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Report on Defining and costing a comprehensive package of services for gender based violence

Final Summary Report

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This report has been discussed with the international expert concerned in relation to the input work plan agreed with the Client, the expert's terms of reference and to ensure it contains relevant issues and recommendations, which have been discussed in a debriefing session with the Client.

CONTENTS

ACRONYMS

DSD	Department of Social Development
GBV	Gender-based violence
KCC	Kgomotso Care Centres
TCC	Thuthuzela Care Centre
VEP	Victim Empowerment Programme
VFR	Victim-friendly rooms

POLICY SUMMARY

The imperative

Care and support services responding to GBV are a constitutional imperative. A socio-economic right that simultaneously promotes the rights to dignity, equality and freedom from all forms of violence, they are testimony to government's concern with supporting the well-being and flourishing of all within the country.

The benefits

From one service flows the potential of many benefits: providing safety and ending repeat victimisation; limiting children's exposure to violence and its repetition and re-enactment in their lives; preventing infection with HIV and addressing factors aggravating other health conditions; access to livelihoods, income, social security and housing; skills to cope with the challenges of testifying in court; and containing the development of more serious emotional and psychological difficulties. Services also build bonds of social solidarity through the many opportunities they provide for communities to support their members.

The next steps

These benefits are not being realised to their full extent. Services are neither universally available nor reasonably accessible and the attainment of their goals is being hamstrung by under-funding. A series of policy interventions will address this, including:

Revision of the Victim Empowerment Programme – As the overarching policy framework guiding care and support services the Victim Empowerment Programme's policy and guidelines must be expanded to recognise the multi-faceted and complex nature of victimisation. In addition to the focus on the criminal justice system, policy must pay attention to the ways socio-economic circumstances contribute to and maintain vulnerability. More attention must be paid to determining referral pathways between victim empowerment services, mental health services, and social services broadly, including housing. A strong framework of norms and standards needs to govern the provision of care and support services to ensure quality services are equitably available, and they deliver the intended benefits.

Building the health sector response - The emphasis on the criminal justice system must be balanced with attention to health. Policy explicitly linking mental health services to shelters and community-based services is crucial and should set out the roles community-based organisations can play in educating around mental health and GBV. Guidance around the sensitive and responsible identification of intimate partner violence in health settings is necessary, as is the training of health workers.

Promoting equitable access – Increasing access to care and support requires shared specialised services to be established. These will enable access to a range of skills that are often out of reach due to their cost but which are essential to extending help to individuals across the spectrum of disability.

Enabling and supporting the development of NGO services – Government cannot be the sole provider of services; the need is too wide and deep. Building both the scale and reach of services requires drawing on and strengthening the skills and experience located in the NGO sector in a range of ways, including by creating a new qualification recognising community support workers and ensuring they are adequately and equitably paid.

Planning for progressive realisation – Planning to progressively increase the number of care and support services is a priority. In matching supply to demand planners must, at a minimum, consider both poverty and the extent of violence in any given area.

EXECUTIVE SUMMARY

BACKGROUND, PURPOSE AND METHOD

This research is the outcome of a recommendation made by the 2016 *Report on the Diagnostic Review of the State Response to Violence against Women and Children,* commissioned by Department of Planning, Monitoring and Evaluation, for the 'Department of Social Development (DSD) to lead in comprehensively defining psychosocial response services for victims of violence against women and children, establishing minimum core services and funding implications for their implementation'.[1]

Three activities were undertaken to identify and cost a set of core services responding to gender based violence (GBV), namely: a literature review, primary research and development of costing models, and a policy brief.

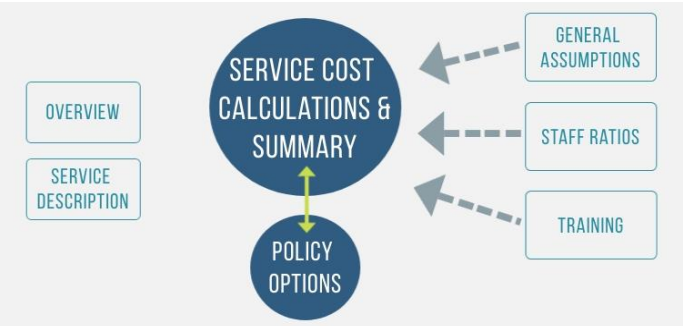
The study's research method was designed to take into account the weak institutionalization of most existing care and support services in policy, creating a corresponding absence of description and standardization; and the near absence of evaluations for almost all services. Thus recommending particular models is extremely difficult in the face of these unknowns. To allow for this we adopted a realist evaluation approach[2] to the research which places a strong emphasis on the theories of change underpinning programmes.

The primary research received ethics clearance from the Human Sciences Research Council Research Ethics Committee and included extensive stakeholder consultation throughout the research process. Data collection included a total of 39 face to face, in-depth interviews and 34 focus group discussions with a wide range of government and NGO stakeholders and beneficiaries at national, provincial and local level. Expenditure analysis of services was also undertaken using current expenditure figures made available by implementers or where the information is in the public domain.

The costing exercise involved the development of nine separate Excel-based costing models to calculate the unit cost of providing the individual service set out in the recommended core package of services.

Each costing model was developed using the costing model structure indicated in figure 1 below.

Figure 1: Structure of the costing models



KEY FINDINGS: LITERATURE/DOCUMENT REVIEW

Domestic violence in all its forms is very prevalent in South Africa, as are sexual offences. Yet even the administrative data provided by the Department of Justice and Constitutional Development and South African Police Services accurately capture the true extent of GBV as various studies have shown that most victims do not report their experiences to the state.

GBV imposes a significant burden of distress with post-traumatic stress disorder (PTSD) being the dominant lens through which this has been conceptualised.[3] Violence does not however

[1] KPMG 2016.
[2] Pawson et al., 2004.
[3] Kaminer et al., 2008.

affect all victims in the same way and their emotional and psychological difficulties can be thought of as existing on a continuum involving stress, trauma and crisis. Care and support interventions need to be oriented both towards the range, depth and complexity of survivors' responses to violence, as well as the ways these change over time..

The courts have ruled that access to such care and support services is a socio-economic right,[4] with the National Development Plan also recognising that such services are part of the social protection floor beneath which no member of society should slip.[5] The country's *National Strategic Plan on Gender-based Violence and Femicide* identifies 'response, care, support and healing' as one of its six pillars.[6] Laws such as the 1998 Domestic Violence Act, the 2007 Criminal Law (Sexual Offences and Related Matters) Amendment Act, and the 2005 Children's Act are also in place. However, the policy architecture underpinning the content and substance of the services remains incomplete: some services are expressly provided for (e.g. victim friendly rooms, court preparation and support, and provision of post-exposure prophylaxis), while others must be inferred from legislation and policy (e.g. shelter, counselling and emotional support).

