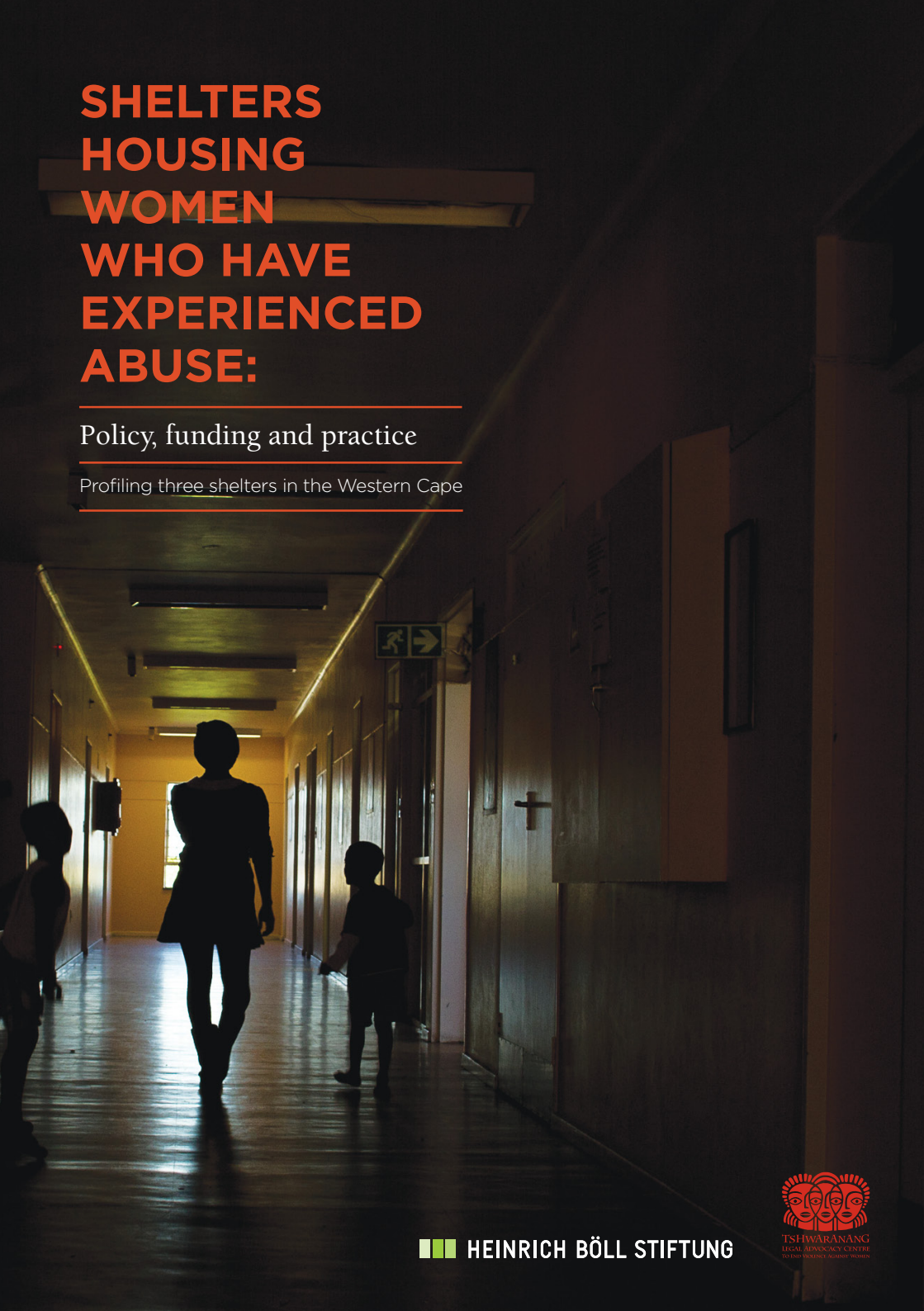


SHELTERS HOUSING WOMEN WHO HAVE EXPERIENCED ABUSE:

Policy, funding and practice

Profiling three shelters in the Western Cape





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Written by Kailash Bhana, Claudia Lopes
and Dianne Massawe

This publication is the second of a series of shadow reports that the Tshwaranang Legal Advocacy Centre and the Heinrich Böll Foundation have produced in their 'Enhancing State Response to Gender Based Violence' project.



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01

EXECUTIVE SUMMARY

South Africa's Domestic Violence Act (DVA) (116 of 1998) places an obligation on members of the South African Police Service (SAPS) to provide specified services to victims of domestic violence. These services include referring and transferring women to shelters. The Act is, however, silent on whose statutory duty it is to provide and fund those shelters.

This report is the second of a series of shadow reports that the Tshwaranang Legal Advocacy Centre (TLAC) and the Heinrich Böll Foundation (HBF) have produced in their 'Enhancing State Response to Gender Based Violence' project. The report sets out existing policy and practice in relation to provision and funding of shelter services, and also profiles three shelters in the Western Cape Province. A similar report on the policy, practice and funding of shelter services in Gauteng Province was produced in late 2012.

Three shelters were selected for this study, namely Saartjie Baartman Centre for Women and Children, St Anne's Homes and Sisters Incorporated. The operational heads of these shelters opted for the shelters to be identified

in the respective case studies and not to remain anonymous. The overwhelming sentiment amongst them was that the study is long overdue and welcomed as an advocacy tool to mobilise greater support and resources from government.

The purpose of the three case studies is two-fold. Firstly, the case studies aim to describe the women seeking assistance from shelters and the services they require. Secondly, they serve to contrast the needs of the women with the services that shelters are able to offer, as well as the resources available to these institutions to provide these services.

Shelter services fall under the broader ambit of the national government's Victim Empowerment Programme (VEP), a key component of South Africa's crime prevention strategy. The Department of Social Development (DSD) is the lead department in the VEP and is responsible, among others, for co-ordination of the services. However, the department has publicly acknowledged some of the constraints hindering effective implementation of the VEP, especially

in respect of shelter provision. Limiting factors include an insufficient budget to implement all the components of the VEP.

Yet, according to the *Minimum Standards on Shelters for Abused Women*, national DSD is required to “facilitate and fast track the provision of shelters for abused women, as well as ensuring the availability and accessibility of counselling services to women and children”. The *Minimum Standards* note further that “shelters represent an absolutely critical point of crisis intervention.” DSD’s responsibilities in respect of shelters include ensuring that the shelter interventions meet basic needs and provide support, counselling and skills development.

National DSD is primarily responsible for policy making, co-ordination and monitoring, while provincial departments are responsible for implementation. Implementation is achieved either by the department providing services itself, or by ensuring that others provide the necessary services. Ensuring that others provide includes ensuring that the services provided reach all who need them, and that the services are of adequate quality. This, in turn, means that the service providers must have adequate resources to deliver quality services.

An estimated 60% of social welfare services for women and children are currently being provided by non-governmental organisations. Some, but not all, of the civil society organisations that provide services receive funding from government to do so. Where funding is provided, it covers only part of the cost.

In 2011 national DSD released a new *Policy on financial awards to service providers*. The policy is based on the assumption that

the Department will not be the sole funder of social welfare services. Instead, non-profit civil society organisations that deliver services are expected to meet the shortfall between the costs of delivery and what DSD provides through securing funds from donor organisations, corporate social responsibility programmes and sources such as the National Lottery Distribution Trust Fund (NLDTF).

The Western Cape Provincial Government Policy on the Funding of Non-Governmental Organisations for the Rendering of Social Welfare Services was approved in April 2011. It is broadly in line with the national *DSD Policy on Financial Awards*. The Western Cape (WC) policy states that it seeks to create a regulatory and administrative framework for the DSD for the reasonable and equitable allocation of funding to NGOs in exchange for the provision of social welfare services which the DSD is unable to provide. The policy notes that WC Provincial DSD has no other revenue base other than the annual funding apportioned by its Provincial Executive. The policy sets forth, amongst other matters, the criteria and minimum requirements and mechanisms for the financing of NGOs rendering social welfare services; creation of an institutionalised consultative mechanism for DSD and NGOs to liaise on an ongoing basis about matters related to funding of social welfare services; and the establishment of measurable monitoring and evaluation mechanisms for social welfare services funded by the DSD.

During the 2009 public hearings on the Domestic Violence Act, civil society organisations called for a review of the DSD’s policy and, in particular, the funding criteria. The organisations noted that the revision should be effected in consultation with non-governmental

“FOR THE 2011/12 FINANCIAL YEAR, THE WESTERN CAPE DSD TRANSFERRED R727 840 MILLION IN TOTAL TO NPO’S TO RENDER SERVICES ON BEHALF OF THE DEPARTMENT. OF THIS R11 951 MILLION WAS TRANSFERRED FOR VICTIM EMPOWERMENT PROGRAMMES.”

organisations and other service providers who provide shelter services or programmes.

In response to the recommendations made by TLAC and the Advice Desk for the Abused, DSD stated that it already had plans to establish more shelters for abused women. The Department committed to the establishment and improvement of two shelters annually, per province, over a period of five years. However, it said that it could do this only if funding was available.

For the 2011/12 financial year, the Western Cape Department of Social Development transferred R727 840 million in total to non-profit organisations to render services on behalf of the Department. Of this R11 951 million was transferred for Victim Empowerment Programmes. This money was intended to fund the design and implementation of integrated programmes and services to support, care and empower victims of violence and crime - in particular women and children. VEP funding includes shelters for victims of crime and violence, counselling and awareness campaigns as well as regional VEP intersectoral co-ordinating forums. In the period covered by the research, the provincial DSD was funding 12 shelters at a total cost of

R4 million. This amounts to just over a third of the VEP allocation, and an average of approximately R333 333 per shelter.

In her speech on the budget vote for 2011/12 then Western Cape MEC for Social Development Patricia de Lille prioritised R7 million of the Victim Empowerment Programme to increase the number of shelters for gender violence from 12 to 14 (Western Cape DSD, 2011b). However, the 2011/12 Annual Report of the DSD notes that this target was not met because “two shelters... did not have suitable properties. The funds were utilised by the programme for other VEP service providers as part of an appeals process” (Western Cape DSD 2012: 34).

The 2012/13 budget books report that an additional R77 million will be added to the equitable share that National Treasury provides to provinces in 2013/14 and 2014/15 and that the intention is that provinces use this money for VEP services. With this significant increase, it is hoped that shelters will also be included in the budget due to the critical services that they offer survivors of violence who are seeking places of shelters.

The full report contains detail about each of the three shelters studied. The following points summarise the common findings across the three:

- 01** Western Cape DSD's funding of shelters is inadequate and has necessitated shelters taking extraordinary measures to ensure operations continue;
- 02** Provision of shelter services to women is preventive;
- 03** Funding constraints limit the ability of shelters to provide comprehensive services to women;
- 04** Children accompanying women to shelters are not receiving adequate services;
- 05** The majority of women had only high school education, were unemployed and had no source of income;
- 06** Women in the shelters had serious health needs;
- 07** Women's legal needs extend beyond acquiring a protection order, maintenance, divorce and custody;
- 08** Shelter skills development programmes assist women in finding employment;
- 09** The general public and police are the major source of referral of women to shelters;
- 10** Allocations for shelters by DSD are only useful if the money is subsequently transferred and spent for this purpose.

Given that legislation requires that the police be able to refer abused women to shelters, this report concludes that the funding that shelters received from DSD was inadequate. Funding constraints severely limit the services that shelters are able to offer to women and their children; and all the shelters had to significantly diversify their

funding base and strategies to remain in operation. The shelters do an admirable job given the harsh funding context. However, despite their commitment and sterling work, shelter's resource limitations simply do not allow shelters to meet all the legitimate needs of the women and their children.

