



HOUSING WOMEN WHO HAVE EXPERIENCED ABUSE: POLICY, FUNDING AND PRACTICE

Profiling shelters in KwaZulu-Natal

HEINRICH
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STIFTUNG



"The most immediate benefit [of sheltering] is that clients are removed from a crisis situation: living in an abusive environment for a protracted time corrodes a woman's confidence and agency – they may come to feel diminished over time and as if they have no value or dignity, making them inclined to believe their abusers' allegations that they are worthless, useless and not capable of anything. Sometimes they reach their limit and seek sheltering because they want something better for themselves. Clients leave the shelter with so much confidence and a renewed sense of their true potential: their courage is restored they have self-belief and confidence in their abilities and they trust themselves and their judgement so much more. They are empowered."

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This publication is the first of a series of shadow reports that the Heinrich Böll Foundation and the National Shelter Movement of South Africa have produced in relation to their 'Enhancing State Responsiveness to Gender Based Violence: Paying the True Costs' project. The publication was partly produced with the Tshwaranang Legal Advocacy Centre to End Violence against Women.

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ACRONYMS

| | |
|---------|--|
| CSO | Civil Society Organisation |
| CV | Curriculum Vitae |
| DBE | Department of Basic Education |
| DOJ | Department of Justice and Constitutional Development |
| DSD | Department of Social Development |
| DV | Domestic Violence |
| DVA | Domestic Violence Act |
| EPWP | Expanded Public Works Programme |
| GBV | Gender Based Violence |
| HBF | Heinrich Böll Foundation |
| HIV | Human Immunodeficiency Virus |
| IPV | Intimate Partner Violence |
| KZN | KwaZulu-Natal |
| NAWONGO | National Association of Welfare Organisations and Non-Governmental Organisations |
| NGO | Non-Governmental Organisation |
| NPO | Non-Profit Organisation |
| NSM | National Shelter Movement of South Africa |
| NLDTF | National Lottery Distribution Trust Fund |
| NVEP | National Victim Empowerment Programme |
| PFMA | Public Finance Management Act |
| PMG | Parliamentary Monitoring Group |
| PTSD | Post-Traumatic Stress Disorder |

| | |
|-------|--|
| RDP | Reconstruction and Development Programme |
| SAPS | South African Police Services |
| SASSA | South Africa Social Security Agency |
| SLA | Service Level Agreement |
| TLAC | Tshwaranang Legal Advocacy Centre End Violence against Women |
| VEP | Victim Empowerment Program |



1. EXECUTIVE SUMMARY

Violence against women is a significant problem in South Africa. The country has the highest rate of femicide in the world with estimates that suggest that a woman dies at the hands of an intimate partner every eight hours. Research also indicates that following HIV, intimate partner violence (IPV) is the second highest cause of disease and injuries in South Africa. A comprehensive response to IPV that is both preventative and responsive to the impact of violence on survivors is essential. Such services should include a broad range of legal, medical, and psychosocial support services as well as access to alternative accommodation. In South Africa, shelters are part of a government response to providing alternative accommodation as well as care and support for survivors of violence.

In 1998, the Domestic Violence Act (DVA) was promulgated to respond to the high rates of domestic violence in the country. The purpose of the Act was to “afford victims of domestic violence the maximum protection from domestic abuse that the

law can provide”. The DVA places a number of legal duties on the South African Police Services (SAPS) in relation to the protection of victims of abuse including helping them to find suitable shelter. The Act, as well as the corresponding National Instructions (7/1999) to the police on domestic violence, clearly asserts the rights of victims to access shelters, however, a key criticism of this legislative framework is that it does not stipulate whose statutory duty it is to provide and fund these shelters. There is currently no national government directive or funding model on the distribution of funds to shelters. This has resulted in the haphazard and inadequate resourcing of shelters throughout the country.

This report is the first of a series of shadow reports that the Heinrich Böll Foundation (HBF) and the National Shelter Movement of South Africa (NSM) have produced in their ‘Enhancing State Responsiveness to Gender Based Violence: Paying the True Costs’ project, which is funded by the European Union. This publication, which

was partly produced with the Tshwaranang Legal Advocacy Centre to End Violence against Women (TLAC), sets out existing policy and practice in relation to the provision and funding of shelter services in the KwaZulu-Natal (KZN) province. Two similar provincial reports on the policy, funding and practice of shelter services in Gauteng and Western Cape were produced by HBF and TLAC in 2012 and 2013 respectively.

Four shelters volunteered to participate in this study. They are, however, not named in the report as the shelters opted to not be identified.

The purpose of the case studies was two-fold. Firstly, the case studies aimed to provide information about the women who were seeking assistance from shelters and the services they required. Secondly, they served to contrast the shelters' ability to meet those needs in the context of funding allowances.

Shelter provision and regulation is placed under the auspices of the Department of Social Development (DSD). It constitutes part of the Victim Empowerment Programme (VEP), which is located within the Restorative Services Programme at a provincial level. The implementation of the VEP is guided by the *Service Charter for Victims of Crime in South Africa* and the *Minimum Standards on Services for Victims of Crime* (2004). These provisions outline the mechanisms for protecting and promoting the rights of victims of crime in compliance with the Constitution and obligations under the international and region-

al human rights treaties that the country is party too. Victims of domestic violence, sexual assault and rape are among the prioritised groups within the classification of victims of crime.

The *Minimum Standards on Shelters for Abused Women* (2001) notes that "shelters represent an absolutely critical point of crisis intervention". At a national level DSD is tasked to "facilitate and fast track the provision of shelters for abused women" and to ensure the "availability and accessibility of counselling services to women and children". It further places the responsibility on DSD to ensure that the interventions meet basic needs as well as provide support, counselling and skills development. National DSD's more recent *National Strategy for Sheltering Services for Victims of Crime and Violence* (2013 – 2018) further recognises the department's responsibility for establishing and funding shelters. The strategy document does not, however, specify how shelters should be funded and the extent of support that DSD should provide.

Despite the DSD recognising that it (a) has a "constitutional obligation to provide for statutory services" and (b) cannot do so on its own, it maintains that it's not the "sole provider of all social services." In terms of its *Policy on Financial Awards to Service Providers* (2011), it expects NPOs to raise funds from other sources to make up funding shortfalls. This is very different to how government generally operates with other service providers such as with

the construction of roads “where government pays service providers the full cost plus profit”.

In 2010, 3 Free State-based NPOs took both the national and the provincial departments of Social Development to court. The chief complaints levelled at the Departments related to funding irregularities and insufficient subsidy allocations to shelters to render the quality of services that was expected of them. The court ruled in favour of the NPOs. It found that by not sufficiently funding NPOs, DSD had violated the constitutional rights of vulnerable groups. The court instructed DSD to pay out all outstanding funds due to the organisations and further ordered a revision of the provincial government’s funding policy. It took 3 years and 3 policy revisions before the High Court was satisfied that DSD had complied with the judgement. DSD at national level is now in the process of revising the ***National Policy on Financial Awards to Service Providers***.

The complaints raised by Free State NPOs against DSD are not unique to the province. Research undertaken in the Western Cape and Gauteng by HBF and TLAC between 2011 and 2013 raised similar frustrations. The research in KZN shows that shelters here raised the same concerns.

In the 2015/2016 financial year, the budget of DSD at national level for social security and developmental social welfare was R206.4 billion - equivalent to 15.3% of government expenditure, and 4.9% of gross

domestic product (GDP). This amount was subdivided as follows: 88% for social assistance and security (i.e. SASSA grants), 10% for welfare and related services, and 2% for administration. From the welfare and related services budget, only 4% is allocated for social crime prevention and victim empowerment. The bulk goes to children and families (62%), older persons (11%), HIV and AIDS (8%), people with disabilities and substance abuse (each 6%) and youth development (3%).

Transfers to NPOs for service delivery accounts for 37.1% of the combined DSD budgets of all 9 provinces; an amount that is equivalent to less than 0.1% of the DSD budget at national level. While DSD describes the percentage of transfers to NPOs as being “substantial” it notes that this amount is less than what it allocates to DSD personnel. Since 2005/06, DSD allocations to NPOs at a provincial level have decreased from 40% to 37%.

In their analysis of social welfare budgeting in South Africa, Budlender and Francis (2014) note that KZN tends to allocate one of the lowest proportions of its budget to social development, despite being one of the poorer provinces and “thus presumably having more people in need of assistance.”

In KZN, the VEP allocation amounts to a mere 1% of DSD’s overall budget. The VEP budget makes provision for psychosocial services to victims of crime and violence through the funding of welfare organisa-

tions and shelters for women as well as other activities related to victim empowerment. In its outlook for 2015/2016, the DSD in KZN noted a substantial increase in funding for the “national priority” provision of shelters to victims of gender-based violence. An analysis of actual expenditure of the Restorative Services budget revealed that the VEP programme had the lowest expenditure. Of the total VEP expenditure of R28,2 million, about half was transferred to NPOs rendering welfare and shelter services for women in the 2015/2016 financial year. This was 36% less than what the Department had planned to allocate. Despite victim empowerment and the provision of shelters, being a national priority, the amount allocated to NPOs working in the victim empowerment sector was less than the amount transferred to NPOs for other social welfare service areas.

Overall, “national priority funding” for NPOs was under-spent by DSD to the val-

ue of R15.696 million. DSD reports that this under-spend arose as a result of “challenges” in identifying a site for the establishment of a Khusuleka one-stop centre. Three NPOs in the province had closed their doors as a result of funding challenges while others were only able to start operating later in the financial year. The department also reports that this under-spend was attributable to shelters being “under-utilised” by clients. It is important to note that in KZN, even though a shelter may sign a grant agreement with DSD for a set amount, actual funding transfers will vary depending on the number of clients that the shelter has “claimed” for (i.e. accommodated). This funding method is problematic for two reasons. Firstly, it fails to take into account that shelters will continue to incur fixed expenses, such as rent, regardless of number of residents that they may or may not accommodate. This places shelters in precarious positions should they not have access to additional sources

"Of the VEP expenditure of R28,2 million, about half was transferred to NPOs rendering welfare and shelter services for women...[t]his was 36% less than what the Department had planned to allocate. Despite victim empowerment and the provision of shelters, being a national priority, the amount allocated to NPOs working in [this sector] was less than the amount transferred to NPOs for other social welfare service areas."

of funding. Secondly, it compromises the department's ability to effectively plan and manage its budget. This may in the long-term lead to unintended consequences such as reduced budgets for transfers to NPO shelters.

The DSD funding for shelters in KZN appears to follow the same format. All 4 participating shelters received the same contributions towards staff salaries (the same with respect to amounts as well as category of personnel). They also received a set unit rate contribution of R63 per day for the accommodation of women and their children, R30,000 towards community awareness campaigns, and R10,000 towards the provision of comfort packs for shelter residents. As a set funding framework was employed, the only difference between the shelters was the total of funding received (attributed to the number of women and children that the shelters were each able to accommodate). In all 4 cases, however, the full costs of operating the shelter exceeded the funding contribution of DSD.

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

- *DSD's funding of shelters in KZN is inadequate, and where there are resources, DSD under-spends and often delays transfers to NPOs.*
- The majority of women residing at the shelters had only high school education, were unemployed and had no source of income and thus relied largely on the shelter.
- Women in the shelters had serious health and legal support needs.
- The majority of women remained economically vulnerable on leaving the shelter despite the shelter's best efforts.
- The provision of shelter services to women plays a role in the prevention of IPV.
- Funding constraints limit the ability of shelters to provide comprehensive services to women and children.

Overall, the research reveals that the cost of providing psychosocial support services to women and children accessing shelters exceeded DSD funding. Judging from the case files and interviews with shelter staff, it is obvious that shelter staff members are committed to providing the best service they can within their budgetary and capacity allowances. However, without adequate financial support, shelters are not able to meet all the legitimate needs of abused women and their children. If government is truly serious about effectively addressing violence against women and children, then it has to ensure that shelters, that deliver services on governments' behalf, receive adequate funding to do so.



2. INTRODUCTION

Violence against women is a significant problem in South Africa. The country has the highest rate of femicide in the world with estimates that suggest that a woman dies at the hands of an intimate partner every eight hours.¹ Research also indicates that following HIV, Intimate Partner Violence (IPV) is the second highest cause of disease and injuries in South Africa.²

IPV is often linked to the economic and social disempowerment of women. Horn et al (2016), for example, posit that financial and social support, are two of the most important considerations that determine whether a woman can leave an abusive relationship or not. Those who lack either of the two are more likely to feel helpless about changing their situation or even leaving the relationship. Campbell and Mannell (2016) also contend that the in-

dividual agency of women to respond to violent partners is usually constrained by social conditions which include the lack of material resources. Burnett et al (2016) argue that it is the fear of destitution that often undermines women's efforts to live independently of an abusive partner.

A comprehensive response to domestic violence that is both preventative and responsive to the impact of violence on survivors is essential. Such services should include a broad range of legal, medical, and psychosocial support services as well as access to alternative accommodation.

In South Africa, shelters are part of a government response to providing alternative accommodation as well as care and support for survivors of violence.

1 Abrahams, Mathews, Jewkes, Martin and Lombard, 2012

2 Norman et al., 2010

2.1. BACKGROUND

Various legislative and policy frameworks make reference to the provision of shelters in South Africa. The Domestic Violence Act (DVA)³ for example, places an obligation on members of the South African Police Service (SAPS) to refer and transfer women to shelters. But while the Act does not stipulate whose statutory duty it is to provide and fund those shelters, government policy specifies that shelter provision falls under the auspices of the Department of Social Development (DSD).

Between 2011 and 2013, the Heinrich Böll Foundation (HBF) and the Tshwaranang Legal Advocacy Centre to End Violence against Women (TLAC) conducted two provincial studies, one in Gauteng⁴ and the other in the Western Cape⁵, which profiled a total of 8 shelters for abused women. The studies explored national and provincial government policy and budgets in relation to the provision of shelter services. They also profiled the needs of women who sought residence in shelters, and assessed the ability of shelters to meet those needs in the context of state funding. Essentially the studies sought to determine whether the state was fulfilling its obligations in ensuring the provision of sheltering services to women.

Both studies revealed that shelters in the 2 provinces were significantly underfunded by the DSD. Financial limitations consequently prevented shelters from being able to meet the multitude of practical, legal and psychosocial support needs of women, and their children, accessing shelters services. The research also noted inconsistencies in funding, policy and practice between the provinces, highlighting the need for further work in this regard.

This report documents the first of another series of provincial studies on the provision of sheltering services to women in connection with the HBF and the National Shelter Movement of South Africa's (NSM) "Enhancing State Responsiveness to Gender Based Violence: Paying the True Costs" project.

³ Act 116 of 1998

⁴ Bhana, Vetten, Makhunga and Massawe, 2012

⁵ Bhana, Lopes, and Massawe, 2013

2.2. METHODOLOGY

Information regarding the purpose, use and methodology of the study was shared with 8 shelters that are members of the NSM in KZN. From the 8, 4 volunteered to take part in the study - 2 granted researchers full access to shelter staff, shelter documentation and case files, 1 granted researchers access to shelter documents and case files but were not available to be interviewed during the study time-frame, while the fourth shelter did not grant access to client case files. The following research methods were employed.

DATA COLLECTION AND ANALYSIS

Three types of data collection⁶ was undertaken to solicit information for the case studies. The first was semi-structured interviews with shelter managers and other senior staff at the participating shelters for insights into the shelter, its enrolment policy, its services, funding sources and its challenges. The second was an analysis of shelter documentation including Annual Reports, Audited Financial Statements and funding Service Level Agreements. The third was an analysis of client case files (based on data extracted from client schedules) for the period of focus, namely 1 March 2015 to 28 February 2016, and for the demographic of focus, i.e. women sur-

vivors of IPV. The case file analysis enabled the collection of evidence with regards to the demographic of shelter residents, the interventions they received including, inter alia, financial; medical; legal and empowerment support, as well as the support provided to children who accompanied their mothers to the shelter.