Despite the constitutional imperative and legal duty to provide care and support services, their availability and accessibility is limited by insufficient human resources and funding. Furthermore, budget allocations to the Victim Empowerment Programme (which is where the budgets for GBV services are located) are very small.

KEY STUDY FINDINGS: PRIMARY RESEARCH AND COSTING

There are too few care and support services to meet the need generally in South Africa[7] - including in relation to rape and intimate partner violence. But between the literature review and the study findings we found there to be almost no guidance around how to progressively increase these services to ensure that they reach both more, as well as a wider range of survivors; only shelters seem to have been made the focus of attempts to estimate need. The table below provides a brief sketch of existing service sites and notes the extent to which they offer care and support .

Table 1: Service availability

Service	Number in existence	Comments on service availability
Telephonic helplines	3 national lines	Some organisations also offer telephonic support to the area in which they are based.
Community-based support services	Unknown	Unknown
Shelter	At least 90	The use of different terminology for shelters (i.e, one stop centre, Khuseleka, safe house, crisis centre, White Door) and the changing numbers provided for these makes it difficult to provide definitive figures.
Designated health facility-based services	281	47 of these facilities currently offer NGO care and support services. In addition some community health centres are also offering services.
Victim-friendly rooms	1 043 police stations	984 stations currently include victim friendly rooms, with another 86 offered at other points of reporting. It is unknown how many victim friendly rooms have access to volunteers or NGO support
Court services	106 sexual offences courts	The number of courts with access to CPOs or NGO court support workers is unknown. It is also unknown how many civil courts offer support with obtaining a protection order

Comprehensive package of services

The study identified seven care and support services as core, with one of these – shared

[4] National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC of Social Development, Free State and Others (1719/2010) [2014] ZAFSHC 127 (28 August 2014)
[5] Department of Social Development, 2016.
[6] Interim Steering Committee, 2020
[7] DSD, 2016

specialized services – intended to enhance the scope and quality of the other six (captured in the diagram below). Services were selected on the basis of the robustness of their theory of change, with the principles of availability, accessibility, acceptability and quality also informing the selection. The next section provides a brief discussion of each individual service and then presents the results of the overall costing for each service.

Figure 2 Comprehensive package of care and support services for survivors of GBV

Description of services

Telephonic helplines

This is a 24/7 toll-free service accessible from anywhere in the country. The service may be decentralised to provincial offices that share the national number.

Community based counseling service

This is a service for adults who have experienced sexual violence and/or who are seeking help with an abusive relationship, regardless of whether these acts have been reported or not. It is envisaged as a hub both anchoring first responder services at police stations and health facilities and providing ongoing counselling and support, including to those engaging with the legal system. Access to the service is not dependent on use of formal reporting channels. The service offers a range of psychosocial, psycho-educational and socio-economic services.

Safe houses and shelters

These are residential facilities that accommodate all women, trans and cisgender, who have experienced gendered forms of crime and violence. Women's care-dependents may be accommodated up to the age of 18 years only, unless the design of the facility allows for the admission of youth older than 18 years whose livelihood and safety is at risk. These facilitiesdo not offer statutory services to children and must not accommodate children without their legal guardians. The service is not suited to women experiencing serious psychological difficulties, including in relation to the abuse of substances.

A safe house is a form of crisis intervention accommodating women for between one to seven nights while a shelter offers a comprehensive range of services and may accommodate women for up to 6 months. It can however, also provide emergency, short-term accommodation. A shelter for victims of gendered crime and violence may also be designated a shelter for victims of trafficking, as well as forming one component of a broader one-stop service.

Health facility

This is a first responder service for adult and child survivors of sexual offences and/or assaults within the context of an intimate or family relationship. The service may be based within tertiary, secondary and primary health care settings.

First responder, victim friendly rooms at police stations

The victim-friendly room is part of the broader programme of victim empowerment offered by the police to all victims of crime and survivors of GBV in particular. The facility is either located in a room in the police station or attached to the station in the form of a park home. The room is managed by the police officer appointed as a victim empowerment coordinator, with services provided either by community volunteers or first responders employed by a NGO.

Court preparation

Court preparation is a service offered by the NPA to adult and child witnesses in criminal matters involving violence. Agencies outside of the NPA may only offer the service with the NPA's written permission. While offered to any witness in need of support, the service emphasises sexual offences and should be available at designated sexual offences courts. Generally, it is based at magistrates' courts and also assists with matters referred by the High Court.

Court support

Court support services should be made available to adult and child complainants in sexual offences matters, with people with intellectual disabilities and their families requiring a specialised version of these services. Court support is also offered to adults seeking protection orders in terms of the Domestic Violence Act. The service to complainants of sexual offences is based in the criminal courts while that to complainants of domestic violence is located in the civil section of the courts.

The court support service is closely linked to the provision of psychosocial services. However, it is not offered by the same set of staff.

Specialized shared services

Services are not equally accessible to all, especially those whose needs are complex and require specialised attention. Specialised capacity is expensive. Therefore, to ensure cost-effective provision of such services it is proposed that a limited number of Specialised Shared Service offices be established in each province to extend care and support to all those who need it. The specialised services to be made available include:

- Sign language interpreters for Deaf beneficiaries
- Language interpreters where a language is not in wide use in a particular area
- Psychological services: to provide assessments for people with intellectual disabilities, as well as any other psychological difficulties, as well as to provide regular clinical/therapeutic services to adults, as well as to children in shelters;
- Transport is required for travel between different service points.

Allowance is made to provide two training sessions per year aimed at building skills and knowledge around the provision of inclusive and accessible services

Overall costing results

The following table sets out the cost results by service. In each instance, these results reflect the unit cost of setting up and running a single office / site / location for the particular service as specified in the scenarios of the respective costing models. A distinction is made between setup costs and ongoing operations costs. This is important when planning for and budgeting the rollout of these services.

Scenario 5 illustrates the cost of including accessibility infrastructure for persons with disabilities

into the setup costs of Scenario 3. The cost of including accessibility infrastructure for persons with disabilities only impacts on the setup costs of services, not the cost of ongoing operations.