02

INTRODUCTION

2.1 Background

South Africa's Domestic Violence Act (DVA) (116 of 1998) places an obligation on members of the South African Police Service (SAPS) to provide specified services to victims of domestic violence. These services include referring and transferring women to shelters. The Act is, however, silent on whose statutory duty it is to provide and fund those shelters. The result is inadequate provision of shelter services. This, in turn, means that the police often cannot assist women in this respect.

This report sets out existing policy and practice in relation to provision and funding of shelter services. It then provides a profile of three shelters in the Western Cape Province. These case studies give a picture of the women who currently access these services, the needs of these women, and the extent to which the shelters are able to meet these needs with currently available funding. The report concludes with a summary of the findings from the case studies.

2.2 Methodology

The general description of policy and practice provided in the next section of this report is based primarily on documentary research. Documents used for the analysis include legislation, policies and related documents of government as well as summaries of proceedings of parliamentary committees produced by the Parliamentary Monitoring Group (PMG).

The purpose of the case studies is two-fold. Firstly, the case studies aim to describe the women seeking assistance from shelters and the services they require. Secondly, they

serve to contrast the needs of the women with the services that shelters are able to offer, as well as the resources available to these institutions to provide these services.

The Tshwaranang Legal Advocacy Centre (TLAC) invited three shelters in the Western Cape province, namely St Anne's Homes, Saartjie Baartman Centre and Sisters Incorporated to participate in this study. An initial briefing session was held with each shelter director or manager to outline the purpose and research methodology that would be utilised. A consent form

“CRITERIA FOR INCLUSION WERE THAT THE SHELTERS ASSISTED WOMEN EXPERIENCING INTIMATE PARTNER VIOLENCE AND THAT THEY RECEIVED SOME FUNDING FROM THE PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT (DSD).”



was signed by each shelter and counter-signed by TLAC. Participation was thus on a voluntary and self-selected basis. Criteria for inclusion were that the shelters assisted women experiencing intimate partner violence and that they received some funding from the provincial Department of Social Development (DSD).

Fieldworkers (research convenor, student volunteers and the Heinrich Böll Foundation project co-ordinator) were trained in the use of the research tool as well as the theory on intimate partner abuse, and the legislative and policy framework for service provision to victims of intimate partner violence. Fieldworkers, working under the supervision of the research convenor, collected data from each shelter's record of client files for secondary analysis. The research convenor interviewed the shelter director or another senior staff person at each shelter using an interview schedule that enquired about funding, expenditure, staffing, services and other issues relating to the shelter's operation.

Fieldworkers undertook a retrospective census of client records held by each of the participating shelters for the 12-month period 1 January 2011 to 31 December 2011. Prior to reviewing case files, field workers went through the shelter's register to establish the number of women admitted during this period and to exclude those cases where women were admitted for difficulties other than intimate partner violence (such as homelessness as a result of destitution). The shelter-specific tables (in the case studies section of this report) record, under "clients", only those women who were admitted on account of intimate partner violence.

Once the relevant cases had been identified, shelter workers provided the files to field workers. This process revealed that some client files were missing and these women were therefore excluded. A further number of files were excluded when, on reading their contents, it became apparent that they did not involve intimate partner violence.

Field workers read through all the documentation contained in the file and extracted data according to a data schedule. Information on the schedules was post-coded and captured before being analysed and written up. A preliminary analysis of the data was also presented to shelters for discussion and commentary.

Client records are confidential. Shelter workers were willing to provide field workers with direct access to the files once an undertaking to maintain confidentiality had been given. As noted in the introduction, the shelters participating in this study chose to be identified in the research report. This decision was informed by the historical and long-standing financial burden carried by the non-profit organisations providing essential sheltering to abused women and their children - a service that ideally should be provided by government. It is also hoped that the research will assist in lobbying decision makers in government, donor partners and the private sector for greater resource allocation for shelters.

As with all studies, there were several limitations in the methodology. Firstly, not all shelters in the province were covered. Secondly, as noted, some shelters had mislaid client files, thus reducing the number of records available for scrutiny

“SHELTERS PARTICIPATING IN THIS STUDY CHOSE TO BE IDENTIFIED IN THE RESEARCH REPORT. THIS DECISION WAS INFORMED BY THE HISTORICAL AND LONG-STANDING FINANCIAL BURDEN CARRIED BY THE NON-PROFIT ORGANIZATIONS PROVIDING ESSENTIAL SHELTERING TO ABUSED WOMEN AND THEIR CHILDREN – A SERVICE THAT IDEALLY SHOULD BE PROVIDED BY GOVERNMENT.”

for participating shelters. In addition, staff turnover at shelters meant that there was often not a consistent standard or style of record-keeping. In particular, at one shelter

files contained almost no notes regarding the counselling of clients or their psychosocial needs.

2.3 Structure of the report

The next section of the report describes the policy framework for provision and funding of shelter services. It includes discussion of what legislation and policy states should happen as well as what happens in practice.

The section that follows contains the case studies of the three participating shelters.

The descriptions in this section focus on aspects relating most directly to the needs of the women and the ability of the shelter to satisfy these needs.

The final section summarises findings across the three case studies.

03

POLICY FRAMEWORK FOR PROVISION AND FUNDING OF SHELTER SERVICES

3.1 The Victim Empowerment Programme

Shelter services fall under the broader ambit of the national government's Victim Empowerment Programme (VEP), a key component of South Africa's crime prevention strategy. DSD is the lead department in the VEP and is responsible, among others, for co-ordination of the services. However, the Department has publicly acknowledged some of the constraints hindering effective implementation of the VEP, especially in respect of shelter provision (PMG, 30 August 2011). Limiting factors include an insufficient budget to implement all the components of the VEP which, in addition to victims of domestic violence, also encompasses sexual assault, human trafficking, crimes against children, abuse of the elderly and crimes against people with disabilities. In 2009, the VEP was reported to be funded primarily by an 18 million Euro grant received from the European Union (PMG, 28 October 2009; 30 August 2009).

According to the *Minimum Standards on Shelters for Abused Women*, national DSD is required to "facilitate and fast track the provision of shelters for abused women, as well as ensuring the availability and accessibility of counselling services to women and children" (DSD, 2001:1)

The *Minimum Standards* note further that "shelters represent an absolutely critical point of crisis intervention... [and] are therefore a crucial base of information on the extent to which the legal system is effective in protecting the enormous amount of women seeking such protection" (DSD, 2001:1).

The DSD's responsibilities in respect of shelters include the following:

- Through shelters, to provide a short-term intervention for women and children in crises;

- To ensure that the interventions meet basic needs as well as provide support, counselling and skills development;
- To ensure that shelters are linked to accredited organisations and registered with DSD;
- To ensure that shelters maintain an effective level of safety and security for staff and residents;
- To ensure that shelters have responsible managers who are involved in the daily running of the shelter;
- To ensure that all persons involved in providing sheltering attend training which equips them to meet minimum standards in service delivery;
- To implement developmental quality assurance (for monitoring and evaluation purposes) in an effort to ensure service delivery and the transformation of welfare services;

- To ensure adequate screening assessment of clients as soon as they arrive for admission; and
- To ensure that an effective process of referral is in place as well as a procedure manual that specifies how to deal with domestic violence cases.

National DSD is primarily responsible for policy making, co-ordination and monitoring, while provincial departments are responsible for implementation. This division of labour applies in respect of virtually all welfare services, including provision of shelters for survivors of domestic violence. Implementation is achieved either by the department providing services itself, or by ensuring that others provide the necessary services. Ensuring that others provide includes ensuring that the services provided reach all who need them and are of adequate quality. This, in turn, means that the service providers must have adequate resources to deliver quality services.

3.2 The role of civil society organisations

Historically, civil society organisations (CSOs) have provided the majority of welfare services in South Africa. More specifically, an estimated 60% of social welfare services for women and children are currently being provided by non-governmental organisations (NGOs) (PMG, 16 August 2012). Some, but not all, of the civil society organisations that provide services receive funding from government to do so. Where funding is provided, it covers only part of the cost. This is different from instances, such as construction of roads or provision of other services, where government pays service providers the full cost plus profit.

In 2011 national DSD released a new *Policy on financial awards to service providers*. The policy is based on the assumption that the Department will not be the sole funder of social welfare services. Instead, Non-Profit Organisations (NPOs) that deliver services are expected to meet the shortfall between the costs of delivery and what DSD provides through securing funds from donor organisations, corporate social responsibility programmes and sources such as the National Lottery Distribution Trust Fund (NLDTF).

One result of the current DSD approach to funding of NPOs is that government social workers receive salaries that are far higher than NPO-employed social workers because the subsidies provided to NPOs do not cover the full salary. This presents a problem for NPOs in that social workers are then “poached” by government. Government acknowledged this problem in 2011, but has not taken any steps to address it (PMG, 22 August 2011).

During the 2009 public hearings on the Domestic Violence Act, CSOs called for a review of the DSD’s 1995 *Policy on financial awards to service providers*, including reassessment of funding criteria. The organisations noted that the revision should be effected in consultation with non-governmental organisations and other service providers who provided shelter services or programmes (PMG, 28 October 2009).

The hearings also heard about other aspects of the VEP and, in particular, its failure to address the needs of survivors of domestic violence. A submission by MOSAIC highlighted the absence of a framework that directly linked the VEP with the Domestic Violence Act. The Gender Advocacy Programme highlighted the lack of monitoring and evaluation of the VEP, and questioned its ability to respond to victims of domestic violence. The Thohoyandou Victim Empowerment Programme noted its

concern with DSD’s implementation of the VEP, stating that the DSD “was not the correct Department to be held responsible for the VEP and that the mandate of the VEP should be reviewed” (PMG, 28 October 2009).

In response to the recommendations made by TLAC and the Advice Desk for the Abused, DSD stated that it already had plans to establish more shelters for abused women (PMG, 3 November 2009). The department committed to the establishment and improvement of two shelters annually per province over a period of five years. However, it said that it could only do this if funding was available. At the time of writing this report, no new shelters have been established.

In its August 2011 briefing to the Select Committee on Women, Children and Persons with Disabilities, national DSD indicated that it had applied to the National Treasury regarding additional funding for the VEP (PMG, 30 August 2011). The 2012/13 budget books report that an additional R77 million will be added to the equitable share that National Treasury provides to provinces in 2013/14 and 2014/15 and that the intention is that provinces use this money for VEP services. With this significant increase, it is hoped that shelters will also be included in the budget due to the critical services that they offer survivors of violence who are seeking places of shelters.

3.3 Western Cape budget allocations

The Western Cape Provincial Government Policy on the Funding of Non-Governmental Organisations for the Rendering of Social Welfare Services was approved in April 2011 in line with the national DSD Policy on Financial Awards. The policy document

states that it seeks to create a regulatory and administrative framework for the DSD for the reasonable and equitable allocation of funding to NGOs in exchange for the provision of social welfare services which the DSD is unable to provide. It states further

that the WC Provincial DSD has no other revenue base other than the annual funding apportioned by its Provincial Executive.

The Western Cape funding policy sets forth, amongst other matters, the criteria and minimum requirements and mechanisms for the financing of NGOs rendering social welfare services; creation of an institutionalised consultative mechanism for DSD and NGOs to liaise on an ongoing basis about matters related to funding of social welfare services; and the establishment of measurable monitoring and evaluation mechanisms for social welfare services funded by the DSD.

For the 2011/12 financial year, the Western Cape Department of Social Development transferred R727 840 million in total to non-profit organisations to render services on behalf of the department. Of this R11 951 million was transferred to NPOs working in Victim Empowerment Programmes or less than 1% of the overall DSD budget of R1.3 billion. The VEP sub-programme is focussed on designing and implementing integrated programmes and services to support, care for and empower victims of violence and crime in particular women and children. This includes funding shelters for victims of crime and violence, services including counselling and awareness campaigns as well as functional regional VEP intersectoral coordinating forums.