Completed client data schedules were then coded and captured⁷ before being analysed and written up⁸. A preliminary analysis of the data was presented to shelters for validation purposes.

The confidentiality and integrity of all client information as well as the identities of all participating persons and shelters was maintained by ensuring the anonymity of the client files accessed, shelter staff interviewed and the names of the shelters that participated in the assessment.

DESKTOP RESEARCH

Desktop research was then conducted through analysing legislation, policy documents, government reports, media and scholarly articles that examine shelter services. This allowed the researchers to get a comprehensive understanding of government policy on shelter funding.

6 Data collection and fieldwork was undertaken by HBF and NSM.

7 Data-capturing was undertaken by Catalyst using Statistical Package for the Social Sciences (SPSS).

8 Data analysis and the first draft of report writing was undertaken by TLAC. HBF verified the data and took on the writing of subsequent drafts.

2.3. LIMITATIONS

As with all studies, there were limitations in the research methodology. Firstly, not all shelters in the province were covered and only NSM-member shelters were invited to participate in the study. Secondly, while the assessment of client files provided a wealth of information on the needs

of women who access shelters, they also revealed gaps in the information collected and recorded for each client. This can be attributed to the fact that some case files were incomplete or had inconsistent standards of record-keeping.

2.4. REPORT STRUCTURE

The next section of this report explores legislative and policy frameworks for the provision and funding of shelter services. It includes a discussion of how shelter services should be provided in terms of the related legislative and policy frameworks as opposed to what actually happens in practice.

The section that follows contains the case studies of the participating shelters and thereafter, a brief summary of the profile of women and children accessing ser-

vices. Three of the 4 case studies profile the needs of the women and those of their children and describe the extent to which shelters were able to meet those needs. The fourth shelter did not provide researchers with permission to analyse case files but did grant researchers access to the required documentation and to conducting interviews with shelter staff.

The final section summarises the keys findings across the 4 case studies.



3. POLICY FRAMEWORK FOR PROVISION AND FUNDING OF SHELTER SERVICES

3.1. THE DOMESTIC VIOLENCE ACT

In 1988, the DVA was promulgated to respond to the high rates of domestic violence⁹ in the country. The purpose of the Act was to “afford victims of domestic violence the maximum protection from domestic abuse that the law can provide”.¹⁰

The DVA places a number of legal duties on the SAPS in relation to the protection of victims of abuse including “assisting or making arrangements for the complainant to find suitable shelter”.¹¹ Section 8 of the National Instructions to the DVA (7/1999) stipulates that in order to comply with the duty to assist survivors of domestic violence to access shelter services, the SAPS must:

- Provide names, contact numbers and/or addresses of organisations providing shelter services and relevant support and/or counselling services;
- If requested, contact these shelters on behalf of the complainant; and
- Assist in arranging transport to get to a shelter, including using a police vehicle if all other options have not been successful.

The Act and the National Instructions clearly asserts the rights of victims to access shelters, however, a key criticism of this legislative framework is that it does not stipulate whose statutory duty it is to provide and fund these shelters.¹²

9 *The Act defines domestic violence broadly to include all forms of physical, emotional, verbal, psychological, sexual, and economic abuse occurring within a domestic relationship ranging from persons residing together. It includes both family members and intimate partners. It further defines domestic violence as constituting any other “controlling or abusive behaviour”, including intimidation, harassment, stalking and damaging of property.*

10 *Preamble to the DVA.*

11 *DVA 1998:4*

12 *Bhana et al., 2012*

3.2. VICTIM EMPOWERMENT PROGRAMME

While no legislative framework currently places the responsibility of the provision of shelters on a particular state institution; shelter provision and regulation is placed under the auspices of the DSD through the VEP which is located within the Restorative Services Programme. The VEP emanates from the government's National Crime Prevention Strategy (subsequently replaced by the Integrated Social Crime Prevention Strategy of 2011). The primary purpose of the VEP is to promote an inter-departmental, multi-sectoral "victim-centred approach to criminal justice".¹³

The implementation of the VEP is guided by the *Service Charter for Victims of Crime in South Africa*¹⁴ and the *Minimum Standards on Services for Victims of Crime* (2004). These policies outline the mechanisms for protecting and promoting the rights of victims of crime in compliance with South Africa's obligations under the international and regional human rights treaties that the country is party too. Victims of domestic violence, sexual assault and rape are among the prioritised groups within the classification of victims of crime. The DSD is the lead and co-ordinating agent of the VEP. According to the *National Policy Guidelines for VEP*, the DSD's roles and responsibilities include:

- Strategic leadership, facilitation and coordination of the implementation of the VEP;
- Development of policies and guidelines in relation to victim empowerment;
- Provision of shelters and access to psycho-social services, including clinical psychologists, social workers, and clinical social workers;
- Provision of a funding framework and support for NGOs contracted to provide services to victims;
- Training of officials and personnel; and
- Development and implementation of monitoring and evaluation systems and standards.

The development of partnerships between government and civil society organisations for social welfare service delivery is central to the success of the VEP. DSD's **Framework for Social Welfare Services** (2011) also states that "close collaboration between the public sector and civil society organisations is critical for an integrated, holistic and effective social welfare service delivery system."

¹³ DSD, *National Policy Guidelines for VEP*, 2009

¹⁴ N.d.

3.3. MINIMUM STANDARDS AND THE NATIONAL STRATEGY FOR SHELTERS

Provision of shelters services is also guided by the *Minimum Standards on Shelters for Abused Women (2001)*. The Minimum Standards note that “shelters represent an absolutely critical point of crisis intervention”, and are 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”¹⁵.

In relation to shelter provision, the Minimum Standards specifically places the responsibility on DSD to “facilitate and fast track the provision of shelters”, as well as “ensuring the availability and accessibility of counselling services to women and children”.¹⁶ It further places the following responsibilities on the DSD:

- To provide a short-term intervention for women and children in crisis;
- To ensure that the interventions meet basic needs as well as provide support, counselling and skills development;

- To ensure that shelters maintain an effective level of safety and security for staff and residents;
- To ensure that shelters are run by responsible management;
- To ensure that all persons involved in providing sheltering attend training which meet minimum standards in service delivery; and
- To implement developmental quality assurance (for monitoring and evaluation purposes) in an effort to ensure service delivery and the transformation of welfare services.

National DSD’s more recent *National Strategy for Sheltering Services for Victims of Crime and Violence* (2013 – 2018) further recognises the department’s responsibility for establishing and funding shelters. The strategy document does not however specify how shelters should be funded and the extent of support that DSD should provide.

¹⁵ DSD, 2001:1

¹⁶ Ibid.

3.4. POLICY ON FINANCIAL AWARDS TO SERVICE PROVIDERS

Various policies and laws govern the regulation of NPOs and the funding of social services in South Africa.¹⁷ These have, however, been criticised for being inconsistent in their application to different social services and for their failure to account for the division of responsibility placed on national and provisional government, amongst other shortcomings. In order to address some of the shortcomings and to adopt a new approach to financing, DSD released a new *Policy on Financial Awards to Service Providers* in 2011. The policy guides the procurement of social welfare services from organisations through a com-

mercial contract or through subsidies governed by a Service Level Agreement (SLA). However, despite the DSD recognising that it (a) has a “constitutional obligation to provide for statutory services” and (b) cannot do so on its own, it maintains that it’s not the “sole provider of all social services” and therefore expects NPO’s to raise funds from other sources.¹⁸ This is very different to how government generally operates with other service providers such as with the construction of roads “where government pays service providers the full cost plus profit”.¹⁹

3.5. LEGAL CHALLENGES TO GOVERNMENT’S APPROACH TO FUNDING NON-PROFIT ORGANISATIONS

In 2010, 3 Free State-based NPOs took the DSD to both national and provincial level to court (known as the NAWONGO²⁰ case). The chief complaints levelled at the Departments related to funding irregularities and insufficient subsidy allocations to

render the quality of services that was expected of them. The court ruled in favour of the NPOs. It found that by not sufficiently funding NPOs, the department had violated the constitutional rights of vulnerable groups. The court instructed DSD to pay

17 Such as the *Policy on Financial Awards of 1995*, the *Non Profit Act of 1997*, the *National Development Agency Act of 1998* and the *Public Finance Management Act of 1999*.

18 DSD, 2011:37

19 Bhana et al, 2012

20 NAWONGO stands for the *National Association of Welfare Organisations and Non-Governmental Organisations*.

out all outstanding funds due to the organisations and further ordered a revision of the provincial government's funding policy.

In 2011, the Free State DSD submitted the first revision of its Policy on Financial Awards. This revision was rejected by the court for failing to adequately respond to the first judgement. It took three years and another two policy revisions before the High Court was satisfied that the DSD had complied with all the judgements. DSD at national level is currently in the process of revising its own *National Policy on Financial Awards*.

In her summation of the NAWONGO case, Debbie Budlender highlights 3 key prin-

ciples that DSD at national level needs to take note of in the development of the new national policy: Firstly, it must be developed in consultation with NPOs; secondly, it needs to be "fair, equitable and transparent" in its funding of NPOs; and finally, "NPOs cannot be made responsible for covering the shortfall in funds for delivering services for which government is constitutionally and statutorily responsible".²¹

The complaints raised by Free State NPOs against DSD are not unique to the province. The research undertaken in the Western Cape and Gauteng by HBF and TLAC between 2011 and 2013 raised similar frustrations by NPOs. The research in KZN resulted in similar findings.

"In 2010, 3 Free State-based NPOs took the DSD at both national and provincial level to court... The chief complaints levelled at the Departments related to funding irregularities and insufficient subsidy allocations to render the quality of services that was expected of them. The court ruled in favour of the NPOs. It found that by not sufficiently funding NPOs, the Department had violated the constitutional rights of vulnerable groups."

21 2011:2



3.6. DEPARTMENT OF SOCIAL DEVELOPMENT BUDGET ALLOCATIONS

NATIONAL DSD BUDGET

In the 2015/2016 financial year, the budget of DSD at national level for social security and developmental social welfare was R206.4 billion - equivalent to 15.3% of government expenditure, and 4.9% of GDP.²² This amount was then subdivided as follows: 88% for social assistance and security (i.e. SASSA grants), 10% for welfare and related services, and 2% for administration. From the welfare and related services budget, 62% is attributed to children and families, 11% to older persons, 8% for HIV and AIDS, 6% each for people with disabilities and substance abuse, 4% for social crime prevention and victim empowerment, and 3% for youth development.

Transfers to NPOs for service delivery accounts for 37.1% of the combined DSD budgets of all nine provinces; an amount that is equivalent to less than 0.1% of the DSD budget at national level.²³ While DSD describes the percentage of transfers to NPOs as being “substantial” it notes that this amount is less than what it allocates to DSD personnel. Since 2005/06, allocations to NPOs from DSD at provincial level have decreased from 40% to 37%.²⁴

In their analysis of social welfare budgeting in South Africa,²⁵ Budlender and Francis note that KZN tends to allocate one of the lowest proportions of its budget to Social Development despite being one of the poorer provinces and “thus presumably having more people in need of assistance”.²⁶

KWAZULU-NATAL DSD BUDGET ALLOCATIONS

In its 2014 budget vote, the DSD in KZN had planned to allocate R284.950 million of its budget to Restorative Services for the 2015/2016 financial year. Of this amount, VEP was to receive the second lowest budget allocation of the Restorative Services four subprograms, second to that of Management and Support (i.e. staff salaries and administrative costs). However, actual expenditure, as reflected in KZN DSD’s 2015/2016 Annual Report, reveals a significant overspend (by R23.810 million) in the Management and Support subprogram resulting in VEP being the least spent-on subprogram of the Restorative Services Budget. All 3 of the remaining subprograms reflect under-spending.²⁷

22 DSD, *Summary Report on the Review of the White Paper for Social Welfare, 2016*

23 DSD, *Summary Report on the Review of the White Paper for Social Welfare, 2016: 35*

24 *Ibid.*

25 *The analysis focuses on the years covered by the 2014 provincial budget books, namely 2010/11 to 2016/17.*

26 2014:11

27 *Ibid.*

This was not, however, the only programme that the DSD under-spent on. According to *KZN Treasury's Unaudited Close-Out* report, DSD under-spent its budget by a total of R98 million. A little more than 15% of this under-spending (i.e. R15.548m) was attributed to non-transfers to NPOs and 65% (R63 million) was under-spent in the Department's programme for support for NPOs.²⁸

The 2015/2016 financial year **actual spend** of the KZN DSD budget was as follows: of the R283.062 million Restorative Services budget, 10% (R28.277m) was spent on the VEP. The VEP allocation amounts to a mere 1% of the departments overall budget of slightly over R2.6 billion.

TABLE 1: KWAZULU-NATAL DSD EXPENDITURE BY PROGRAMME

| | ACTUAL EXPENDITURE R'000 | % OF TOTAL BUDGET |
|--------------------------|-----------------------------|----------------------|
| Administration | 519 148 | 20 |
| Social welfare services | 634 856 | 25 |
| Children and families | 1 003 914 | 38 |
| Restorative services | 283 062 | 11 |
| Research and development | 169 377 | 7 |
| Total | 2 610 357 | 100 |

TABLE 2: RESTORATIVE SERVICES 2015/16 BUDGET

| SUB-PROGRAMME | ACTUAL EXPENDITURE R'000 | % OF TOTAL BUDGET |
|--|-----------------------------|----------------------|
| Management and support | 57 623 | 20 |
| Crime prevention and support | 117 619 | 40 |
| Victim empowerment | 28 277 | 10 |
| Substance abuse, prevention, treatment & rehabilitation | 79 823 | 30 |
| Total | 283 062 | 100 |

28 Viranna, 2016

The VEP budget is assigned to the provision of psychosocial services to victims of crime and violence through the funding of welfare organisations and shelters for women and other activities related to victim empowerment. In its outlook for 2015/2016, the KZN DSD noted a substantial increase in the allocation of funds for the “national priority” provision of shelters to victims of gender-based violence. Over the medium term (2015/2016 – 2017/2018), it had allocated just over R82 million to VEP of which R26.382 million was allocated to the first financial year.²⁹

Actual expenditure was somewhat different.³⁰ Of the total VEP expenditure of R28.2 million, about half (R14.123m) was transferred to NPOs rendering welfare and shelter services for women in the 2015/2016 financial year. This was 36% less than the final planned transfer allocation of R22.219 million.

Despite victim empowerment, and more specifically the provision of shelters, being a national priority, the amount allocated to NPOs working in the victim empowerment sector was less than the amount transferred to NPOs for other social welfare service areas, as illustrated below:

- R 14.123m for victim empowerment;

- R18.967m for crime prevention and support;
- R26.878m for community-based care for children;
- R66.679m for HIV/AIDS;
- R67.274m for services to persons with disabilities;
- R98.142m for child and youth care centres;
- R105.074m for services to older persons, and
- R364.442m for children and families.

Of the R14.123 million transfers to VEP organisations, a little more than half (R7.169 million) was used to fund a total of 11 shelters for women – about a quarter of the VEP budget allocation and an average of R651,720 per shelter.³¹ The unit rate subsidy that the DSD allocated to these shelters on a per-women-per-day basis was R63 – an increase of R1 from the 2014/2015 subsidy of R62. R63 per-women-per-day amounts to an estimated R1,916.25 monthly rate. In comparison, Child and Youth Care facilities received R2,372 per child on a monthly basis.³²

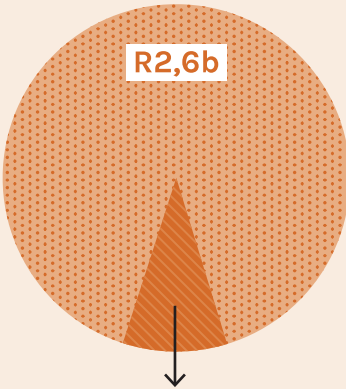
29 DSD, *Estimates of Provincial Revenue and Expenditure, 2015*.

