



DEPARTMENT OF PLANNING, MONITORING AND EVALUATION
DEPARTMENT OF SOCIAL DEVELOPMENT

Report on Diagnostic Review of the State Response to Violence against Women and Children Summary version

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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
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.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 VAWC 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.

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.

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)

¹ Jewkes *et al.*, 2001

² Abrahams *et al.*, 2006, Dunkle *et al.* 2004

³ Jewkes *et al.*, 2009

⁴ Bowman and Stevens, 2004

⁵ Holtmann, 2011

⁶ Holtmann, 2011

- 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. Summary report

1.1 Introduction

1.1.1 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.⁷ 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.⁸ This means that more than one billion women worldwide are affected by VAW⁹ 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.¹⁰ 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.¹¹ In 2013/14 alone, 169 559 crimes committed against women were reported to the South African Police Service (SAPS).¹² Further, a national study on female homicide found that a woman is killed by her intimate partner every eight hours.¹³ Other studies estimate that between 43% and 56% of women in South Africa have experienced intimate partner violence¹⁴ and 42% of men report perpetrating it.¹⁵

VAC is also pervasive in South Africa, with 45,230 contact crimes against children, including 22,781 sexual offences reported to SAPS in 2013/2014.¹⁶ Similarly to VAW data, although because 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 interconnected¹⁷ – 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%).¹⁸

1.1.2 Background to the evaluation

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 to 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 scope of the diagnostic review does not include an analysis of the role of civil society in tackling VAWC.

1.2 Methodology

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

⁷ WHO *et al.*, 2013

⁸ WHO *et al.*, 2013

⁹ Rosche, 2014

¹⁰ Jewkes *et al.*, 2001

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

¹² SAPS, 2014

¹³ Abrahams *et al.*, 2012

¹⁴ Abrahams *et al.*, 2006, Dunkle *et al.* 2004

¹⁵ Jewkes *et al.*, 2009

¹⁶ SAPS, 2014

¹⁷ Pinheiro 2006, Jewkes *et al.* 2009

¹⁸ UNICEF, 2014

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

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)

1.2.1 Data collection

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

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. In addition, all relevant national and provincial departments' Estimated National Expenditure reports and Estimates of Provincial Revenue and Provincial Expenditure reports for 2015 were accessed 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. Thirty-four responses were received for the institutional surveys and 19 for the programme survey, representing a response rate of 44% and 25% respectively. 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.

All national, provincial and municipal departments in scope were contacted to schedule interviews with relevant representatives, which the departments were requested to nominate. Interviewees ranged from Heads of Department, through senior management level officials and director level staff members. 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.

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. 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.

1.3 Analytical framework

1.3.1 The WHO readiness assessment

The most useful framework for analysing the state response to VAWC is the Readiness Assessment for the Prevention of Child Maltreatment (RAP-CM), developed by Mikton *et al.*¹⁹ and adopted by the World Health Organisation (WHO). 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 municipal responses.

For the purposes of the diagnostic evaluation, the state will be assessed against the following nine dimensions:²⁰ legislation, mandates and policies, leadership and political will, integration and inter-sectoral collaboration, funding and budgets, human capacity, data, monitoring and evaluation, attitudes of government officials, and programmes.

1.4 Evaluation findings

1.4.1 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.²¹ The diagnostic review discusses key international obligations and domestic legislation in South Africa, relating 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, and Child Justice Act.

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).²² The legislative landscape boasts one of the most progressive constitutions in the world²³, and many internationally competitive laws and policies that protect the rights of all citizens, including several that are specifically designed to protect women and children from all forms of violence.²⁴

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 democracy²⁵ 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.²⁶ 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.²⁷ The Handbook

¹⁹ Mikton *et al.*, 2011

²⁰ 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.

²¹ South African Human Rights Commission, 2002

²² Preker *et al.*, 2010

²³ Preker *et al.*, 2010

²⁴ POWA, 2010

²⁵ POWA, 2010

²⁶ Human Rights Watch, 1997, cited in Bott *et al.*, 2005

²⁷ UN, 2010

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. Legislation does not always articulate clear mandates for specific departments, 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 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, offers women and children adequate legal protection from various forms of violence, it acknowledges that this alone does not translate into reduced levels of VAWC.

Level of readiness: **Ready**

1.4.2 Mandates and policies

1.4.2.1 Institutional mandates

The diagnostic review explores the mandated roles and responsibilities of various government departments with respect to VAWC. 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, their families and caregivers.

The institutional survey asked departments whether they were mandated to address VAWC by policy or legislation. More than 75% of respondents answered yes.

Overall, the institutional mandates of South African government departments appear sufficiently prepared, or 'ready' to respond to VAWC.

Strategic plans and annual performance plans translate the mandate of government departments into four and one year plans to achieve specific outcomes and targets. Integrated development plans (IDPs) also give a sense of priority areas for a municipality in a five year period. 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.

This was confirmed by a review of departments' SPs and APPs, which found that 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. Interestingly, departments were more likely to think that their departments have documented outcomes/targets for VAW and VAC. Twenty-one 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 much lower mention of VAW and VAC as strategic priority areas. A mere 9% of documents reviewed mentioned VAW or VAC in their forewords,

and only 20% of SPs and 9% of APPs mentioned VAW or VAC in their situational analyses. This indicates that perceived and, sometimes, legislated mandates are not always adequately translated to departmental level planning and budgeting processes.

A review of departments' strategic plans and annual performance plans, intersectoral plans of action, and several provincial plans revealed that there is little alignment in terms of targeted outcomes and indicators across departments and spheres of government. There also seems to be poor alignment between departmental plans and individual performance agreements. 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.

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 are clearly identified and articulated. Similarly, linkages also need to be strengthened between national, provincial and local government plans and programmes. If provincial and municipal 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. Annex 1 illustrates and describes the specific points in which linkages between national, departmental, and provincial plans break down.

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 or with municipal IDPs. Indicators are not designed to measure impact and may lead to unintended behaviours.

Level of readiness: **Partially ready**

1.4.3 Leadership and political will

1.4.3.1 Leadership

The POA:VAWC "emphasises government accountability for ending violence".²⁸ This firmly recognises that VAWC is a public, not a private, concern and acknowledges government's role in leading the VAWC agenda. However, the evaluation found that officials perceive 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.²⁹ There was a perception among interviewees at the DSD, DoE and DoH that provincial leaders lack knowledge and understanding of VAWC issues. Interviewees also expressed concerns about lack of clarity about executive leadership of the sector. 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 on which department was leading the VAWC agenda. Provincial departments reported different leads for VAWC, including the DSD, OTP, DoH and Safety.