At the time the research was done, the provincial DSD was funding 12 shelters at a total cost of R4 million. This amounts to just over a third of the VEP allocation and an average of approximately R333 333 per shelter.

In her speech on the budget vote for 2011/12 then MEC for Social Development Patricia

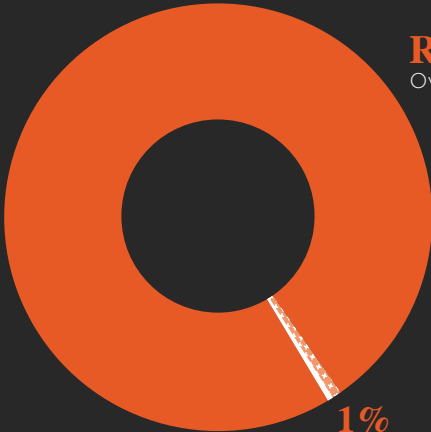
de Lille prioritised R7 million of the Victim Empowerment Programme to increase the number of shelters for gender violence from 12 to 14. The 2011/12 Annual Report of the DSD notes that this target was not met because “two shelters...did not have suitable properties. The funds were utilised by the programme for other VEP service providers as part of an appeals process” (Annual Report 2011/12, Page 34).

The amount allocated to NPOs working on VEP was less than the amount transferred to NPOs for each of the other welfare service areas, as illustrated below:

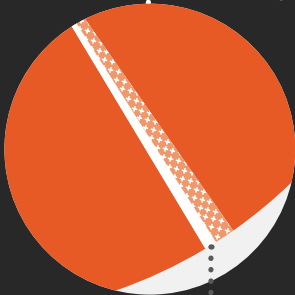
- R11 951m for victim empowerment
- R20 833m for sustainable livelihoods
- R33 400m for care and support to families
- R35 062m for substance abuse, prevention and rehabilitation
- R70 608m for services to persons with disabilities
- R189 371m for care and services to older persons
- R345 942m for child care and protection services

According to the Provincial DSD Annual Report for 2011/12 the DSD set a target of 3 091 victims of crime and violence in funded VEP shelters. The actual numbers of people accessing shelter at a funded VEP shelter was 5 860, nearly double the target. The variance was attributed by the Department to shelters providing accommodation for individual beneficiaries for a maximum of between 3-6

DSD FUNDING & DISTRIBUTION



1%
the portion VEP's get
from the DSD budget



R4 million distributed across 12 shelters amounted
to just over a 1/3rd of the Victim Empowerment
Programme allocation



months so enabling them to accommodate more people. Alternatively, the variance could be attributed to the set target being

too low and not taking into account the real need for shelter services of people affected by domestic, sexual and physical violence.

3.4 Legal challenge to government's approach to funding of non-profit organisations

In mid-2010, a group of three NPOs – the National Association of Welfare Organisations and Non-Governmental Organisations (NAWONGO), NG Social Services Free State and Free State Care in Action – took the national DSD and its Free State provincial counterpart to court concerning irregularities in the implementation of the provincial DSD's funding policy to NPOs. The court application challenged the following aspects of the funding policy and its implementation:

1. Irregular disbursement of funding to NPOs;
2. Lack of information and correspondence with organisations about the timing and amount of subsidies allocated; and
3. The fact that the amount of funding received was not sufficient to provide the quality of services that was expected by government and beneficiaries.

This court application, according to the complainants in the case, was the culmination of collective frustration that had been caused by several years of having to deal with inefficiency and erratic subsidisation of the non-profit sector in the province and the resulting compromising of the quality of service delivery that NPOs could offer vulnerable persons.

The Free State High Court found in favour of the NPOs. The judgement noted that the prevailing situation violated laws such as the Children's Act, the Older Person's Act and the Domestic Violence Act. It instructed the Free State DSD to pay immediately all outstanding amounts to NPOs. It further instructed the Free State Government to revise its policy in respect of funding to NPOs. In conclusion, the judge decided that a structural interdict needed to be imposed. Such an interdict provides for the court to supervise implementation of the court order.

At the time of writing this report, the court case continues, because the court has rejected several attempts of the Free State government to revise its policy.

The Free State case is important as it may affect funding of NPOs in all provinces. Firstly, all provinces currently have very similar approaches to funding of NPOs. Secondly, the new *Policy on financial awards to service providers* states that all provinces will in future follow the same national policy in respect of funding of NPOs. This national policy may therefore need to be in line with the requirements of the Free State judgement.



“ACCORDING TO THE PROVINCIAL DSD ANNUAL REPORT FOR 2011/12 THE DSD SET A TARGET OF 3 091 VICTIMS OF CRIME AND VIOLENCE IN FUNDED VEP SHELTERS. THE ACTUAL NUMBERS OF PEOPLE ACCESSING SHELTER...WAS 5 860, NEARLY DOUBLE THE TARGET.”

3.5 Unfulfilled undertakings

Currently, there is no legislative provision for regulation of South Africa's shelters for victims of domestic violence and the services that they provide. In 2009, DSD stated that it had commissioned a feasibility study in order to facilitate the development of a comprehensive legislative framework to address the regulation of shelters, their accreditation and the registration of service providers within the sector (PMG, 3 November 2009). It said that norms and standards would be drafted by the end of the 2009/10 financial year to guide the operation of NGOs. This has not yet happened.

Most women who access shelters are in need of health, psycho-social services, and legal services. The Domestic Violence Act (DVA) does not impose an obligation on government

to fund access to health and social services in shelters (Parliament of South Africa, 2010). In 2010, the parliamentary Portfolio Committee on Women, Children and People with Disabilities proposed a legislative amendment to the DVA so as to provide for inclusion of specific obligations in the regulations.

In the 2009 public hearings on the DVA, DSD also stated that it would guarantee that the services provided for in the VEP would be made available to victims with disabilities (PMG, 3 November 2009). This would be done, among other means, through an audit of facilities and their programmes (PMG, 3 November 2009). This, too, has not yet happened.

04

CASE STUDIES OF THREE WESTERN CAPE SHELTERS

4.1 Shelter 1: St. Anne's Home

NGO/Government	Non-governmental, faith-based shelter
Established	St Anne's Home was established in 1904 and the shelter service was first offered in 1928
Location	Woodstock, Cape Town
Shelter Capacity	Maximum capacity of 26 women and their children
Admission Criteria	Female survivors of physical, sexual and domestic violence and their children. The shelter admits women who are destitute and women who have undergone treatment for substance abuse. A maximum of two refugee women are admitted to the shelter at any given time. Pregnant women (not necessarily in relation to intimate partner violence) in their third trimester (from 7 months) are also admitted to the shelter.
Exclusions	Mentally ill women who are not on medication/who could be a harm to themselves and others; and women with substance abuse problems who have not undergone treatment
Duration of Stay	3-6 months
Service Charges	Services are initially free for those who arrive at the shelter without an income. Once an income is secured, service fees of R100 (shelter fee) and R130 (crèche fee per child) are payable.
Funding	Donations, legacies, NLDTF and Western Cape Provincial DSD
Clients Jan-Dec 2011	3 women (including all women, not only those admitted due to intimate partner violence)
Clients in Sample	16 women, with an average length of stay of 4 months

Funding

The shelter has multiple sources of funding, with the main sources being Western Cape DSD, NLDTF, donations, contributions and legacies as well as other donor funding.

The funding provided by DSD includes a subsidy of R28.33 per person occupying a bed per day and a portion of one social workers salary. St. Anne's also receives funding under DSD's Early Childhood Development (ECD) Programme - a subsidy of R12 per child per day for a maximum of 20 children who make use of the crèche facilities.

As seen in the following table, St Anne's received a total of R451 642 from DSD for the 2011/12 budget year while operating expenses for the shelter were R934 197. DSD funding thus amounted to only 48% of the operating expenses. The shelter therefore had to cover the gap in funding through alternate sources. Joy Lange, Director at St. Anne's, has actively worked at diversifying the funding base and has been successful in securing companies and individuals to donate their time and resources to the shelter. As a result of this, including the receipt of a NLDTF grant in mid 2011, St. Anne's ended the 2011/12 financial year with a surplus of R745 795.

TABLE 1: INCOME AND EXPENDITURE OF ST. ANNE'S HOME, 2011/12

INCOME	1 679 992
Boarding fees received	6 900
Community chest	46 440
Chatterboxes <i>(Income generated from use of public telephones at the shelter.)</i>	450
Donations, legacies	336 106
Fundraising	5 450
Grant from DSD	451 642
Interest received	19 404
NLDTF	772 500
Rent received	41 000
EXPENDITURE	934 197
Personal costs	616 464
Administration costs	216 110
Program costs	101 624
SURPLUS	745 795

The funding from DSD does not cover the costs of utilities, transport costs, the medical expenses of clients, clothing and toiletries, stationery or furniture.

Staffing

St Anne's had 12 staff members at the time of the research:

- Director
- Children's programme coordinator
- Social worker
- Household supervisor
- Night housemother
- Baby caregiver/teacher
- Toddler teacher
- Cook/assistant teacher
- Receptionist/administrator
- Bookkeeper
- Skills coordinator

Services

St Anne's provides the following services to shelter residents:

- Short-term shelter and care for 17 women plus their children at any time. This includes three meals per day, toiletries and bedding;
- Crèche/children's project provides educate, counselling and therapy to the traumatised children in the shelter as well as children from low-income families in the community;
- Counselling and group work for the women;

- Opportunities for training in a field of their choice, such as machinists, cashiers, typing, waitressing;
- Ongoing life skills training programme that cover areas such as job hunting/preparation, parenting skills, computer literacy, human rights, HIV/AIDS awareness, budgeting, cooking skills, home craft, child care, sexuality, and personal development; and
- Spiritual input and Guidance.

Women residing in the shelter are involved in the running of the homes. This encourages mutual accountability and responsibility between staff and the residents.

Upon admission to the shelter, an individual development plan and care plan are developed for each woman incorporating her short- and long-term goals.

The social worker is responsible for conducting all the psycho-social counselling interventions required by the women and children. This includes individual and group counselling for women. In some cases external service providers like Rape Crisis have been utilised for additional specialised counselling for rape survivors.

Amongst the sample, all 16 women had children amounting to 31 children between them. Nine of the women brought all of their children with them totalling to 15 children who were at the shelter with their mothers. The majority of these children (ten) were in the 1-5 year age cohort. The shelter provided assistance with baby care and crèche facilities. Children also received play therapy, music therapy and group therapy.

Ten women were unemployed when they arrived at the shelter and one was a scholar with no source of income. As noted above, women at this shelter have access to career and employment assistance, skills training and income generation opportunities provided by a skilled practitioner. Fourteen women participated in the skills training programme while two declined the service. At the time of leaving the shelter, seven of the ten women had found employment and one had secured maintenance from her husband.

Eleven women in the sample required legal assistance. The needs ranged from applying for an identity document, court preparation, following up on domestic violence cases in court, obtaining a birth certificate, applying for a child support grant and withdrawal of an adoption. In most cases the staff at the shelter assisted women.

There is no record of the shelter making contact with women after they had left. The shelter does however try to maintain contact with previous residents by inviting them to their annual family day.