30 Refer to tables 3 – 5 for a summary of appropriations, actual expenditure and Medium-Term estimates.

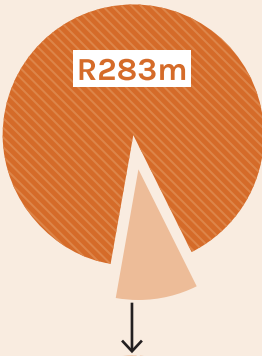
31 DSD Annual Report, 2016.

32 DSD Review on the White Paper, 2016.

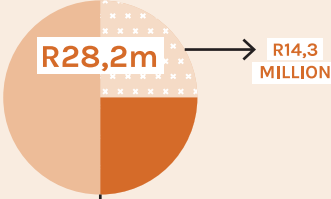
DSD FUNDING & DISTRIBUTION



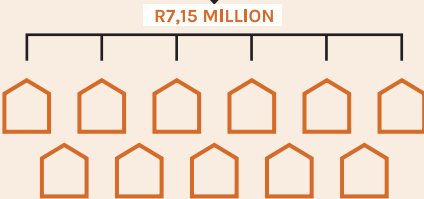
Of the R2.6 billion KZN DSD Budget, 11% (R283m) was allocated to the Restoratives Services Programme



Of the Restorative Services budget, 10% (R28.2m) was allocated to the VEP



Of the R28.2m budget of the Victim Empowerment Programme, R14.3 was allocated to transfers to NGOs and 50% of this amount was transferred to 11 shelters



TABLES 3 - 5: KZN DSD SUMMARY OF APPROPRIATIONS, ACTUAL EXPENDITURE AND MEDIUM

| RESTORATIVE SERVICES | 2013/2014 | | 2014/2015 |
|----------------------|---------------------|--------------------|---------------------|
| | Final Appropriation | Actual Expenditure | Final Appropriation |
| | 234,274 | 202,074 | 259,934 |

Source: KZN Annual Report 2015/2016: 168; Estimates of Provincial Revenue and Expenditure, 2015:636

| VICTIM EMPOWERMENT | 2013/2014 | | 2014/2015 |
|--------------------|---------------------|--------------------|---------------------|
| | Final Appropriation | Actual Expenditure | Final Appropriation |
| | 15,838 | 8,206 | 17,961 |

Source: KZN Annual Report 2015/2016: 18; KZN Annual Report 2014/2015: 57; KZN Treasury, Estimates of Provincial Revenue and Expenditure, 2015:636

| VICTIM EMPOWERMENT: TRANSFERS TO NPOS | 2013/2014 | 2014/2015 | |
|---------------------------------------|---------------------|-----------------|---------------------|
| | Transfer allocation | Actual Transfer | Transfer allocation |
| Welfare Organisations | 0 | 0 | 9,474 |
| Shelters for women | 11,323 | 7,308 | 3,086 |
| Total | 11,323 | 7,308 | 12,560 |

Source: KZN Annual Report 2014/2015: 203; KZN Annual Report 2015/2016: 243

M-TERM ESTIMATES

| | | | MEDIUM-TERM ESTIMATES | | |
|--------------------|---------------------|--------------------|-----------------------|-----------|-----------|
| 2015/2016 | | | 2016/2017 | 2017/2018 | 2018/2019 |
| Actual Expenditure | Final Appropriation | Actual Expenditure | | | |
| 258,173 | 284,950 | 283,062 | 286 095 | 301 168 | 316 338 |

| | | | MEDIUM-TERM ESTIMATES | | |
|--------------------|---------------------|--------------------|-----------------------|-----------|-----------|
| 2015/2016 | | | 2016/2017 | 2017/2018 | 2018/2019 |
| Actual Expenditure | Final Appropriation | Actual Expenditure | | | |
| 16,102 | 35,079 | 28,277 | 36 845 | 38 943 | 40 602 |

| | | | MEDIUM-TERM ESTIMATES | | |
|-----------------|---------------------|-----------------|-----------------------|-----------|-----------|
| 2015/2016 | | | 2016/2017 | 2017/2018 | 2018/2019 |
| Actual Transfer | Transfer allocation | Actual Transfer | | | |
| 9,475 | 7,552 | 6,954 | | | |
| 3,086 | 14,667 | 7,169 | 23 057 | 24 462 | 25 280 |
| 12,561 | 22,219 | 14,123 | | | |

UNFULFILLED UNDERTAKINGS

In 2013/2014 KZN DSD launched 2 new shelters for victims of crime and violence and planned to establish a Khuseleka One-Stop Centre³³ in 2014/2015.³⁴ During the 2014/2015 financial year, KZN DSD reported that it had merely commenced discussions on establishing this one-stop centre.³⁵ It had, however, expanded its VEP for shelters to include 6 White Door Centres of Hope³⁶. Future plans included establishing more White Doors as well as shelters for abused women and children in various districts.

In 2015/2016 KZN DSD established a further 2 White Doors. The department had also launched a new shelter which was to begin intake the following financial year. It also reported that it had funded a total of 29 NPOs working in the victim empowerment sector, 18 of which were shelters for victims of crime and violence (including shelters for women). Other victim empowerment activities that the DSD undertook included the hosting of roundtable discussions on fatherhood; the development of an annual campaign strategy (with a focus on men and their role in addressing “social ills”); and the training of personnel and

NPOs on the Trafficking in Person’s Policy Framework.

Despite these gains, the DSD under-spent its VEP budget by R6.8 million. The KZN DSD attributes most of this under-spending to staff vacancies. There was also a notable variance in transfers to NPOs rendering welfare services and shelters for women, the latter of which was under-spent by 48.9%.

Overall, DSD under-spent on “national priority funding” for NPOs to the value of R15.696 million. DSD reports that this under-spend arose as a result of challenges in identifying a site for the establishment of a Khusuleka one-stop centre. ***Three NPOs in the province had closed their doors as a result of funding challenges*** [emphasis added], while others were only able to start operating later in the financial year. The department also reports that this under-spend was attributable to shelters being “under-utilised” by clients. It is important to note that in KZN, even though a shelter may sign a SLA with DSD for a set amount, actual funding transfers will vary depending on the number of clients that the shelter has “claimed” for (i.e. accommodated). This funding method is problematic for two reasons. Firstly, it fails

33 *Khuseleka Centres are a one-stop service offering to women and children who are victims of violence. In addition to shelter and psychosocial support, victims are also assisted with on-site health care, police services and legal assistance.*

34 *Budlender et al, 2014*

35 *KZN DSD Annual Report, 2015*

36 *White Door Centres of Hope operate as victim support centres, offering emotional containment to victims while they wait to access professional support services. Victims are not expected to spend more than 6 hours at these centres.*

to take into account that shelters will continue to incur fixed expenses, such as rent, regardless of number of residents that they may or may not accommodate. This places shelters in precarious positions should they not have access to additional sources of funding. Secondly, it compromises the department's ability to effectively plan and manage its budget. This may in the long-term lead to unintended consequences such as reduced budgets for transfers to NPO shelters.

Despite the under-spend that year, DSD had indicated throughout the course of the year that it had no money to pay for a 6% subsidy increase to NPOs which the KZN MEC for Finance, Belinda Scott, had announced in her 2015/2016 budget speech. The argument made by the Head of Department, Nokuthula Khanyile, was that if the Department were to increase subsidies to NPOs, then it would have to "cut down on other essential expenditure".³⁷ Instead, DSD sought to "rationalise" services as a "mechanism to achieve the equitable distribution of services". DSD reported that their "framework for the rationalisation of social services" would be finalised by the end of September 2015.³⁸ Responding to these plans, a social development spokesperson for one political party noted her concern as to the future prospects of NPOs and those they serve.

She said:

"At the end of the day it is the poor and vulnerable people of the province who will suffer as the consequences of a lack of additional funding bring a reduction of services rolled out by some NGOs and the complete closure of others."³⁹

The MEC for Finance in KZN raised the matter of the 6% tariff increase to NPO funding yet again in the tabling of the 2016/2017 Medium-Term Expenditure Framework (MTEF) Budget Speech. MEC Scott noted that while DSD had not, provided "sufficient funding in their baseline to ensure the continued inflationary growth in transfers to their existing NGOs", in 2013/14, it would "have to put processes in place to ensure that they [would be] in a position to carry these increases through beyond 2017/18".⁴⁰

A tug-of-war between NPOs and the DSD has erupted ever since. In mid-2016, a number of NPOs came forward claiming to have been told by the DSD in KZN that their funding would be cut by between 30 – 50%. DSD counteracted by saying that they were not cutting subsidies, but merely redirecting resources from urban to rural areas. This redirection, or "rationalisation" as it has been coined, would also respond to the duplication of services, including

³⁷ *The Witness*, 9 September 2015

³⁸ *Ibid.*

³⁹ *The Citizen*, 9 September 2015

⁴⁰ *Budget Address by Finance MEC Belinda Scott*, 10 March 2016

the paying of social workers employed by both NPOs and DSD who are working in the same area.⁴¹ MEC Weziwe Thusi also denied any cutting of NPO budgets in her presentation to the Portfolio Committee on Social Development at the KZN Provincial Legislature. She explained that the DSD was “merely undertaking a monitoring and evaluation exercise of NGOs”. The MEC was accused of trying to place the blame on others for the DSD’s inability to plan and manage its budget adequately.⁴² The department was also lambasted for the Auditor General’s findings that it had

incurred R104.48 million in irregular expenditure and R533,000 in fruitless and wasteful expenditure⁴³ in the 2015/2016 financial year.⁴⁴

Against this backdrop, it is important to note that the 4 shelters that this report profiles were not affected by budget cuts in the 2015/2016 financial year. It would well have been beneficial to include a case study of an NGO that was affected in this way, but the research methods employed for selecting the shelters put these shelters outside of the scope of this study.

"In KZN...funding transfers will vary depending on the number of clients that the shelter has [accommodated]. This funding method is problematic [as it] fails to take into account that shelters will continue to incur fixed expenses. This places shelters in precarious positions should they not have access to additional sources of funding. [It also] compromises the department's ability to effectively plan and manage its budget."

⁴¹ *Daily News*, 11 August 2016

⁴² *Viranna*, 30 August 2016

⁴³ Section 1 of the Public Finance Management Act (PFMA) (Act No. 1 of 1999) defines fruitless and wasteful expenditure as “expenditure which was made in vain and would have been avoided had reasonable care been exercised”.

⁴⁴ *Viranna*, 30 August 2016

4. CASE STUDIES OF FOUR **KWAZULU-NATAL SHELTERS**

SHELTER 1

| | |
|---|--|
| Description | NPO offering shelter and other services to the community |
| Established | 2003 |
| Location | Township |
| Shelter Capacity | 6 women and children |
| Admission Criteria | Women and their children who are victims of domestic violence |
| Exclusions | Males, boys older than the age of 12, substance abusers and unaccompanied minors |
| Duration of Stay | 3 – 6 months except when there is a continuing court case |
| Service Charges | None |
| Funding | DSD, Trust funds and in-kind donations in the form of groceries and furniture |
| Clients (1 March 2015-28 February 2016) | 17 women and their children |
| Clients in sample (IPV) | 8 women and 7 of their children |

FUNDING

The shelter was founded in 2003 and offers accommodation and shelter services to abused women and their children and a range of other services to the local community. DSD has been funding the shelter since 2008. Initially funding from DSD only covered client-related expenses but a few years later included a partial contribution towards staff salaries which the shelter tops up with funding from other sources.

For the 2015/2016 financial year, the shelter received half of its funding from DSD and was able to secure the other half from a private trust.

DSD funding in 2015/2016 included subsidies towards the salaries of 7 of the shelter's 9 staff members. The following (monthly) subsidy salary rates applied for the 7 shelter staff members: a social worker at a subsidy of just slightly over R11,000; a centre manager (hereinafter referred to as a shelter manager) at R5,000; an administrator at slightly over R4,700; two housemothers at a rate of R2,500 each; a handyman at a cost of R2,000 and a cleaner at R1,600. The DSD contribution towards the costs of providing accommodation and meals to women and their children was R63 per-person-per-day, subject to actual claims.

Funding was also contributed towards the provision of client comfort packs (R10,000) and towards the running of awareness raising campaigns (R30,000).

As per the shelter's 2015/2016 Audited

Financial Statements (as seen in the table), the shelter received a total of R587,873 from DSD while operating expenses for the shelter were just over R1.1 million. DSD funding thus amounted to only 53% of the shelters operating expenses for that year.

| INCOME AND EXPENDITURE 2015/2016 | ZAR |
|---|-----------|
| Grant income from DSD | 587,873 |
| Operating expenditure | 1,109,308 |
| Salaries & Wages | 527,315 |
| Volunteer Stipends | 379,837 |
| Transport (Motor vehicle expenses, travel etc) | 72,378 |
| Admin costs (audit, banking fees, insurance, subscriptions, printing etc) | 60,827 |
| Consumables (Groceries) | 37,150 |
| Maintenance & Running Costs (electricity, water, telephone, cleaning etc) | 31,801 |

The shelter spends most of its operating budget on the payment of staff salaries and volunteer stipends. Transport and administrative costs such as audit costs, banking fees, printing etc follow on from staff salaries as the highest costs to the shelter. Transportation is a challenge for the organisation as it only has one vehicle that is used to transport staff to meetings, to take clients to hospital, to court etc. The vehicle is also used to pick up daily donations of food. When the vehicle is in use, the shelter often has to make use of taxis.

The operational costs of running the shelter and the purchasing of consumables i.e. food for shelter residents, are the two lowest expenses that the shelter incurs.

Operational costs were reduced when the shelter was able to purchase the building it occupies during its first year of operation. The shelter is also able to reduce expenditure on food as it has been able to secure daily donations of food from Pick and Pay and receives dry goods on a monthly basis from another donor. Corporate Social Investment (CSI) funding has also contributed towards the running of some of the skills-development workshops that the shelter offers to its residents. Despite having secured funding in addition to DSD funding, the shelter was still not able to cover all their operating expenses, leaving them with a deficit, albeit a small one, of almost R6,000 that year.

STAFFING

The shelter employs a total of 9 staff members. These are a shelter manager, a social worker, a social auxiliary worker (not DSD subsidised), two housemothers, an administrator, a handyperson, a cleaner and a part-time IT support person (not DSD subsidised). The shelter would like to employ an additional housemother to lessen the working hours of the current housemoth-

ers (who each work 12-hour shifts and are not able to take leave). The shelter would also like to employ security personnel to offer women and children residing at the shelter with protection 24-hours a day. The only form of “security” that the shelter currently has is a perimeter wall surrounding the property.

SERVICES

The shelter provides women and their children with accommodation, 3 meals a day, toiletries and, when required, clothing. A range of other shelter services, such as counselling, legal advice, skills development and other forms of practical support, are on offer to residents. In addition to these services, the shelter also provides practical and psychosocial support services to walk-in clients, which in 2015/2016 included assistance to 161 community members, and runs a number of community outreach and social relief programmes, including a crèche for children from the local community. The shelter’s social worker, with the support of the social auxiliary worker and volunteers who earn a stipend, offer most of these services.

The shelter itself is rather small and is only able to accommodate 6 women and their children at any one time. The shelter manager notes, however, that there is a need to expand the shelter due to the high rates of violence against women in the community. It is currently in talks with the Department

of Human Settlements in an effort to increase the shelter’s capacity.