Table 2: Unit cost of setting up and running single service offices or sites

Service / facility	Scenarios (2020 Rands)				
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Helplines	**Small Centre (government)**	**Small Centre (NPO)**	**Large Centre (government)**	**Large Centre (NPO)**	**Large Centre (government) with PWD infrastructure**
Setup costs (once)	122 393	122 393	215 762	215 762	335 762
Ongoing operations (per year)	2 593 766	2 238 333	4 180 588	3 564 626	4 180 588
Community-based Counselling	**Small office (government)**	**Small office (NPO)**	**Large Office (government)**	**Large office (NPO)**	**Large office (government) with PWD infrastructure**
Setup costs (once)	94 850	94 850	169 850	169 850	289 850
Ongoing operations (per year)	815 500	676 910	1 796 705	1 489 227	1 796 705
Safe Houses	**Small Safe House (government)**	**Small Safe House (NPO)**	**Large Safe House (government)**	**Large Safe House (NPO)**	**Large Safe House (government) with PWD infrastructure**
Setup costs (once)	68 450	70 950	353 950	353 950	543 950
Ongoing operations (per year)	306 895	264 450	614 756	571 561	614 756
Long-stay Shelters	**Small Long-term Shelter (government)**	**Small Long-term Shelter (NPO)**	**Large Long-term Shelter (government)**	**Large Long-term Shelter (NPO)**	**Large Long-term Shelter (government) with PWD infrastructure**
Setup costs (once)	348 850	348 850	392 850	392 850	582 850
Ongoing operations (per year)	1 128 478	776 117	1 187 501	835 139	1 187 501
Health Facility Counselling	**HFC (government)**	**HFC (NPO)**	**Typical KCC (government)**	**Typical KCC (NPO)**	**Typical KCC (government) with PWD infrastructure**
Setup costs (once)	319 500	319 500	332 000	332 000	452 000
Ongoing operations (per year)	732 776	639 430	1 205 917	1 021 883	1 205 917
Victim Friendly Rooms	**Small VFR (government)**	**Small VFR (NPO)**	**Large VFR (government)**	**Large VFR (NPO)**	**Large VFR (government) with PWD infrastructure**
Setup costs (once)	48 000	48 000	323 000	323 000	443 000
Ongoing operations (per year)	326 699	290 347	732 357	664 805	732 357
Court Support	**Small court (government)**	**Small court (NPO)**	**Large court (government)**	**Large court (NPO)**	**Large Court (government) with PWD infrastructure**
Setup costs (once)	53 850	53 850	94 850	94 850	214 850
Ongoing operations (per year)	295 830	257 342	561 660	489 836	561 660
Court Preparation (KBL)	**Small court (government)**	**Small court (NPO)**	**Large court (government)**	**Large court (NPO)**	**Large Court (government) with PWD infrastructure**
Setup costs (once)	39 850	39 850	103 350	103 350	223 350
Ongoing operations (per year)	330 712	271 291	1 226 893	1 004 667	1 226 893
Specialised Shared Services Office	**Small Shared Service Office (government)**	**Small Shared Service Office (NPO)**	**Large Shared Service Office (government)**	**Large Shared Service Office (NPO)**	**Large Shared Service Office (government) with PWD infrastructure**
Setup costs (once)	554 500	554 500	1 348 000	1 348 000	1 468 000
Ongoing operations (per year)	2 096 419	1 872 400	4 193 002	3 694 347	4 193 002

Planning and budgeting for roll out of services

The costing models work out the unit cost of setting up and operating single offices or sites of the different services. The costing outputs from costing models can be easily used to support rollout planning and budgeting for the services.

Responsibility for planning the roll-out of services

The departments must take the lead in planning the roll-out of the services they are responsible for funding. In many instances, departments will need to co-ordinate their plans with other departments, especially where one department is responsible for making available office space, and another is responsible for appointing and managing the service staff.

The national DSD is currently developing a Sector Funding Policy which aims to put in place

mechanisms to prioritise the roll-out and funding of developmental social services. This policy will have a significant impact on the timing of the rollout of those GBV services funded by national and provincial DSDs, depending on where GBV services are located on the *Schedule 3: Prioritised list of social welfare services* relative to all other services funded by these departments.

Planning the rollout of services

All departments should plan the expansion of these services in their *Five-year Strategic Plans* and three-year rolling *Annual Performance Plans.* The national DSD and provincial DSDs are required to do so in terms of the *Sector Funding Policy*.

When planning for the rollout of services, the responsible department will need to indicate the service, the scenario being used, and then track the number of new service points each year, and the cumulative number of service points. This is illustrated as follows:

Figure 3: Planning the rollout of Community-based Counselling

Planned rollout of Community Based Counselling	Rollout plan and budgets				
Small office (government)	Year 1	Year 2	Year 3	Year 4	Year 5
No. of new offices planned for each year	1	3	3	5	5
Cumulative number established	1	4	7	12	17

Budgeting for the roll-out of services

Using a rollout plan such as that specified in figure 3Figure 18, it is now possible to develop a budget for the rollout of the service. The first step is to adjust the unit costs calculated in the costing model for inflation over the period of the rollout plan. Then using these inflation adjusted unit costs of the relevant service and the rollout plan one calculates the required budget.

Setting up minimum service funding standards

The proposed Sector Funding Policy that national DSD is developing calls for the establishment of *minimum service funding standards* for each main service that the sector funds. The costing models developed for this project could be used to establish minimum service funding standards for each of the services identified.

Although this guidance is being developed by the national DSD for the social development sector, other departments that partner with NPOs to deliver services would be well-advised to adopt a similar approach.

Conclusion and recommendations

The Constitution represents a set of aspirations both forward-looking and developmental. It guarantees rights to equality, dignity and freedom and security of the person and anticipates the realisation of different socio-economic rights, from health care, to housing and social security. Care and support services embody this vision and there is a duty on the state to make these services both increasingly available to people. This study has contributed to this aim by identifying services that are core to supporting survivors of GBV, and developing a basis for costing these. In the process the study has identified a number of general, overall recommendations applicable across the services and we conclude by highlighting these.

Revision of the Victim Empowerment Programme – As the overarching policy framework guiding care and support services the Victim Empowerment Programme's policy and guidelines must be expanded to recognise the multi-faceted and complex nature of victimisation. In addition to the focus on the criminal justice system, policy must pay attention to the ways socio-economic circumstances contribute to and maintain vulnerability. Determining referral pathways between victim empowerment services, mental health services, and social services broadly, including housing is key. A strong framework of norms and standards needs to govern the provision of care and support services to ensure quality services are equitably available, and they deliver the intended benefits.

