



# ADAPTING TO DISASTER: DOMESTIC VIOLENCE SHELTERS AND SOUTH AFRICA'S COVID-19 LOCKDOWN

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## INTRODUCTION

On 15 March 2020, when South Africa recorded 62 cases of infection with COVID-19, the Minister of Co-operative Governance and Traditional Affairs declared a national state of disaster. Ninety-three days later, and 82 days into the country's lockdown, President Cyril Ramaphosa pronounced a second scourge:

*At a time when the pandemic has left us all feeling vulnerable and uncertain, violence is being unleashed on women and children with a brutality that defies comprehension... As a country, we find ourselves in the midst of not one, but two, devastating epidemics (Ramaphosa, 2020a).*

To some extent this outcome had been anticipated, with three forms of response proposed just days before the national lockdown: a toll-free 24-hour telephonic hotline, the Gender-based Violence Command Centre (GBVCC) managed by the Department of Social Development (DSD); protection orders in terms of the 1998 Domestic Violence Act; and shelters for those needing to escape their homes (Zulu, 2020). While this system of sanctions and sanctuary was not novel, the conditions it was expected to operate under were radically new. Writing from the perspective of shelters, this brief gives two accounts of working within

such dramatically altered circumstances. The first tells how shelters adapted to the state of disaster through the harnessing and alignment of multiple processes and actors. The second is a considerably less sunny account. Focusing on the DSD, this section records habits and histories so entrenched that they were impervious to change – even in the face of disaster.

Focusing on the 93 days book-ended between the declaration of the state of disaster and the President's unofficial declaration of a second epidemic, the first part of the brief traces how shelters began self-organising and making sense of the unfamiliar terrain onto which they had been forced by the lockdown. Where this section emphasises the ways in which multiple actors assisted shelters, the second is addressed to the absence of such support and is introduced by an examination of selected shelters' admission and occupancy rates during the first six months of the lockdown. The fissures in the state, which closer reading of these figures reveals, points to practices and policy that led to some shelters' sense of expendability and abandonment by the state. And so, while chiefly about shelters, this brief also offers a window onto the state, its presence as well as its absence.

The brief is the second in a series associated with the Heinrich Boell Foundation’s research project ‘Care and Support in a Time of Epidemic.’ Building on [Brief 1](#), which critically reviewed the available data around gendered forms of violence during the lockdown, Brief 2 lays the ground for the in-depth research report reflecting on the qualitative and experiential dimensions of the lockdown, both for the women who sought refuge, as well as those providing shelter services.

## METHOD

The ‘Care and Support in a Time of Epidemic’ study was informed by two questions:

- What was the effect of the COVID-19 lockdown on women’s experiences of violence – specifically women who sought shelter during this period?
- What was the effect of the COVID-19 lockdown on shelter staff, programmes, processes and procedures?

Drawing on interviews with staff based at 27 shelters in eight provinces, this brief details some of the ways in which they were affected by the lockdown. Its focus is shelters managed by non-governmental organisations (NGO), rather than the DSD, as these provided the overwhelming bulk of shelter

services during the state of disaster. We also did not focus on all NGO shelters but selected our sample from the 78 members of the National Shelter Movement of South Africa (NSM), an umbrella body for shelters established in 2008. At the start of the lockdown the NSM’s members were distributed across all provinces but for Limpopo, with each province co-ordinated by a provincial representative.

Participation in the study was by self-selection, following an email in late 2020 inviting NSM members to participate in the research. In 2021, following review of the first round of interviews, we supplemented the sample to ensure that the study both included at least two shelters per province, as well as reflected the experiences of emergency shelters (which typically accommodate individuals for a maximum of three days). All facilities were classified by the DSD as shelters for victims of crime and violence, with some also accredited to house victims of trafficking. All but one of the shelters assisted adult women and their children, the exception being a shelter for child victims of trafficking.

Table 1 summarises the number of participating shelters in each province, with the figure in brackets indicating the total number of shelters in that province belonging to the NSM at the time.

**Table 1: Number of participating shelters, by province**

NORTH WEST	GAUTENG	MPUMALANGA	FREE STATE	KWAZULU-NATAL	WESTERN CAPE	NORTHERN CAPE	EASTERN CAPE
2 (1) <sup>1</sup>	7 (24)	4 (14)	2 (6)	3 (15)	4 (17)	2 (2)	3 (7)

## STUDY SOURCES OF INFORMATION

Data were drawn from a variety of sources. State policy was traced through circulars, directives, regulations and emails, while a record of shelters’ actions was compiled from protocols, correspondence, press releases and the NSM archive. Thirty-six interviews, broken down as follows, provided the main source of information:

- 31 interviews with shelter workers, house mothers, social workers and shelter managers, with seven of those interviewees also being NSM provincial coordinators and thus able to offer a perspective beyond that of their individual shelter.
- Two interviews conducted with the NSM’s executive committee.
- Three key informant interviews, one with a community activist who played a central role in facilitating women’s

access to shelters in the Western Cape; an individual closely involved in funding and supporting shelters for over a decade; and a senior official in the national DSD who participated in state structures established to oversee the lockdown.

In addition, we requested shelters’ admission and occupancy data for the period 27 March to 30 September 2020, a time when the country moved from level 5 to level 1 of the lockdown. We were not able to obtain data from all shelters in the study though. As data collection systems are not standardised across shelters, it became burdensome for some shelters to revise their records as requested. A shelter had also lost all their information following a computer malfunction, while no value lay in adding the data for the shelter which did not admit any new residents during this period (this was the shelter assisting children who had been traf-

<sup>1</sup> As only one shelter in North West province belonged to the NSM we approached a second shelter outside NSM to participate in the study.

ficked). These exclusions were offset by Free State, Mpumalanga and the Eastern Cape coordinators providing data for shelters not included in the study, bringing the number to 25. As these data are not representative of all shelters in the country, they are not generalisable. Nonetheless, they illustrate the mix of experience identified by this brief.

Finally, we have used photographs taken by shelter workers as part of the photovoice component of the study throughout the report. These capture something of shelter workers' experience of the lockdown.