Over the 2015/2016 financial year, the shelter accommodated a total of 17 women and their children. Of these, 8 were at the shelter as a result of IPV and thus form part of our sample. Psychosocial support in the form of individual and group counselling is rendered by the shelter’s social worker. Those requiring additional counselling are referred to other service providers. The shelter also facilitates joint-counselling sessions or reunification services with partners or family members of their clients. All 8 women in our sample received individual counselling while some had also attended group counselling sessions. In one case a woman had also received spiritual counselling by a local church pastor, while another woman, who had been referred to the shelter by a local hospital following a suicide attempt, also received counselling from the hospital’s social worker.

Shelter residents are also provided with legal and other forms of practical advice and support. For example, 1 woman was assisted with applying for a protection order; 2 women with following up on domestic violence cases; another was assisted with reporting a case of child abuse to a local police station and a fifth woman was assisted to provide guardianship of her niece and nephew. The shelter also helped a woman to apply for an identity document and in one instance, helped a woman to re-apply for birth certificates for her children. One woman had wanted to divorce her physically abusive partner but case files note that she had not proceeded as her church did not allow couples to get divorced unless one of the parties was guilty of committing adultery.

The provision of skills training is also a core component of the shelter's service offering. It provides training on how to set up and run a small business with a focus on things like baking, cooking, and sewing. It also makes a concerted effort to find women employment through government's Expanded Public Works Programme (EPWP)⁴⁵. Volunteers run the skills development workshops. The baking skills programme,

for example, is run by a former shelter resident who receives a stipend for this service.

Other forms of training offered by the shelter included life-skills, communication and parenting skills. Of the 8 women in the sample case files only recorded 2 as having participated in these skills development programmes and 1 woman as not having participated in any training workshops as she was at work at the time that these sessions were held. The case files of the remaining women did not specify whether they had benefited from any of these trainings/programmes.

For children who accompany their mothers to the shelter, the shelter provides them with counselling and play therapy as well as assistance with their schooling. Of the 7 children who resided at the shelter, 2 received counselling and 4 benefited from play therapy services. In one instance, a child required more in-depth therapy and the shelter referred her to a psychologist. Of the 5 children who were of school-going age, 4 were able to remain in the schools that they were in prior to moving into the shelter while 1 child was supported to change schools.

⁴⁵ According to its website, EPWP is a government initiative which contributes to government's policy priorities of decent work and sustainable livelihoods, education, health; rural development; food security and land reform and the fight against crime and corruption.

USER PROFILE

| AGE (YEARS) | |
|-------------|----------|
| 21-25 | 2 |
| 26-30 | 1 |
| 31-35 | 1 |
| 36-40 | 1 |
| 41-45 | 3 |
| N | 8 |

| MARITAL STATUS | |
|-----------------------------|----------|
| Customary/ Civil | 3 |
| Separated/previously dating | 2 |
| Dating | 1 |
| Co-habiting | 2 |
| N | 8 |

The ages of women ranged from 23 to 44 years, with the average age being 33. The majority of the women were either still married or cohabiting/dating the abuser at the time of their admission. Two had separated from their partner prior to shelter admittance. Only 1 woman had a protection order when she came to the shelter. All of the 8 women were black South African nationals who were accessing shelter services for the first time. While case files did not indicate how 3 of the women had been referred to the shelter, the case files of the remaining 5 women noted that the police had referred 2 women; 1 woman had been

referred by DSD; another by a local hospital; and 1 woman came to the shelter on her own.

Seven of the files did not have information about the educational qualification of the women; only 1 was recorded to have not completed high school.

Half of the women in our sample had some form of employment (2 full-time and 2 part-time). Three of these women worked as domestic workers or cleaners. It is unclear what kind of employment the fourth woman had, although case files note that she took unpaid leave while she resided at the shelter. Of the remaining 4 women, 2 were unemployed, 1 was a student and the case file of the fourth woman did not provide information on her employment status.⁴⁶ Only 2 of the women were in receipt of child support grants when they came to the shelter.

Two of the women relied on their jobs for income, while a third woman relied on both her job as a domestic worker and on a child support grant. The rest had no source of income and consequently relied fully on the shelter for financial support. All 5 needed toiletries, 4 could not afford transport costs and 3 needed assistance with costs related to the upkeep of their children.

⁴⁶ Case files did not provide information on whether the 3 women who were unemployed (or in one case unknown) when they entered the shelter, were successful in obtaining some form of income during their stay. These women had only resided at the shelter for a short time (less than 36 days). Case files note, however, that the shelter had helped 1 of these women to develop a CV.

One woman needed clothing for both herself and her two children, including school uniforms. She also needed assistance with securing basic household furniture and utensils. The shelter provided the money needed for these expenses except for the furniture and utensils. These were sourced through donations. DSD donated a mattress and the woman's employer donated some basic household items. On recommendation by the shelter, SASSA also donated food parcels to this family.

Three of the 6 women who did not have social grants were assisted by shelter staff in applying for grants; only 1 case was recorded as having successfully qualified for a Social Relief of Distress Grant.⁴⁷

All the women in this sample had experienced physical abuse in addition to other forms of domestic violence but only 1 woman was recorded as having incurred injuries that required medical treatment. She was also referred for more in-depth counselling

for depression, low self-esteem and anxiety. Two other women required medical attention. One was receiving treatment from having consumed rat poison in a suicide attempt prior to coming to the shelter (she was referred by a social worker at the hospital) and another needed treatment for chronic hypertension and diabetes. All of these women received treatment from a local hospital.

Of the 8 women, half had no contact with their partners during their shelter stay while the rest had had some form of contact. For 2 women, contact with their partners was through joint counselling sessions provided by the shelter. In the other 2 cases, women had received unwanted calls from their partners while at the shelter. The partner of one woman called to threaten her that he would kill her family if she did not return to him. He also threatened her family members, warning them not to provide her with shelter. This woman did not return to her partner on leaving the shelter.

CHILDREN

Six of the 8 women had a combined total of 8 dependent children and 7 of these were living at the shelter with them. One woman had taken in 2 children (aged 12 and 17) of a deceased sibling as they were being abused by their foster grandparents but only brought 1 of these children (her

12 year old niece) with her to the shelter. Her case file does not specify where her 17-year-old nephew was living at the time but it is likely that he did not accompany her due to the shelter's policy of not accommodating male children over the age of 12.⁴⁸

47 This grant is provided for a period of 3 months and an additional 3 months in very exceptional cases.

48 Almost all shelters in South Africa (and in other parts of the world) have restrictions for accommodating male children over a specific age. This study does not provide analysis on this but it is an issue in the sheltering sector that requires attention.

CHILDREN'S AGES AT THE SHELTER

| | |
|---------------------|----------|
| 1-5 | 1 |
| 6-10 | 1 |
| 11-15 | 3 |
| 16-18 | 2 |
| N (Children) | 7 |
| N (Women) | 6 |

ABODE OF CHILDREN NOT AT THE SHELTER

| | |
|---------------------|----------|
| Not Specified | 1 |
| N (Children) | 1 |
| N (Women) | 1 |

Four of the women had children who had health problems while at the shelter. Two had chronic conditions: 1 had a mental disability and the other had a skin condition. The other 2 had experienced injuries: 1 had arrived at the shelter with severe bruising from having been physically assaulted by her father and the other had twisted

his wrist. The social worker, auxiliary social worker, housemothers and a volunteer child-minder assisted these children during their stay at the shelter.

Six of the children who were living at the shelter were in school. Of these, 5 remained at their original schools while 1 was being assisted by the shelter to transfer from a school in the Eastern Cape. The shelter had held-off on transferring 1 of these 5 children until their mother had secured permanent accommodation following her shelter stay. The shelter staff had arranged that 2 of the children receive additional counselling at their school.

Most of the women could not afford to pay for their children's school-related costs. This included school fees, uniforms, books and transport to school. Shelter client files did not record who paid for these fees, with the exception of the transport costs, which were paid for by the shelter.

DURATION OF STAY & THEIR DEPARTURE

LENGTH OF STAY

| | |
|-------------------|----------|
| Less than 1 month | 3 |
| 1- 2 months | 3 |
| 2-3 months | 1 |
| 6-7 months | 1 |
| N | 8 |

WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER

| | |
|----------------------------------|----------|
| Returned to their partner | 1 |
| Moved in with family | 3 |
| Own accommodation | 1 |
| Extension of stay at the shelter | 1 |
| Unknown | 2 |
| N | 8 |

Three women in the sample stayed at the shelter for a period shorter than a month - these stays ranged from 14 to 21 days. One young woman, who had attempted suicide as a result of her boyfriend's abuse, left the shelter to move in with family members. She had been living with her partner prior to being referred to the shelter. The shelter had offered her assistance to lay charges against her partner for the physical abuse she had endured, but she had refused. Case files of the other 2 women did not record where they went after leaving the shelter.

Of the 3 women who resided at the shelter for less than 2 months, 1 was a domestic worker who was able to rent her own accommodation. Another woman (along with her two-year-old child) had been abandoned by her partner and left without any money. She moved in with a family member on leaving the shelter. The third woman, the only one in our sample, returned to her partner after living at the shelter for a month. This was despite the extreme level of abuse that he had inflicted on her and her daughter, and that he had also confiscated her bank and store cards prior to chasing them out of their house. She returned to her partner as she wanted to work on her marriage. The shelter offered the family joint counselling sessions and followed-up on them after they had left the shelter.

Of the remaining 2 women, 1 resided at the shelter for 3 months and moved in with family members on leaving the shelter, while the other stayed for over 6 months after a request to extend her stay was granted by the shelter. This woman was in the process of re-building a house that her partner had burned down 2 days before she came to the shelter. While the police had initially doubted her story, her partner was eventually arrested (a month after she laid charges) and is serving time in jail. This was not, however, the first time that she had difficulties in engaging with the police. Despite going to the police station to lay charges of abuse after each incident of IPV experienced, the police arrested her partner only once. On that occasion, they released him the following week. He also continuously violated the protection order that she had taken out against him without suffering any repercussions. The woman was able to secure a Social Relief of Distress grant with the assistance of the shelter.

The shelter followed-up on 2 of the clients after they left the shelter by contacting them telephonically and by doing home visits. The case files of the remaining women did not specify whether they had been contacted post their shelter stay although it is standard practice for the shelter to do so.

AN OVERVIEW OF SHELTER 1

DSD FUNDING TO THE SHELTER INCLUDED:



SOCIAL WORKER

Subsidy of just slightly over R11 000



SHELTER MANAGER

Subsidy of R5 000



ADMINISTRATOR

Subsidy of just slightly over R4 700



2 HOUSE MOTHERS

Subsidy of R2 500 each



HANDYMAN

Subsidy of R2 000



CLEANER

Subsidy of R1 600



CLIENT COMFORT PACKS

R10 000



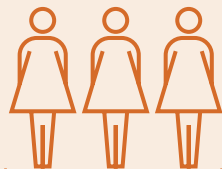
AWARENESS RAISING CAMPAIGNS

R30 000



The DSD contribution towards the costs of providing accommodation and meals to women and their children was **R63** per-person-per-day

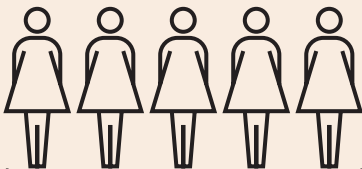
INCOME STATUS OF WOMEN AT THE SHELTER



Full-time/part-time employed



On unpaid leave while at the shelter



Fully reliant on shelter for financial support

WOMEN AND CHILDREN'S HEALTH PROBLEMS WHILE AT THE SHELTER

3



women had physical & mental health problems which included physical injuries from IPV; severe depression, anxiety and low self-esteem; suicide attempt by drinking rat poison; chronic hypertension & diabetes.

4



children had health problems which included a mental disability, a skin condition, a twisted wrist and an injury from being physically assaulted by their father.

hope



SHELTER 2

| | |
|---|---|
| Description | NPO offering shelter services to victims of domestic violence |
| Established | 2011 |
| Location | Urban |
| Shelter Capacity | 10 women and their children |
| Admission Criteria | Women and child victims of domestic violence |
| Exclusions | Males, unaccompanied minors and boys older than 11 years of age |
| Duration of Stay | 3 – 6 months |
| Service Charges | Free or sliding scale if client is employed |
| Funding | DSD and donations |
| Clients (1 March 2015-28 February 2016) | 22 women and their children |
| Clients in sample (IPV) | 12 women and 10 of their children |

FUNDING

The DSD in KZN has funded the shelter over the last 3 years. Like Shelter 1, DSD funding includes subsidies towards the salaries of shelter staff, funds towards client comfort packs and funds toward awareness campaigns. For the financial year of 2015/2016, the provision of accommodation to shelter residents was set at a unit rate of R63 per-woman-per-day. As the shelter can accommodate 10 women, this amounted to R229,950 a year and just a little over R19,000 a month – the amount, however, is contingent upon the number of women and children that the shelter accommodates.

In 2015/2016 as per the shelter's Audited Financial Statements, DSD funding amounted to a total of R542,915, a contribution of 93.4% of the shelter's operation-

al expenditure of R581,267 (refer to the income and expenditure table on the next page).

Other than staff salaries, the shelter spends most of its budget on operating and administrative costs. Over the last few years, the shelter has devoted much time and energy in marketing the organisation in a bid to solicit in-kind funding and donations from community members and local businesses. As a result, the shelter has been able to purchase the property where it is located. It has also generated some savings, which are used to maintain the property and to buy bedding and other household equipment. Without these donations the shelter would run at a deficit.

| INCOME AND EXPENDITURE 2015/2016 | ZAR |
|---|---------|
| Grant income from DSD | 542,915 |
| Operating expenditure | 581,267 |
| Salaries & Wages | 373,069 |
| Maintenance & Running Costs (electricity, water, telephone, cleaning) | 83,897 |
| Admin costs (audit, advertising, bank fees, insurance, subscriptions, printing etc) | 40,522 |
| Transport | 27,223 |
| Consumables (Groceries) | 23,529 |
| Programme costs | 10,681 |
| Volunteer Stipends | 5,294 |

STAFFING

The shelter has 8 full-time staff members in the following positions: a shelter manager, 2 housemothers, a social worker, a social auxiliary worker (not DSD funded), an administrator, and a domestic worker.

The shelter also employs a part-time gardener and general assistant. The shelter's marketing and outreach strategy has also guaranteed the support of volunteers from businesses and the local community.

SERVICES

The shelter accommodates, on average, 8 women and 2 children at any given time. Women and their children can reside at the shelter for a maximum of 6 months. In the 2015/2016 financial year, the shelter housed a total of 22 women and their children. Of these, 12 were at the shelter as a result of IPV. In addition to the provision of shelter and daily meals, clients receive psychosocial support in the form of individual and group counselling; guidance on day-

to-day decision-making; legal support; assistance with grant applications and referrals to other institutions (e.g. health/medical, psychiatric, social, psychosocial, legal, etc.). Counselling is provided on a weekly basis to all clients. A person-centred approach is adopted so as to ensure the full participation and ownership of the client in their development and rehabilitation into the community. Counselling is extended to family members and partners

with the intention of reconciling/reuniting families as well as to improve communication among family members.

All 12 women in our sample were provided with counselling while at the shelter; 9 received individual counselling while 3 received both individual and group counselling. Two women required more in-depth psychological and psychiatric treatment. This was provided by a local hospital. The shelter has worked hard to establish relationships with hospitals, organisations and a host of individuals who provide additional services to their clients. For example, the shelter has secured the volunteer services of a psychiatrist who conducts evaluations and offers therapeutic support when required. Shelter clients would otherwise have to wait for as long as 6 months to see a psychiatrist at a public hospital. The shelter finds that women's access to public services is fast-tracked once a local private service provider refers her.