User profile

AGE (YEARS)	
20-25	3
26-30	7
31-35	3
36-40	2
46-50	1
N	16

MARITAL STATUS

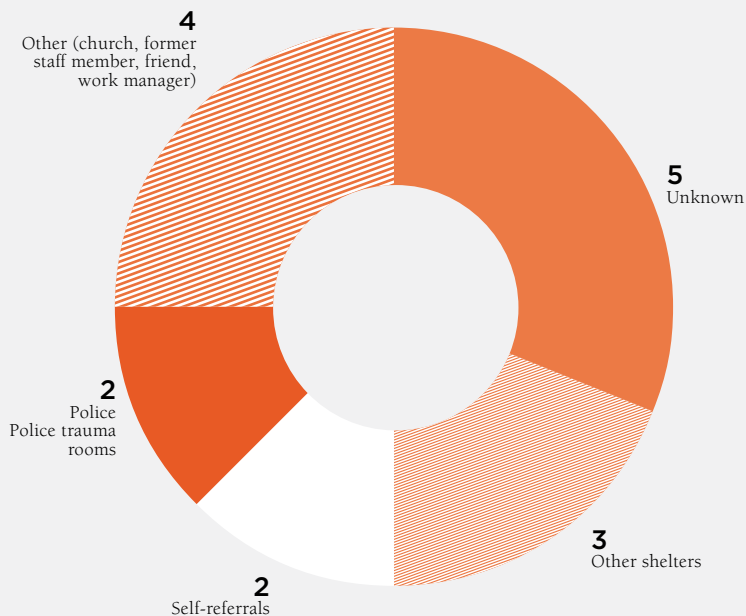
Customary/civil	8
Divorced	1
Co-habiting	2
Separated/previously dating	5
N	16

The average age of the women was 30 years. The majority of women were South African (14). Two were African (in South African “race” rather than geographical terms), 12 coloured and the race of two women was not recorded. Half of the women were married.

For six women this was the first time that they had accessed the shelter, one woman had been at a shelter previously, and in nine cases this information was missing in the client file. Women were referred to the shelter through various sources which included self-referrals (2), referrals from other shelters (3), police or police trauma room referrals (2) and other sources (4) which included a church, former staff member, friend, and a manager at work.

“ST. ANNE’S RECEIVED A TOTAL OF R451 642 FROM DSD... WHILE OPERATING EXPENSES...WERE R934 197. DSD FUNDING THUS AMOUNTED TO ONLY 48% OF THE OPERATING EXPENSES.”

Source of referral



Seven women in the sample had health needs that required ongoing treatment. This included neurological problems, termination of pregnancy, substance abuse, depression, anxiety, suicidal tendencies, diabetes, HIV treatment, hypertension, and physical injuries sustained from the abuse. In four cases women received treatment at the local clinic or hospital.

The highest level of education attained was matric (4 women) followed by less than matric (12 women). Ten women were unemployed when they arrived at the shelter. Five women relied on their jobs for an income while at the shelter, two relied on state grants and one woman received

maintenance from her partner. Five women relied completely on the shelter and one woman on the temporary employment she found at the shelter.

Four women were already receiving child support grants when they arrived at the shelter. Two women were assisted by the shelter to apply for a child support grant. In one case this was unsuccessful because the woman did not have an identity document.

As noted earlier, the majority of the 15 children who accompanied their mothers to the shelter were in the 1-5 year age cohort (ten children). Only four children were recorded as being at school.

Of the seven women whose children were not at the shelter, one had children who were with their biological father; two had children with their families; one had children with her family and neighbour; and two had children living with their biological father's families, although one of these women also had adult children who were living on their own. The abode of one woman's three children was not recorded.

Two children had health-related needs for skin conditions such as eczema.

AGES OF CHILDREN AT THE SHELTER (YEARS)

Under 1	4
1-5	10
6-10	1
N	15

ABODE OF CHILDREN NOT AT THE SHELTER

With father	2
Mothers family	6
Fathers family	2
Children are adults living independently	2
Neighbours	1
Unknown	3
N (Children)	16

Five of the 16 women did not return to their partners subsequent to their stay at the shelter, while two returned to their marital homes. Four women were assisted to find alternate accommodation by the shelter. These women went to live with family, a friend or moved to stay at the place of employment or in second-stage housing. In 11 cases the files did not record where the women went after they left the shelter.

In three cases women requested an extension to stay at the shelter. In two cases this was granted; in one case there was a wait for second stage housing and in another the woman was in the process of finding work.



SUMMARY OF SHELTER 1

MARITAL STATUS



Customary/Civil



Divorced



Co-Habiting



Separated/Previously Dating

MEDICAL CONDITIONS

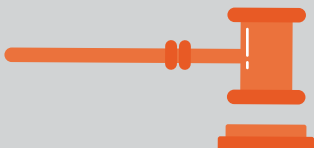


Seven women had health needs that required ongoing treatment. This included conditions such as substance abuse, depression, anxiety, diabetes, HIV treatment, and physical injuries sustained from the abuse.



Only **FOUR** women accessed treatment at the local clinic or hospital

LEGAL NEEDS



$\frac{11}{16}$

Women in the sample required legal assistance.

NUMBER OF RESIDENTS: 16

EDUCATION



The highest level of education attained:

MATRIC (4 Women)

LESS THAN MATRIC (12 Women)

INCOME



10
Unemployed



02
State Grants



01
Maintenance
from Partner



01
Temp employment
through the shelter



05
Relied on job



05
Relied on shelter

SHELTER SERVICES

With the assistance of the shelter:



Women received
skills training



Unemployed women
found employment



Woman had secured
maintenance from
her husband

4.2 Shelter 2: Sisters Incorporated

NGO/Government	Non-governmental shelter
Established	Sisters Incorporated was established in 1959 as a home for pregnant, single women and teenagers considering adoption, as well as a safe place for teenagers with a detention order. In the late 1980s Sisters Incorporated opened its doors to victims of domestic violence and survivors of rape. While the shelter continues to provide housing for pregnant, single women considering adoption it does not accommodate teenage girls who are not accompanied by their mothers.
Location	Kenilworth, Cape Town
Shelter Capacity	Maximum capacity of 28 beds
Admission Criteria	Female survivors of abuse and their children, including boys up to age 10.
Exclusions	Children under one year and boys over 10 years; non-South African citizens; and women who abuse substances or who have severe mental illness (untreated).
Duration of Stay	3-6 months
Service Charges	Sliding scale: contributions between R50 to R460 per month to be made by residents
Funding	DSD, NLDTE, private companies, donors, trusts, churches, income from sale of goods made in the skills training centre
Clients Jan-Dec 2011	24 women and their children
Clients in Sample	12 women, with an average length of stay of 3 months

Funding

Linda Fugard, manager of Sisters Incorporated, has purposefully and successfully diversified the funding base of the shelter over a number of years. This was done with the cogent awareness that over-reliance on one source of funding would jeopardise the sustainability of the shelter and the service it provides.

The shelter engages in ongoing resource mobilisation throughout the year. Methods used include partnerships with overseas donors, hosting events such as theatre evenings, breakfast meetings with high-profile/prominent speakers, undertaking street collections, selling items produced in the shelter's skills training centre, soliciting monthly contributions from companies

“DSD [FUNDING AMOUNTED TO] R285 600 FOR 2011. THE RUNNING COST OF THE SHELTER FOR 2011 WAS OVER R1.2 MILLION. THUS LESS THAN A THIRD OF THE SHELTER’S BUDGET WAS SECURED FROM THE DSD. THE SHELTER RAN AT A LOSS OF R105 747 IN 2011.”

and private giving, reaching out to schools and social clubs, hosting cheese and wine evenings for donors to thank them for their contributions and applying for funding from the NLDTF. The shelter also receives in-kind donations of clothing and other consumables required for the shelter’s functioning from Woolworths and Engen garages

The shelter also encourages staff to contribute financially to the shelter. Fundraising is seen as a team effort and the management of the shelter is engaged actively in this respect. In October 2012 the shelter’s strategic planning embraced a “Save Sisters Campaign”. This entailed critical assessments of those activities that were successful in mobilising funds and scaling them up.

DSD contributed R28.60 per bed per day in 2011 amounting to R285 600 for 2011. The running cost of the shelter for 2011 was over R1.2 million. Thus less than a third of the shelter’s budget was secured from the DSD. The shelter ran at a loss of R105 747 in 2011, despite staff efforts in fundraising.

The shelter noted that the amount per woman is less than the R30 per woman per day paid by Gauteng DSD. Sisters Incorporated actively lobbied the Western Cape DSD based on research conducted by National DSD on a costing model for VEP programmes that

it cost at least R114 per woman per day to run a shelter. Sisters Incorporated met with the provincial Director of the VEP to raise the issue of adequate funding. Although this did not result in an increase in the subsidy quantum at the time, the meeting secured a subsidy towards the salary of the shelter’s social worker in 2012.

The shelter has also experienced challenges in accessing funding from the NLDTF. Despite applying for a grant in 2010, no funds were received in 2011. Subsequently, the shelter received only a fifth of what it had requested from the NLDTF whereas previously the shelter had always received the funds it had requested. Upon querying why this was the case, the reason put forward by the NLDTF was that Sisters Incorporated was not a rural shelter.

The table below shows the income and expenditure for 2011/12. The largest expenditure line is staff costs, followed by catering, electricity and water, repairs and maintenance, telephone and printing costs.

* Reference to the development of a costing model for all VEP programmes was made by the Chief Director of VEP at the 1st International Victim Empowerment Conference held in Polokwane in 2010. At the time of writing this report, the costing model was not yet publicly available.

TABLE 2 INCOME AND EXPENDITURE OF SISTERS INCORPORATED, 2011/12

INCOME	1 192 817
Accommodation	14 960
Cards	8 050
Community Chest	28 080
Donations, bequests	485 999
Fundraising	16 162
Grant from DSD	285 600
Insurance claims received	18 603
Interest received	14 509
NLDTF	277 179
Sale of manuals	23 095
Skills income <i>(Funds generated from the shelter's income generating program)</i>	20 080
Subscriptions	500
EXPENDITURE	1 298 564
Bank Charges	8 297
Catering	70 974
Cleaning	18 327
Computer expenses	7 858
Electricity and water	59 200
Employee costs	933 288
Entertainment	8 650
Hire	2 743
Insurance	9 636
Legal expenses	635
Medical expenses	6 309
Postage	1 052

Printing and stationary	20 169
Refuse removal	1 350
Repairs and maintenance	58 986
Residents expenses	6 147
Security	9 527
Small assets written off	8 678
Special occasions-entertainment	5 787
Subscriptions	1 480
Telephone and fax	36 149
Training	16 210
Travel-local	7 094
DEFICIT	105 747

Staffing

Sisters Incorporated has seven full-time staff members (manager, social worker, personal assistant, housemother, skills trainer, child care worker and a child minder); a part-time bookkeeper and a kitchen supervisor. The shelter is also supported by the services of one student social worker through a 13-week placement.

Shelter services

The shelter's service paradigm is one of "holistic physical and emotional care for women and their children". The shelter provides three meals a day, linen, toiletries, clothing (underwear, shoes, pyjamas and other clothing items, constituting at least three sets of clothes) and towels. Each child receives a toiletry bag, towel and soft toy. The shelter also provides for school uniforms and school items when necessary. The shelter balances the therapeutic interventions with other activities to build women's self

confidence and esteem including relaxation classes, outings etc.

The shelter social worker provides both individual and group counselling. The social worker provides services after hours where necessary, especially when women are working. All the women in the sample received one-on-one counselling and two also received group therapy. Two women received skills in parenting; one woman was assisted with adoption, one with substance abuse issues and another with post-partum care. Where necessary, women are referred to external service providers for specialised assistance. Thus one woman was referred to a psychologist for treatment related to depression and another to South African National Council on Alcoholism and Drug Dependence (SANCA) for substance abuse counselling. The shelter also encourages and supports women in building and maintaining their support networks. Three women in the sample were assisted in this way.

The shelter attends to women's urgent medical needs and, if injured, women are taken to a private doctor. The shelter covers the costs of this. The shelter has negotiated a 50% discount with a local general practitioner, has a dentist that will see women from the shelter and an arrangement with a pharmacy for generic medication (for which the shelter pays). Women are referred to the day hospital for general health matters and Mowbray Maternity Hospital if they are pregnant. The transport cost to the clinics is covered by the shelter. Eleven women in the sample had health needs that necessitated ongoing medical care and treatment. These health care needs ranged from a combination of the following conditions: substance abuse, pregnancy, post-birth care, post-surgical care, chronic disease, HIV, depression, and physical injuries from abuse.