Building the health sector response - The emphasis on the criminal justice system must be

balanced with attention to health. Policy explicitly linking mental health services to shelters and community-based services is crucial and should set out the roles community-based organisations can play in educating around mental health and GBV. Guidance around the sensitive and responsible identification of intimate partner violence in health settings is necessary, as is the training of health workers.

Promoting equitable access – Increasing access to care and support requires shared specialised services to be established. These will enable access to a range of skills that are often out of reach due to their cost but which are essential to extending help to individuals across the spectrum of disability.

Enabling and supporting the development of NGO services – Government cannot be the sole provider of services; the need is too wide and deep. Building both the scale and reach of services requires drawing on and strengthening the skills and experience located in the NGO sector in a range of ways, including by creating a new qualification recognising community support workers and ensuring they are adequately and equitably paid.

Planning for progressive realisation – Planning to progressively increase the number of quality care and support services is a priority. In matching supply to demand planners must, at a minimum, consider both poverty and the extent of violence in any given area.

1 INTRODUCTION

1.1 Background and purpose of the research study

The 2016 *Report on the Diagnostic Review of the State Response to Violence against Women and Children* commissioned by the Department of Planning, Monitoring and Evaluation found services providing care and support in the aftermath of violence to be limited in scope, too few in number and inadequately funded, especially when provided by the non-profit sector.[8] Its recommendation for the 'Department of Social Development (DSD) to lead in comprehensively defining psychosocial response services for victims of violence against women and children (VAWC), establishing minimum core services and funding implications for their implementation'[9] has prompted this research project.

The project engaged in three activities to meet the goal of identifying and costing a set of core services responding to gender-based violence (GBV). These were the compilation of a literature review; primary research informed by the literature review's findings and recommendations; and a costing based on these core services and policy brief.

Figure 4: Research project process flow

This report integrates the findings from the literature review, primary research and costing models and collates these in the policy brief concluding the project.

1.2 Methodology - research rationale, method and sample

The care and support services evaluated found that many are not institutionalized in policy and therefore neither described nor standardised. They consequently bear a nominal and superficial resemblance to each other, while differing in important ways. These variations may be the result of necessary adaptations to local context but they may also reflect unequal and different access to human resources and funding. Recommending particular models is extremely difficult in the face of these unknowns. To allow for this we adopted a realist evaluation approach[10] to the research. This is one which places a strong emphasis on the theories of change underpinning programmes on the assumption that an intervention ought to be able to explain why and how it is able to bring about change if it is to be effective.

The primary research received ethics clearance from the Human Sciences Research Council Research Ethics Committee in October 2019 and included extensive stakeholder consultation throughout the research process.

Data was collected using in-depth, face-to-face interviews and focus groups; with the latter being the primary method of defining services. This is because focus groups increased the number of services participating in the study, and allowed both for more comprehensive description of the different practices; processes and forms that a particular service takes, as well as surfacing important variations in the way services are offered.

A total of 39 interviews and 34 focus group discussions were held with a wide range of government and NGO stakeholders and beneficiaries at national, provincial (North West, Eastern Cape, Gauteng and Western Cape) and local level. The primary research also included expenditure analysis of services where current expenditure figures were made available by

[8] KPMG, 2016
[9] KPMG 2016.
[10] Pawson et al., 2004.

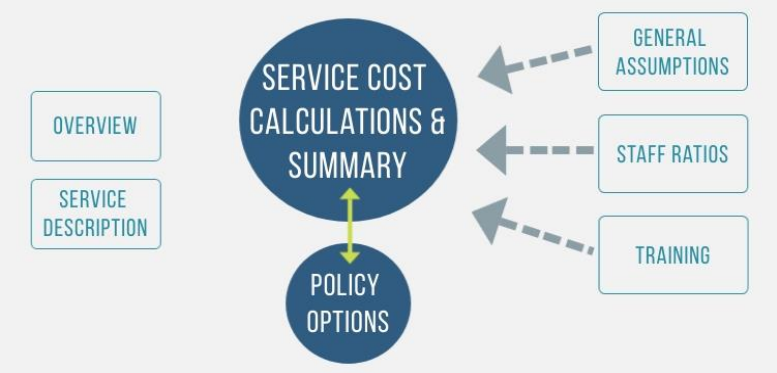
implementers or where the information is in the public domain. A detailed description of the primary research method and sample is contained in Annexure 2 of this report.

1.3 Costing models/approach

Nine separate Excel-based costing models were developed to calculate the unit cost of providing the individual service set out in the recommended core package of services.

Each costing model was developed using the costing model structure indicated in figure 1 below.

Figure 5: Structure of the costing models



Each costing model has a Policy Options sheet that looks similar to the following worksheet:

Figure 6: Example of a Policy Options sheet

Summary and policy choices							
			Scenarios (2020 Rands)				
Change the names of the Scenarios here.			Policy intention - minimum service	Small Emergency Shelter (government)	Small Emergency Shelter (NPO)	Large Emergency Shelter (government)	Large Emergency Shelter (NPO)
Setup costs - once-off			293 050	295 550	295 550	537 550	537 550
Ongoing Operations - annual			996 661	1 107 196	784 478	1 500 608	1 177 890
		Total costs	**1 289 711**	**1 402 746**	**1 080 028**	**2 038 158**	**1 715 440**
Policy choices							
Staff salary as percentage of government rate			100%	100%	80%	100%	80%
Choose type of staff and appropriate number at each size facility	General Manager	150 000	1	1	1	1	1
	Social Worker	257 592	1	1	1	1	1
	Social Auxiliary Worker	148 215	1				
	House Mother	42 000	2	3	3	3	3
	None	-	-	-	-	-	-
	None	-					
			5	***5***	***5***	***5***	***5***
Include contracted security			No	Yes	No	Yes	No
Include a vehicle purchase or not			No	No	No	Yes	Yes
Max beneficiaries at any given time			8	8	8	16	16
Max number of nights at the shelter			3	3	3	3	3
Accessibility infrastructure for PWDs							
Include accessibility infrastructure in setup costs			Yes	Yes	Yes	Yes	Yes
Output							
Number of beneficiaries assisted in a year			779	779	779	1 557	1 557

On the Policy Options sheet, users of the costing models can do the following:

- specify the names of scenarios they want to develop;
- specify the types and number of staff involved in delivering services at a particular location under each scenario;
- indicate the percentage of the government salary scale on which the costing for a particular scenario is based; and
- make key choices regarding the nature of the service (where relevant), and the inclusion (or not) of accessibility infrastructure for persons with disabilities.