# **1. PRESENCE: THE EVOLUTION OF A SUPPORTIVE RESPONSE**

Shelters provide various forms of emotional support to residents and their children, as well as assisting them with obtaining policing services and legal assistance; alternative housing; employment; childcare and schooling; and the bureaucratic necessities of citizenship, identity documents and birth certificates. Need of this assistance was not altered by the lockdown; the significant change was to how shelter workers went about their work, now enveloped within uncertainty, fear and anxiety and demanding new tools of trade, coupled to increased financial costs and constrained

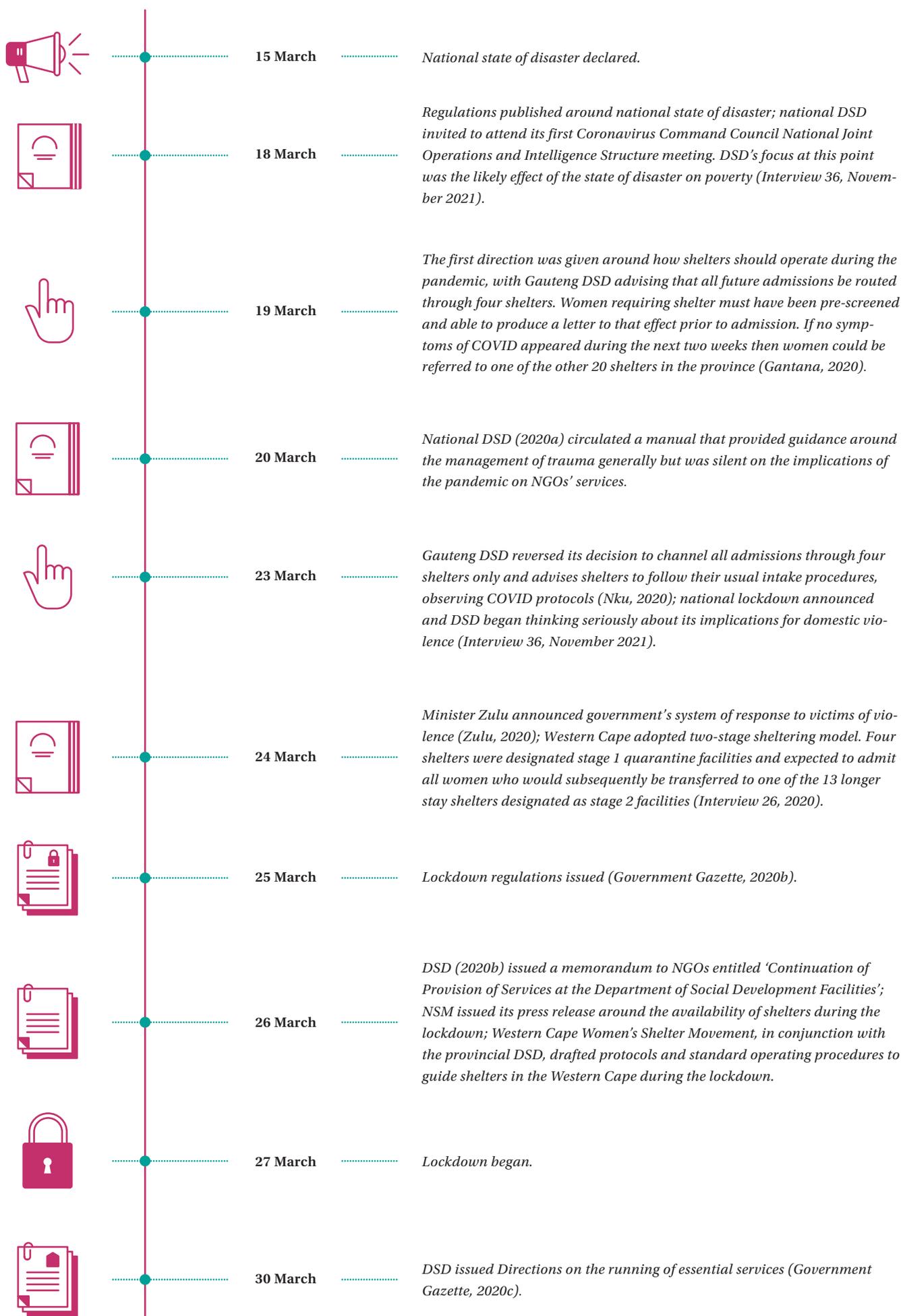
access to the broader supportive infrastructure of services required to assist women. Weaving together the global and the local, the public and private sectors, the for-profit and the non-profit, this section outlines the shifting landscape of processes and actors that emerged to enable shelters' adaptation to these new conditions over a period of three months. Shelter workers' words provided the basis for organising the section into three stages, with each anchored around a brief chronology of significant events shaping that stage.



## **1.A. “WE WERE RUNNING AROUND LIKE HEADLESS CHICKENS”<sup>2</sup>**

Declaring a state of disaster and confining an entire population behind closed doors required an extensive regulatory framework. March was thus dominated by the issuing, in rapid succession, of a series of orders and directions, ruling on everything from the sale of cigarettes and alcohol, COVID-19 courts and judges, to who was permitted to work and travel.

The path to the lockdown is outlined below and concentrates only on instructions and actions that were directly applicable to shelters.



The timeline illustrates an uneven ability to read the emergent, or what was still in the process of forming and not yet fully apparent. Unlike other provinces the Western Cape Women's Shelter Movement, for example, mobilised relatively early around the need to develop ways of working in the face of a public health emergency. An Eastern Cape shelter had learnt of the likelihood of a lockdown through their participation in a national committee addressing gender-based violence (GBV) and began preparing immediately, entering lockdown some days ahead of the country (Interview 25, October 2020). While the shelter reported sharing their protocols with the provincial DSD there is no evidence to suggest that the department distributed these to other shelters. Instead, it was the Gauteng DSD, at the request of the provincial COVID-19 Occupational Health and Safety Committee, which seems to have first given serious thought to how coronavirus infections were to be prevented and contained in shelters (Gantana, 2020). (For its part, the Committee appears to have been the only structure in the country to understand shelters as workplaces whose staff's health and safety needed to be protected). Although Gauteng DSD abandoned this strategy before the lockdown, it was subsequently taken up by the Western Cape. For almost everyone else, scrambling and confusion was the order of the day when the lockdown was announced.

The lockdown regulations appeared on 25 March and listed "care services and social relief of distress provided to older persons, mentally ill, persons with disabilities, the sick and children" (Government Gazette 2020b: 10) as one of the essential services required to remain in operation. This phrasing did not make it categorically clear that shelters for victims of crime and violence fell within this provision. In her press briefing on the same day the Minister of Social Development was explicit about shelters' availability during the lockdown (SABC News, 2020), reiterating this in her media statement: "All the relevant shelters and supporting services will be operational 24 hours" (Zulu, 2020). Uncertainty remained. The #TotalShutdown movement organised a #ForgottenReality webinar around government's apparent lack of attention to GBV under the lockdown (The Total Shutdown, 2020) and the Call to Action Feminist Collective (2020) wrote to the Ministers of Health and Social Development requesting clarity

around a number of issues, including shelter. One week into the lockdown the Sonke Gender Justice Network was still calling for shelters to be classified as essential services (Magubane, 2020). A year later the confusion was still being reproduced, a brief by Columbia University's Program on Global Health Justice and Governance (2021) claiming that women were not allowed to enter shelters for the first few weeks of the lockdown.

The NSM issued a press release on 26 March stating that shelters would be operational around the country and included within this contact numbers for provincial coordinators, as well as a list of shelters around the country (NSM, 2020a). Nonetheless, four shelters in the sample did close at the start of the lockdown for periods ranging between three days and four weeks.

Most other shelters were "running around like headless chickens" to prepare for the lockdown. Alternative accommodation had to be secured for women wanting to leave, which was not always possible when their families lived in another province. There being only a day in which to obtain the necessary travel permits, shelters also had to determine who would work remotely and who would work at the shelter. Food and personal protective equipment (PPE) had to be secured – at a time when sanitiser was no longer available in parts of the country. These unanticipated costs came at the end of the financial year, a period when shelters eke out the very last of the year's funds, uncertain as to when the next tranche of funds will arrive from the DSD. The urgent signing of service level agreements thus had to be fitted in too, the national DSD having urged the provincial offices of the DSD to fast-track this process so as to disburse payments rapidly (Interview 36, November 2021). In Gauteng, the Western Cape, Free State and Mpumalanga this effort does appear to have been made.