Children are also taken to a private doctor when required, and where intensive therapy is required, children are referred to Childline.

In terms of seeking employment, women may use the shelter's telephone and computers to set up interviews. They are also assisted with transport costs to interviews and, for the initial period, to work. The shelter offers a set skills training programme including computer literacy, jewellery making, beading, knitting, crocheting, fabric painting, sewing and first aid. The skills training centre is on the shelter premises and run by a full-time skills trainer. All but one of the 12 women participated in this training programme.

The shelter arranges individualised training where possible for women when this is requested. Four women in the sample requested assistance with specific skills training. In two cases the shelter referred

women: one to train as a security guard, and another to Red Cross for a first aid course.

A child minder provides aftercare for working women's children from 6 to 8 a.m. and from 4.30 pm to 7.00 pm. These children are fed, bathed and cared for while the mother is away.

In 11 instances women made requests that the shelter assisted with including support to comply with antiretroviral (ARV) treatment, adoption of a child, enrolling children in a school, applying for a learner's licence, seeing children in foster care, and opening a bank account.

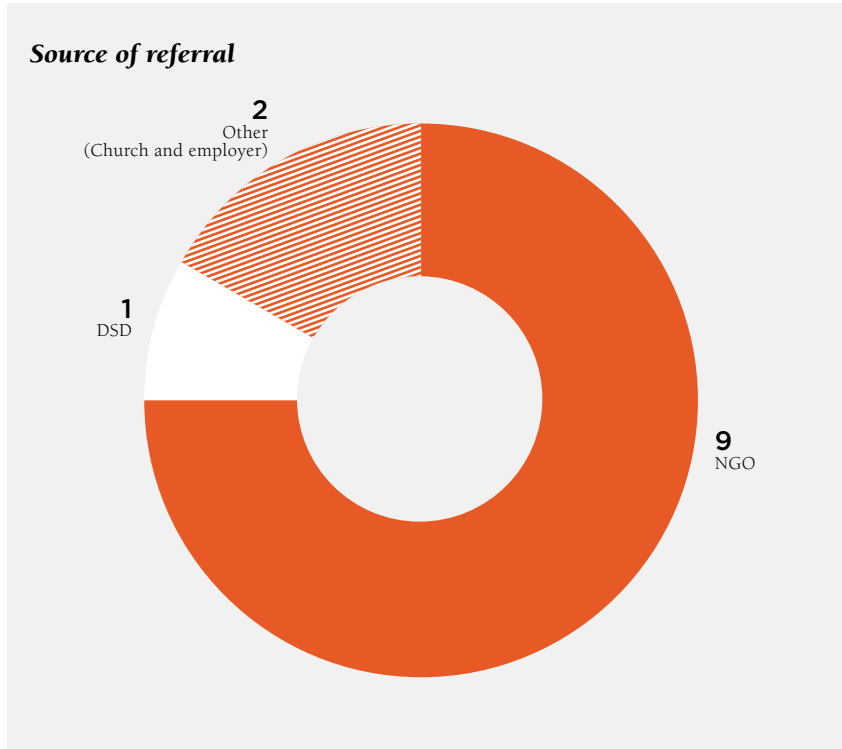
The shelter had contact with only three women after they had left. This was in connection with the women fetching their belongings and on one occasion where a woman was suspected of theft at the shelter.

User profile

AGE (YEARS)	
20-25	3
31- 35	5
36-40	3
41-45	1
N	12
MARITAL STATUS	
Customary/civil	2
Separated/previously dating	4
Divorced	3
Co-habiting	3
N	12

The average age of women in the sample was 34 years, with the youngest 20 years old and the oldest 42 years old. All the women were South African, the majority (10) were coloured. One woman was African and one was Indian.

For 10 women it was their first time in a shelter. Nine women were referred by an NGO service provider, one by DSD, one by a church and one by an employer.



In two cases there was no information on the client's level of education. One woman had a university qualification; one had secretarial skills training; two had completed matric while five had not. One woman had only primary school education.

Only three women were employed at the time of entering the shelter. At the time of leaving the shelter six women had found employment with the assistance of the shelter.

Only two women had a child support grant when entering the shelter. Three women were supported by their families or a foster parent in respect of children's educational requirements. Ten women were completely dependent on the shelter for their and their children's needs.

Six women incurred transport-related expenses and medical costs that they could not afford. The shelter covered these expenses.

All the women in the sample had children. In total, the 12 women had 28 children between them. Half of the women brought all of their children with them totalling to ten children residing at the shelter with their mothers.

AGES OF CHILDREN AT THE SHELTER (YEARS)

Under 1	2
1-5	8
N	10

ABODE OF CHILDREN NOT AT THE SHELTER

With father's family	2
With mother's family	4
Adopted	6
Foster care	2
On their own	1
Friends	1
Unknown	2
N (Children)	18

Three of the women had children who had health concerns including diabetes, asthma and dental problems. One child needed medical treatment following a fall while at the shelter.

The children of the six women whose children were not at the shelter were in a combination of family or foster care, although the abode of one woman's child was not recorded. All six children under the age of one were placed for adoption as soon as the mother had given birth.

Four of the children who accompanied their mothers to the shelter remained at their previous schools. The women's family or a foster family assisted with schooling costs such as transport, books, school fees and uniforms. Eight women arrived at the shelter without a protection order and two had already applied for one when they arrived. Only one woman requested assistance to obtain a protection order and she was assisted by the social worker.

Seven women had other legal needs including application for maintenance, instituting divorce and custody proceedings, applications for identity documents, domestic violence court case follow up, court preparation and opening a bank account. In all cases the shelter social worker was able to help or to refer women to the Legal Aid Board. Where women could afford this, a private attorney assisted them.

Only two of the 12 women returned to the marital home subsequent to their stay at the shelter. One woman returned to her husband, while the other returned to her marital home once her husband had vacated the home and she had been granted a protection order. Of the remaining residents, four went to live with family; two found their own accommodation, one woman went to live with her employer, one moved into another shelter and another moved into second stage housing. One woman's whereabouts were unknown as she vacated the shelter without informing the staff that she would be leaving. The shelter was subsequently informed that she was staying on a farm. Only one woman requested an extension to her stay at the shelter. This was not granted as an extension to her stay had been granted previously.

SUMMARY OF SHELTER 2

DAY-TO-DAY ITEMS PROVIDED



Linen



Towels



Clothing



Toiletries



Soft toy



3 Meals a day

The shelter provides three meals a day, linen, toiletries, clothing (underwear, shoes, pyjamas and other clothing items, constituting at least three sets of clothes) and towels. Each child receives a toiletry bag, towel and soft toy.

MEDICAL CARE

The shelter supports women to access medical treatment by:



Having negotiated a 50% discount with a local GP



Securing the services of a dentist that will see women from the shelter



Covering the costs of generic medication supplied by a local pharmacy



Covering transport costs to clinics and hospitals

INCOME



2 Child support grant



3 Family support



3 employed



10 dependent on shelter

6 women found employment by the time they left the shelter

NUMBER OF RESIDENTS: 12

PROTECTION ORDERS



Arrived at shelter without a protection order



Had already applied for one when they arrived



Requested assistance to obtain a protection order and was assisted by a social worker

CHILD CARE



Shelter provides crèche facilities and after care for children between 6 - 8 am and 4:30 - 7 pm.

LEGAL AND PRACTICAL SUPPORT

Women at the shelter required assistance with:



Support to comply with antiretroviral treatment



Enrolling children in a school, visiting children in foster care, child adoption



Divorce and custody issues, domestic violence case follow-up, court preparation



Opening a bank account



Applying for maintenance



Applying for a learners licence and ID's

4.3 Shelter 3: Saartjie Baartman Centre for Women and Children

NGO/Government	NGO – 24 hour emergency shelter at a one-stop service centre
Established	1999
Location	Athlone, Cape Town
Capacity	Maximum capacity of 22 women and 35 children
Admission criteria	Women who experience domestic and/or sexual violence and their children
Exclusions	Homeless or destitute women (who have not experienced violence), women who are abusing substances
Duration of stay	3-4 months
Service charges	Free of charge
Funding	DSD, private companies, individual donors, international donor partners, sundry donations
Clients Jan- Dec 2011	101 women (71 clients recorded for April to December 2011 and 30 clients estimated for January- March 2011)
Clients in sample	41 women, with an average length of stay of four months

Funding

Saartjie Baartman Centre (SBC) is perhaps the torch bearer for greater resource allocation to organisations providing shelter to women survivors of abuse and their children. The organisation's funding challenges and successes have been well documented and profiled in the media garnering the organisation public support and the attention of politicians.

Synnov Skorge, Director of the SBC, described the funding challenges experienced by the

organisation. The shelter was established as a component of a one-stop centre in 1999 under the Victim Empowerment Programme. Partner organisations providing a range of services necessary to address domestic violence in a holistic manner were located at the Centre with SBC as the lead partner.

The one-stop centre model worked well until 2006 when the first major post-apartheid funding crisis affected NGOs in South Africa. The crisis resulted in the shrinking of services

on offer at the Centre, or a complete reduction of services as organisations left the Centre all together. SBC, recognising the critical need for the services, began filling the service gaps such as trauma counselling and jobs skills provision. Although the intent was noble, this increased the strain on SBC with regards to funding and staffing.

SBC had been fundraising successfully for many years with the institutional budget increasing year on year. However, the organisation began noticing a trend of diminishing resources for shelter provision over time as the funding criteria of the corporate, government and donor sectors shifted to advocacy, research and prevention work. Shelter provision fell outside of this as it was not seen as a preventive service. The only funding source that increased was the NLDTF grant in the 2010/11 financial year, but this was of concern as the NLDTF was known to be a very unpredictable funder. All international donors who were approached with funding applications responded that government should be funding the work of the SBC.

SBC actively lobbied political decision makers to increase the resource allocation to the Centre and increase the subsidy quantum that was provided to shelters. This included making representations to the Ministry on Women, Children and People with Disabilities, and provincial Premier Helen Zille. The Centre had previously hosted site visits for Lynne Brown (previous Premier) as well as Albert Fritz (current MEC for Social Development). Those approached agreed that the shelter required more funding but this did not translate into more money for the SBC.

In late 2010, two factors led to SBC having to restructure the organisation. First the organisational growth resulting from filling the services gap over time had strained the organisation financially. Second, staffing and ensuring sustainability become a major concern especially in light of the negative global economic downturn and the resultant further shrinking of NGO funding. The process of restructuring with the possibility of retrenchments began in November 2010. In January 2011 retrenchments took place, some staff positions were made redundant and new positions were created in line with the new organisational structure (see Staffing). The shelter service was also restructured into a residential programme with all direct services housed under an Empowerment Programme. This was a period of major change for the organisation coupled with financial uncertainty. Some aspects of service provision were understandably compromised as a result, including consistent and standardised reporting procedures for shelter intake and client counselling sessions.

In January 2012, SBC had three months of funding remaining. The organisation undertook a major media campaign in May 2012 to highlight its dire financial state, imminent closure and the services gap it would create if it were to close. The campaign was run by a media company and encompassed R2 million in free media coverage that included print and electronic media.

The community response was encouraging with, for example, a school hosting a fundraiser and a number of individuals donating funds to SBC. This response was evidence of the value attached to the organisation's service, but this support alone cannot sustain SBC.