1.4.3.2 Political prioritisation of VAWC

Surveys asked respondents 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. 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**". Similarly, half of respondents from Safety and Treasury did not believe VAW was a national priority.

When analysed by province, respondents from Northern Cape, Western Cape and national departments were more likely to think that VAC was not a national priority. Overall, VAW was reportedly seen as a national priority

²⁸ IMC, 2013

²⁹ Makoae *et al.*, 2012

across national and provincial spheres. Respondents at the municipal level, however, consistently rated the level of national prioritisation of VAWC as very low.

Provincial departments were also asked whether VAWC was a priority of the province's premier. According to interviewees, none of the provinces had specifically prioritised VAWC. Limpopo, Kwa-Zulu Natal and Mpumalanga generally articulated that VAWC 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 VAWC was not a priority of the premier.

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 VAWC than VAC. One municipal respondent reported that, **"sometimes we have a budget for [VAWC] but it is usually diverted for other priorities, particularly water and electricity"**. Consistently, however, prioritisation of VAWC and VAC was more highly rated at the municipal level than at the national level, indicating that municipal respondents think that national government is not doing enough to address VAWC.

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

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. Perhaps most concerning was that in interviews with the DoH, DSD and Community Safety, interviewees stated, **"VAWC is not a priority"**. A respondent from the education sector articulated, **"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.

The evaluation therefore concludes that 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.

1.4.3.3 Oversight

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. Led by the deputy president, the NCGBV placed oversight of government departments at the highest level, the Presidency. 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 government does not prioritise VAWC. 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, VAWC. However, in its absence, there is currently no oversight body to hold government accountable for its response to VAWC.

The IMC to address the root causes of VAWC was established in 2012. The IMC focuses on the full complexity of VAWC and is not limited to GBV. However, the IMC is understood by the research team to be 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 IMC does not include representation from civil society nor does it include provincial and local government. 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 therefore might not be 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 taken place; it is unclear whether the DoW, 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 that can hold government accountable to the public for its progress with respect to reducing and eliminating VAWC. The result is that VAWC is not given the priority that it needs to be effectively addressed and state departments are not held to account to fulfil the constitutional and legislated entitlement to women and children.

Level of readiness: **Partially ready**

1.4.4 Integration and inter-sectoral collaboration

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. Integration and collaboration is required at two levels: strategic level collaboration and delivery level integration.

Government has recognised that the national response has thus far been “fragmented and uncoordinated, resulting in insufficient accountability by all stakeholders involved”.³⁰ The limited coordination across key government role players has been attributed to a lack of an overarching framework and implementation strategy.³¹ The POA:VAWC is an attempt to fill this gap and provide an overarching integrated plan for the sector.

1.4.4.1 Strategic level collaboration

Survey respondents were asked whether their department collaborated with other government departments with respect to 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 participation in planning and strategy (in particular) for VAWC at both a national and provincial level is positive.

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 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.

Through the research, a minimum of 55 different coordination structures were identified to be operating at national and provincial spheres to support the coordination, 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 in departments. Many structures were felt by interviewees to be duplicative and/or lacking clearly defined work parameters.

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 legislation.³² A common theme of feedback in interviews, particularly from DSD, DoH and SAPS was that departments **“work in silos and compete rather than cooperate”**.

The evaluation concludes that the majority of coordination structures do not facilitate an integrated government response to VAWC and they appear duplicative. The same officials tend to participate in different forums, which might not be best use of limited human and financial resources. Current networks are perceived to be administratively inefficient

³⁰ IMC, 2013

³¹ Thorpe *et al.*, 2015

³² Warton *et al.*, 2015 (In Press)

The survey results provide mixed feedback on the perceived quantity and quality of collaboration across departments. However, interview feedback was less positive regarding quality and impact of current collaboration efforts. Respondents indicated that fragmentation remains a problem. This was confirmed by assessment of SPs and APPs. There is little alignment between SPs and APPs of different departments. 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 is not being shared in an effective way to inform the delivery of VAWC services.

Integration and collaboration is also weak 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 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 departments.

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.³³ Instead, learnings and solutions that are demonstrated to be effective at a 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.³⁴

Collaboration with NGOs was also found to be inadequate. 64% of departments indicated that they collaborate with NGOs for VAW interventions and 46% for VAC. However, the depth and quality of the collaboration remains inadequate to shape the response to VAWC. 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.³⁵ 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 to coordinate the delivery of services, this rarely translates to implementation.³⁶ There is also a frequently cited lack of trust between government and NPOs which negatively affects the relationship and limits the possibility of a genuine partnership between the two sectors beyond that of funder and service provider.

1.4.4.2 Service delivery level integration

Programme and service delivery tends to be predominantly vertical and sector specific.³⁷ 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 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.³⁸ 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.³⁹ This disintegrated and uncoordinated approach to service delivery within and across sectors contributes to secondary victimisation of victims by the state.⁴⁰

The evaluation therefore concludes that while areas of best practice and innovation exist, overall the response to VAWC remains fragmented in strategy development and planning, and service delivery. The sector would benefit from more integrated planning to develop a shared vision for the sector, shared understanding of interventions needed to achieve the intended outcomes and therefore the activities of each department and NPO in the sector. Specifically, government needs to create space for bottom-up learning. Experiences of NPOs and local government working directly with communities need to influence the development of strategies and plans at national and provincial level.

³³ Holtmann, 2011

³⁴ Holtmann, 2011

³⁵ Martin, 2010

³⁶ Thorpe *et al.*, 2015

³⁷ Makoae *et al.*, 2012

³⁸ Proudlock *et al.*, 2014

³⁹ The Portfolio Committee on Women, Children and People with Disabilities, 2009a

⁴⁰ DSD, 2009

Level of readiness: **Not ready**

1.4.5 Funding and budgets

1.4.5.1 Budget analysis

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 Estimated National Expenditure (ENE) Reports and Estimated Provincial Revenue and Expenditure (EPRE) Reports, published on the National Treasury website. 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 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 Annex 2. The budget allocations for these programmes are shown in Annex 3. 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.

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.

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 2012/13.⁴¹ 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.

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

⁴¹ KPMG, 2014

funds for immediate response programmes compared to prevention programmes and care and support programmes.