Shelters entered lockdown at midnight, 26 March, having largely made scant preparations and with little guidance on working within the constraints of a public health emergency. Thrown back on their own resources, the NSM began self-organising and putting flesh to the bare bones of the state response in April.

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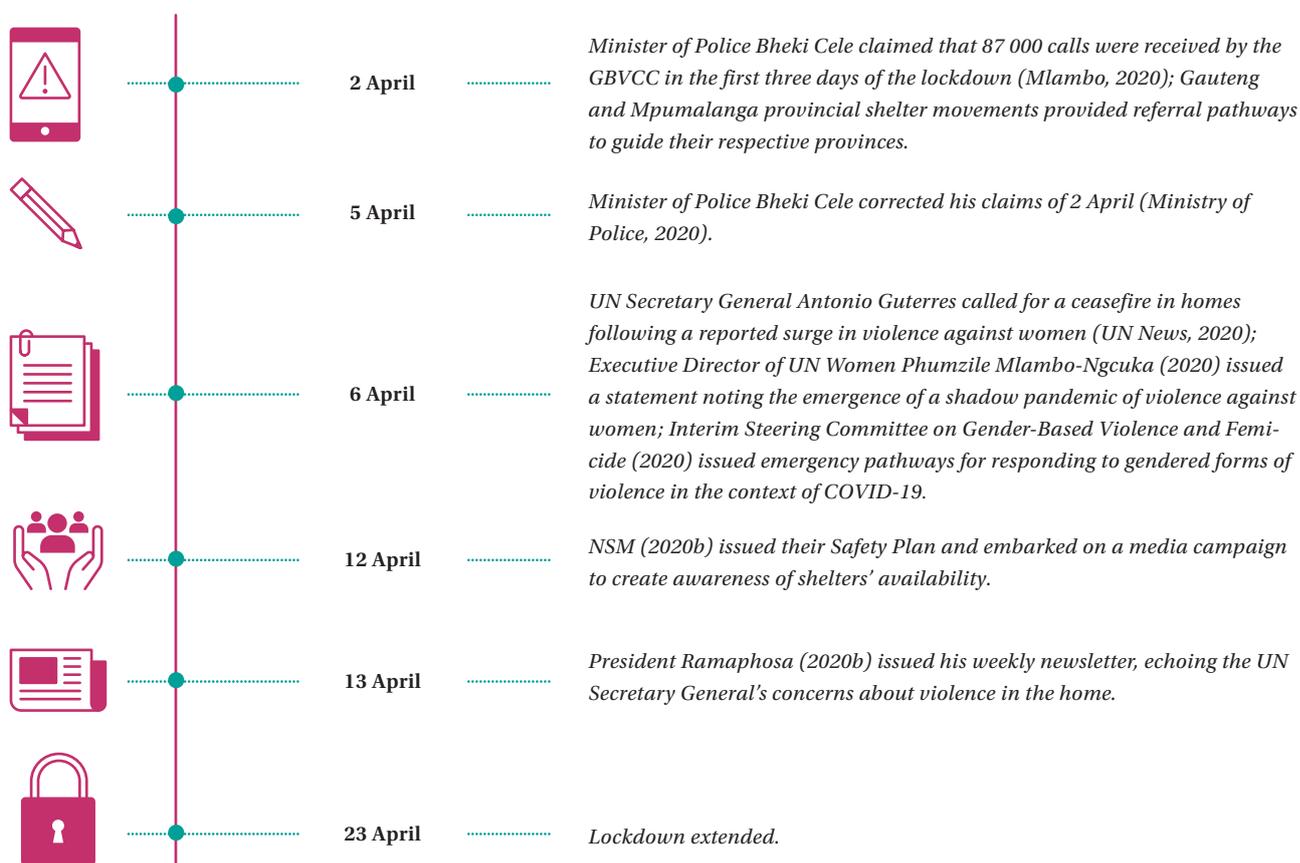
***"Shelters entered lockdown at midnight, 26 March, having largely made scant preparations and with little guidance on working within the constraints of a public health emergency."***



## 1.B “WE WERE EXTREMELY SCARED OF WHAT WAS GOING TO HAPPEN”<sup>3</sup>

The early phases of the lockdown were marked by urgency – “a sense of panic all around” (Interview 1, November 2020),

informed by the pandemic’s many unknowns, including its potential to exacerbate domestic violence.



Shelters are communal, residential facilities for women whose health is also not often of the best (Vetten, 2018; Vetten and Lopes, 2018). Preventing and containing outbreaks of COVID-19 infection on their premises was imperative – including for staff, who were not only fearful of dying, but also of infecting their families. Yet little existed to guide shelter workers, whether in relation to screening and quarantining, or sanitisation and isolation. And their questions were of an intensely practical nature: should toilets be sanitised? What about baths? Could the eating utensils and linen of someone ill with the coronavirus be washed with those of residents who were not infected? Some shelters were small, having between three and four bedrooms that housed between nine and 12 residents, or three or four women and their children. How was social distancing to be accomplished? Should the number of residents be reduced?

The national DSD did give some thought to these questions. For example, section 5 of the Regulations gazetted on 18 March 2020 allowed the department of public works and infrastructure, as well as municipalities, to establish quarantine and isolation facilities (Government Gazette, 2020a). This option was contemplated by the DSD – and (rightly) discarded when officials considered how being confined in large, impersonal and anonymous institutional settings might affect those forced out of their homes by violence (Interview 36, November 2021). Obliging every shelter to have an isolation room was also thought unrealistic, officials recognising that such conditionalities were likely to prevent a number of shelters from operating; the funding provided by the DSD would not cover any additional demands associated with the pandemic (Interview 36, November 2021). These concessions recognised shelters' difficulties but did not address them. Instead, shelters were left to their own devices while their inadequate amounts of funding remained unchanged.

It fell to the provincial DSDs to offer guidance around how COVID-19 was to be managed, and they did so in idiosyncratic ways. The Western Cape DSD, for example, developed protocols for the province in collaboration with shelters – but were the only province to do so. In the North West, the provincial DSD came to one shelter's premises to offer training – and offered nothing to the other shelter in the study. KwaZulu-Natal was similar. One shelter received written direction from the DSD regarding the management of the facility and was also allocated a co-ordinator whom she could directly contact with lockdown-related ques-

tions.<sup>4</sup> No comparable arrangement was reported by the other two shelters in the province. For the rest, shelters borrowed and adapted, or turned directly to their closest health facility for training. For instance, when a resident returned from the local hospital two days before the lockdown she brought back the screening form to show the staff, who then adapted it for the shelter's use. Another melded together and reworked the local hospital and police service centre's screening protocols. WhatsApp groups were established in every province (where they didn't already exist) to enable shelters to share information with each other.