In response to the media campaign, Provincial DSD **committed a further R250 000 to its annual R862 000 grant to SBC. This additional amount was a once-off contribution to assist the organisation during its financial crisis.** In a media statement, the MEC for Social Development lambasted the NLDTF for dragging their feet in funding NGOs in dire financial circumstances. The overall message was,

however, once again, that “NGOs are independent organisations responsible for their own fundraising”.

For 2011/12, SBC had a total income of R3 521 301 and expenditure of R3 669 390 ending the year with a deficit of R148 089.

INCOME AND EXPENDITURE OF SAARTJIE BAARTMAN CENTRE, 2011/12

INCOME **3 521 301**

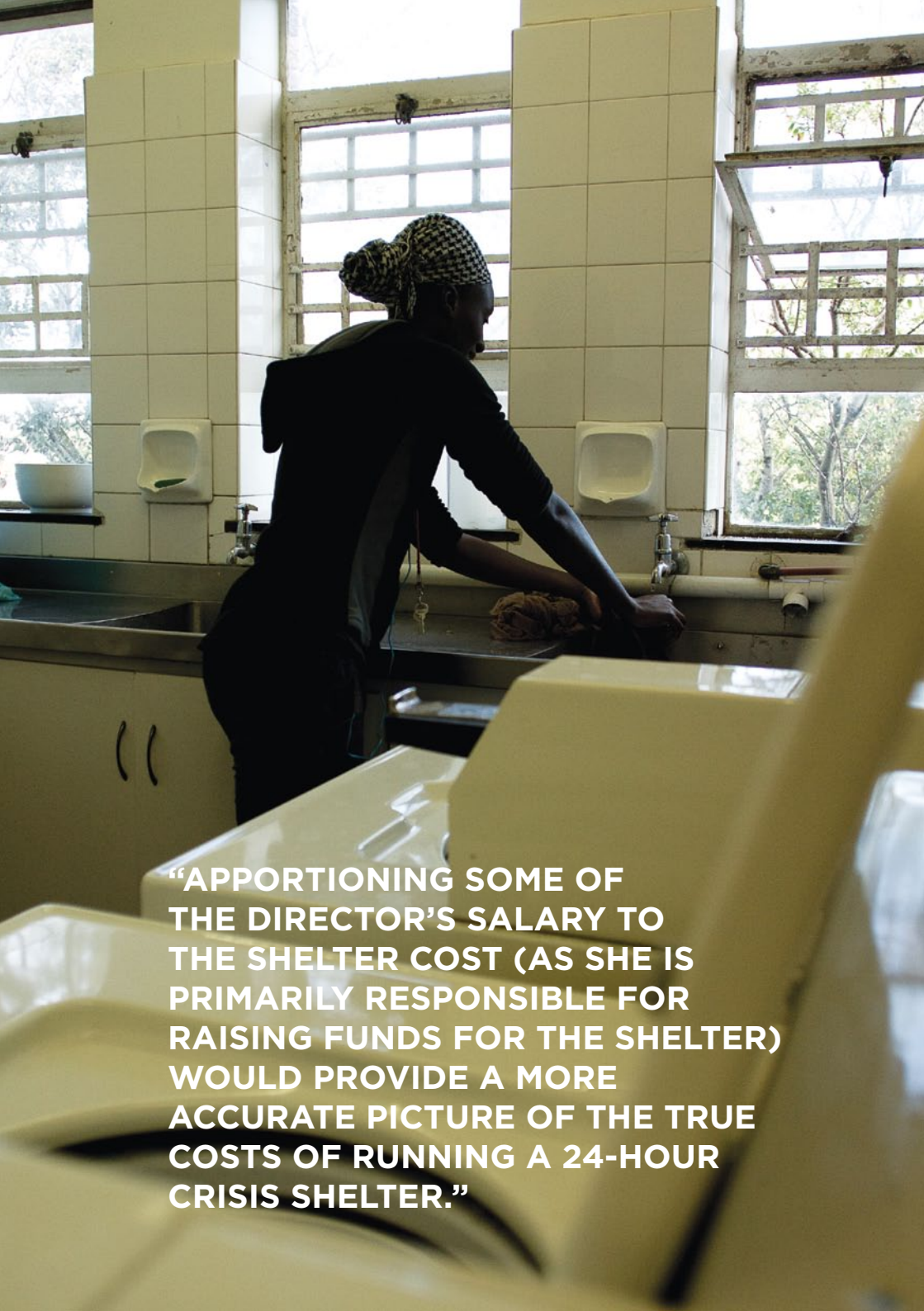
Boarding income – 2 nd stage housing	30 550
Grant from DSD	862 000
Income generated (catering, hall hire, DVD sales)	256 381
NLDTF	0
Other grants	408 324
Overhead recoveries – partners	397 849
Partners/Security	45 297
Shelter Income	18 150
Workshops	2 750

EXPENDITURE **3 669 390**

Advertising & Recruitment	647
AGM and annual report	46 252
Auditors remuneration	4 200
Bank Charges	10 516
Computer Expenses	3 035
Courier & Postage	1 193
Depreciation	49 360
Electricity, water & refuse	355 358
Insurance	33 242
Internet	23 135

Legal – Client relief	998
Licence	219
Lotto expenses	352 600
Motor vehicle expenses - petrol	9 238
Printing & Stationery	39 490
Property rentals	1 053
Repairs and maintenance - computers	57 612
Repairs and maintenance – 2 nd stage	3 741
Repairs and maintenance - buildings	27 979
Repairs and maintenance - vehicles	1 430
Salaries and wages	1 393 884
Shelter Running Costs	1 113 843
Staff Development	16 463
Strategic Planning	5 150
Subscriptions	500
Telephone and Fax	80 377
Workshop	1 210
16 Days of Activism	36 665
DEFICIT	R148 089

“[IN 2011] SBC HAD A TOTAL INCOME OF R3 521 301 AND EXPENDITURE OF R3 669 390 ENDING THE YEAR WITH A DEFICIT OF R148 089... [BY] JANUARY 2012, SBC HAD THREE MONTHS OF FUNDING REMAINING.”



“APPORTIONING SOME OF THE DIRECTOR’S SALARY TO THE SHELTER COST (AS SHE IS PRIMARILY RESPONSIBLE FOR RAISING FUNDS FOR THE SHELTER) WOULD PROVIDE A MORE ACCURATE PICTURE OF THE TRUE COSTS OF RUNNING A 24-HOUR CRISIS SHELTER.”

BREAKDOWN OF SBC SHELTER RUNNING COSTS, 2011/2012

SHELTER RUNNING COSTS

Advertising and recruitment	5 991
Child care meals	12 226
Cleaning materials	38 287
Crèche- educator equipment	0
Drug testing	3 249
Electricity	30 000
Graduation – job skills training	17 599
Groceries	91 316
Outings and special days	100
Pest control	59 734
Printing and stationery	1 659
Repairs and maintenance	1 345
Salaries	476 135
Security	303 437
Special events	150
Stipend – volunteers	38 553
Telephone	20 000
Transport residents	70
Wages residents	13 992
Workshops residents stipends	0

The shelter running costs for the year amounted to R1 113 843. Its largest expense was for staff salaries (residential manager, residential assistant, social worker, and maintenance worker) followed by security services. Given the shelter's size, and that it operates on a 24-hour basis, staff salaries were significant. The staffing cost does not

include the salary of the Director as this is covered by the budget of the SBC rather than that of the shelter. However, apportioning some of the Director's salary to the shelter cost (as she is primarily responsible for raising funds for the shelter) would provide a more accurate picture of the true costs of running a 24-hour crisis shelter.

Staffing of SBC

After the restructuring the staff structure is as follows:

- Director
- Centre manager
- Empowerment manager
- Residential manager
- Residential assistant
- Chef/catering trainer
- Legal advisor
- Paralegal assistant (vacant from August 2011)
- Social worker
- Psychological counsellor
- Financial administrator/catering manager
- Office administrator
- Maintenance worker
- Researcher
- Receptionist

The Centre currently has 12 staff members, all of who are in full-time paid employment. After hours, the SBC has 2-3 volunteers to ensure that 24-hour service is provided. The SBC has also in recent times increased the number of volunteer counsellors and student interns to ensure sufficient capacity to run the shelter service.

Services

There were major gaps in the files at SBC and most categories in the research tool could not be completed.

Much of the shelter services were provided by local and international volunteers during the year studied given the transition to the new staffing and institutional structure. Providing crisis sheltering requires staff to manage multiple needs with which women and their children present. This includes ensuring women's physical safety; attending to injuries and other health needs, ensuring children continue schooling, providing legal advice and support, counselling, skills development and complete physical care (food, clothing, toiletries).

The shelter provides a range of services including psycho-social intervention for women and their children. At least 30 of the 41 women in the sample received one-on-one counselling (and some group counselling) from the social worker or an auxiliary social worker.

A crèche facility, parenting support, legal assistance to obtain protection orders and court preparation and skills training to enhance women's capacity to secure an income is also offered. The shelter has developed a child play therapy room and an emergency intake room.

The shelter is well-located in relation to the Thuthuzela Care Centre at Jooste Hospital, from where women are referred to SBC, and where women are able to access health care. The Unani TIBB Medical Centre on the premises of SBC provides free care for clients' minor somatic health issues. Children's health needs are referred to the Red Cross Children's Hospital which is also relatively near the shelter and easily accessible by public transport. The shelter covers the transport costs. In instances where it is unsafe for women to use public transport, when ambulances do not arrive

in time at the shelter or legal issues have to be addressed, women are transported in the shelter's vehicle.

Residents were assisted in developing their resumes, received training in computer skills and were assisted in applying for jobs. The centre provided women with some income-generating tasks such as office cleaning, car washing and kitchen assistance. Previously the shelter provided skills training in life skills, home-based care, HIV/AIDS and first aid but was unable to do so at the time due to its funding and capacity challenges.

Thirteen women required legal assistance beyond applying for a protection order. This included assistance with divorce proceedings (3), maintenance (5), custody matters (2), applying for an identity document (3) and court preparation. In most cases women managed on their own. In a minority of cases a private attorney (2), the Legal Aid Board (1) or NGO legal service provider (1) assisted.

Only eight women had a protection order upon arrival at the shelter. Eight requested assistance with obtaining an order, and in these instances assistance was provided by the shelter social worker (4), the Centre legal advisor (1) or the woman managed on her own (1).

In two cases women made requests that the shelter could not grant, but the nature of these requests were not recorded.

The shelter only had one recorded case of making contact with a client after she left the shelter, the details of which were not recorded.

User profile

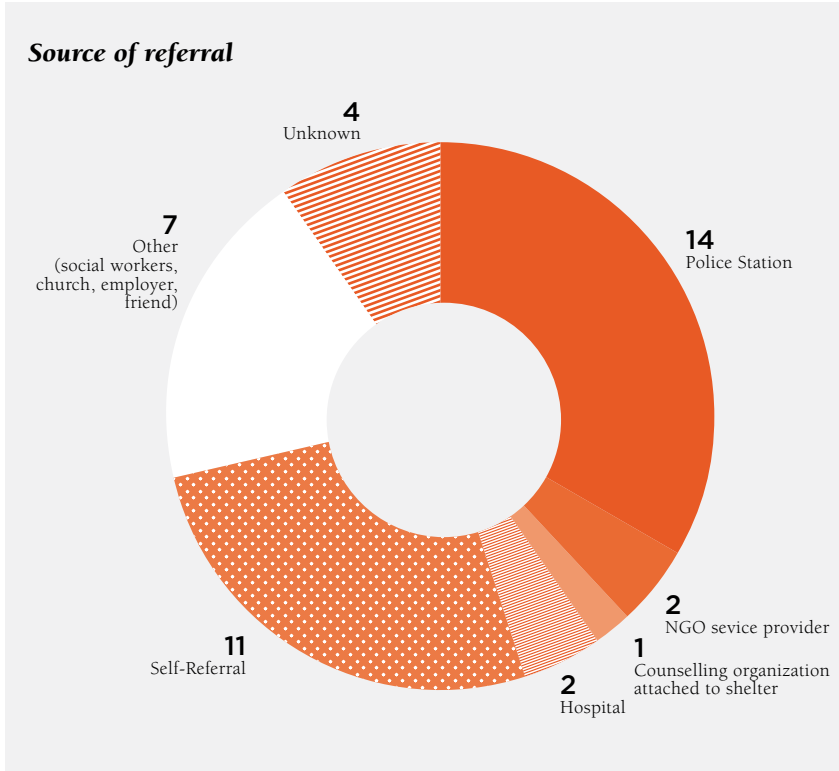
AGE (YEARS)	
18-20	1
21-25	7
26-30	12
31- 35	8
36-40	3
41-45	4
46-50	3
Unknown	3
N	41

MARITAL STATUS	
Co-habiting	5
Customary/civil	22
Dating	6
Separated	3
Divorced	3
Unknown	2
N	41

The average age of the women in the sample was 29 years old, with the youngest 19 years old and the oldest 50 years old. More than half (22) of the women were married. Ten women were South African and four were refugees. The nationality of the remaining sample was not recorded.