Table 2: Expenditure on direct programmes according to continuum of care (2014/15)

Department R'000s	Prevention	Early Intervention	Immediate response	Care & Support
DSD	3 178 760	245 651	1 220 336	782 032
DoW	83 787			
DoH			2 321 465	2 321 465
DoJCD			3 882 994	
NPA			297 647	
DBE	5 740 882			
DoW	83 787			
SAPS			10 163 953	
Total	R9 003 429	R245 651	R17 886 395	R3 103 497

Source: Analysis of ENEs and EPREs

Figure 1: Expenditure on direct programmes according to continuum of care (2014/15)

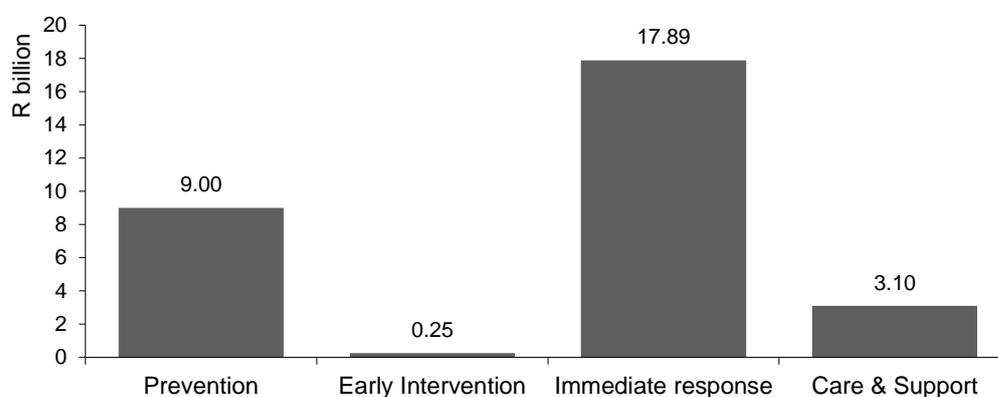
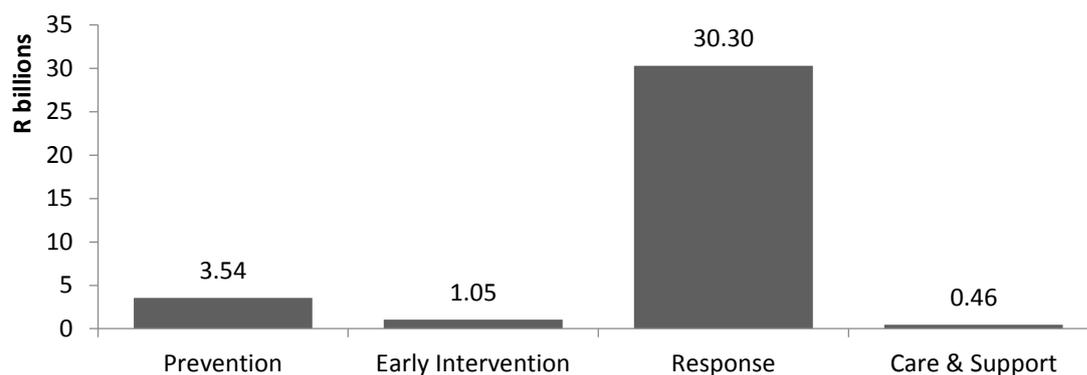


Table 3: Expenditure on indirect programmes according to continuum of care (2014/15)

Department R'000s	Prevention	Early Intervention	Immediate response	Care & Support
DSD	2 600 366	477 552	264 000	272 087
DoE	170 908			
DoW	3426			
Community Safety	571 460	571 460	571 460	
DoJCD	192 314			
DoH			5 880	
DCS				192 314
SAPS			29 456 259	
Total	R3 538 474	R1 049 012	R30 297 599	R464 401

Source: Analysis of ENEs and EPREs

Figure 2: Expenditure on indirect programmes according to continuum of care (2014/15)

1.4.5.2 Costing of Acts, policies and plans

Government has a human rights obligation to prevent and respond to VAWC. 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 subsequent inadequate resourcing of these instruments hinders their implementation.

Costing efforts are useful in revealing funding and resource gaps for VAWC-related interventions and present an opportunity to improve planning and budgeting practices. Additionally, where there are limited resources, costing exercises can help to guide policymakers on which activities to prioritise and how to sequence interventions to maximise allocative efficiency.

With the exception of the Children's Act, none of the VAWC legislation or policies were costed to determine both the human and financial resources that would be needed to fully implement the legislative requirements. As a result, most legislation is insufficiently funded and resourced.

The IMC⁴² 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 UNICEF⁴³ assert that an analysis of provincial departmental budgets reveals 'serious shortfalls in allocation' to VAC related services. Limited budget is linked to inadequate human resources, and poor funding for services including transfers to NPOs, which provide the majority of services that are mandated by the legislation.⁴⁴

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.

Surveys asked: "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 at provincial level. 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. 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 best estimate of government spending on VAWC related activities is 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

⁴² IMC, 2012

⁴³ DSD, DWCPD and UNICEF, 2012

⁴⁴ DSD, DWCPD and UNICEF, 2012

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 vast majority of officials interviewed across all three spheres of government indicated that 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, **“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 provisions. This could also be an indication not only of limited resources but also of the level of prioritisation the issue enjoys in the municipality.

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.⁴⁵ Similarly, the DSD has also expressed concern that the sustainability of the Victims Empowerment Programme (VEP) is dependent on international donor funding,⁴⁶ 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 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 the financial sustainability of VAWC programmes and services into question.

1.4.5.3 Budget allocation process

In interviews with both treasury departments and other provincial and national departments, respondents highlighted that the budget allocation 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. 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.⁴⁷ 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.⁴⁸

A further unintended result of the budgeting process is that it results in siloed planning and implementation. 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.⁴⁹ Because departments are required to approach Treasury separately, rather than collectively, for budgets regarding the implementation of multi-sectoral legislation,⁵⁰ each department tries to separately estimate the scale of the problem 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.

⁴⁵ Thorpe, 2014, Shukumisa Campaign, 2013

⁴⁶ Thorpe, 2014

⁴⁷ Thorpe, 2014

⁴⁸ KPMG, 2014

⁴⁹ Thorpe, 2014

⁵⁰ Thorpe, 2014

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.*⁵¹ 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.*⁵² advocate for the legislation of minimum funding norms and standards ‘to ensure uniform and adequate and 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 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.