Each of these choices have a direct impact on either the setup or operating cost of providing the

service, which is reflected in the costing outcome set out at the top of the Policy Options sheet.

A detailed description of the costing methodology and key assumptions underpinning the costing results shown in this report is presented in Annex 4.

The costing models can be accessed via the following link:

https://www.dropbox.com/sh/u9xea3s1y1cbliu/AAC0MgXUx3roBgTVDnIxUZdua?dl=0

2 KEY FINDINGS: LITERATURE/DOCUMENT REVIEW

2.1 Extent of GBV and implications for women's use of services in SA

Administrative data provided by the Department of Justice and Constitutional Development and South African Police Services reveal domestic violence and sexual offences, including rape, to be widespread. None of these numbers accurately capture the true extent of GBV however, studies[11] having shown that most victims do not report their experiences to the state. Making access to services dependent upon survivors' engagement with either the police or the courts will therefore have the effect of excluding many victims from help. Further, the limited number of studies available on the extent of women's use of services have shown that they do not all prioritise the same services, there is limited cross-use of services for domestic violence, and survivors of rape do not always seek counselling services.

Survivors show high levels of psychological distress following an incident of GBV, with post-traumatic stress disorder (PTSD) being the dominant lens through which this has been conceptualised. When used as a measure of emotional suffering, it has shown rape, of all forms of violence, to have the strongest association with PTSD among South African women.[12] According to the national South African Stress and Health survey, PTSD affected 6% of those who identified as having been raped, with only experiences of political torture matching or exceeding the severity of rape's effects.[13] However, due to its frequency, intimate partner violence was associated with the greatest number of PTSD cases amongst women at population level.[14]

Victims' emotional and psychological difficulties can be thought of as existing on a continuum involving stress, trauma and crisis. Care and support interventions thus need to be oriented both towards processes of change in victims' response to violence, as well as the depth and complexity of those responses.

2.2 Legislative and policy framework and consensus on 'essential services'

The courts have ruled that access to care and support services is a socio-economic right,[15] with the National Development Plan also recognising that such services are part of the social protection floor beneath which no member of society should slip.[16] Section 213 of the Labour Relations Act (66 of 1995) defines many of these services as "essential". The country's *National Strategic Plan on Gender-based Violence and Femicide* identifies 'response, care, support and healing' as one of its six pillars.[17] Laws such as the 1998 Domestic Violence Act , the 2007 Criminal Law (Sexual Offences and Related Matters) Amendment Act, and the 2005 Children's Act are also in place (see Annexure 3 for full legislative and policy framework).

There is also a good degree of congruence between the essential services package proposed by the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence and much of the South African legislation and policy mentioned. However, the policy architecture underpinning the content and substance of the services remains

[11] Machisa et al., 2010.
[12] Kaminer et al., 2008.
[13] ibid
[14] ibid.
[15] National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC of Social Development, Free State and Others (1719/2010) [2014] ZAFSHC 127 (28 August 2014)
[16] Department of Social Development, 2016.
[17] Interim Steering Committee, 2020

incomplete: some services are expressly provided for (e.g. victim friendly rooms, court preparation and support, and provision of post-exposure prophylaxis), while others must be inferred from legislation and policy (e.g. shelter, counselling and emotional support).

2.3 Existing capacity and budget

Despite the constitutional imperative and legal duty to provide care and support services, their availability and accessibility is limited by insufficient human resources and funding.

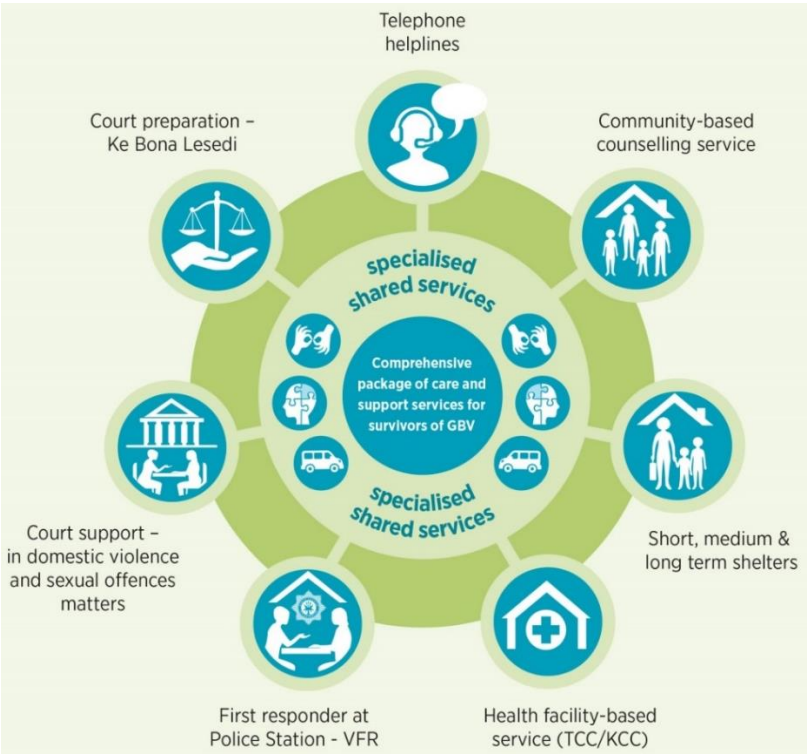
Historically, these services have been provided through partnerships between the state and the non-profit private sector (including faith-based organisations). This partnership takes concrete form in the transfers allocated to NGOs by the DSD that subsidise the provision of social care services. There is considerable variation in the amounts paid to organisations both across provinces and within the same province, primarily driven by differences in the level of post subsidies. While subsidies towards NGO social and social auxiliary worker posts have always been less than that paid to an entry-level social or social auxiliary worker employed by the DSD, the relative gap has increased over time. Furthermore, analysis of the combined national and provincial budget allocations for social welfare services reveals that the allocations to the Victim Empowerment Programme (VEP) (which is where the budgets for GBV services are located) amount to just 3% of the total budget to social welfare services.

3 KEY STUDY FINDINGS: PRIMARY RESEARCH AND COSTING

3.1 Comprehensive package of services

The study identified seven care and support services as core, with one of these – shared specialized services – intended to enhance the scope and quality of the other six (captured in the diagram below). Services were selected on the basis of the robustness of their theory of change, with the principles of availability, accessibility, acceptability and quality also informing the selection. The next section first sets out the results of the costing overall and then provides a brief discussion of each individual service and its particular cost.