Shelters' reliance on their local health facility extended even to the admission of women. In Mpumalanga, Free State, Northern Cape, North West and parts of Gauteng the police were asked to take women to the local health facility first for screening before being brought to the shelter. This requirement was sometimes the result of fear but it also reflected misunderstanding of the difference between testing and screening. Once some shelters realised that screening did not refer to testing but questions about exposure to COVID-19, co-morbidities and symptoms, they took over the process themselves.

Shelters managed social distancing and the absence of quarantine facilities by encouraging residents to remain in their rooms, staggering eating times and, in a few instances, by not accepting new residents. In at least one region of Gauteng a shelter reported being advised by the DSD office not to admit women unless they could provide evidence of having tested negative. This practice ceased as soon as a quarantine space was established (Interview 19, November 2020).

The lockdown effectively made PPE an essential tool of shelter workers' trade. But what comprised PPE was unknown, as Interviewee 8's frustrated question to the provincial DSD made clear "We don't even know how the PPEs looked like – what we should have what, we shouldn't have" (November 2020). Shelters' PPE was thus as cobbled together as their protocols, obtained from donations, sometimes from health facilities or bought with the shelter's funds, or even at staff's cost. Staff and residents made their own masks at several shelters, with one shelter mixing its own sanitiser based on instructions shared by the provincial DSD (Interview 30, March 2021). Only four shelters in the sample reported receiving assistance from the DSD with obtaining PPE at the outset of the lockdown. Some two to three weeks into the lockdown another three shelters reported receiving PPE from the department, with the

<sup>4</sup> National DSD had encouraged the creation of COVID-19 task teams at local level, with each headed up by a coordinator (Interview 36, November 2021). This seems to be an example of one such particularly effective coordinator.

delay attributed to the length of time taken by procurement processes.<sup>5</sup> Overall, only one shelter in Gauteng reporting receiving PPE regularly from DSD.

Worry over COVID-19 infections was intermingled with concerns about women's safety. China, as well as a number of European countries, had reported increases in domestic violence during their lockdowns and it was feared that a similar explosion of violence would mark South Africa's lockdown (Vetten, 2021) – to the extent that a lodge in Gauteng and Airbnb accommodation in the Western Cape had offered their use as emergency shelters (this was not approved by the DSD) (Interview 3, November 2020). The UN Secretary-General's call for a ceasefire in the home (UN News, 2020), immediately followed by the Executive Director of UN Women's characterisation of the violence directed at women as "a shadow pandemic" (Mlambo-Ngcuka, 2020) only cemented the concern. President Ramaphosa echoed this worry in his weekly newsletter a week later when he wrote that "It is disturbing that during a time of such immense difficulty for our country, women and girls are being terrorised inside their own homes, forcing them to make desperate calls for help" (Ramaphosa, 2020b). The previous day the 1 000 Women Trust (2020) had issued a press release stating that "Domestic violence shelters in South Africa are reaching capacity or unable to take new victims due to lockdown and social distancing measures. In other cases, they are being re-purposed to serve as health

centers" (This may have been a misunderstanding of the quarantining function served by stage 1 shelters). Days later on 16 April a now-deleted Facebook exchange was sparked by opposition Member of Parliament Cameron Dugmore and the Western Cape MEC for Social Development Sharna Fernandez when the former claimed that shelters in the province were full (Interview 1, November 2020)<sup>6</sup>.

And yet, when the NSM's provincial representatives assessed shelters' bed capacity they were found not to have filled up as anticipated. Concerned that shelters were not fulfilling their purpose at a time when they were most needed, the NSM actively sought to publicise the availability of their services through a series of radio slots. A safety plan which also included a list of provincial representatives' names and contact details, was widely distributed through a range of online platforms on 12 April (NSM, 2020b), prompting an increase in calls to provincial representatives – including from a prisoner being abused by a fellow inmate (Interview 28, November 2020). Callers, however, were more likely to be seeking counselling, rather than shelter (Interview 3, October 2020; Interview 27, November 2020).

But whatever the figures, the global and national attention to GBV, at the highest levels, was significant in helping to direct resources to shelters.

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<sup>5</sup> Whether the corruption scandals that came to characterise the procurement of PPE by the state affected shelters is hard to know but it is suggestive that both the KwaZulu-Natal and Mpumalanga DSDs were implicated in the PPE scandals (Mothibi, 2021).

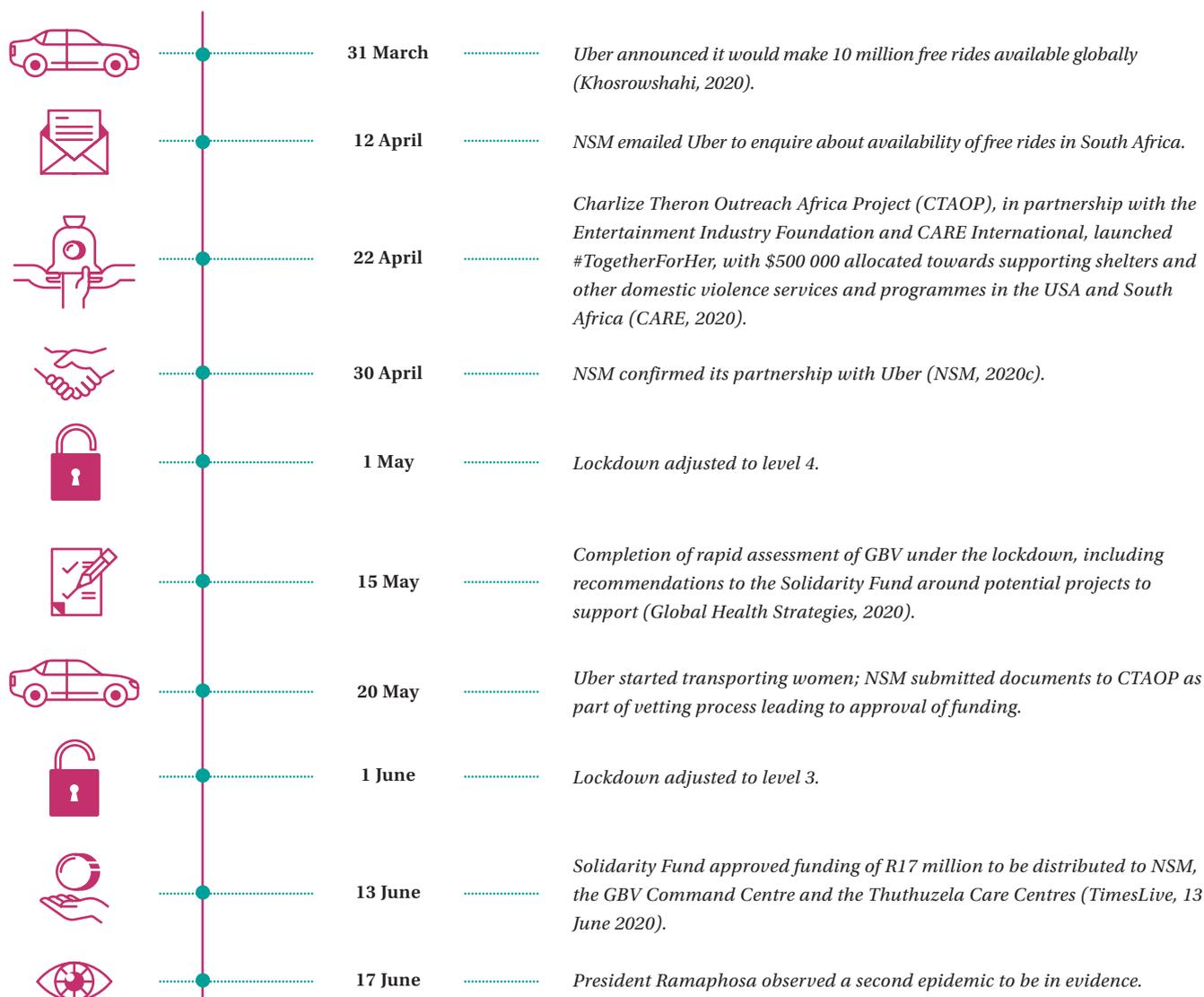
<sup>6</sup> The original post was deleted by Dugmore in recognition of its inaccuracy.