Clients also receive life-skills training which are offered by the social worker with the assistance of the social auxiliary worker and the housemother. In addition to life-skills, clients are offered other forms of skills development. This includes learning to bead, sew, cook and bake. They also undergo basic entrepreneurship/home industry training where they are encouraged to sell the products they make to the local community. They are taught how to price, market and sell their goods and distinguish between costs and profits. Clients are also assisted with CV formulation and searching for employment within the area. On average, each of the women participated in at

least 4 skills-building initiatives. Some of these sessions were conducted by a qualified trainer while the others were offered by a skilled volunteer. Only 1 woman did not take part in the training sessions as she was at work at the time.

In instances where the shelter could not directly assist the women with skills-development or services, it referred them to appropriate organisations and covered costs when necessary. For example, 1 woman requested computer skills training. The shelter found placement for her at a local institution and covered the costs of the training. Other examples included 1 woman who was referred to an organisation that provided financial aid; another was referred to a family-planning organisation and a fourth woman needed rehabilitation from alcohol dependency.

A total of 10 children resided at the shelter with their mothers. Children are provided with a weekly programme of therapeutic interventions, games, educational lessons, sports, arts and crafts and gardening. All the children in our sample were provided with weekly sessions of play therapy in the form of story-telling. The shelter social worker finds that older children are often afraid to disclose their abuse out of fear that they will be separated from their parents, so often therapy is a long, protracted process. Although it can be disruptive transferring children to another school, especially as sheltering is a short-term service, this is something the shelter prefers to do to ensure that children are stabilised and introduced into a normalised context. When the shelter is unable to facilitate a

school transfer, another option is to register the child as a home-schooling candidate with the Department of Education. In these instances, the department provides the necessary resources and trains clients on how to take on the instruction role; this is done with the support of shelter staff. The shelter also tries, as often as it can, to take children on outings to parks and botanical gardens so that they can play. The shelter seeks sponsorships for these outings. Old-

er (girl) children may also be included in the skills development programmes with their mothers. Two staff members, the social worker and the housemother, cater primarily to the needs of the children at the shelter.

In addition to the extensive array of services that the shelter provides residents, it also provides services to walk-in clients and conducts community outreach to local clinics, schools and police stations.

USER PROFILE

| AGE (YEARS) | |
|------------------|-----------|
| 21-25 | 1 |
| 26-30 | 2 |
| 31-35 | 4 |
| 36-40 | 1 |
| 46-50 | 3 |
| 51-55 | 1 |
| N | 12 |
| MARITAL STATUS | |
| Customary/ Civil | 9 |
| Divorced | 3 |
| N | 12 |

The ages of the women in our sample ranged from 23 to 55; with slightly more than half (58%) of the women being younger than 35. The majority of women (75%) were married to the perpetrator of abuse. All 12 women in the sample were South African nationals; 11 were Indian and 1 was black. All the women were accessing

a shelter for the first time. However, in the case of 1 woman, although it was her first sheltering experience, she had resided at another shelter prior to being moved to this one. She was moved as her safety at the first shelter had been compromised.

The majority of women (4) were referred to the shelter by NPOs. Other sources of referrals included friends and family members (3); medical professionals (2); and in one instance, the woman's place of work. One woman went to the shelter on her own while the case file of another did not provide information on who referred her to the shelter.

Only two of the 12 client files recorded the qualification of the women; these 2 were recorded as having completed matric.

The majority of women (8) were unemployed while 3 women were employed – 1 on a full-time basis, 1 was working part-time and the other was self-employed.

One woman worked as a domestic worker while the other women worked in the corporate sector.

None of the women were in receipt of a state support grant when they arrived at the shelter, thus the majority of women required financial support from the shelter. Case files specifically noted that 4 women required financial assistance with transport and 4 with child care costs. The shelter covered the costs incurred by the women.

Only 2 women were eligible for a social grant and the shelter assisted both in applying for a child support grant. Only 1 application was successful. The other woman was transferred to another shelter before the application process was completed.

The majority (98%) of women had been physically, verbally and emotionally abused, while others had also experienced financial and sexual abuse by their partners. Eight of the women had some form of health issue that required medical attention when they came to the shelter. Two women had sustained injuries from the abuse. Two women had psychological problems (e.g. depression, anxiety, and stress) and another, who had been diagnosed with a major depressive disorder, had suicidal ideations. One woman was HIV positive while 2 women had chronic and concurrent diseases which included a pulmonary disorder, arthritis, thyroid problems and severe back problems. One of the women had suffered a stroke before moving into the shelter. She was referred

to a health care clinic for physiotherapy and to undergo hearing tests. The shelter provided all women with assistance to access medical and/or psychiatric treatment.

Only 2 of the women had protection orders when they came to the shelter. While residing at the shelter, 5 of the remaining 10 women requested assistance from the social worker with obtaining one. The social worker provided them with information on the application process, wrote supporting letters to the magistrate and the court advice desk, and accompanied the women to court. In 2 instances, the women were assisted with access to a medical examiner so that their injuries could be documented for court purposes. The shelter also assisted 1 woman with re-applying for an identity document and her children's birth certificate (as these had been destroyed by her partner) and with following up on the charges that she had laid against him.

Three of the women requested assistance with getting a divorce. The shelter social worker; a previous resident who had practical experience; and a private attorney assisted these women to institute divorce proceedings. One woman requested assistance in obtaining child support maintenance from her partner, the shelter staff and an NGO that provides legal services assisted her. The NGO also provided legal advice to 1 woman whose partner had laid a charge of perjury against her.

Three of the clients communicated with their partners during their stay at the shel-

ter. One spoke to her partner telephonically, 1 met her partner at an appointment with a psychiatrist and the third saw her partner during court proceedings. One woman, whose partner kept showing up at the shelter demanding to see her and the children, refused to see her partner until he had found employment and had moved out of his parent's home. This was the second time, however, that he had traced her to a shelter. On the first occasion, he was able to find her because the police had informed his parents as to her whereabouts.

Of additional concern is the fact that he harassed shelter staff members.

Further support given to the women included assistance with looking for jobs and assisting those who had been successful to review employment contracts. Of the 7 women who came to the shelter with no source of income, 2 had successfully found employment by the time they left the shelter: 1 found work as a receptionist and the other as a live-in care worker for an elderly woman.

CHILDREN

| AGES OF CHILDREN AT THE SHELTER (YEARS) | |
|---|-----------|
| Under the age of 1 | 2 |
| 1-5 | 6 |
| 6-10 | 1 |
| 11-15 | 0 |
| 16-18 | 1 |
| N (Children) | 10 |
| N (Women) | 5 |

| ABODE OF CHILDREN NOT AT THE SHELTER | |
|--------------------------------------|----------|
| With Fathers family | 2 |
| N (children) | 2 |
| N (Women) | 1 |

All but 1 woman had children. Of these 11 women, 6 had dependent children and 5 had brought all of their children with them to the shelter. A total of 10 children, ages

ranging from 5 months to 17 years, resided at the shelter with their mothers. One woman had left her two children, aged 6 and 8, in the care of their paternal grandparents as she felt she was unable to adequately look after them. She was battling alcohol dependency and had been referred to the shelter by a rehabilitation facility.

All children were provided with play therapy while at the shelter. Only one child was ill while living at the shelter. The child had a rash and was treated at a local clinic.

Of the 10 children staying at the shelter, 3 who were of school-going age were not attending school: 2 were waiting for a school transfer and the other had dropped out of school in grade 10 and was working. The shelter assisted with the transfer of schools for 2 children through written requests to the relevant authorities to expedite the process.

Only 1 woman was able to pay for school and crèche-related expenses for her child. The rest of the women had to rely on the

shelter to cover these expenses while in other cases; school fees were waived by the Department of Basic Education (DBE).

DURATION OF STAY & DEPARTURE FROM SHELTER

| LENGTH OF STAY | |
|-------------------|----|
| Less than 1 month | 5 |
| 1- 2 months | 4 |
| 2-3 months | 3 |
| N | 12 |

| WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER | |
|---|----|
| Returned to their partner | 5 |
| Moved in with family | 1 |
| Own accommodation | 3 |
| Moved in with an employer | 1 |
| Referred to another shelter | 1 |
| Unknown | 1 |
| N | 12 |

The majority of the women resided at the shelter for a period longer than a month. Two women requested an extension of stay but only 1 was granted an extra month as she was experiencing financial difficulties and had not been able to find alternative accommodation. It was not specified on what grounds the other request was denied. The shelter social worker explains that extensions beyond a 3 month stay are dependent on a woman's particular circumstances – if the woman is assessed as being ready to exit the shelter, an extension will not be granted. The shelter discourag-

es extensions as to avoid dependency on shelter services. On the other hand, shelters are also under pressure to meet DSD shelter occupancy quotas – i.e. targets that they are set to meet every quarter. Failure to meet the quotas results in less funding for the shelter.

Five of the women returned to their partners. Only 1 of these women had stayed at the shelter for more than 2 months. One woman had resided at the shelter for only 6 days; her case file notes that she was conflicted about having left her partner. Another returned to her home 18 days after entering the shelter, as she feared losing her home. A third woman, who stayed for 19 days, felt she had no choice but to return to her partner as the children missed their father. The fourth woman, who had sought shelter with her daughter, returned home to her partner. A contributing factor to her decision to return is possibly that she had been married to him for 25 years. A fifth woman (she had resided at the shelter for a total of 86 days) only returned to her partner once she was in receipt of a protection order. Her partner had also found employment and was undergoing therapy. The case file of the last woman did not specify why she returned to her partner.

Of the remaining 7 women, 3 moved into their own rented accommodation; 1

moved in with a family member; another, who found employment while at the shelter, moved in with her employer and the sixth woman was referred to another shelter where she could be closer to her family. It is unknown where the seventh woman went after leaving the shelter. She had been referred to the shelter by a substance abuse treatment centre but had requested to be discharged 5 days into her shelter stay as she did not want to abide by shelter rules.

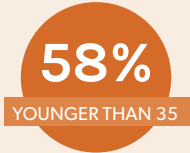
Conducting follow-ups with clients once they leave the shelter is common practice for the shelter however not all case files contained process notes on this. The case files of 5 women did however confirm that some form of follow-up was done. This was mainly through telephone calls to find out how the client was after leaving the shelter. In one instance, the social worker visited the client at her new place of residence.

"The shelter social worker explains that extensions beyond a 3 month stay are dependent on a woman's particular circumstances – if the woman is assessed as being ready to exit the shelter, an extension will not be granted. The shelter discourages extensions as to avoid dependency on shelter services. On the other hand, shelters are also under pressure to meet DSD shelter occupancy quotas – i.e. targets that they are set to meet every quarter. Failure to meet the quotas results in less funding for the shelter."

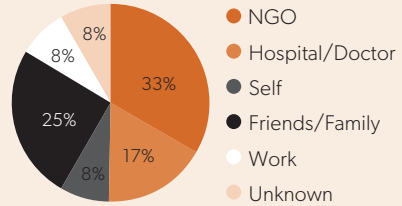
AN OVERVIEW OF SHELTER 2

AGES OF THE WOMEN IN OUR SAMPLE

Ranged from 23 to 55; with slightly more than half (58%) of the women being younger than 35.



SOURCE OF REFERRAL TO THE SHELTER



WOMEN'S INCOME STATUS



were in receipt of a state support grant

WOMEN'S FINANCIAL, LEGAL, MEDICAL AND PRACTICAL SUPPORT NEEDS



physical injuries from IPV that required medical treatment



psychological problems (depression, stress, suicidal ideations)



needed help with obtaining child maintenance



required protection orders



chronic medical conditions (pulmonary disorder, arthritis, thyroid problems, stroke)



HIV+



required legal advice on counter-charges laid against her



needed assistance with following up on a DV case & obtaining a new ID and child birth certificates



required documentation of injuries for court purposes



SHELTER 3

| | |
|---------------------------------------|---|
| Description | NPO providing shelter and other services to women in the community |
| Established | 2002 |
| Location | Rural |
| Shelter Capacity | 15 women and children |
| Admission Criteria | Women in crisis and their children |
| Exclusions | Substance abusers (this is however dependent on the level of severity), boy children over the age of 12 and men |
| Duration of Stay | 3 – 6 months |
| Service Charges | No service charges |
| Funding | DSD and donations from local businesses and the community |
| Clients1 March 2015-28 February 2016) | 26 women and their children |
| Clients in sample (IPV) | 14 women and 19 children |

FUNDING⁴⁹

In 2014 the shelter signed a SLA with the DSD amounting to a total of R738,493. This funding was to be disbursed in monthly tranches - the amount to be received would however depend on how many clients the shelter had accommodated.

At the end of the 2014/2015 financial year, the shelter had received a total of R498,896 from the department. This amount was R300,000 less than what they had anticipated. Fortunately for the

shelter, they were able to raise funding from 3 other sources that year, the bulk of which was contributed by the NLDTF for an amount that almost equalled that of DSD. This additional funding enabled the shelter to cover all its expenses that financial year with R217,000 to spare. This was a vast improvement from the previous year when the shelter ended the 2013/2014 financial year with a deficit of R162,000 as a result of not being able to adequately supplement its income beyond that of DSD funding.

⁴⁹ Note that only documentary information pertaining to the 2014/2015 financial year was provided by this shelter. Researchers were also unable to conduct a formal interview with shelter management during the time of the study.

| INCOME AND EXPENDITURE 2014/2015 | ZAR |
|---|---------|
| Grant income from DSD | 495,896 |
| Operating expenditure | 805,710 |
| Salaries & Wages including Volunteer Stipends | 480,827 |
| Consumables (Groceries) | 118,500 |
| Admin costs (audit, banking fees, insurance, printing and stationery) | 111,683 |
| Shelter maintenance & Running Costs (electricity, water, telephone, cleaning etc) | 52,550 |
| Transport | 27,650 |
| Furniture & Goods | 14,500 |

STAFFING

The shelter employs a total of 6 staff comprising of the shelter manager, a social worker, 2 housemothers, a handyperson and a cleaner. The shelter is further sup-

ported by volunteers and a specialist NGO that facilitates the shelter's skills-development programmes.

SERVICES

The shelter is able to accommodate a total of 15 women and their children at any given time. In addition to the provision of services for those residing in the shelter, the shelter also provides psychosocial and practical support to walk-in clients; and runs awareness-raising campaigns in the local community and prevention programmes that primarily target men and boys.

With respects to shelter service provision, the shelter offers women individual counselling and group therapy; referrals to other psychosocial support services; legal support and advice; skills-development; life-skills training and personal development coaching.

From our sample of 14 women who were at the shelter as a result of IPV, all had received individual counselling and 7 had also participated in group counselling sessions. Eight women had participated in a programme that focused on personal development and empowerment. The shelter also provided joint counselling sessions with the women's partners or family members and assisted with family reunification. In some cases, psychosocial interventions were offered by other organisations that worked closely with the shelter or by a local DSD social worker. A local hospital assisted 13 women in our sample with treatment for medical conditions and/or physical injuries sustained from the abuse.

Skills-development programmes on offer by the shelter included baking, sewing, gardening and beading. Of the 14 women, 9 participated in all the skills-development trainings on offer while 4 women were not able to as they were either working or studying at the time. The case file of 1 woman did not specify whether she was able to benefit from any of these programmes.

A total of 10 women had brought 19 children (and in the case of 1, a grandchild) with them to the shelter. Shelter services for children include the provision of counselling for older children and play therapy for younger children. The children are also provided with educational and stimulation programmes. The shelter social worker renders most of these services while the housemother assists in looking after the children. All of the children benefited from some of these services including being referred to a local hospital for psychological treatment or for medical treatment of injuries sustained from domestic violence. The shelter also assisted with school transfers when required and covered costs related to their schooling and general upkeep when women were not able to cover these costs themselves.