Figure 7: Comprehensive package of care and support services for survivors of GBV



3.2 Overall costing results

The following table sets out the cost results by service. In each instance, these results reflect the unit cost of setting up and running a single office / site / location for the particular service as specified in the scenarios of the respective costing models. A distinction is made between setup costs and ongoing operations costs. This is important when planning for and budgeting the rollout of these services.

Table 3: Unit cost of setting up and running single service offices or sites

Service / facility	Scenarios (2020 Rands)				
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Helplines	**Small Centre (government)**	**Small Centre (NPO)**	**Large Centre (government)**	**Large Centre (NPO)**	**Large Centre (government) with PWD infrastructure**
Setup costs (once)	122 393	122 393	215 762	215 762	335 762
Ongoing operations (per year)	2 593 766	2 238 333	4 180 588	3 564 626	4 180 588
Community-based Counselling	**Small office (government)**	**Small office (NPO)**	**Large Office (government)**	**Large office (NPO)**	**Large office (government) with PWD infrastructure**
Setup costs (once)	94 850	94 850	169 850	169 850	289 850
Ongoing operations (per year)	815 500	676 910	1 796 705	1 489 227	1 796 705
Safe Houses	**Small Safe House (government)**	**Small Safe House (NPO)**	**Large Safe House (government)**	**Large Safe House (NPO)**	**Large Safe House (government) with PWD infrastructure**
Setup costs (once)	68 450	70 950	353 950	353 950	543 950
Ongoing operations (per year)	306 895	264 450	614 756	571 561	614 756
Long-stay Shelters	**Small Long-term Shelter (government)**	**Small Long-term Shelter (NPO)**	**Large Long-term Shelter (government)**	**Large Long-term Shelter (NPO)**	**Large Long-term Shelter (government) with PWD infrastructure**
Setup costs (once)	348 850	348 850	392 850	392 850	582 850
Ongoing operations (per year)	1 128 478	776 117	1 187 501	835 139	1 187 501
Health Facility Counselling	**HFC (government)**	**HFC (NPO)**	**Typical KCC (government)**	**Typical KCC (NPO)**	**Typical KCC (government) with PWD infrastructure**
Setup costs (once)	319 500	319 500	332 000	332 000	452 000
Ongoing operations (per year)	732 776	639 430	1 205 917	1 021 883	1 205 917
Victim Friendly Rooms	**Small VFR (government)**	**Small VFR (NPO)**	**Large VFR (government)**	**Large VFR (NPO)**	**Large VFR (government) with PWD infrastructure**
Setup costs (once)	48 000	48 000	323 000	323 000	443 000
Ongoing operations (per year)	326 699	290 347	732 357	664 805	732 357
Court Support	**Small court (government)**	**Small court (NPO)**	**Large court (government)**	**Large court (NPO)**	**Large Court (government) with PWD infrastructure**
Setup costs (once)	53 850	53 850	94 850	94 850	214 850
Ongoing operations (per year)	295 830	257 342	561 660	489 836	561 660
Court Preparation (KBL)	**Small court (government)**	**Small court (NPO)**	**Large court (government)**	**Large court (NPO)**	**Large Court (government) with PWD infrastructure**
Setup costs (once)	39 850	39 850	103 350	103 350	223 350
Ongoing operations (per year)	330 712	271 291	1 226 893	1 004 667	1 226 893
Specialised Shared Services Office	**Small Shared Service Office (government)**	**Small Shared Service Office (NPO)**	**Large Shared Service Office (government)**	**Large Shared Service Office (NPO)**	**Large Shared Service Office (government) with PWD infrastructure**
Setup costs (once)	554 500	554 500	1 348 000	1 348 000	1 468 000
Ongoing operations (per year)	2 096 419	1 872 400	4 193 002	3 694 347	4 193 002

Scenario 5 illustrates the cost of including accessibility infrastructure for persons with disabilities into the setup costs of Scenario 3. The cost of including accessibility infrastructure for persons with disabilities only impacts on the setup costs of services, not the cost of ongoing operations.

Note that the costing models are designed to be flexible, enabling users to develop new scenarios and explore the impact of changing variables on the cost of the services. So, these results reflect particular scenarios that are deemed realistic by the research team. But other users may choose to specify different scenarios to cost the services in question.

The costing models for the different services indicate the service delivery capacity of each service office. The following table uses this capacity information, combined with the information in 4 to calculate the unit cost of providing the different services. Note that these unit costs are based on the cost of Ongoing Operations (per year) only, i.e. they reflect the operational unit costs.