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.

Level of readiness: **Not ready**

1.4.6 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.

1.4.6.1 Workforce shortages

The shortage of skilled and qualified professionals, particularly in the social services and healthcare sectors, is a significant challenge to addressing VAWC. The majority of survey respondents indicated that 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. 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. 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 departmental capacity is seen as one of the most constraining factors for government efforts to address VAWC.⁵³ This was echoed at the municipal level, where capacity, both within dedicated administrative units and in the field, was cited as a major constraint.

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, “**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.⁵⁴ 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 practioners working in this sector.

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

⁵¹ Jamieson *et al.*, 2014

⁵² Proudlock *et al.*, 2014

⁵³ Thorpe *et al.*, 2015

⁵⁴ Thorpe *et al.*, 2015

cycle of increasing demand for services. 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. Workforce gaps are worsened by suboptimal deployment of social workers. 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.

1.4.6.2 Inadequate recognition of specialist VAWC skills

Exacerbating the shortage of staff is the lack of specialist skills to effectively combat VAWC. 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 speciality. Furthermore, some courts also do not recognise forensic nurses as expert witnesses competent to testify knowledgeably on the findings of the medico-legal examination.⁵⁵ 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 victims of abuse.

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 NGO 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 NGO 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.”**

In addition, lack of specialised 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. An implication of this is that they may switch sectors frequently, preventing them from building an understanding of the service area of their department.

The evaluation concludes that lack of recognition of specialisation in VAWC contributes to shortage of certain skills in the sector. 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 departments. Training opportunities, career pathways and accreditation can be strengthened to make the sector more attractive to the potential workforce.

1.4.6.3 Departmental responsibility for VAWC

A review of departmental SPs, APPs, annual reports and 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 VAWC. 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 VAWC and VAWC 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. To meet the needs of a renewed focus on VAWC and to ensure individual accountability for VAWC activities in each department, it may be necessary to align officials' role definitions with activities articulated in the POA:VAWC.

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

⁵⁵ Shukumisa Campaign Briefing Note www.shukumisa.org.za/wp-content/.../forensic-nursing-briefing-note.pdf

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, “[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.”

Surveys asked, “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. It should 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. However, this response suggests an opportunity to strengthen the activities of these individuals to be more focused on the VAWC agenda.

1.4.6.4 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 from respondents for this evaluation.⁵⁶ Responses to the institutional survey revealed that the provision of VAWC specific training varies across departments, and that there is more VAWC-related training taking place in departments than there is for VAW.

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 familiarising officials with 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 workshops in their answers, as these were frequently cited in interviews when training was discussed.

Interviewees for the DoH also expressed need for more sensitisation training for primary health care workers who were thought to lack empathy for victims of VAWC. One interviewee for the 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 training offered.

The evaluation concludes that continuous training, development and debriefing of government officials working on VAWC is required to help strengthen the state response. Training and accreditation need to be tailored to deal with critical gaps in the skill base to address VAWC. Sensitivity training for all frontline staff in police and medical services is particularly urgent, as is the provision of ongoing training and support services for social workers dealing with VAWC. Training on the referral process is also required.

Level of readiness: **Partially ready**

1.4.7 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. Strengthening data, monitoring and evaluation for VAWC is therefore a significant portion of the state's intention to strengthen national system components.

1.4.7.1 State of prevalence data

Currently, South Africa does not have data on national prevalence rates of VAWC. The national census and SAPS crime statistics do not measure or disaggregate usefully for indicators of VAWC. The Victims of Crime Survey is also inadequate, as it is not designed specifically to deal with the sensitivities around VAWC, which might lower response rates on these questions. 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. However, crime statistics only reflect reported cases and are not representative of the extent of VAWC victimisation in South Africa. They

⁵⁶ Thorpe *et al.*, 2015

are also not adequately disaggregated and therefore do not show trends at district level, which is a level of granularity needed for resource targeting.

The UN Handbook for Legislation on Violence against Women⁵⁷ recommends that legislation should require the regular collection of statistical data. According to the UN 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.

There are three primary reasons why VAWC data needs to be strengthened in South Africa: to better understand the complexity and scale of the problem; to more effectively design and target programmes and services to combat VAWC; and to track the impact of those interventions over time.

1.4.7.2 Monitoring and evaluation

A key challenge for South Africa is the absence of strong evidence of what works to reduce and eliminate VAWC.⁵⁸ 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 most 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. 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. 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 to a 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 departments. Encouragingly, local municipalities described the importance of monitoring and evaluation, although quality was a concern.

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. 71% of survey respondents reported that their department collects monitoring data. This data is mostly collected by internal staff and/or programme implementers and 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.

At a provincial level, the OTP is well positioned to coordinate and monitor the activities of other departments around transversal issues such as VAWC. However, interviews with these offices revealed very little M&E capacity and activity. 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 provincial 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

⁵⁷ UN, 2010

⁵⁸ Mathews and Benvenuti, 2014

conducted. 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.⁵⁹ 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.

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. Introducing an effective centralised case management system for VAWC that all departments can access and use would present 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 (VEPOPAR), 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 evaluation therefore concludes that 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 experience of VAWC. This compromises planning and resource targetting. 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 a high level and used mainly for financial accounting and not to make strategic decisions about resource allocation and programme management. Programme monitoring needs to go beyond tracking inputs and outputs; it should be used to measure outcomes and enhance programming. There is also limited correlation or coreferencing of different administrative data. The effect of programmes is 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 because most programmes are delivered by NPOs, and limited resources that NPOs have 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. 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**

1.4.8 Attitudes of government officials

1.4.8.1 Attitudes

Interviews revealed that government employees' attitudes were more aligned with cultural attitudes and norms, which drove more patriarchal behaviours, even in the workplace. Such entrenched patriarchal attitudes are barriers to the provision of effective programmes and services. 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 just as, if not more traumatic than primary abuse. Interviewees for the DoH also expressed concern about the level of empathy displayed by healthcare workers, who they feel also need sensitisation training. One interviewee for the 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.

⁵⁹ The scope of the diagnostic review did not include a review of the evaluation reports for VAWC

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.

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.⁶⁰ 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.⁶¹ For example, one interviewee representing a provincial Safety department stated, **"police officers just don't want to get involved"**.

Such attitudes of 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.⁶² 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 openly stating, "there must be better performance of government and its responsiveness. The trust deficit between government and citizens must be closed"⁶³.