As most women in our sample had no or had a limited source of income when accessing the shelter, (9 women were unemployed, 3 women were in receipt of a

social grant and only 1 woman was receiving maintenance from her partner), the shelter provided for the majority of their basic needs, which, in addition to food and toiletries, most often included travel costs. Other than local travel to clinics and hospitals, the shelter also assisted women to travel home. For example, the shelter covered most of the travel costs for 1 client who needed to return home to the Eastern Cape; DSD assisted by covering the short-fall. In one instance, a family member helped to cover the cost of the woman's travel to Gauteng so that she could move in with family.

Other services that the shelter provided on a needs basis included assisting women to find accommodation, which in one case included assistance with applying for a Reconstruction and Development Programme (RDP) house⁵⁰. This application was successful. The shelter also helped this woman access food vouchers. Others were provided with advice on budgeting; on developing their CVs and finding work. Of the 9 women who were unemployed at the time of coming to the shelter, 3 had found some form of income generation or employment by the time they had left. The new employment of 1 woman was not recorded in her case file but of the others, 1 started a business of chicken-rearing and another found work at a local company. The shelter also helped 1 woman to complete her matric qualification.

50 RDP is a socio-economic policy framework implemented by the South African government to eradicate poverty. A central component is the provision of government funded low-income housing.

USER PROFILE

| AGE (YEARS) | |
|-------------|-----------|
| 18-20 | 1 |
| 21-25 | 2 |
| 26-30 | 1 |
| 31-35 | 2 |
| 36-40 | 4 |
| 41-45 | 1 |
| 46-50 | 2 |
| 65+ | 1 |
| N | 14 |

| MARITAL STATUS | |
|-----------------------------|-----------|
| Customary/ Civil | 7 |
| Separated/previously dating | 2 |
| Dating | 2 |
| Co-habiting | 2 |
| Engaged | 1 |
| N | 14 |

The average age of the 14 women in our sample was 37, with the youngest aged 19 and the oldest 71. Unlike other shelters, more women at this shelter were over the ages of 36 (8 women) than younger than 35 (6 women). In terms of their relationship to the perpetrator, half of the women were married to the abuser and the other half were either in the process of getting married (1); currently dating or cohabiting (4); or had previously been in a relationship with the abuser (2). All women were

South African citizens; 13 were black and 1 was coloured. For the majority of women (93%), it was their first shelter stay. One woman had resided at the shelter on 2 separate occasions during the study time-frame.

Women were referred to the shelter by a variety of sources. This included DSD (3), police (2), a hospital (1), and a ward councillor (1). Four women accessed the shelter on their own while the case files of 3 women did not provide information on how they had come to be at the shelter.

The levels of education amongst this sample of women were relatively low as the majority (10) had less than a matric qualification. Seven had attended high school but left prior to matriculating and 3 women had only attended primary school. Three women had matriculated while 1 woman held the highest qualification which was a diploma.

Only 3 women were employed while at the shelter – 2 in full-time positions, 1 was self-employed and 9 were unemployed. Of the remaining 2 women – 1 woman was a pensioner and another was studying at a local college. Only 3 women were in receipt of social grants, 2 were receiving child support grants and the pensioner was in receipt of an old-age pension grant. Only 1 woman was in receipt of child maintenance from her partner.

Of the 14 women, 13 had some form of health problem or condition and were assisted by the shelter to access treatment. Four of the women had sustained injuries as a result of domestic violence. The injuries included burns, head lacerations and bruising to the face, breasts and pelvic area. One woman had been raped by her partner and had an eye injury and a swollen face. The others had health concerns that required ongoing treatment or monitoring during their time at the shelter: 2 were pregnant; 2 were hypertensive, with 1 woman also being diabetic; 1 was asthmatic; and 2 were HIV positive. In 3 cases, the client files specifically noted the women's mental health concerns. These included anxiety, fear, trauma, emotional distress and 1 woman was suicidal; she had also considered killing her children along with herself.

Six of the women had contact with their partners during their stay at the shelter. For 3 of the women, this was through a family conference session mediated by the social worker. For the other 3, case files note that 1 stayed in contact with the partner, another would see her partner during court sessions and the third woman saw her partner when she went to their house to collect her children's clothes, accompanied by the police.

Two women were already in possession of a protection order on arrival at the shelter. Of the remaining 12 women, 6 requested

assistance in applying for one. The shelter social worker assisted them by providing information on protection orders, helped them to complete the necessary forms, helped them prepare for the court process and accompanied them to court.

The social worker also assisted clients with legal matters. For example, she assisted 4 clients with applying for maintenance for their children; helped 5 women by following up on domestic violence cases; and assisted 1 woman to successfully lay a charge against her abusive partner. In addition to the social worker assisting with court preparation, the women were also assisted by the Legal Aid Board and by the magistrate's office. It is, however, concerning that during a court hearing for child maintenance, 1 woman was told by a magistrate that she should return to her abusive partner (after he said he was unemployed and could not afford maintenance) as going to a shelter was a waste of time! In addition to legal assistance, the shelter also helped women to apply for identity documents and birth certificates for their children.

Although 4 women qualified for a social grant, the shelter was only able to help 3 women to apply as the fourth woman did not have the required identity document. The shelter assisted her to apply for her identity document. Client files did not specify whether these women were successful in receiving the grant or not.

CHILDREN

AGES OF CHILDREN AT THE SHELTER

| | |
|---------------------|-----------|
| 1-5 | 8 |
| 6-10 | 4 |
| 11-15 | 2 |
| 16-18 | 2 |
| Adult Children | 1 |
| Unknown | 2 |
| N (children) | 19 |
| N (women) | 10 |

ABODE OF CHILDREN NOT AT SHELTER

| | |
|---------------------|----------|
| With Father | 6 |
| With Mothers family | 1 |
| With Fathers family | 1 |
| N (children) | 8 |
| N (Women) | 4 |

Eleven women of our sample had a total of 27 dependent children amongst them: 6 women had one child each while the remainder had 2 children (2 women), 3 children (1 woman), and in the 2 remaining instances, 1 woman had 6 children and the other 8 children in total.

Of these 11 women, 7 brought all of their dependent children with them to the shelter, this included the 1 woman with 8 children and another who had brought her adult daughter (who was a suicide risk at the time). Three women brought only some of their children with them including in one case a grandchild. A total of 19 children resided at the shelter with their mothers/grandmother.

One woman did not bring her only child with her to the shelter. Of the children not at the shelter, 6 had remained with their fathers (5 of whom were from one family and were left in the home when their father evicted their mother and oldest daughter from the house) while 2 were left in the care of family members.

Some of the children at the shelter had health and/or psychological problems as a result of abuse in the home. In 2 instances children had sustained injuries from domestic violence in the home. In the case of 1 family, a father had set the house alight with the children trapped inside. The children sustained burns as well as other injuries from the domestic violence, and were very traumatised by the incident. The case file was not clear as to how many children were affected, however. One woman's 21-year-old daughter was depressed and had suicidal ideations. All the children requiring medical and psychological treatment were referred to a local hospital.

Six of the women at the shelter were accompanied by children who were of school-going age. In 4 of the cases, the children remained at the schools that they were at when they came to the shelter. In 2 cases, however, school transfers were required. The shelter assisted by writing affidavits and referral letters to the respective schools.

Only 1 woman was able to pay for school-related costs for her child using

income from a child support grant while another woman paid for this through child maintenance from her partner. The shelter also mediated discussions with 2 fathers to pay school fees and related costs, such as transport, for the children.

The remainder of the women could not afford the costs of uniforms, books fees, and transport to send their children to school. The DBE also assisted with the provision of school books for 1 family.

DURATION OF STAY & DEPARTURE FROM SHELTER

| LENGTH OF STAY | |
|-------------------|-----------|
| Less than 1 month | 8 |
| 2-3 months | 1 |
| 4-5 months | 3 |
| 5-6 months | 1 |
| 6-7 Months | 1 |
| N | 14 |

| WHERE WOMEN WENT TO AFTER LEAVING THE SHELTER | |
|---|-----------|
| Returned to their partner | 3 |
| Moved in with family | 5 |
| Own accommodation | 6 |
| N | 14 |

Eight women resided at the shelter for less than a month, ranging from 7 to 31 days. Of these, 4 left the shelter to move in with family members. Two were assisted with travel costs as their families did not live in the province. One woman went to live with family in Durban. She had been constantly threatened by her partner to return home. She left with the hope of being better assisted by the police and the courts as she had in the past been coerced by local police to drop the charges that she had laid

against her partner. A follow-up call to her by the shelter, however, notes that her family had been trying to convince her to return to her partner. One woman moved in with her family after she had laid charges against her boyfriend.

Three women moved into their own accommodation. This included 2 women who returned to the accommodation that they were living in prior to coming to the shelter. In both these cases, the women had already terminated their relationships with their partners but this had not prevented their partners from continuing to harass or abuse them. Both had gone to the shelter to seek counselling and reprieve from the abuse. One woman already had a protection order, while the other was assisted to apply for one. The third woman, who had previously stayed in the shelter when she left her partner for the first time, was assisted by the shelter in finding an affordable room to rent for her and her two children.

One woman returned to her partner after living at the shelter for 31 days. She had initially asked the shelter to help her reunite with a family member but the family member was not able to accommodate her. A

family conference session was held at the shelter with her partner and his parents, who had also been abusive towards her. They admitted that they had wronged her and requested that she return home. Her partner picked her up from the shelter.

Of the 6 women who stayed for periods ranging from 2 to 6 months, 1 moved in with her son after leaving the shelter, 3 moved into their own accommodation and 2 returned to their abusive partners.

The woman who moved in with her son, had lived at the shelter for almost 5 months. She had been contemplating killing herself and her younger children prior to coming to the shelter. The case file notes that her son was pleased with how well his mother was doing after being at the shelter.

The woman whose house had been burnt down was one of the 3 women who moved into her own accommodation on leaving the shelter. She and her 8 children had resided at the shelter for close on to 5 months. Another woman, who had also lived at the shelter for over 5 months, moved into her own accommodation once she had secured a protection order and

maintenance from her partner. The third woman was assisted by the shelter to find affordable accommodation once she had found employment. She had resided at the shelter for over 6 months.

Of the 2 who returned to their partners, 1 returned to the family home she shared with her partner, daughter and grandson as her case file notes that there were no other options available to her. She was 71 years of age at the time. The shelter assisted by holding several family mediation sessions, which was also attended by a representative from DSD. When the couple had reached an agreement as to their new living arrangements, she left the shelter to return home. The second woman returned to her partner after she was granted a protection order and felt more empowered. She and her child had lived at the shelter for just over 4 months.

While it is standard practice for the shelter to follow-up on clients after they leave the shelter, not all case files noted whether this was done. Of the 8 women who were contacted, 7 were contacted telephonically and the eighth woman was visited at home.

AN OVERVIEW OF SHELTER 3

WOMEN'S AGES & INCOME STATUS



Women's Ages:

19 to 71



9

Women unemployed



3

Social grants



1

Child maintenance

The shelter provided for women's basic needs and helped them with:



Food



Toiletries



Travel



4

Applying for child maintenance



6

Applying for protection orders



5

Following up on domestic violence cases



1

laying a domestic violence charge



3

Finding employment



13

Accessing medical care



1

Completing a matric qualification



1

Obtain a RDP house



3

Apply for social grants



SHELTER 4

| | |
|--|---|
| Description | NPO offering shelter to women and their children |
| Established | 2002 |
| Location | Urban |
| Shelter Capacity | 15 women and children |
| Admission Criteria | Women and their children who are victims of domestic violence, rape and other forms of life trauma |
| Exclusions | Men, unaccompanied minors, mental health and substance-dependent cases |
| Duration of Stay | 3 – 6 months |
| Service Charges | None |
| Funding | DSD and funding from other donors |
| Clients 1 March 2015-28 February 2016) | 40 women and their children |
| Clients in sample (IPV) | Not applicable as this shelter did not provide researchers with permission to review client case files. |

FUNDING

The shelter has received funding from DSD since the early 2000s. Funding for the first few years was limited but has steadily improved. In 2015, the shelter signed a SLA with the DSD for funding to the amount of R738,493. As with the other shelters, DSD funding included subsidies towards the salaries of shelter staff (a subsidy which is significantly lower than market rates); a daily contribution of R63 towards the accommodation of shelter clients; and funding towards outreach and comfort packs.

Funding by DSD to the shelter by the end of that financial year amounted to R604,424; an 81% contribution and R143,471 short of the shelter's operational expenditure of R747,895 for that year. The shelter was, however, able to cover its expenses through the receipt of other donations and ended the financial year with a surplus of just over R50,000.

| INCOME AND EXPENDITURE (2015/2016) | ZAR |
|---|---------|
| Grant income from DSD | 604,424 |
| Operating expenditure | 747,895 |
| Salaries & Wages | 518,512 |
| Maintenance & Running Costs (rentals, electricity, water, telephone, etc) | 137,950 |
| Consumables (Groceries) | 35,648 |
| Programme costs (comfort packs, computer expenses, workshops) | 22,355 |
| Admin costs (fees, insurance, subscriptions, printing etc) | 18,005 |
| Transport | 15,425 |

As indicated by the table, the 3 highest costs that the shelter incurred during the year were staff salaries, operating costs such as rent, water and electricity, followed by the purchasing of food for shelter clients and their children.

The purchasing of food for shelter residents is the third highest expense that the shelter incurred despite regularly receiving donations from Woolworths. Without this donation, and had the shelter not been able to raise additional funds to cover the short-fall of operating expenses, the shelter would not have not been able to meet

the many needs of its clients. The shelter would also have had to revert to employing its social worker on a part-time or half-day basis instead of full-time as is the case currently.

Despite the tough economic climate, the shelter has been able to raise additional funds and, over the years, has been able to generate some savings. This has been a life-line to the shelter particularly within the context of DSD funding disbursement delays. When this happens, the shelter has to rely on savings to cover staff salaries as well as the daily running costs.

STAFFING

The shelter employs a total of 6 staff members comprising of a shelter manager, a social worker, 2 housemothers, a cleaner and a general handyperson. DSD funding contributes part of the salary costs of these staff members, the shelter tops up their

salaries through other fundraising efforts. The shelter relies on volunteers to raise the additional funds needed for the running of the shelter.

SERVICES

Most of the referrals of women to the shelter are through organisations, the police and hospitals. The shelter provides women with accommodation of up to 6 months, provides them with 3 meals a day, offers them individual and group counselling (including spiritual counselling), as well as legal support and skills-development. Case support to clients includes case management conferences, which are attended by a member of the SAPS, a social worker, psychologist, and a member of the DSD's VEP unit. A minimum of 3 sessions is held per client: the first once a care development plan has been developed; the second, to note the client's progress and the third is held once the client is ready to leave the shelter. Clients are also referred to other NPOs or agencies for legal support. Should a client, however, express or exhibit trauma or fear in going to court to apply for a protection order, the social worker will accompany her to court.

The skills training that the shelter offers their clients includes computer skills, English literacy, beading, sewing, baking,

life-skills/orientation and basic career development e.g. how to formulate a CV, write a cover letter, where to look for job opportunities, etc.

Clients are also encouraged to be active and follow healthy eating plans. The social worker takes all clients out to a local park where they exercise as a group 3 times a week.

The shelter does not have the resources or the expertise to provide holistic therapeutic care and support to the children at the shelter. The shelter's primary focus is the mother and her immediate and long-term needs. Over the years, the shelter has developed relationships with local crèches and child-care facilities in the area in order for children to be cared for during the day. This enables employed clients to continue working or if unemployed, allows them the time and space to fully engage in the shelter programme while looking for work. Children requiring therapy are referred to Childline.

