerning is that most of the response budget is from criminal justice departments, and little is budgeted for psychosocial services for survivors of violence and their families. It is unclear within government what constitutes psychosocial services for survivors of violence and what government will provide or fund. As a result, there is enormous variation between provinces, which creates inequitable access to services. This is partly because the country lacks a systematic approach to VAWC which is shared across departments and spheres of government. The review concluded that the financial resources allocated by different departments is inadequate for the state to effectively respond to VAWC.

Lack of data

In addition to inadequate resources, government VAWC response is also hamstrung by lack of data and inadequate analysis and utilisation of existing administrative data. To understand what is working, where and why, government needs good data and analytical capacity. Currently there is no national prevalence data on the extent of VAWC and its different manifestations or district level granularity to inform targeting of services.

Crime statistics have been erroneously used as a measure of prevalence, while a reduction in reported cases of VAWC has been incorrectly interpreted as an indication of reduction in experiences of violence. This creates perverse incentives for police to not record other cases to keep reported cases low and limits women's and children's access to justice. Nevertheless, there is some data being collected through different administrative systems. The Department of Health routinely collects data at clinic levels on injuries, of which some are a result of abuse, while the Department of Education, through the Council of Educators, collects data on teachers accused of sexual offenses. These are, however, not used by DSD or SAPS to target interventions. Lastly, very few programmes are subjected to formal evaluation to understand if they are effective in reducing levels of violence. Government does not adequately support, small non-governmental organisations (NGOs) that are innovating in programme delivery to collect data and formally assess their programmes to see if they are effective or potentially institutionalise these interventions. Consequently, as a country, we do not know enough about which interventions work to reduce incidences of violence and mitigate the negative aftermath of VAWC. There is therefore a need to build an evidence base of what works in the South African context.

EVALUATION FINDINGS



The review concluded that because of weak M&E systems in government departments, lack of prevalence data and poor use of existing data, government was not ready to respond to VAWC in this dimension.

Programme service gaps

The review also attempted to map out state interventions for the continuum of care to determine where there are service gaps. Only 16 direct programmes and 18 indirect programmes were identified. This low number could be a result of the study excluding non-profit organisations (NPOs) as well as the different definitions of programmes within government; most plans and reports do not distinguish between budget programmes and implementation programmes. Moreover, one programme in the sector can be made up of a number of services. Therefore, what is important in this dimension is not so much the number of programmes, but where the focus of each programmes is. The mapping of programmes shows that most of what government does is in responsive mechanisms, such as crisis services, law enforcement, and judicial sanctions. Of the 16 direct VAWC interventions, 6 are immediate response (mostly law enforcement and judicial), six are prevention (mainly awareness-raising and outreach programmes – but their effectiveness in changing attitudes and behaviour is questionable), three are identified as care and support, and only one is an immediate response programme.

Furthermore, the spread of programmes does not seem to correlate to determinants of violence or where violence occurs the most. When the programmes are mapped to the socio-ecological model, they reveal a mismatch between the structural determinant of violence and where government interventions are focused.

For example, the structural determinants study confirmed the importance of family dynamics as a key predictor of both perpetration of violence for males and experience of violence for females, and that children are learning violent behaviour at home, either by experiencing it directly or witnessing it, and then later modelling this in their interaction with other children or as an adult in their relationships.

However, not enough is being done to help families who are facing severe strain to respond to and manage tensions/life stresses with effective coping mechanisms, and most of the programmes that government is implementing target individuals (about eight direct and six indirect programmes), with only three direct VAWC programmes targeting families/relationships, and even fewer targeting the community and societal level.

RECOMMENDATIONS

The following recommendations have been made to strengthen government response to VAWC:

1. The Inter-Ministerial Committee Technical Task Team (IMC TTT) should revitalise, strengthen and re-launch the POA: VAWC. The PoA: VAWC should (a) incorporate new evidence generated in recent studies and establish a common conceptual framework for understanding and addressing VAWC; (b) be developed with participation of civil society and provincial and local government; (c) be better aligned to departmental strategic and annual performance plans; (d) be costed to ensure that funds are appropriated to the planned initiative; and (e) clarify sectoral leadership. The lead minister should be empowered to define the problem and set strategic directions and vision for the sector. It would seem logical for the Minister of Social Development to take this leadership.

2. The DSD should lead a process to comprehensively define response services. Specifically, psychosocial services for women and children who experience violence need to be better articulated both in the immediate response and long-term and care support pillars of the continuum of care. This should clearly articulate the kinds of service requirements of women and children who experience different forms of violence. While the complexity and different circumstances of women and children who experience violence is acknowledged, minimum core services that the state must provide to survivors of violence should nevertheless be determined. Lastly, this should be subjected to cost modelling to establish the level of funding that DSD and other departments need to provide to NPOs and other service providers – an exercise which should include close participation by all these role-players.
3. Prevalence data needs to be improved. To this end, a specialised VAWC survey is recommended that can identify the magnitude, geographic distribution, and nature of the prevalence of VAWC in the country. The DSD should engage Statistic South Africa (Stats SA) to lead the development of the survey and National Treasury for the funding of the survey. The survey should provide national level prevalence data with district level granularity disaggregated by sex, gender, race, age, ethnicity, and any other relevant characteristics.
4. The use of SAPS crime statistics as an indication of prevalence should be halted, as it is not an appropriate tool for programme rollout and scaling. It should be clearly communicated that reported crimes are not indicative of prevalence and that a reduction in reported VAWC-related crimes is not an appropriate indicator of police performance; it is the increase in reported cases which is indicative of the community's trust/faith in the justice system.
5. The collection and management of administrative data should be strengthened: government needs to better monitor the implementation of programmes delivered by NPOs who are funded by public resources and in the short term, government departments need better cross-reference administrative data. Data from clinics and hospitals on potential victims of VAWC could be entered into a repository that is accessible to other departments.

In the long-run, government should 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 to enable widespread access and usability for all relevant departments.

6. An evidence base of what works should be built to address VAWC in South Africa through programme evaluations.
7. A body should be established to provide oversight and coordination to the sector, ensure accountability, and monitor progress against government's goal to eliminate VAWC. The body must 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.

Following the completion of the review, the IMC TTT led a process to develop an improvement plan. The plan details how the recommendations in the report will be responded to. The IMC TTT agreed with the recommendations that sectoral leadership needs to be clarified and policy direction provided to guide and direct work of government and civil society in this sector. This can greatly increase the cumulative effect of different interventions. The IMC TTT further supported that DSD be empowered to lead the sector and the Department of Women provide oversight for the sector. Importantly, substantive work needs to be done to understand service needs of women and children who experience violence and define core minimum services that government must provide or fund. Agreeing on this with provinces and civil society can reduce funding uncertainty and inequitable access to services in different provinces. Although resources are inadequate, we can do better with existing resources. Having a systematic approach, improving targeting of interventions, and investing in what is known to be effective in the South African context should provide improved protection offered to women and children.



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