### 1.C. “THE SHELTER MOVEMENT HAS COME THROUGH FOR US”<sup>7</sup>

The NSM continued mobilising throughout April as the financial and emotional costs of working under conditions

of lockdown became increasingly apparent.



The lockdown was going to increase shelters' costs regardless of whether or not the number of women seeking shelter remained the same as in previous years, or increased. PPE was an obvious new expense, but by no means the only one. Study participants pointed out that limiting women's exposure to the coronavirus meant reducing their contact with others – with implications for their travel, as well as use of the courts, health facilities and the offices of the South African Social Security Agency (SASSA). Insofar as possible, shelter staff would need to transport women about to reduce the risk of exposure. Staff using public transport also needed to be protected from possible exposure, leading shelters to seek private transport, as well as have their staff live in – increasing food costs and the use of utilities. The confinement of women and their children to the shelter also added to the increased use of utilities.

Access to private health care was also required when public sector hospitals were full, unable to assist women, or likely to expose residents to the coronavirus. The wait for the results of testing in the public sector was lengthy. Closing shelters for two-week periods of isolation removed beds from circulation and took its toll on staff, those remaining in isolation with residents typically taking over the tasks of two or three members of staff. The shift to online platforms for meetings and training imposed data costs, including when shelters sought to assist the children in their care with schooling. Paper and printing costs were also increased by the need to ensure children were able to continue with their schooling.

Despite the host of unanticipated costs imposed by the pandemic, there had been no increase to shelters' funding. Fundraising events which, under normal conditions helped shelters with the shortfall in their funding, could not be organised, while companies financially affected by the lockdown were in no position to make their usual donations. The demands of the lockdown had also reoriented funding priorities towards large funds such as the specially established Solidarity Fund.

But as one set of supports receded, others came into view.

On 23 April Uber announced that it had partnered with domestic violence organizations and local governments in 35 cities across 16 countries to provide 50,000 free rides to shelters and safe spaces (Breedon, 2020). Negotiations were already underway to allocate 3 350 trips to the NSM:

1 000 each to Gauteng, KwaZulu-Natal and the Western Cape and 350 to the Eastern Cape (Mahlati, 2020). The introduction of the partnership in mid-May following the necessary training relieved many shelters of their additional transport duties – and compensated for the police's unavailability, with Uber drivers now able to collect and bring women to shelters.

The rapid assessment completed in May 2020 by Global Health Strategies (2020) for the Bill and Melinda Gates Foundation took note of the UN's pronouncements, as well as President Ramaphosa's newsletter and CTAOP's intervention. Acting on the assessment's recommendations the Solidarity Fund prioritised support to three structures: the NSM, the GBV Command Centre, and the Thuthuzela Care Centres.<sup>8</sup>

The Solidarity Fund sought to provide access to a range of key health services for shelter residents and allocated R7 695 519 to the NSM for that purpose (Solidarity Fund, 2021). The amount is one indication of what it took to keep residents protected from infection, as well as the costs of doing so. Interviewee 28 (November 2021), for example, provided the costs of safe transport to the shelter. In the 2019/20 financial year the shelter spent R46 281 on transport costs – but R168 040 in 2020/21, of which R69 570 was reimbursed through the Solidarity Fund grant. Where Uber's free rides supported residents to go to clinics, courts and the like, the Solidarity Fund's budget ensured that staff did not need to use public transport. The Solidarity Fund grant also ensured that safe transport was available to the four provinces where the Uber service did not exist. In these provinces staff had been utilising their vehicles, at their cost, to transport women. These costs could now be reimbursed.

Table 2 provides greater insight into the numbers both of people (staff and residents) assisted, as well as the medical treatment and supplies purchased, through the Solidarity Fund's grant for the period June 2020 and 8 February 2021 (the grant ended in March 2021). The grant was important. As it was, more than half (16) of the 27 shelters reported either staff or residents as having had COVID-19, with one shelter reporting the deaths of both a staff member and a resident (Interview 9, November 2020). It was to the good that shelters were not left to discover what it was like to work in the face of insufficient PPE and other protective measures.

<sup>8</sup> A fourth area of focus was a communication strategy to alert victims of the availability of services, as well as highlight the Solidarity Fund's focus on GBV.



**Table 2: Medical treatment and supplies obtained and people assisted by Solidarity Fund grant, June 2020 – 8 February 2021**

<b>Units PPE purchased and distributed</b>	30 777
<b>People provided with PPE</b>	1 202
<b>Essential medical supplies purchased and distributed</b>	4 760
<b>People benefiting directly from the contribution to non-COVID-19 medical expenses</b>	1 346
<b>Private COVID-19 tests conducted</b>	55
<b>People benefiting directly from safe transport</b>	881

Source: Solidarity Fund 2021: 5.

The NSM had been both resourceful and enterprising in seeking to ensure the availability of shelters during a time

of national crisis. In doing so, they generated a virtuous cycle, of which the Solidarity Fund was one important part. The grant from CTAOP was approved on 25 June 2020, with other support being offered by AngloGold Ashanti, and the Elma Foundation (Interview 4, November 2020). In November 2020 the Solidarity Fund approved a further R705 200 to the NSM, adding to the original amounts for PPE, testing and other medical supplies, as well as safe transport. In addition, the 156 social workers employed by shelters were also offered training around the provision of trauma counselling within the context of the pandemic (Solidarity Fund, 2021). A contribution by the Ford Foundation allowed the NSM to establish its own shelter-focused help-line in December of 2020 (Interview 4, November 2020). Perhaps the strongest proof of the NSM's effectiveness was the increase in their membership, from 78 to 98 shelters. The NSM had been seen to “come through” for their members and to “be there.” These are the characteristics of presence and it did not emerge in a vacuum.

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## 2. ABSENCE AND THE STUBBORN PERSISTENCE OF HABIT

Most shelter services, like other social care services in South Africa, are provided through a partnership between NGOs and the DSD. The relationship between the two is a delicate – even fragile – one which often positions NGOs in subordinate and unequal ways to the state (Vetten, 2019). The most visible manifestation of this is the amount of subsidy allocated to NGO professional posts which never meets the salary set for entry level staff with the same qualifications in the DSD. Under the lockdown, some shelters came to understand this inequality in a new light, with their working conditions providing the impetus for this realisation. Shelters' admission and occupancy rates, the measure of their work, provides the background to this discussion of the state's absence.