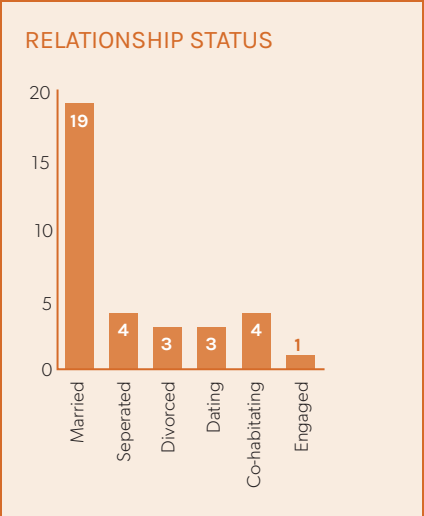
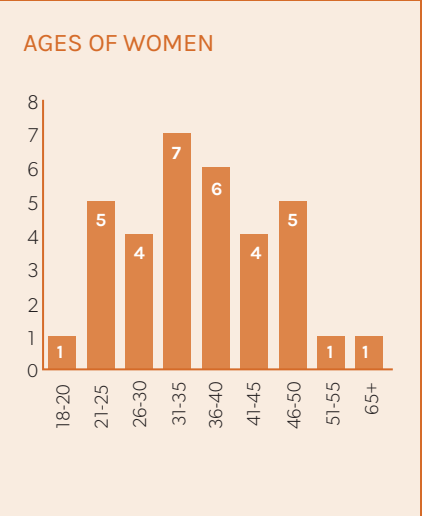


5. SUMMARY OF CLIENT PROFILES

Information on shelter residents was sourced from 3 of the 4 participating shelters⁵¹. From a total count of 65 women who had resided at these 3 shelters during the study time-frame, more than half (52% or 34) were at the shelter as a result of IPV. The average profile of a woman seeking shelter in this context is that she is black (65% of the sample), is 35 years of age, is married to the abuser (56%), has 2 children, is unemployed (53%), not in possession of a state support grant (83%), and has limited education. She is also in

need of medical attention (62%) and in need of legal and other forms of practical support.

Of the remaining 48% of cases, the 2 most common forms of abuse experienced by women were domestic violence within the family (13) or rape (11) followed by women and/or children needing shelter as a result of psychological problems, destitution, child abuse or physical assault by someone that they did not have a domestic relationship with.



⁵¹ As mentioned previously, the fourth shelter did not grant the researchers access to the client files.

CHILDREN

The majority of women (71%) had dependent children and 79% of these women brought all their children with them to the shelter. A total of 36 children resided at the shelters with their mothers, the majority of whom were under the age of 5. Eleven children (under the age of 18) were left in the care of family members or with their fathers for a variety of reasons. Case files were not always clear on why some of the children were left in the care of others. Of the reasons that were specified, these included that the children were in a differ-

ent province to where their mothers were; children chose not to go to the shelters with their mothers; women were not able to flee the abusive home or had been prevented by their partners from taking all the children with them and, in one instance, a woman had felt that she could not take care of her children. One 17-year old male child was not at the shelter possibly due to shelter regulations that prevent the shelters from accommodating male children over a specific age – this ranges from 11 to 14 depending on the shelter.

DEPENDENT CHILDREN



24

Women who had dependent children



6

Women who did not have all their dependent children at the shelter



47

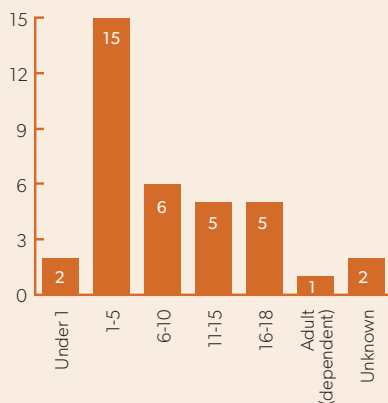
Total number of dependent children (including a dependent adult)



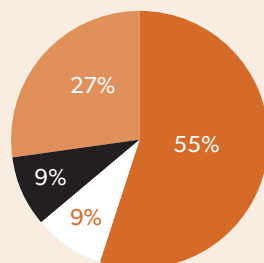
36

Total number of children brought to the shelter

CHILDREN'S AGES



ABODE OF CHILDREN NOT AT SHELTERS



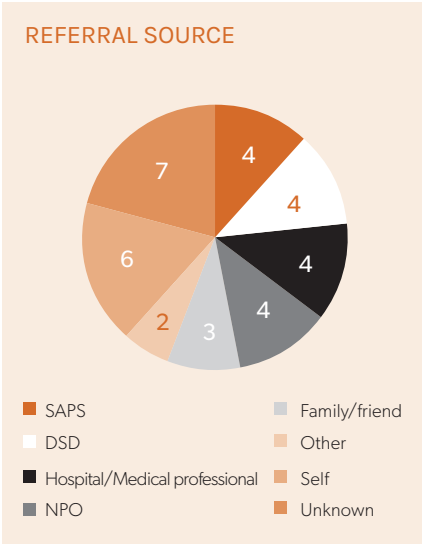
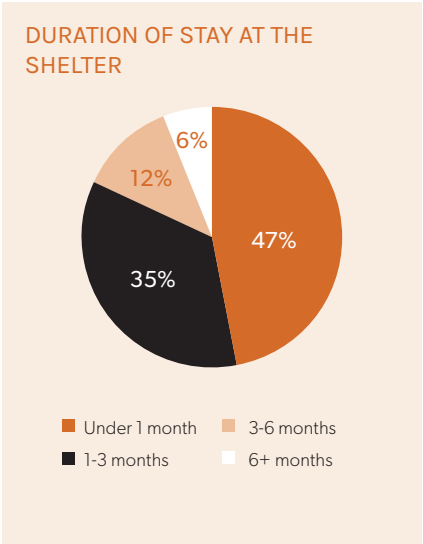
SHELTER ACCESS AND DURATION OF STAY

Of the 34 women in shelters as a result of IPV, only 7 had unknown referral sources (i.e. case files did not specify who had referred the women to the shelter).

Of the remaining 27 women, 44% were referred by some form of state institution (e.g. DSD, SAPS and a hospital or a medical professional); 22% came to the shelter on their own; 15% were referred by another NPO (including a shelter) and 11% by a family member or a friend. In 7% of cases, women were referred by other sources

which included a ward councillor and a woman's place of employment.

Slightly more than half of the women in our sample (18 or 53%) stayed at the shelters for periods exceeding a month. Those who left prior most often did so as they had access to alternative sources of accommodation usually in the form of a family member's house. In some instances, however, women were not yet ready to leave their partners or had returned to them once they felt more secure.



6. FINDINGS FROM THE CASE STUDIES

6.1 THE DSD'S FUNDING OF SHELTERS IN KZN IS INADEQUATE, AND WHERE THERE ARE RESOURCES, DSD UNDER-SPENDS AND OFTEN DELAYS TRANSFERS TO NPOS

Unlike the DSD in the Western Cape and Gauteng,⁵² the DSD funding for shelters in KZN appears to follow the same format. All 4 participating shelters received the same contributions towards staff salaries (the same with respect to amounts as well as category of personnel). They also received a set unit rate contribution of R63 per day⁵³ for the accommodation of women and their children, R30,000 towards community awareness campaigns, and R10,000 towards the provision of comfort packs for shelter residents.

As a set funding format was employed, the only difference with respect to the final amount awarded is attributed to the number of women and children that the shelters are able to accommodate both in relation to the shelter's physical accommodation capacity but also in relation to how many women and children actually accessed the shelter over the grant period. This funding method is problematic as it fails to take into consideration that shelters will continue to incur certain expenses re-

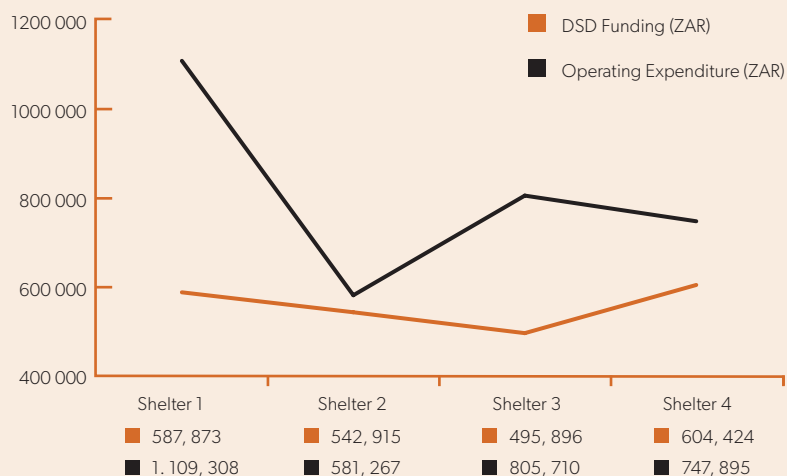
gardless of the number of clients residing at the shelter. This negatively impacts on the shelter's ability to adequately plan and manage its budget. It also negatively impacts on the Department's ability to effectively allocate and manage its funds. In the 2015/2016, financial year this was one of the reasons that the department provided for under-spending of its VEP budget. It is also important to note that 3 NPOs closed their doors that financial year as a result of funding challenges. With the extent of violence against women and children in the country being unacceptably high, we cannot afford a situation where imperative services to survivors are restricted or cease entirely, as a result of inadequate funding.

With respect to DSD funding to the KZN shelters, in all 4 cases (as can be seen in the graphic on the following page), the full costs of operating the shelter exceeded the contribution of the DSD. The shortfall was rather significant for shelter 1 (deficit of R521,435) as well as for shelter 3 (R309,814).

⁵² As indicated in the previous HBF and TLAC research on shelters.

⁵³ While no information is provided on how the DSD in KZN estimates its unit rate contributions for the accommodation of shelter clients, it is important to acknowledge that this unit rate is higher than in the provinces of Western Cape and Gauteng. Further research on how provinces determine their unit rate contributions is required.

KWAZULU-NATAL FUNDING TO SHELTERS



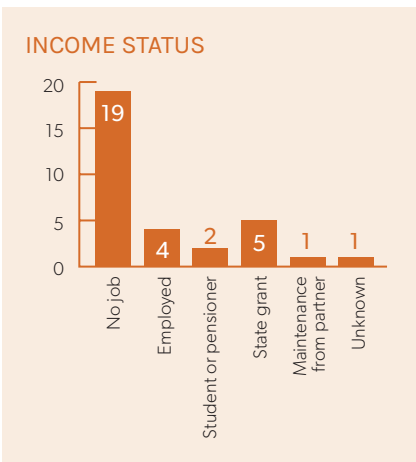
DSD funding to shelters largely covers staff salaries. Post subsidies are, however, significantly lower than market rates. This means that shelter managers, with the assistance of volunteers in some instances, dedicate a significant amount of their time to fundraising through formal applications to funders or marketing the shelter to prospective donors to cover shortfalls in salaries and running costs. As a result of such efforts, some shelters have been able to generate some savings, 2 shelters have been able to purchase their buildings and most receive regular in-kind donations of groceries and other goods from local businesses. Donations of this kind have helped shelters to reduce operating costs. Donor funding is not, however, guaranteed or predictable. While the DSD post subsidy and unit rate funding increases of 6% for

the 2016/2017 financial year have been welcomed by the shelters, they maintain that R67 a day towards the accommodation of clients is inadequate. This is especially the case given that the majority of women who access shelter services do not have a source of income on their arrival at the shelter. An additional challenge, raised by 2 of the shelters, is that DSD funding disbursements are often delayed, sometimes as late as 2 months. If shelters have not successfully been able to source additional funding or to generate savings, they battle to cover staff salaries and daily running costs. To address this challenge, 1 shelter has adopted a fundraising campaign to encourage people to contribute a monthly donation to the shelter. By so doing, it hopes to generate a steady and reliable source of additional funds.

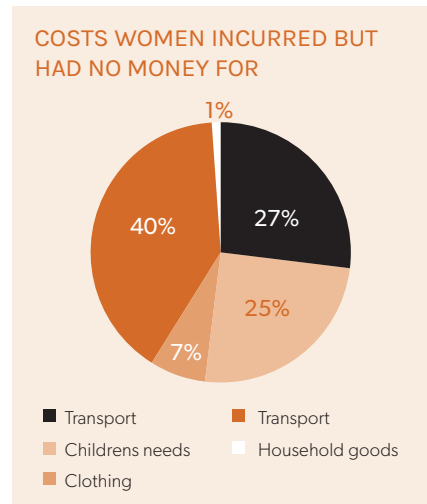
6.2 THE MAJORITY OF WOMEN HAD LIMITED EDUCATION, WERE UNEMPLOYED AND HAD NO SOURCE OF INCOME AND THUS RELIED LARGELY ON THE SHELTER

The case files recorded 17 women's educational qualifications and the majority of these women (65%) had less than a matric qualification – 3 women had only attended primary school and 8 had dropped out of high school. Only 5 women had matriculated and 1 woman had attained a diploma through a tertiary institution. Two women were, however, studying while they were at the shelter. One of these women was studying towards a teaching qualification.

Only 12% of the women (who were not of working age and not studying full-time) had some form of employment while at the shelter. Very few women were in receipt of a state support grant and only 1 woman was receiving maintenance from a partner. The majority of women therefore relied on the shelter to cover their practical and day-to-day costs.



Other than the provision of food, case files noted that the majority (40%) required toiletries, followed by transport (27%) and costs associated to their children's needs (25%). Shelters also provided clothing and donations in the form of household goods.



The shelters assisted women to apply for social grants in cases where they were eligible. Five women arrived at the shelter already receiving social grants, mostly child support grants and 1 woman received an old age grant. The shelters assisted 8 women with applying for state support grants but case files only recorded 2 applications as being successful during the women's time at the shelters.

Social grants, while providing a cushion, are however, argued to be insufficient to

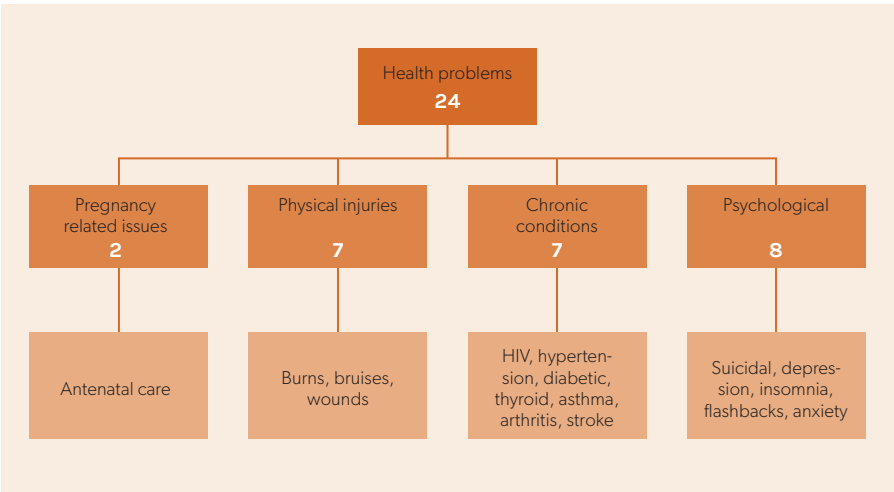
meet the day-to-day needs of indigent women and their children.⁵⁴

6.3 WOMEN IN THE SHELTERS HAD SERIOUS HEALTH & LEGAL SUPPORT NEEDS

A total of 24 women (71%) had injuries and/or health concerns that required medical attention. Women often presented with multiple and concurrent conditions. The women’s health concerns included chronic illnesses such as HIV, diabetes, arthritis, asthma, thyroid issues, back and pulmonary problems, a stroke and hypertension (7); and psychiatric conditions such as depression, anxiety, low self-esteem and suicidal ideations (8). Some women (7) sustained physical injuries such as head lacerations, back and eye injuries, bruising, bleeding and swelling. Two of the women who presented at the shelter with physical injuries from a domestic vio-

lence episode were in their last trimester of pregnancy. One woman had attempted suicide by drinking rat poison prior to coming to the shelter while another had contemplated killing herself and her children.