The evaluation concludes that government employees', attitudes toward VAWC, and particularly of those in frontline service, seems to largely reflect that of South African society at large, and has the potential to 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 social norms, and at all levels. Government can play a greater role in eliminating VAWC by continuously educating its employees on the complexity and the magnitude of the issue as a step in transforming State employee's attitudes.

Level of readiness: **Partially ready**

1.4.9 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.

1.4.9.1 Definition of a programme versus a service

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 organisational and budget structures and strategic and annual performance plans. The definition of Budget Programmes in DPME's Planning Implementation Programme guideline 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.

⁶⁰ Martin, 2010

⁶¹ Legal Resources Centre and POWA, 2009

⁶² Thorpe *et al.*, 2015

⁶³ Moonsamy, 2015

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).⁶⁴ There is no knowledge of how many Implementation Programmes exist across government, and no standardisation in approach and no minimum standards about how such Implementation Programmes are planned and designed.⁶⁵

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. Implementation Programmes are only partially reflected in the Programme Compendium provided in Annex 4, only where information was forthcoming in response to requests. The implication of this is that each programme in the analysis that follows should be understood to be a Budget level Programme or Sub-Programme, and as such may include several Implementation Programmes and/or public services.

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 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. 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 objective. A programme may be comprised of one or more services.

1.4.9.2 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, this 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

⁶⁴ DPME, 2013

⁶⁵ DPME, 2013

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. This is done primarily through a gender-lens and manifests 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.

1.4.9.3 Socio-ecological model

The socio-ecological model is used globally and in South Africa as 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.⁶⁶ The model identifies risk and protective factors at four levels: namely individual characteristics and behaviours, the impact of close relationships, the community, and wider society.⁶⁷ 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.⁶⁸ To prevent violence, the country needs policies, programmes and services that reduce the risk factors and increase the protective factors at each of the different levels in the model. The socio-ecological model is used in the diagnostic review to map and assess the adequacy of state interventions to address VAWC.

1.4.9.4 Continuum of care

In addition, and in line with various policies and legislation, the diagnostic review uses the continuum of care to determine the spread of interventions. The diagnostic review revealed several differences in the way that the continuum of care for VAWC is understood across key plans and pieces of legislation addressing VAWC in South Africa. For the purpose of the diagnostic review, the spread of programmes is assessed across the continuum of care, constituting prevention; early intervention; immediate response (statutory services) and care and support.

1.4.9.5 Compendium of current programmes

The tables in Annex 4 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. 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 that are not reflected in the budgets of the Western Cape DSD,⁶⁹ all identified programmes are either national level programmes, or provincial level programmes, which are implemented in all provinces.

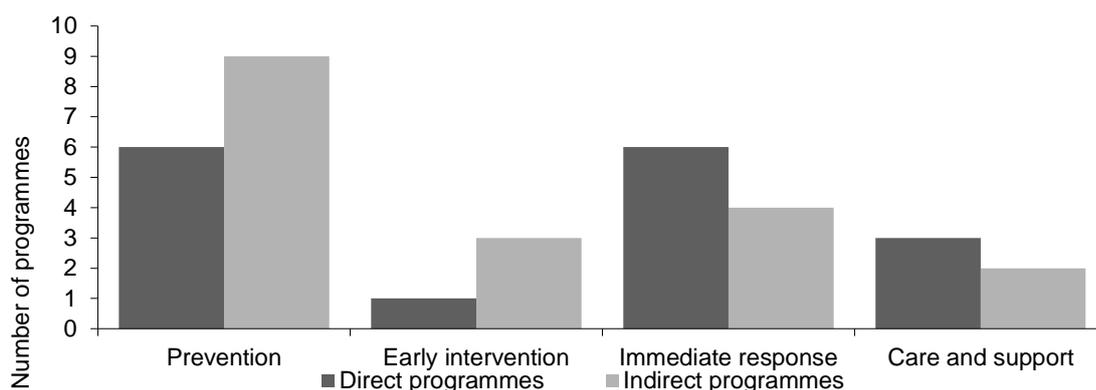
Figure 3 below shows the spread of government programmes across the continuum of care.

⁶⁶ Krug *et al.*, 2002

⁶⁷ Krug *et al.*, 2002

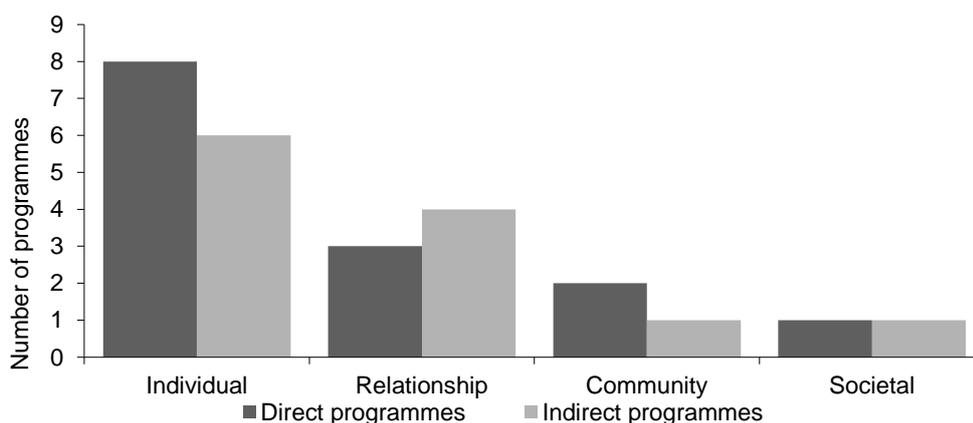
⁶⁸ Krug *et al.*, 2002

⁶⁹ 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.

Figure 3: Spread of programmes across the continuum of care⁷⁰

Despite growing acceptance of the notion that interpersonal violence can be prevented,⁷¹ in South Africa, VAW and VAC have largely been addressed through responsive interventions, such as crisis services, law enforcement interventions, and judicial sanctions.⁷² South Africa has a strong legislative response to VAWC; however, it is difficult for legislation and policy to address the root causes of violence.⁷³ Preventive interventions, to the extent that they have occurred, have primarily been promulgated by NPOs. The POA:VAWC recognises that South Africa's approach is largely skewed towards response, and that there is a need to identify the underlying causes of violence and undertake to prevent the violence before it occurs.⁷⁴ Essentially, this amounts to a strategic shift from a reactive approach toward a preventive one by the POA:VAWC. In addition, there is a need to strengthen early intervention and care and support services, which both play an important role in prevention and secondary prevention, and are critical components of the continuum of care.