For 31 women it was their first time in the shelter. Fourteen women were referred by the police and 11 were self-referred. Seven

women were referred to the shelter by other sources including social workers (4), church (1), employer (1) and friend (1).



Twenty-four women had documented health needs while at the shelter, of which at least 23 had medical conditions requiring ongoing medical care.

Six women in the sample were HIV-positive, three women were pregnant and one had a miscarriage as a result of the abuse. Ten women had depression/anxiety or were suicidal, five women had a substance abuse problem, four women had physical injuries from the abuse, three women were hypertensive, one woman had a heart

attack, and one woman was diabetic while another was epileptic and had arthritis in the spine. Only five women were recorded to have obtained assistance from the local primary health care clinic or hospital and one woman saw a doctor. Three women received treatment from a psychologist and two from a psychiatrist. In the remainder of the cases, the client records do not record where women got medical assistance for their health needs.

In 33 cases, there was no information on the client's level of education. One woman had a diploma, while five had not obtained matric. One woman had a matric qualification and one woman had only primary school education. More than half (21) of the women were unemployed at the time they entered the shelter. Only nine women had full-time employment, one was self-employed and two women had part-time employment. In seven cases women who had not had an income when they arrived at the shelter had found employment by the time they left the shelter, one had accessed a state grant and another financial support from a colleague.

The majority (29) of the women had no source of income while at the shelter. The nine who were employed received income from their jobs. Two received maintenance from their partners, and one from a disability grant.

Five women were assisted with an application for a child support grant while at the shelter.

Four women incurred costs that they were not able to afford while at the shelter. These costs included transport (2) and childcare (2) and these costs were covered by the shelter.

Thirty-nine women in the sample had a total of 95 children between them. Of these 39 women, 18 had brought all their children with them to the shelter, while seven had only brought some of their children with them. Of the remaining 14 women, 12 were recorded as not having brought any of their children with them. In total the number of children residing at the shelter was 46. The majority of children residing at the shelter (22) were under five years of age. This is consistent with the age profile of the women at the shelter. Forty-nine children were not with their mothers at the shelter.

Of the 21 women, the following details their children's abode at the time: seven women's children were with their biological fathers, although one of these women also had another child living with a step father; three women's children were with their families; one woman's child was with the biological father's family; one woman's child was an adult living on their own; one woman's children were in foster care; one woman had children in the care of the biological father as well as her family; one woman had children living with their biological father as well as adult children who were living on their own; one woman had children in foster care, in a children's home as well as an adult child who was living on their own; one woman had children with their biological father as well as in foster care. The whereabouts of four women's children was not recorded.

AGES OF CHILDREN AT THE SHELTER (YEARS)

Under 1	3
1-5	19
6-10	5
11- 15	3
16-20	2
Unknown	14
N	46

“SEVEN WOMEN REQUESTED AN EXTENSION TO THEIR STAY AT THE SHELTER. IN FIVE CASES EXTENSIONS OF BETWEEN TWO AND 20 WEEKS WERE GRANTED.”

ABODE OF CHILDREN NOT AT THE SHELTER	
With father	13
In a place of safety	5
Father's family	5
Mother's family	6
On their own	5
Foster care	2
Other	1
Unknown	12
N (children)	49

At least four children had recorded health needs while at the shelter. These included hayfever, eczema, spinal bifida and stomach problems. In at least three cases women needed assistance with changing their children's school when moving to the shelter, which the shelter staff provided.

Of the 41 women, seven did not return to their partners after their stay at the shelter. Three women returned to their husbands. In thirty one cases there was no information on where the women went after their stay at the shelter. The shelter provided assistance to find alternate accommodation to seven women who did not return to their partners. One woman moved in with family and two found their own accommodation. One woman was referred to another shelter and another moved in with a friend.

Seven women requested an extension to their stay at the shelter. In five cases extensions of between two and 20 weeks were granted for the following reasons: one woman was attending a course to find employment, one woman was still in the process of securing employment, and another had been in the shelter previously. The reasons for extending the shelter stay in the remaining cases were not recorded.



SUMMARY OF SHELTER 3

PSYCHOLOGICAL AND LEGAL SUPPORT

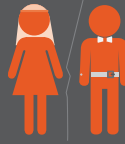
Women required assistance with the following:



8 applying for a protection order



5 applying for maintenance



3 divorce proceedings



2 custody matters



3 applying for an ID



30 women received one-on-one counseling



Court preparation was also requested

REFERRED



11

Self-Referral



14

Police



12

Other including hospitals, ngo's, social workers, church, employer and friend.

MEDICAL CONDITIONS



HIV Positive



Pregnant and one had a miscarriage as the result of the abuse



Depression/anxiety or were suicidal



Substance abuse



Physical injuries from the abuse



Hypertensive



Had a heart attack



Diabetic



Was epileptic and had arthritis in her spine

EMPLOYMENT AND INCOME



21

Unemployed



01

Self-employed



09

Full-time employment



02

Maintenance from Partner



01

Disability grant



29

No source of income

05

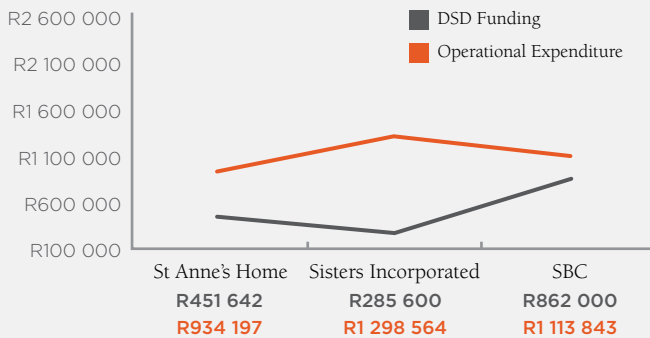
SUMMARY OF FINDINGS FROM CASE STUDIES

5.1 Western Cape DSD's funding of shelters is inadequate and has necessitated shelters taking extraordinary measures to ensure that operations continue

Across the three case studies, the largest funding contribution made by Western Cape DSD was to Saartjie Baartman Centre, a 24-hour crisis shelter. The remaining two shelters received R285 600 (Sister's Incorporated) and R451 642 (St Anne's) respectively. Two of the shelters received a subsidy on a per-bed basis, namely St. Anne's at R28.33 per day and Sisters Incorporated at R28.60 per day. Two of the three shelters received a subsidy from DSD towards the salaries of social workers. In all three cases the full costs of operating the shelter service far exceeded the contribution of Western Cape DSD leaving the burden on the shelters of raising the shortfall through fundraising in what is an extremely difficult

economic period in South Africa. This has resulted in shelters developing special programmes to mobilise much needed resources-beyond their usual fundraising endeavours. These include the Save Sisters Campaign and Saartjie Baartman's Media Campaign. In the case of SBC, the historical trend of inadequate financial support from the DSD together with a falling off of partner NGO services eventually resulted in a process of institutional restructuring and retrenchment. In the case of Sisters, the shelter cannot afford a full-time child counsellor even though the service is required. Staff salaries were the largest single cost item across all shelters.

Western Cape DSD's funding for shelters



5.2 Provision of shelter services to women is preventive

The majority of women (68%) covered in the study accessed the shelter services for the first time. Close on a third (32%) of women in the sample did not return to their abusive partners after leaving the shelter. All the shelters provided the women with the opportunity to receive support and

implement positive and potentially life-changing decisions. Given that the children of many women accompanied them to the shelters and that women remain the primary caregivers in most cases, there would also have been positive impact for children exposed to abuse in the home.

5.3 Funding constraints limit the ability of shelters to provide comprehensive services to women

Women arrive at the shelter with a range of health concerns and practical and material needs. Most women at the shelters had no income while staying at the shelter and many brought very young children with them. Despite the limitations in funding, shelters need to cater for the practical needs of women and their children. This includes food, school-related costs, transport, healthcare and toiletries. DSD's grant funding does not cover all these costs.

Shelters currently cannot meet all the needs of their residents, despite their best efforts. Providing services to children of women living at the shelter is a challenge for at least two shelters, namely SBC and Sisters Incorporated, given the funding constraints. Sisters Incorporated cannot afford a full-time child counsellor and uses the services of a child psychologist on a needs basis at the shelter's own expense. The shelter also refers children to Childline when required. All three shelters in the study have a crèche service available to women with children.

“DESPITE THE LIMITATIONS IN FUNDING, SHELTERS NEED TO CATER FOR THE PRACTICAL NEEDS OF WOMEN AND THEIR CHILDREN. THIS INCLUDES FOOD, SCHOOL-RELATED COSTS, TRANSPORT, HEALTHCARE AND TOILETRIES. DSD’S GRANT FUNDING DOES NOT COVER ALL THESE COSTS. SHELTERS CURRENTLY CANNOT MEET ALL THE NEEDS OF THEIR RESIDENTS, DESPITE THEIR BEST EFFORTS.”

SBC was unable to provide a comprehensive and even service over the duration of the study period because of the major institutional funding crisis and the restructuring undertaken.

Shelters cannot afford the number and variety of staff required to provide comprehensive services to women, and in

many cases the social workers at the shelters have a substantial case load. In addition, shelters were unable to pay market-related salaries. This creates problems in terms of staff retention. In addition, government remuneration for social workers is much higher than what NGOs can afford exacerbating difficulties in retaining experienced staff.

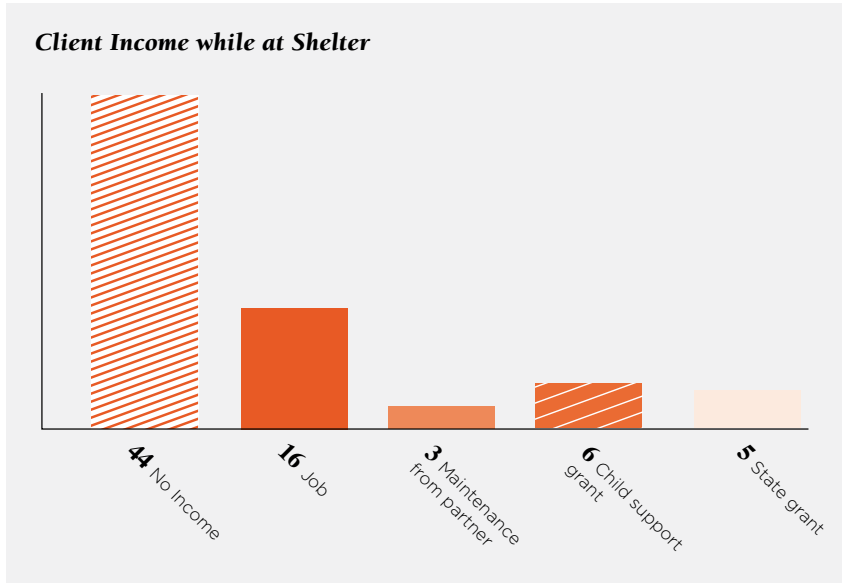
5.4 Children accompanying women to shelters are not receiving adequate services

Children whose mothers experience intimate partner abuse often witness violence in the home and may have a range of psychological and behavioural difficulties that require a range of professional interventions (Groves et al, 2004). Only St Anne’s Shelter provided children with psycho-social services such as play therapy and counselling to children.