Table 4: Operational unit cost of services

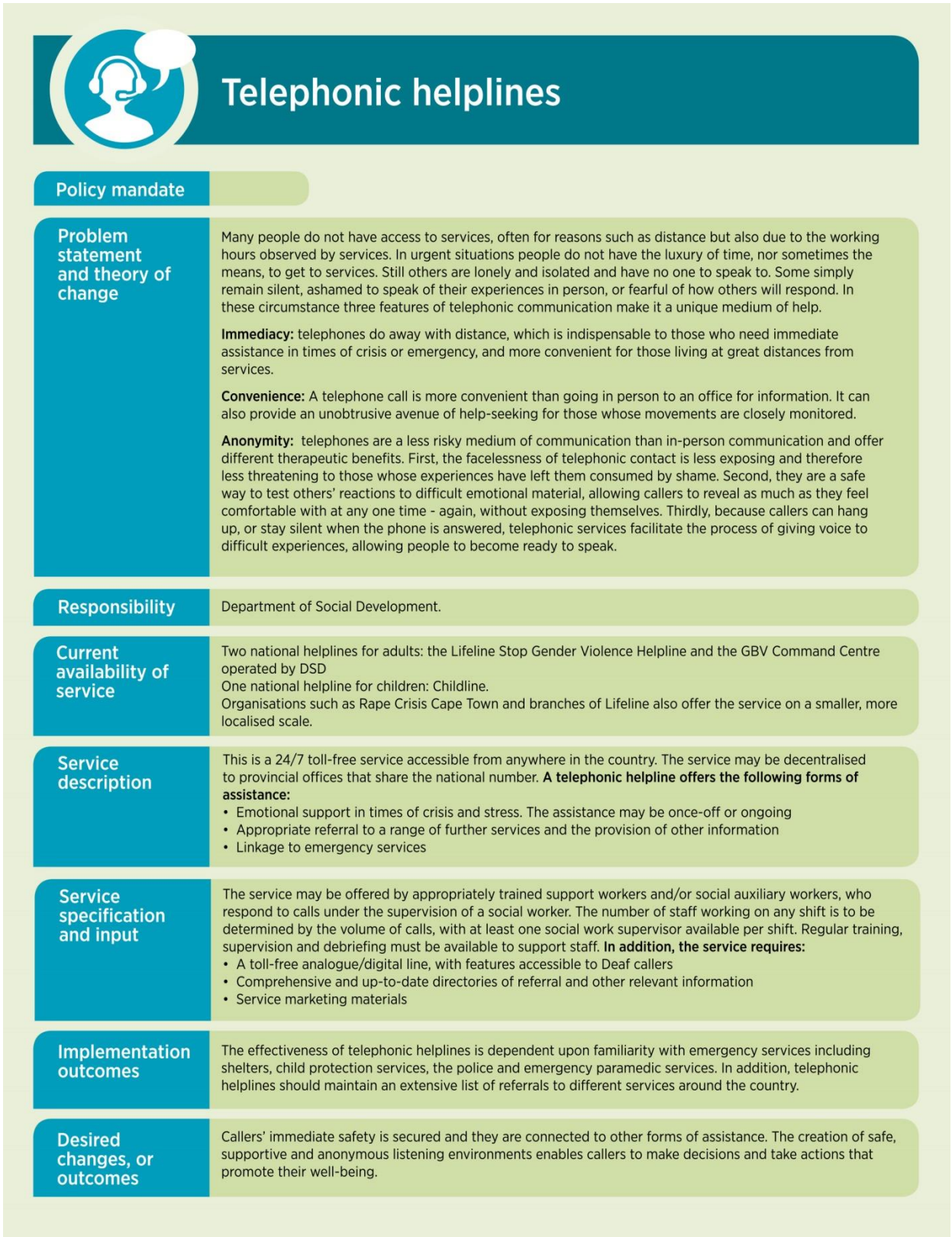
Service / facility	Scenarios (2020 Rands)				
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5
Helplines	**Small Centre (government)**	**Small Centre (NPO)**	**Large Centre (government)**	**Large Centre (NPO)**	**Large Centre (government) with PWD infrastructure**
Average cost per call	40	35	35	30	35
Average cost per case	574	495	507	432	507
Community-based Counselling	**Small office (government)**	**Small office (NPO)**	**Large Office (government)**	**Large office (NPO)**	**Large office (government) with PWD infrastructure**
Average cost per session	393	326	376	312	376
Average cost per beneficiary	1 502	1 247	1 475	1 223	1 475
Safe Houses	**Small Safe House (government)**	**Small Safe House (NPO)**	**Large Safe House (government)**	**Large Safe House (NPO)**	**Large Safe House (government) with PWD infrastructure**
Average cost per beneficiary night	701	604	702	652	702
Average cost per beneficiary	2 803	2 415	2 807	2 610	2 807
Long-stay Shelters	**Small Long-term Shelter (government)**	**Small Long-term Shelter (NPO)**	**Large Long-term Shelter (government)**	**Large Long-term Shelter (NPO)**	**Large Long-term Shelter (government) with PWD infrastructure**
Average cost per beneficiary night	966	664	508	358	508
Average cost per beneficiary	28 985	19 935	91 503	64 351	91 503
Health Facility Counselling	**HFC (government)**	**HFC (NPO)**	**Typical KCC (government)**	**Typical KCC (NPO)**	**Typical KCC (government) with PWD infrastructure**
Average cost per session	623	544	1 025	869	1 025
Average cost per beneficiary	2 304	2 011	3 792	3 213	3 792
Victim Friendly Rooms	**Small VFR (government)**	**Small VFR (NPO)**	**Large VFR (government)**	**Large VFR (NPO)**	**Large VFR (government) with PWD infrastructure**
Average cost per session	227	202	254	231	254
Average cost per beneficiary	454	403	509	462	509
Court Support	**Small court (government)**	**Small court (NPO)**	**Large court (government)**	**Large court (NPO)**	**Large Court (government) with PWD infrastructure**
Average cost per session	214	186	203	177	203
Average cost per beneficiary	248	216	236	206	236
Court Preparation (KBL)	**Small court (government)**	**Small court (NPO)**	**Large court (government)**	**Large court (NPO)**	**Large Court (government) with PWD infrastructure**
Average cost per session	367	301	341	279	341
Average cost per beneficiary	776	636	719	589	719
Specialised Shared Services Office	**Small Shared Service Office (government)**	**Small Shared Service Office (NPO)**	**Large Shared Service Office (government)**	**Large Shared Service Office (NPO)**	**Large Shared Service Office (government) with PWD infrastructure**
Average cost per session	3 296	2 944	3 206	2 824	3 206
Average cost per beneficiary	13 185	11 776	12 823	11 298	12 823

With reference to the above table:

- these unit costs are highly sensitive to the specific assumptions set out in the costing models, particularly those concerning the likely utilization rates of the different services. For most services, current levels of need are high due to the prevalence of GBV, but levels of actual demand are low (for various reasons). Consequently, service utilization rates are below the capacity of the service offices, resulting in relatively high unit costs. As these utilization rates increase the unit cost of these services will decrease.
- the lower unit costs of NGOs reflect the impact of the salary differential between government and NGO employees; and

- the larger offices show some economies of scale relative to the smaller offices. However, smaller offices have the advantage of facilitating more equitable access.

3.3 Telephonic helplines



3.3.1 Overall assessment

Telephonic helplines are a core service. However, the benefits of immediacy, convenience and

anonymity that they offer can come at enormous costs – as the research in relation to the Command Centre shows. We recommend that a cost-benefit analysis be done of the three national helplines so as to compare their relative cost effectiveness. The key comparative elements of each service should be the average cost per staff member as well as the cost per call to each centre. The study should consider the reach of these services versus their costs and what level of staff is necessary for the helplines. We further recommend a review of the value and necessity of the digital component of the Command Centre, as it is unclear whether the benefits of these tools justify their cost. Analogue, or landlines, may well provide equal, if not better, value when other factors are taken into account. If it is found that the digital component of the Command Centre be kept, it should be put out to tender. The relative benefits of a decentralised versus a centralised service should be evaluated and, depending on the outcome, it may be advisable to restructure the service into province-based or even regional helplines.

3.3.2 Summary of costing

This costing model is based on the service description above.