Figure 4: Spread of VAWC programmes across the socio-ecological model below shows 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.

Figure 4: Spread of VAWC programmes across the socio-ecological model⁷⁵

⁷⁰ Note that some programmes target more than one type of care in the continuum

⁷¹ Van Niekerk and Makoae, 2014

⁷² Gender Links, 2008

⁷³ Thorpe *et al.*, 2015

⁷⁴ IMC, 2013

⁷⁵ Note that some programmes target more than one level of the socio-ecological model

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 assisting couples with non-violent conflict resolution, and on positive parenting are also important.

Although most of the programmes target individuals, Thorpe *et al.*⁷⁶ note that vulnerable populations remain challenged in terms of access to services. Specific populations include LGBTI, commercial sex workers, migrants, refugees and women on farms or isolated rurally.⁷⁷ 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).⁷⁸

In addition, 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 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.

Despite methodological limitations in the assessment of programmes due to the high level of information available, the evaluation concludes that 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. Programmes aiming at early intervention at the relationship level and in the family are critical. 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.

Level of readiness: **Partially ready**

1.5 Conclusions

An important finding of the diagnostic review is that the South African state response to VAWC lacks a systemic approach. The POA:VAWC is an attempt at systematising state response to VAWC; however, it has not adequately integrated other spheres of government and civil society to effectively lead the entire sector towards a common goal. So, while a significant number of government departments, and all three spheres of government, have responsibilities related to VAWC and have put in place a substantial number of interventions to respond to the challenge, these interventions do not all work together towards achieving shared outcomes.

Overall, the state has put mechanisms in place that enable it to respond to VAWC. However, the state readiness varies across the nine readiness dimensions. South African legislation provides comprehensive protection to women and children against different forms of violence. The government is also signatory to a range of international protocols that makes it accountable to the international community to provide women and children with statutory protection. Therefore, the state is ready to respond to women and children in this dimension. Different departments with responsibilities in the VAWC sector have translated these to their departmental plans; however, there is still misalignment between multi-sectoral plans and departmental strategic and annual plans which erodes the effectiveness of state response. Therefore, state mandates and policies are partially ready to respond to VAWC. The evaluation found lack of consensus on whether VAWC was a political priority in the country. It was also unclear which department leads the sector. However, since the POA:VAWC puts forward DSD as leader of the sector and the president mandated establishment of the IMC for VAWC to address the issue, the state is assessed as being partially ready to provide leadership to respond to VAWC. The VAWC sector would benefit from improved collaboration and integration to achieve a bigger impact. This is true of

⁷⁶ Thorpe *et al.*, 2015

⁷⁷ Thorpe *et al.*, 2015

⁷⁸ Thorpe *et al.*, 2015

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 and ineffective and do not facilitate an integrated government response to VAWC. The integration and inter-sectoral collaboration dimension is therefore not ready to effectively address VAWC. VAWC acts, policies and plans are typically not costed and are inadequately resourced as a result. 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 funding and budgets dimension is thus assessed as being not ready. Inefficiencies were identified in the deployment of current human resources in the VAWC sector, and inadequate recognition of specialist skills was found to further erode capacity to adequately respond to VAWC. Departmental responsibility for VAWC is unclear and exacerbated by lack of designated roles. These constraints render this dimension partially ready. There is no national prevalence data instrument to assess the extent and geographic spread of VAWC. Administrative data is not used effectively to monitor and manage VAWC incidences. There is inadequate evidence of effective programmes that work to address VAWC. The data, monitoring and evaluation dimension is, therefore deemed, not ready. Government employees' attitudes toward VAWC reflect those 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. This dimension was assessed as partially ready. Finally, in spite of limitations in the data available to accurately assess the spread of government programmes to address VAWC, the diagnostic review was able to identify several gaps in the current programme portfolio. 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 were found to be limited. Programmes aiming at early intervention at the relationship level and in the family were also identified as strategically important in breaking the cycle of violence. This dimension was thus judged to be partially ready.

1.6 Recommendations

As evidenced in this diagnostic review, government has a critical role to play in co-ordinating a holistic, multi-sectoral and sustained national response to VAWC as well as ensuring that the country's laws, policies and programmes addressing VAWC are implemented effectively.

The following section presents 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 on the state's institutional and programmatic response to VAWC.

The evidence collected through these recently commissioned studies presents an opportunity for the IMC to revitalise and strengthen the POA:VAWC and establish a common conceptual framework for understanding and addressing VAWC (meta theory of change for 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 being 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 exists, 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 by NPOs funded through public resources.