### 2.A. “WE WERE THE BUSIEST WE’VE EVER BEEN”<sup>9</sup> / “WHERE ARE THE WOMEN?”<sup>10</sup>

Shelter workers were made very busy by the new demands placed on them in the absence of a full staff complement. The thinning of the broader infrastructure of support required by women also complicated their work. But did these multiple pressures coincide with a dramatic increase in the number of women seeking their protection?

For some shelters the lockdown resulted in their assisting a greater number of residents than ever before, while other shelters considered the lockdown to have made no difference to their numbers – but having made their conditions of work far more challenging. Table 3 shows both perspectives to be valid.

Table 3 presents admission and occupancy data for 25 shelters for the period 27 March to 30 September 2020. All but one of the shelters accommodated residents for periods of between three to six months. The exception was WC3, a stage 1 shelter in the Western Cape that accommodated people for a maximum of two weeks. Ten shelters were small, consisting of four bedrooms (or fewer) and able to accommodate a maximum of 12 residents (or four women and their children). Six shelters accommodated between 13 to 20 residents and nine accommodated between 21 and 50 residents. Between these 25 shelters a total of 1 028 adults and children were admitted during this period. (This total includes three men housed by Free State shelters). August accounted for one in five admissions (203 or 19.7%), making it the month recording the greatest proportion of new admissions. May recorded the lowest proportion of admissions (13.8%).

The total number of adults and children admitted to shelters over this six-month period was equivalent to filling up 11 shelters between 1 and 1.6 times. By contrast, seven shelters received admissions equivalent to filling up the facility twice or more, while the number of admissions at six shelters did not reach a point equivalent to filling the shelter at least once. Four shelters, located in the Western Cape, Gauteng, North West and Mpumalanga, stand out, accounting for 554, or more than half (53.9%) of all admissions.

When total bed capacity (given in brackets) was exceeded in any month this was for different reasons. In some instances, it reflected babies and young children sharing their mothers' beds, while on other occasions shelters had set out additional mattresses to accommodate extra residents. It also reflected brief-stay residents who entered and exited the shelter in the same month.

<sup>9</sup> Interview 27, November 2020.

<sup>10</sup> Interview 33, July 2021.

Table 3: Admission and occupancy rates for the period 27 March – 30 September 2020

SHELTER (BED CAPACITY)	MARCH 27 - APRIL		MAY		JUNE		JULY		AUGUST		SEPTEMBER		TOTAL NEW ADMISSIONS (RELATIVE TO CAPACITY)
	LEVEL 5		LEVEL 4		LEVEL 3		LEVEL 3		LEVELS 3 & 2		LEVELS 2 & 1		
	NEW	TOTAL	NEW	TOTAL	NEW	TOTAL	NEW	TOTAL	NEW	TOTAL	NEW	TOTAL	
<b>KZN1 (22)</b>	2	17	3	14	9	24	4	21	0	13	9	19	27 (1.2)
<b>KZN2 (12)</b>	6	2	0	8	4	12	0	12	0	12	0	12	10 (0.8)
<b>KZN3 (8)</b>	x	x	x	x	x	x	x	x	7	7	0	7	7 (0.9)
<b>NC1 (12)</b>	0	3	3	3	6	6	11	13	9	10	7	8	36 (3.0)
<b>NW1 (30)</b>	38	38	20	20	34	36	25	28	35	39	13	19	165 (5.5)
<b>WC1 (28)</b>	4	35	8	33	9	35	5	27	7	26	5	27	38 (1.4)
<b>WC2 (21)</b>	0	15	2	17	11	23	3	17	6	14	3	15	25 (1.2)
<b>WC3 (15)</b>	18	18	13	26	42	53	31	57	23	31	26	36	153 (10.2)
<b>GP1 (22)</b>	10	16	10	23	6	23	0	14	5	12	5	16	36 (1.6)
<b>GP2 (50)</b>	34	34	24	60	17	45	4	41	23	21	19	54	121 (2.4)
<b>GP3 (28)</b>	0	17	4	21	0	21	7	24	10	21	7	27	28 (1.0)
<b>GP4 (47)</b>	0	13	0	4	7	11	7	18	4	22	5	24	23 (0.5)
<b>GP5 (24)</b>	3	26	7	26	0	21	3	28	4	30	2	28	19 (0.8)
<b>EC1 (15)</b>	9	16	0	16	3	19	4	17	3	14	3	10	22 (1.5)
<b>EC2 (9)</b>	2	3	0	0	2	2	1	3	3	3	1	3	9 (1.0)
<b>EC3 (10)</b>	4	4	1	1	0	0	0	0	0	0	1	1	6 (0.6)
<b>FS1 (14)</b>	0	6	0	6	0	2	0	2	0	1	0	1	0
<b>FS2 (11)</b>	5	7	0	4	1	2	3	6	2	6	4	8	15 (1.4)
<b>FS3 (7)</b>	1	6	1	7	0	7	1	8	3	11	0	11	6 (0.9)
<b>FS4 (10)</b>	5	7	9	11	0	8	7	11	11	15	2	17	34 (3.4)
<b>Mp1 (15)</b>	0	6	2	8	0	6	2	8	7	8	10	13	21 (1.4)
<b>Mp2 (16)</b>	13	15	16	17	7	7	10	10	10	10	13	14	69 (4.3)
<b>Mp3 (11)</b>	0	16	3	19	2	17	0	14	7	14	1	7	13 (1.2)
<b>Mp4 (7)</b>	0	1	8	9	1	3	12	12	1	8	8	13	30 (4.3)
<b>Mp5 (15)</b>	16	19	8	11	28	31	23	25	23	25	17	20	115 (7.7)
<b>Totals</b>	<b>170</b>	<b>340</b>	<b>142</b>	<b>364</b>	<b>189</b>	<b>414</b>	<b>163</b>	<b>416</b>	<b>203</b>	<b>373</b>	<b>161</b>	<b>410</b>	<b>1 028</b>

These admission data illustrate some of the factors affecting shelters' operations. The roof of KZN3, for example, collapsed in November 2019 and the shelter only became ready for occupation in August 2020, while Mp1 was in the process of being extended when the lockdown began, which initially decreased its bed capacity. One shelter

(whose figures are not included here) caught fire in April 2020, leaving an entire wing uninhabitable for the remainder of the lockdown.