Nine children in the sample had health care needs, but only one was recorded as having been attended to by a medical doctor.

Only six (or 8%) of women in the sample arrived at the shelter with an existing child support grant.

5.5 The majority of women had only high school education, were unemployed and had no source of income



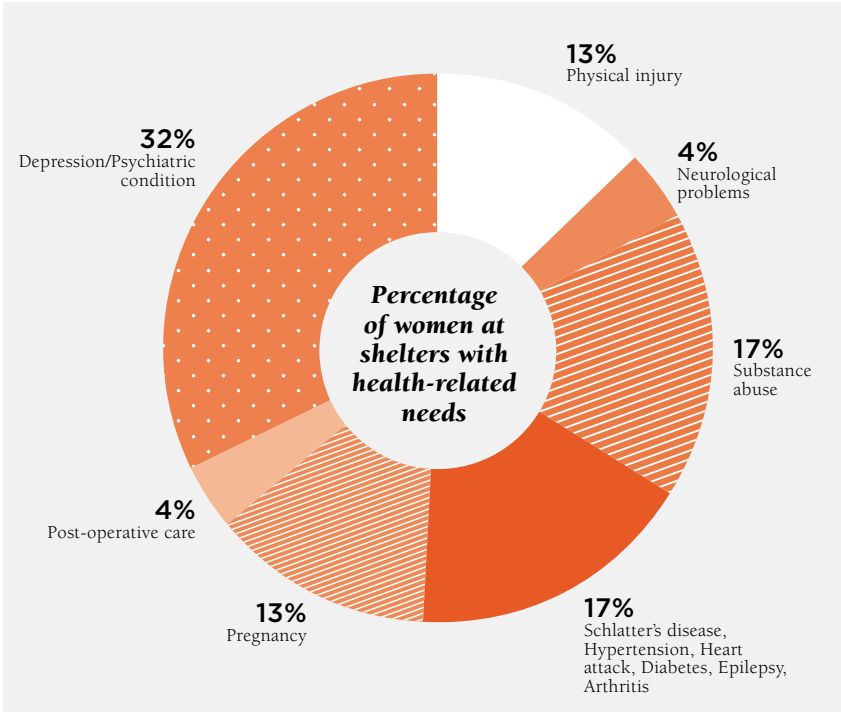
Most women's highest educational qualification was less than matric, and only 22 women (32%) had attained this. Only five women had a matric pass and one woman a post-matric diploma. Forty women in the sample (58%) were unemployed during

their shelter stay. Nearly two thirds (63% or 44) did not have any source of income while at the shelter. Inevitably the daily costs of providing basic necessities like toiletries, food, transport, and school fees for women and their children were passed on to shelters.

5.6 Women in the shelters had serious health needs

Most women had more than one health condition. The women's most frequent health concerns were depression or other psychiatric conditions (15), substance abuse (8) and HIV (8). Many of the health concerns were of a serious nature requiring

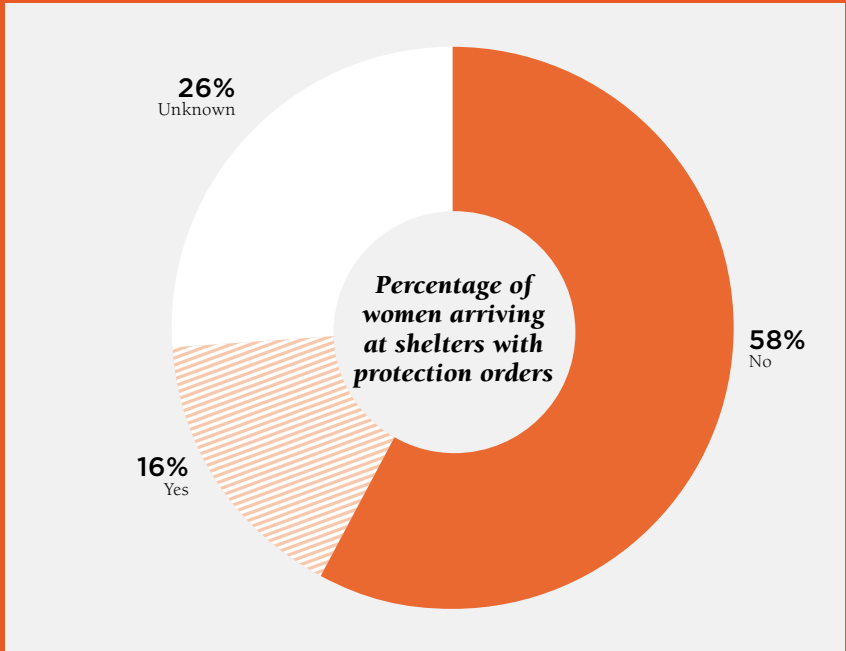
on-going health care but only 15 women were recorded to have received treatment at a local health facility, private doctor, psychologist or psychiatrist.



5.7 Women's legal needs extend beyond acquiring a protection order, maintenance, divorce and custody

Only 11 women arrived at the shelter with a protection order and very few requested support to obtain one. Women's legal needs included applying for identity documents; follow up on domestic violence cases, maintenance applications, divorce proceedings, court preparation, adoption

matters, applying for state grants, applying for birth certificates, opening bank accounts etc. In most cases the shelters were able to assist the women, or refer them to the Legal Aid Board. Very few women could afford private legal assistance.



5.8 Shelter skills development programmes make an impact in assisting women find employment

The shelters offered a range of skills development programmes ranging from beading and jewellery to catering. The shelters also assisted women with developing CVs and providing them with access to newspapers, the internet and phone facilities to find work. In some cases shelters also actively assisted with job placements. In a few cases shelters provided individualised training or referred women for specific requested training. Of the 40 women who were unemployed at the beginning of their shelter stay, 20 women

(50%) had found employment by the time they had left the shelter. This information is presented disaggregated by shelter in the next table. This is a remarkable achievement given the strained resources that shelters have at their disposal and women's poor educational qualifications. Additionally, the high level of unemployment in South Africa makes it more difficult for shelters to place women in jobs.

Employment Status	St Anne's	Sisters Incorporated	Saartjie Baartman
Shelter entry: Unemployed	10	9	21
Shelter exit: Employed	7	6	7

5.9 The general public and police are the major source of referral of women to shelters

More than a quarter (26% or 18) of the women were referred by the general public (churches, colleagues, employers, friend and social workers). Police accounted for 22% (15) of referrals to shelters. This suggests that the services of the shelters are well known and respected in communities.

In order to establish whether the police stations in the Western Cape Province had a referral system to a shelter or whether they knew of shelters to which they could refer or transport women, a researcher cold-called police stations pretending to be a survivor of intimate partner violence who needed assistance in finding a place of safety/shelter. Information was requested regarding the names of shelters where the police station referred victims of domestic violence. Initially the researcher asked to speak to an individual on the police staff who dealt with domestic violence. If there was no one specifically designated to address domestic violence or the person was not available, information was requested from the person who answered the phone. In 24% of cases (35 police stations), the designated domestic violence officer or the trauma counsellor was not available to assist or was on leave.

Of the 147 police stations that were contacted in the Western Cape, 29% (43 stations) were able to provide the name and/or contact

number of a shelter to the cold-caller while 7% (11 stations) provided the caller with a location of a shelter but were unable to provide a name or contact number. Forty-one percent (61 stations) indicated that they did not know where to refer victims of domestic violence. Of the police stations that were unable to refer the caller to a shelter, 31 stations asked the caller to leave her contact details or to call the station at a later stage or provided the contact details of a designated police officer, trauma counsellor or department (including a human resources department) within the police station. Fourteen stations referred the caller to another facility (police station, court, hospital, organisation, social worker and on one occasion a refugee centre) while 12 police stations offered to take the caller to a family member or friend, or offered the use of their trauma room or someone's home in the vicinity that could provide emergency accommodation as there were no shelters in the area. One police station suggested that the caller contact social workers in their area as they were better placed to assist in these matters than the police were. Two police stations indicated that they did not know of any shelters but were also unable to provide any further advice.

Twelve percent (17 stations) refused to refer the caller to a shelter service. Of these, three

“ONE OF THE POLICE STATIONS THAT REFUSED TO DISCLOSE THE NAMES AND LOCATIONS OF THE SHELTERS INDICATED THAT THEY WOULD ONLY TAKE A VICTIM TO A SHELTER ONCE THEY HAD VISITED HER HOME AND ESTABLISHED WHETHER SHE WAS IN DANGER.”

stations said they were unable to disclose the names or locations of the shelters, while the remainder indicated that the victim would have to present herself at the station if she needed assistance. One of the police stations that refused to disclose the names and locations of the shelters indicated that they would only take a victim to a shelter once they had visited her home and established whether she was in danger. Reasons provided for requiring that the victim present herself included that this was standard procedural

practice; that the shelter required a referral letter or that the caller would need to lay a charge and/or apply for a protection order before she could be referred to a shelter. The DVA does not require a woman to present herself in person to be assisted with the contact details of a shelter.

In fifteen police stations, telephones were not answered, had faulty lines or the call was disconnected.

5.10 Allocations for shelters by DSD are only useful if the money is subsequently transferred and spent for this purpose

In November 2009, National DSD committed to establishing and improving two shelters per province over five years depending on budget availability. In the MEC's 2011/12 Budget Vote, R7 million was set aside for increasing/improving shelters in the Western Cape. This was not done because the shelters did not have suitable properties.

Given that legislation requires that the police be able to refer abused women to shelters, this report concludes that the funding that

shelters received from DSD was inadequate. Funding constraints severely limit the services that shelters are able to offer to women and their children; and all the shelters had to significantly diversify their funding base and strategies to remain in operation. The shelters do an admirable job given the harsh funding context. However, despite their commitment and sterling work, shelter's resource limitations simply do not allow shelters to meet all the legitimate needs of the women and their children.

06

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SHELTERS HOUSING WOMEN WHO HAVE EXPERIENCED ABUSE

Policy, funding and practice

Profiling three shelters in the Western Cape

Violence against women is a significant societal problem but despite its pervasiveness in South Africa and its recognized status as a severe form of discrimination, it does not appear to feature significantly on the political agenda.


In their 'Enhancing State Response to Gender Based Violence' project, the Heinrich Böll Foundation and the Tshwaranang Legal Advocacy Centre, seek to promote more just outcomes for survivors of rape and domestic violence through enhancing the capacity of civil society to hold the state accountable for delivering services to women at the forefront of rights abuses.

This report is the second of a series of shadow reports that the Tshwaranang Legal Advocacy Centre and the Heinrich Böll Foundation have produced in their 'Enhancing State Response to Gender Based Violence' project. A similar report on the policy, practice and funding of shelter services in Gauteng Province was produced in late 2012.

The Minimum Standards on Shelters for Abused Women recognizes that "shelters represent an absolutely critical point of crisis intervention" and places a duty on the Department of Social Development to ensure that shelter interventions are able to meet basic needs and provide support, counseling and skills development to women. In order to deliver quality services however, shelters must have adequate resources.

This publication assesses the provision and funding of shelters by the state while considering whether shelters have sufficient resources to meet the legitimate needs of women and children.



 HEINRICH BÖLL STIFTUNG