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 evaluation 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 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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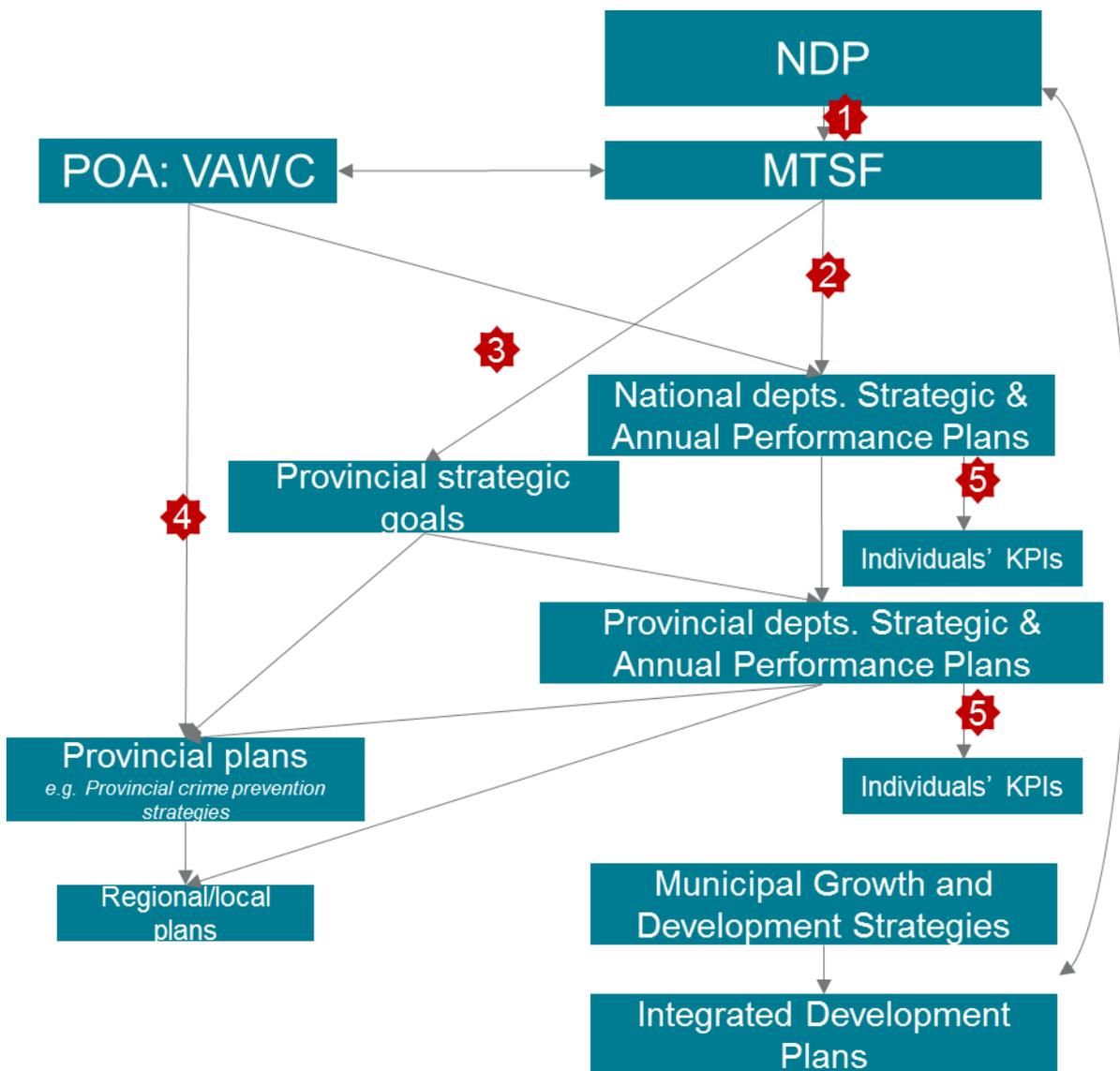
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Annex 1: Planning and reporting linkages diagram

Figure 5: 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.

Annex 2: Direct and indirect VAWC programmes

Table 4: 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 5: 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 & 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 VAWC prevention, but serving to occupy children in order to avoid involvement in risky activities which are risk factors for VAWC.
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.

Annex 3: Budget allocations for direct and indirect VAWC Programmes

Table 6: Budget allocations for direct VAWC programmes

	<i>(R thousand)</i> Programme name	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
1	DSD Programme 4, sub-programme 3: Social crime prevention and Victim Empowerment	23832	29579	39775	52842	59875	62413	65240	National
1	DSD Programme 4: Restorative Services, Sub-Programme 2: Crime Prevention and Support	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: Victim Empowerment and Support	11951	14006	15517	23962	28173	29960	31482	WC
		24288	27330	33598	43134	67599	67001	70183	NW
		5739	6471	15436	6882	13890	14663	15440	NC
		9268	10219	12557	19777	17729	20374	21733	MPU
		7752	9911	13781	15540	70000	25192	26452	LIM
		4164	6776	8206	26848	38957	40580	42609	KZN

	<i>(R thousand)</i> Programme name	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
2		40459	36206	51497	68549	81055	92114	86220	GP
		8433	8745	42630	51835	84669	89683	91628	EC
		9711	14125	15034	15043	16518	17220	18381	FS
	DSD Programme 3: Children and Families, Sub-programme 2: Care and Services to Families	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
3		10531	7954	6945	10203	56151	59723	63224	EC
		10381	14426	17617	14895	23436	25065	26153	FS
	DSD Programme 3: Children and Families, Sub-programme 2: Child Care and Protection	111845	1	162000	164131	173629	183734	192351	WC
		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	

	(R thousand)	Audited outcome			Adjusted appropriation 2014/15	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14		2015/16	2016/17	2017/18	
4	DSD Programme 3: Children and Families, Sub-programme 5: Child and Youth Care Centres	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
5	DSD Programme 3: Children and Families, Sub-programme 6: Community-Based Care Services to Children	0	0	0	0	0	0	0	WC ⁷⁹
				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-	146955	163280	163891	176908	188168	198262	208611	WC

⁷⁹ Sub-programme 3.6: Community-Based Care services for Children has been integrated across other sub-programmes within this programme.

	<i>(R thousand)</i>	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
	Programme name								
	Programme 4: Community based services								
		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
		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: Lower courts	2911433	3394341	3628592	3882994	4058919	4211362	4460939	National
8	NPA Programme 4: National Prosecuting Authority, Sub-Programme 2: Specialised Prosecutions Service	229148	223384	241352	297647	304241	323459	342862	National
9	DBE, Programme 5: Educational enrichment Services	4809170	4809170	5150702	5740882	5420164	5740882	6607586	National
10	DoW programme 2: Social, Political And Economic Participation And Empowerment	72972	72346	75981	83787	87230	89735	99175	National

	<i>(R thousand)</i>	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
Programme name									
11	SAPS Programme 3 Detective services, sub-programme 1: Crime Investigation	7941973	8978504	9728379	10163953	10580070	11198911	12035026	National
	Total	R20 390 359	R22 381 750	R24 902 381	R26 889 824	R29 123 573	R30 492 982	R32 291 094	

Source: Analysis of National and Provincial Expenditure Reports (2015)

Table 7: Budget for indirect VAWC programmes

	<i>(R thousand)</i> Programme name	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
1	DSD Programme 4, sub-programme 5: Children	52663	63970	65539	69171	80295	83357	87401	National
2	DSD Programme 4, sub-programme 6: Families	6938	8272	6338	8087	8744	8959	9454	National
3	DSD Programme 4, sub-programme 10: Social Worker Scholarships	244000	256000	250000	264000	276144	290780	305319	National
4	DSD Programme 4: Restorative Services, Sub-Programme 2: Substance Abuse, Prevention and Rehabilitation	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
		16344	21379	26379	41210	37332	64790	36705	FS
5	DSD Programme 3: Children and Families, Sub-Programme 4: ECD & Partial Care	183813	186813	243172	241022	294239	306327	319000	WC
		39784	72874	71007	85839	95704	103331	122320	NW
		49737	62943	74101	76030	79832	83824	88267	NC