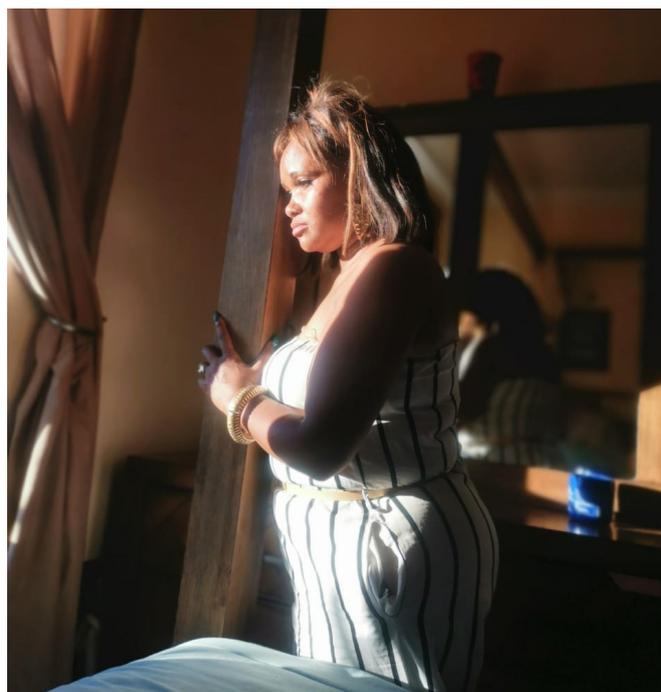
In May the Commission for Gender Equality (CGE) reported receiving calls from organisations stating that shel-

ters' concerns with preventing coronavirus infections was making it difficult to place women in shelters (Parliamentary Monitoring Group, 2020). At most, however, these amounted to three complaints emanating from Gauteng and Mpumalanga alone (Matotoka, 2021). The interviews also suggest that some of the low admission rates initially recorded by Gauteng shelters reflect a combination of the confusion over screening and testing; the advice not to admit until they had established quarantine facilities; and fear. The last was speculated by both Interviewee 27 and Interviewee 4 of Gauteng. Interviewee 27, who managed GP2, noted that one of the factors contributing to their high number of admissions was the fact that women were being brought by police from across the province on the basis that shelters in the particular station's locality were full. Interviewee 27, who was on the province's WhatsApp shelter group, also observed the same shelters to never offer bed space in the early months of the lockdown. (But it should be noted that GP2 remained consistently full throughout the six months reported here).

DSD policy decisions and actions add another layer of intricacy to these data. The confusion about shelters' status as essential services, along with the absence of clear guidelines around preventing and containing infections in shelters, did have some initial impact on admissions. NC1 had closed at the start of the lockdown. Reopening the shelter took two weeks as the local office of the DSD had closed, requiring the shelter to pursue the provincial office of the DSD for the necessary permits. Unlike GP2, WC3's business was attributable to a conscious policy decision. The shelter was one of four stage 1 quarantine shelters in the Western Cape through which all admissions for the province were being channelled.

DSD policy affected shelters in other ways. GP3, for example, is registered to accommodate a total of 28 women and their children. The Gauteng DSD however, only made funding available for 16 residents – a total the shelter exceeded in every one of the six months reported on. GP2 faced the same situation, regularly exceeding the 35 beneficiaries for which it receives funding. The data for the three Eastern Cape shelters also offers a story about provincial funding. Where EC1 does not receive any funding from the DSD, both EC2 and EC3 are almost entirely dependent on the DSD for the survival of their services. The DSD's failure to pay subsidies for six months placed their shelters in a precarious position, as we explain later.

NW1 and Mp5, as we discuss next, illustrated the consequences for shelters when the DSD absented itself and left shelters to stand in for the state.



## 2.B. “WE SHOULD ALL DIE EQUALLY”<sup>11</sup>

On 25 March 2020 the Department of Public Service and Administration (DPSA) issued Directions advising on the management of work arrangements in the public sector. Like “essential services”, “critical services” offered by the state were obliged to be fully operational during the lockdown. In the DSD these included “the whole of the services provided by old age homes, Children’s Homes and places of care for vulnerable groups including victims of gender-based violence that are state owned, state funded or state subsidized” (DPSA, 2020a). At the start of level 4 in May departments were encouraged to develop plans for the phased return to work, as well as to consider the options of remote work, skeleton staff, shifts and rotation systems (DPSA, 2020b). By level 1 at least 75% of staff were expected to be in the office on any given workday (DPSA, 2020c). How these Directions were put into practice varied across provinces and affected shelters in different ways.

DSD officials at all levels in the Western Cape did provide “critical services” and were described as “really good” (Interview 2, November 2020), referring more women to shelters than the GBVCC (Interview 6, November 2020) and intervening with the police when they refused to transport women (Interview 2, November 2020). But they also demonstrated actual concern for shelter workers, engaging the services of a NGO whose specific responsibility it was to regularly enquire into shelter staff’s wellbeing and provide counselling and other emotional support when required (interview 6, December 2020; Interview 24, October 2021). The DSD’s KwaZulu-Natal co-ordinator was no less present

<sup>11</sup> Interview 29, October 2021.

to Interviewee 9, while Gauteng DSD's officials appear to have become more present with time. But in other provinces officials absented themselves.

The closure of DSD offices affected shelters' actual services. The Free State DSD does not fund social work posts for some shelters, expecting them to refer their residents to DSD social workers for counselling instead. With the closure of the DSD's district offices, this meant that residents obtained little to no counselling during their stay (Interview 18, October 2020). Interviewee 10's shelter in KwaZulu-Natal was similarly reliant on the local DSD office for some of its services and was unable to discharge any residents between June and September. With DSD officials spending just one day in the area office, focused on those matters they considered most pressing, it was October before KZN2's residents were able to leave. In parts of Gauteng (Interview 19), Mpumalanga (Interviews 12 and 29) and the Eastern Cape (Interview 25), shelters reported that the closure of district offices left a gap in child protection services; there was simply no-one to refer to. In fact, at the request of local DSD officials one shelter was even, at times, offering emergency accommodation to children who could not be taken in by local child and youth care centres (Interview 12, December 2020).

DSD officials were not only requesting the admission of children. Shelters' admission and occupancy data conceal from view the range of women being housed by shelters during the lockdown, from homeless women on methadone programmes, to those requiring mental health care. As shelters for victims of crime and violence, shelters are not necessarily equipped to provide such specialised care and support and nor, in the case of substance use disorders, are they registered to do so. Interviewee 20, who was approached on more than one occasion to accommodate residents who fell outside their admission criteria captured something of the flavour of the pressure to do so:

*I am not a rehab [drug rehabilitation centre] place, but they expect me, call me in to their boardroom and say 'this is a victim and you will take her, her doctor, her psychiatrist, her whatever will contact you and tell you how you must treat her.' You know, I must, I must, I must, I have no choice.*

But even as DSD officials were absent, so were they demanding that shelters not only be present, but also produce evidence of that presence in the form of their monthly statistics. Interview 34 (March 2021) highlighted how local officials were pressuring them to achieve

pre-lockdown admissions targets for the shelter. The shelter was a small one and they wondered how they were to meet both this demand and ensure social distancing. Other shelters reported the demand for statistics around their community awareness work and home visits – even in the face of the lockdown. These demands were interpreted as a lack of concern for shelter staff, compounded by the lack of support to shelters. One shelter felt particularly keenly the DSD's unwillingness to negotiate a shift system for their staff – while DSD officials were spending only two or three days at the office (Interview 23).