Most of the shelters did not have difficulty in providing women with access to health care services, although some shelters noted that accessing psychiatric treatment was more difficult. One shelter has been able to fast-track women’s access to psychiatric services by seeking the services of a volunteer psychiatrist. It can take up to 6 months to access psychiatric services at state institutions.



54 Mngoma, 2016

In addition to health needs, women also had a range of legal support needs. Only 5 women had a protection order when they came to the shelter. Assisting women to apply for protection orders was the most common form of legal service provided by the shelters followed by monitoring domestic violence cases and court support. In 6 cases, the shelters also

assisted women to either apply or re-apply for identity documents and child birth certificates. Re-applying was a necessity in cases where women and their children had to urgently flee the home; had been kicked out of the house by partners or their partner had intentionally destroyed these documents.

| LEGAL & OTHER FORMS OF PRACTICAL ASSISTANCE | ASSISTED BY SHELTER |
|--|---------------------|
| Protection Order | 12 |
| Divorce | 3 |
| Maintenance for children | 5 |
| DV Case follow-up | 8 |
| Court preparation | 5 |
| Legal advice (for the woman whose partner had laid a charge against her) | 1 |
| Laying charges against partner | 1 |
| Assistance with laying charges of child abuse | 1 |
| Proving of guardianship of children | 1 |
| ID/child birth certificates | 6 |

Most shelters have established good working relationships with NPOs providing legal services and with state institutions. However, of the 4 shelters, 2, both in rural locations, have experienced difficulties engaging with the criminal justice system. This was evident in the client files of shelter 3 where a magistrate had advised a shelter client to return to her partner as going to a shelter was a waste of time. As for shelter 1, most of their challenges with the criminal justice system pertain specifically to police inefficiency. The shelter manager explains:

"Sometimes the police are not cooperative, in many cases clients drop charges because of the way the police respond to them. Sometimes the shelter does not bother to report any cases because of the attitude of police officers at the local police station."

These are clear examples of failure to comply with the provisions of the DVA and are tantamount to misconduct.

6.4 THE MAJORITY OF WOMEN REMAINED ECONOMICALLY VULNERABLE ON LEAVING THE SHELTER DESPITE SHELTER'S BEST EFFORTS

DSD's *Minimum Standards on Shelters for Abused Women* specifies that shelters need to provide skills development for shelter clients. However, DSD does not specifically provide funding for shelters to do so. As a result, shelters either fund these initiatives through other donors and/or seek the services of volunteers to provide and run the programmes.

All the shelters were able to offer a range of skills-development programmes, the purpose of which is to improve or encourage women's access to employment and income-generating opportunities. Skills-development programmes ranged from baking, gardening and beading to English literacy. In one instance, while the shelter did not offer computer skills training themselves, they had paid for a woman to attend classes at a tertiary institution on her request.

In addition to this training, shelters also provided women with advice and support to find employment by helping them to develop CVs and even covering the cost of their travel to interviews. However, despite extensive efforts by the shelters to assist women in finding employment, only 23% of unemployed women had been able to secure employment while at the shelter. This suggests that the large majority of the women were still economically vulnerable when they left the shelters. There may be varying reasons for this. Some women stayed at the shelters for only short periods

of time, which would not have enabled the shelter and the client sufficient time and/or opportunity to seek employment. The type of skills-development training rendered by shelters may also not lead to work in competitive job markets, and shelters do not always have the resources to offer training of a higher calibre. Finally, the woman's poor level of education may be an additional factor as is South Africa's high unemployment rates in general.

Amongst other factors, a lack of economic independence and limited access to housing are two of the more common contributing factors as to whether a woman returns to an abusive partner. This is a key challenge for the shelters as evidenced by one shelter manager's explanation:

"Our biggest challenge is helping clients to find employment so that they are financially independent when they leave the shelter. It is also difficult finding sponsors for our clients' training (home-based care); as is securing second-stage housing. Employment and income generation are important even where a woman opts to return home (after family reconciliation) because as an earner they are on a more equal footing and are able to assert their rights more than a dependent woman".

6.5 PROVISION OF SHELTER SERVICES TO WOMEN PLAYS A ROLE IN THE PREVENTION OF IPV

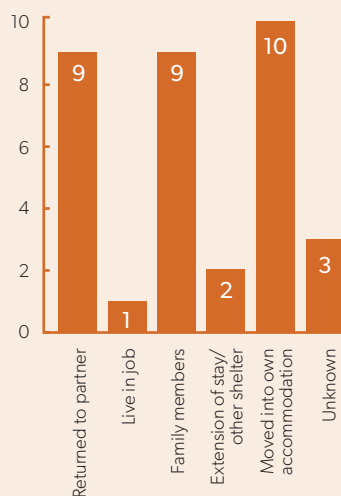
The majority of women (97%) in the study accessed shelter services for the first time. Only one woman had resided at a shelter on two separate occasions (within the space of 2 months of each stay). She returned to the shelter a second time after she had continued to experience physical abuse by her partner. She did not return to her partner on exiting the shelter the second time.

The case files do not provide information as to where 3 of the women went after they exited the shelter. Of the remaining 31 women, 10 moved into their own accommodation, 9 left the shelter to move in with family members, 1 woman moved in with an employer and 2 women were still accessing shelter services. Of significance is the fact that only 9 of 31 women (29%) returned to their partners.⁵⁵

Research by Rusbult and Martz (1995)⁵⁶ reveals that a woman's return to an abusive partner after residing at a shelter is influenced by a number of factors. One of these is her level of commitment to the relationship. This is often measured by the number of children that the couple shared; their marital status and the length of relationship. It is also impacted upon by the severity (self-perceived) of the abuse experienced and the perceived "role" that a woman might have played in it. Other fac-

tors also include the woman's ability to be independent measured in relation to levels of education, income and employment status, and even access to transportation.

WHERE WOMEN WENT AFTER LEAVING THE SHELTER



An analysis of the 9 case files reveals similar factors as to why women returned to their partners after exiting the shelter. These were: (1) their ability to live independently and/or to access resources and/or other forms of support; (2) the length and/or quality of the relationship including the role that children played within this dynam-

⁵⁵ Previous research undertaken on shelters by HBF and TLAC revealed similar trends, although fewer women left to return to their partners in the Western Cape (32%) than in Gauteng (53%).

⁵⁶ Cited in Le, n.d.

ic; and (3) their understanding of the abuse experienced. An additional and important factor was the length of time that a woman resided at the shelter; the longer a woman accessed psychosocial and practical support services; the better able she was to feel empowered and make informed decisions on her future.

Shelters are without a doubt a lifeline for women seeking to leave abusive relationships. Shelters provide women and their children with respite from abuse – a safe space to gather their thoughts and feelings while planning for their future. A social worker at one of the shelter elaborates on the benefits of sheltering services:

“The most immediate benefit of sheltering is that clients are removed from a crisis situation: living in an abusive environment for a protracted time corrodes a woman’s confidence and agency – they may come to feel diminished over time and as if they have no value or dignity, making them inclined to believe their abusers’ allegations that they are worthless, useless and not capable of anything. Sometimes they reach their limit and seek sheltering because they want something better for themselves. Clients leave the shelter with so much confidence and a renewed sense of their true potential: their courage is restored they have self-belief and confidence in their abilities and they trust themselves and their judgement so much more. They are empowered.”

6.6 FUNDING CONSTRAINTS LIMIT THE ABILITY OF SHELTERS TO PROVIDE COMPREHENSIVE SERVICES TO WOMEN AND CHILDREN

As per the *Minimum Standards*, shelters have to provide a range of counselling, support and skills development services to survivors in addition to meeting the basic needs of their clients such as providing them with food. Shelters also need to ensure that they maintain an effective level of safety and security for staff and residents. In addition, they have to ensure that they are managed responsibly.

Women and their children accessing shelters had a myriad of practical and psychosocial support needs. As noted earlier, most had no income or a limited

one which inevitably meant that the cost of providing for their needs fell mostly on the shelters. In addition to food, this often includes clothing, toiletries, transport costs, child-related costs, and the renewal of identity documents.

The 3 shelters who allowed researchers access to case files were able to accommodate a total of 65 women and their children in their shelters over the study time-frame, of which 34 had been at the shelter as a result of IPV. Some of the shelters also offered direct services or referrals to support services for a number of walk-in clients. All



shelters were able to provide one-on-one and individual group counselling. When more in-depth therapy was required, shelters made use of volunteers, other organisations or state services. Shelters also assisted women to navigate the legal and criminal justice system. All the shelters offered some sort of skills-development training. However, the majority of women remained economically vulnerable on leaving the shelter.

Despite their best efforts, shelters cannot meet all the needs of their residents. For example, Shelter 2 finds it difficult to find sponsors who can cover the cost of their clients' skills trainings. Shelter 4 does not have the resources, the capacity or the expertise to provide services to the children residing at the shelter. Children are assisted by local child-care facilities and are referred to Childline for counselling. The social worker wishes that they could provide a more holistic service offering to the children so that they can feel more part of the shelter and a part of their mothers healing.

Shelter 1 is located in a rural area, which makes the provision of transport a critical service offering for clients so that they can access court services, hospitals, and so on. The women's access to health care is a concern for the shelter manager particularly as local health care facilities do not prioritise shelter clients and this often necessitates travel to hospitals in more urban areas. She says:

"Sometimes we do not even have transport to take clients to hospital; and we

do not have a First Aid Kit. On the other hand, you can't dispense any medication. DSD says you need to have a staff nurse if clients need medication."

Shelters certainly cannot afford the variety or the numbers of staff needed to provide comprehensive services to women and their children. Social workers at the shelters thus have substantial caseloads. This is made even more tenuous by DSD's outreach targets – a funding requirement in addition to the provision of direct services to shelter clients. One shelter manager remarks:

"It is also difficult having only one social worker. It may seem as though we only shelter few people, but we have very high numbers of walk-ins and she has to see to them and make sure she refers them and she has to do all of the reporting and counselling and outreach and training – it is too much for one person!"

Another shelter manager also commented on the workload of the shelter social worker. Although the shelter appreciates DSD support, they find the administrative requirements associated with their funding tedious. These requirements negatively impact on the social workers in particular. She says:

"Our only complaint is that on a monthly basis our social worker is required to submit paperwork in person to DSD and the process is quite chaotic as social workers from across the province

are required to do the same so she can sometimes be there the whole day, which detracts from her time with clients here at the shelter.”

An additional challenge is that shelters are not able to pay market-related salaries. Government remuneration for social workers is much higher than what NGOs can afford; exacerbating difficulties in retaining experienced staff.⁵⁷ For example, as advertised in the DSD Vacancy Circular in KZN in 2017, the salary of an entry level (no work experience) social worker at the DSD averages between R211,263 to R391,224 per p/annum (just slightly more than R17–R32,000 a month). Meanwhile, DSD post subsidies to NGO social worker salaries (not restricted to entry level) for the 2016/2017 financial year is R141,420 p/annum (or just slightly more than R11,000 a month).⁵⁸ This is a significant difference (between 33 – 63% variance) considering that social workers carry heavy workloads. This was further substantiated by one shelter manager who said:

“Some social workers are de-motivated because the salary is very low, so remuneration of social workers need to be looked at because DSD social workers are paid more, but the workload is more in shelters and they use the work that social workers have done as their own targets”.

The issue of having to meet DSD targets was also raised by one of the social workers. Although all the shelters are able to offer women accommodation of up to 6 months, the standard practice is 3 months to meet the quarterly targets that are set by the DSD. Although this was not always the case for women in this sample, social workers argue that the allocated time is insufficient to render a holistic service that is able to effect long-lasting change. Two social workers raised their concerns:

“Although it can feel as if I’m making progress with a client, the challenge is that I have a very short period of time in which to effectively instil a change of behaviour so that the client doesn’t regress when they leave here”.

“Sometimes a woman genuinely needs to stay longer because of the situation they are in, as a shelter you don’t want to discharge a client before they are ready. Some clients take longer to respond to the counselling they have received. But DSD is more concerned with the fact that they are paying the daily rate and hence want them to exit the shelter as soon as possible”.

Overall, the research reveals that the cost of providing practical and psychosocial support services to women and children accessing shelters exceeded DSD funding

⁵⁷ Bhana et al, 2012

⁵⁸ Despite DSD social worker personnel earning significantly more than those employed by NPOs, it is interesting to note that in 2013 KwaZulu-Natal deemed the funds that it had received to employ social workers as being inadequate (Budlender et al., 2014).

to those shelters. All the shelters are run by experienced and professional shelter managers, although DSD funding contributions towards their salaries is minimal. Shelter managers therefore have to dedicate significant time and energy to raising the shortfall between what DSD funds the shelters and what it actually costs to run the shelter and meet the many needs of their clients. This includes covering the short-fall for social worker salaries – who despite being better subsidised by DSD – still earn vastly less than what DSD pays its own staff. For 2 of the shelters this also means fully covering the cost of Social Auxiliary Workers. Housemothers, who play a pivotal role in the running of the shelter and in caring for the women and children who access shelter services, are only subsidised at rates slightly higher than the

shelter handyperson and the cleaner. The DSD funding contributions to their salaries is less than the proposed minimum wage.

Judging from the case files and interviews with shelter staff, it is obvious that shelter staff members are committed to providing the best service they can within their budgetary and capacity allowances. However, without adequate financial support, shelters are not able to meet all the legitimate needs of abused women and those of their children. If government is truly serious about addressing the occurrence and impact of violence against women and children more effectively, then it has to ensure that shelters, that deliver services on governments' behalf, receive adequate funding to do so.

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"The most immediate benefit [of sheltering] is that clients are removed from a crisis situation: living in an abusive environment for a protracted time corrodes a woman's confidence and agency – they may come to feel diminished over time and as if they have no value or dignity, making them inclined to believe their abusers' allegations that they are worthless, useless and not capable of anything. Sometimes they reach their limit and seek sheltering because they want something better for themselves. Clients leave the shelter with so much confidence and a renewed sense of their true potential: their courage is restored they have self-belief and confidence in their abilities and they trust themselves and their judgement so much more. They are empowered."

HOUSING WOMEN WHO HAVE EXPERIENCED ABUSE: POLICY, FUNDING AND PRACTICE

Profiling shelters in KwaZulu-Natal

Violence against women is a significant problem in South Africa. The country has the highest rate of femicide in the world with estimates that suggest that a woman dies at the hands of an intimate partner every eight hours. Research also indicates that following HIV, intimate partner violence (IPV) is the second highest cause of disease and injuries in South Africa. A comprehensive response to IPV that is both preventative and responsive to the impact of violence on survivors is essential. Such services should include a broad range of legal, medical, and psychosocial support services as well as access to alternative accommodation. In South Africa, shelters are part of a government response to providing alternative accommodation as well as care and support for survivors of violence. However, there is currently no national government directive or funding model on the distribution of funds to shelters. This has resulted in the haphazard and inadequate resourcing of shelters throughout the country.

This publication is the first of a series of shadow reports that the Heinrich Böll Foundation and the National Shelter Movement of South Africa have produced in their 'Enhancing State Responsiveness to Gender Based Violence: Paying the True Costs' project. The project, which is funded by the European Union, aims to support state accountability for adequate and effective provision of domestic violence survivor support programmes, specifically those associated with the provision of shelters for abused women.

This report, which was partly produced with the Tshwaranang Legal Advocacy Centre to End Violence against Women, sets out existing policy and practice in relation to the provision and funding of shelter services in the KwaZulu-Natal province and considers whether shelters have sufficient resources to meet the legitimate needs of women and children accessing their services.