(R thousand)	Programme name	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
		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
		175441	165976	177278	183498	184976	186737	190018	FS
6	DoH Programme 4: Primary Health Care Services, sub-programme: Violence, Trauma and EMS	3699	3699	11024	5880	7133	7401	7880	National
7	DoE Programme 2: Public Ordinary Schools, sub-programme 4: School Sport, Culture and Media Services	0	0	0	0	0	0	0	WC ⁸⁰
		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
		20038	24410	27320	29620	31346	33373	35041	NW
8	DoW Programme 4, sub-programme 3 : Communication and outreach initiatives	2215	2450	2215	3426	3618	3817	4008	National

⁸⁰ Programme not reflected in Western Cape Estimates of Provincial Revenue and Expenditure Report

	<i>(R thousand)</i>	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
		2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
	Programme name								
9	Safety departments, Programme 2: Provincial Secretariat for Police/Civilian Oversight	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
		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: Family Advocates	105884	125769	148709	192314	202331	208719	221429	National
11	DCS, Programme 3: Rehabilitation	808152	841626	950045	1166292	1151993	1248471	1412508	National
12	SAPS, Programme 2: Visible Policing, Sub-programme 1: Crime Prevention	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

<i>(R thousand)</i> Programme name	Audited outcome			Adjusted appropriation	Medium-term expenditure estimate			Coverage
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	
	26596	23570	27042	28030	29759	30962	33517	FS
Total	R 27 599 832	R 29 281 482	R 31 830 373	R 34 166 904	R 36 177 615	R 38 222 365	R 40 963 457	

Source: Analysis of National and Provincial Expenditure Reports (2015)

Annex 4: Compendium of direct and indirect VAWC programmes

Table 8: Direct VAWC programmes

	<i>Programme name</i>	<i>Brief description</i>	<i>Type of violence</i>	<i>Target group</i>	<i>Lead department</i>	<i>Service delivery mechanism</i>	<i>Continuum of care</i>	<i>Socio-ecological model</i>
1	DSD Programme 4, sub-programme 3: Social Crime Prevention and Victim Empowerment	The VEP makes provision for the healing and rehabilitation of the victims of crime. The main purpose of the VEP is to facilitate the establishment and integration of inter-departmental/inter-sectoral programmes and policies for the support, protection and empowerment of victims of crime and violence.	Physical, sexual, emotional	Women and children	DSD	Government and NPOs	Prevention, immediate response	Individual
1	DSD Programme 4: Restorative Services, Sub-Programme 2: Crime Prevention and Support	Develop and implement social crime prevention programmes and provide probation services targeting children, youth and adult offenders and victims in the criminal justice process.	Physical, sexual	Women and children	DSD	Government and NPOs	Prevention	Individual
1	DSD Programme 4: Restorative Services, Sub-Programme 3: Victim Empowerment and Support	Design and implement integrated programmes and services to support, care and empower victims of violence and crime in particular women and children.	physical, sexual, emotional	Women and children	DSD	Government and NPOs	Immediate response, care and support	Individual
2	DSD Programme 3: Children and Families, Sub-programme 2: Care and Services to Families	Programmes and services to promote functional families and to prevent vulnerability in families. Provision of therapeutic programmes such as family counselling, couple/marriage counselling, family therapy, mediation services such as divorce mediation and family group conferencing; and the implementation of a Provincial and Regional Family Services Forums to support the coordination, monitoring and implementation of the 2013 White Paper on Families.	Physical, emotional, sexual, economic	Women and children	DSD	Government and NPOs	Prevention and early intervention	Relationship

	Programme name	Brief description	Type of violence	Target group	Lead department	Service delivery mechanism	Continuum of care	Socio-ecological model
3	DSD Programme 3: Children and Families, Sub-programme 2: Child Care and Protection	Facilitate the provision of a continuum of services that promote the well-being of children and build the resilience of families and communities to care for and protect their children.	Physical, emotional, sexual	Children	DSD	Government and NPOs	Prevention	Relationship, community
4	DSD Programme 3: Children and Families, Sub-programme 5: Child and Youth Care Centres	Facilitate the provision of 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
5	DSD Programme 3: Children and Families, Sub-programme 6: Community-Based Care Services to Children	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: Community Based Services	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, school health, etc.	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: Lower courts	Lower Courts focusing on the activities and operations of the various regional and district courts (including sexual offences courts)	Sexual	Women and children	DoJCD	Government	Immediate response	Individual
8	NPA Programme 4: National Prosecuting Authority, Sub-Programme 2: Specialised	Specialised prosecution units dealing with priority crimes litigation, sexual offences and community affairs, and specialised commercial crime. Includes the Thuthuzela Care Centres.	Sexual	Women and children	NPA	Government	Immediate response	Individual

	Programme name	Brief description	Type of violence	Target group	Lead department	Service delivery mechanism	Continuum of care	Socio-ecological model
	Prosecutions Service							
9	DBE Programme 5: Educational Enrichment Services	To promote social cohesion programmes and safe school environments for holistic development of learners to enhance their learning experience and maximise their performance. To address intrinsic (physical, mental and health-related) and societal (poverty, violence, alcohol and drug use) barriers within a larger collaborative and multifaceted response towards the multiple barriers to learning faced by vulnerable children.	Physical, emotional, sexual	Children	DBE	Government, communities	Prevention	Individual, community
10	DoW Programme 2: Social, Political and Economic Participation and Empowerment	To provide oversight of the implementation of policies related to women's empowerment and the elimination of all forms of discrimination against women. Includes the development and approval of an NSP on GBV.	Emotional, economic	Women	DoW	Government	Prevention	Social
11	SAPS Programme 3: Detective services, sub-programme 1: Crime Investigation	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 9: Indirect VAWC programmes

	<i>Programme name</i>	<i>Brief description</i>	<i>Type of violence</i>	<i>Target group</i>	<i>Lead department</i>	<i>Service delivery mechanism</i>	<i>Continuum of care</i>	<i>Socio-ecological model</i>
1	DSD Programme 4, sub-programme 5: Children	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: Families	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: Social Workers Scholarships	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: Substance Abuse, Prevention and Rehabilitation	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: ECD and Partial Care	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: Violence, Trauma and EMS	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: School Sport, Culture and Media Services	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 : Communication and Outreach Initiatives	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: Provincial Secretariat for Police Services/Civilian Oversight	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: Family Advocates	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: Rehabilitation	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: Crime Prevention	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)