For another interviewee the absence of officials was understood as a form of abandonment by the state: "In my head I was expecting that government would tell us how we would survive. Nothing of that happened. We were just on our own. You realise you are on your own" (Interview 31, August 2021). Interviewee 29, who had taken over all of the local DSD office's work in officials' absence put it most starkly: "we should all die equally". Being an essential worker, she explained, required all to face risk in a spirit of solidarity. But in the absence of DSD social workers she read the unequal sharing of risk – and the sacrifice of NGO lives.

The question of survival reappears in a different form when examining the funding of shelters during the state of disaster.



## 2.C. "TO ME THE FINANCIAL ABUSE FROM DSD WAS MUCH WORSE THAN THE COVID"<sup>12</sup>

NGO social care services are subsidised by their provincial DSDs in recognition of the fact that their services contribute to the state's fulfilment of its obligations. These subsidies contribute to staff costs and/or programmatic costs, as well as some limited administration costs. These subsidies are not

<sup>12</sup> Interview 20, November 2020

standardised, producing inequities between services, and never amount to the full cost of the service (eg. Vetten, 2018; CGE, 2019; CGE, 2020)<sup>13</sup>. The fault lines in the financing of shelters' services were made all the more pronounced by the lockdown, with the Eastern Cape and the North West standing out for their mistreatment of shelters and all other NGO social care services during this period. In both provinces shelters reported waiting some six months for their subsidy payments. This was not a new phenomenon.

In December 2018 subsidy payments in the Eastern Cape were reportedly three months late (Ellis, 2018). Two months later in 2019 the department issued a memorandum to NPOs stating that the provincial head office had been contaminated by a battery acid leak. With the building having to be evacuated for a period of time there would, once again, be delays in NPO payments. In June 2019 payments were delayed yet again while the DSD made another round of changes to the NPO payment system (Vetten and Grobelaar, 2020). In September 2020 the MEC for Social Development, Siphokazi Lusithi, submitted written answers to the Eastern Cape legislature explaining why payment of subsidies had been delayed for half-a-year. According to the MEC, critical personnel had gone on strike for six months. Further delaying the processing of agreements was the ad hoc closures of several offices due to COVID-19. And finally, officials key to the processing of payments possessed only desktops and could not work remotely (Ellis, 2020). This factor likely played a significant role in low occupancy of shelters in the province. Interviewee 8 (November 2020), for example, reported being unable to purchase sufficient groceries for residents or pay staff their stipends for five months.

The North West was no better. In April 2018 the disintegrating state of the province's system of governance provoked serious social unrest, which included the burning of a building housing the provincial DSD. With the province deemed incapable of fulfilling its legal and Constitutional obligations, Cabinet invoked section 100 of the Constitution and appointed an Inter-Ministerial Task Team (IMTT) to oversee the province's return to probity and good governance. In relation to DSD, the provincial office was issued with a directive to address its failure to comply with a range of financial controls and the Occupational Health and Safety Act, as well as address the collapse of services following a breakdown in labour relations (Ad Hoc Committee on North West Intervention, 2021).

That elements of the department's services remained collapsed was evident from the lockdown. While one shelter reported a month's delay in payment the other waited six months. To keep the shelter operational, as well as the Child and Youth Care Centre on the shared property, the director utilised her personal credit card to pay salaries and food, resulting in considerable personal debt.

Interviewees from the Northern Cape, the Free State, KwaZulu-Natal and Mpumalanga all reported delays in payment, sometimes only in relation to particular districts while at other times this applied to the entire province. Mpumalanga also introduced budget cuts to some shelters (Interviewee 7, November 2020). The Free State received their first payment in April – but then waited until October to receive their second tranche, with the result that residents did not receive basics such as food and soap. Women were understandably unhappy, with the situation leading to conflict between residents and housemothers. Payment arrived soon after a shelter wrote to the DSD to inform them that they would be suspending services (Interview 18). Interviewee 10, in KwaZulu-Natal, reported that the shelter survived on food parcels provided by local farmers and a garage. In other provinces, it was the CTAOP funds and generosity of shelters' boards, along with that of their local community, that ensured shelter residents continued to receive meals and PPE was supplied to both staff and residents.

After the lockdown was extended on 23 April, and at the request of the Northern Cape office of the DSD, Interviewee 35 agreed to accommodate homeless men for a period of three months, as well as women and men who were transient and unable to reach their homes before lockdown started. Although the DSD paid for the costs of food and volunteers and electricity they did not pay for the use of the shelter and initially left the shelter to pay the R45 000 water bill incurred during the men's stay. The bill was eventually settled by the department six months later and only after repeated and persistent efforts to secure payment.

The wear and tear on WC3, for example, was also not recognised. By late December 2020 the shelter had housed over 200 people, the door of the stove had fallen off and six washing machines had been exhausted. Not one province reported receiving any additional funding from the DSD in recognition of these additional costs.

<sup>13</sup> These difficulties have been documented by a range of province-level studies commissioned by the Heinrich Boell Foundation since 2012. See <https://za.boell.org/en/GBV-care-support-in-a-time-of-epidemic>

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On 20 August the NSM published an open letter to the President calling for urgent intervention into the parlous state of subsidy payments to shelters, especially in the Eastern Cape, as well as their underfunding generally (NSM, 2020d). No response was received. Shelters, like

the non-profit social care sector generally, were also absent from the state's various economic assistance and stimulus packages.

## **CONCLUDING DISCUSSION**

The scale and restrictiveness of the lockdown necessitated by the state of disaster was without precedent in South Africa's recent history, creating an unpredictable context marked by urgent, concrete and material demands, as well as panic, confusion and misinformation, all shot through by fear. The NSM mobilised rapidly to ensure that shelter services were available and staff and beneficiaries kept safe. They were effective. A new service was created – the shelter helpline – and the survival of existing services assured. The NSM grew and developed new working relations, their adaptability and enterprise coinciding and aligning with global and national concern over how confinement to the home was producing the conditions for domestic violence. The result was a virtuous cycle of support to shelters that ran from the local to the global. While shelters' admission rates do not offer compelling evidence of a second,

or shadow pandemic, this framing was crucial to ensuring that resources reached shelters.

Where a shadow emerged was in the way the solidarity of others was interwoven by the absence of the state in parts of the country. This absence was not unique to the lockdown but symptomatic of long-standing dysfunction in some of the provincial DSDs. Where being present to others is a form of recognition that notices and attends to the existence of others, absence demonstrates the opposite. In doing so, presence and absence illuminate who or what is worth caring about. In this study the absence of the DSD was interpreted to mean that the state was not equally concerned about all but, in some instances, willing to abandon not only those acting as essential frontline workers but, by extension, those who needed their services.

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This brief is the second in a series produced by the Heinrich Böll Foundation in relation to its 'Care and Support in a Time of Epidemic' research project. The project focuses on the impact of the COVID-19 lockdown on shelter services to victims of domestic violence in South Africa, and seeks to strengthen policy and practice in the provision of such services. The project is being undertaken in collaboration with the National Shelter Movement of South Africa and led by researchers Lisa Vetten and Kailash Bhana.

For more information on the project visit <https://za.boell.org/en/GBV-care-support-in-a-time-of-epidemic>.

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