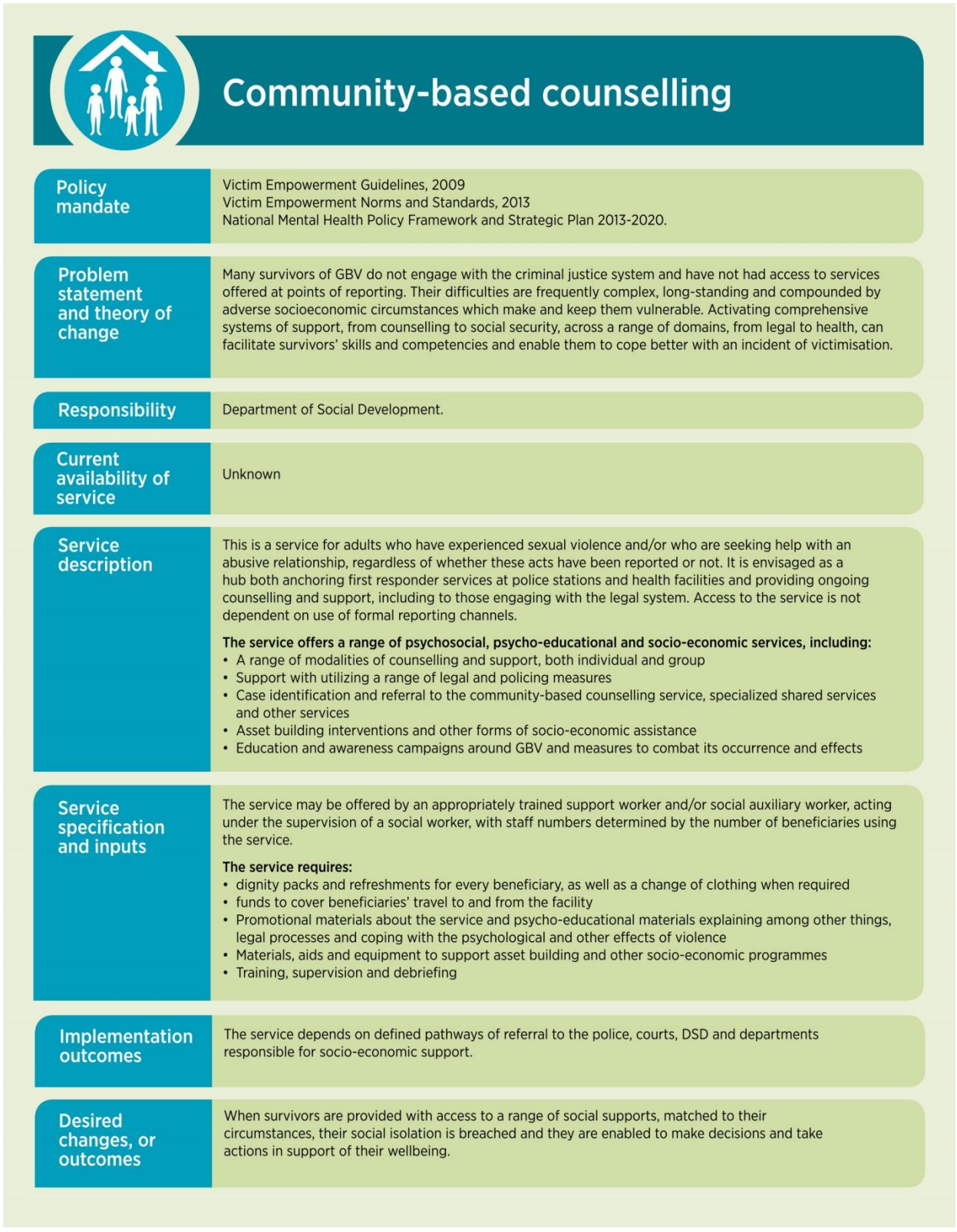
The following figure sets out the Policy Options sheet for the calculating the cost of Helplines as reflected in the Costing Model_Helplines:

Figure 8: Helplines - overview policy options and costs

Summary and policy choices						
Change the names of the Scenarios here.		Scenarios (2020 Rands)				
		Small Centre (government)	Small Centre (NPO)	Large Centre (government)	Large Centre (NPO)	Large Centre (government) with PWD infrastructure
Setup costs - once-off		**122 393**	**122 393**	**215 762**	**215 762**	**335 762**
Ongoing Operations - annual		**2 593 766**	**2 238 333**	**4 180 588**	**3 564 626**	**4 180 588**
Compensation of employees		*1 777 162*	*1 421 730*	*3 079 807*	*2 463 846*	*3 079 807*
Operational costs		*779 886*	*779 886*	*1 036 052*	*1 036 052*	*1 036 052*
Payments for capital assets		*36 718*	*36 718*	*64 729*	*64 729*	*64 729*
Policy choices						
Staff salary as percentage of government rate		100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility						
Social Worker	257 592	1	1	1	1	1
Social Auxiliary Worker	148 215	2	2	5	5	5
Lay counsellor	78 000	14	14	25	25	25
Administrator	131 140	1	1	1	1	1
None	-					
None	-					
		18	***18***	***32***	***32***	***32***
Accessibility infrastructure for PWDs						
Include accessibility infrastructure in setup costs		No	No	No	No	Yes
Output						
Number of calls		64 600	64 600	117 800	117 800	117 800
Number of cases		4 522	4 522	8 246	8 246	8 246
Unit costs (ongoing operation costs only)						
Average cost per call		40	35	35	30	35
Average cost per case		574	495	507	432	507

The capacity of each Helpline Centre is calculated based on the number of staff employed to receive calls. The number of calls is based on historical data from Lifeline which shows one call receiving staff member can receive a total of 3 800 calls per year. However, not all calls turn into cases. Data from the Command Centre indicates that 7% of total calls that turn into cases. This ratio can be updated if this conversion rate changes.

3.4 Community based counselling service



3.4.1 Overall assessment

The VEP provides the overarching framework for services addressing GBV. Yet the theoretical underpinning of this framework is weak, while its norms and standards do not create standardization. The disparities in services that result leads to these services being distributed along a continuum of effectiveness, with some providing real meaningful assistance to beneficiaries, and others accomplishing very little. Many services are also less effective due to

their 'make-do' quality, meaning that they offer what they can within their limited available resources, rather than what would be most effective and beneficial to helping people. Care and support services, as currently provided, thus demonstrate multiple inequalities affecting both those who provide the service and those who receive the service. Indeed, it is possible that the weaknesses in the conceptualization of the VEP are contributing to the conflicting, parallel processes of deskilling and professionalization of NGO services observed by this study.

We suggest that the VEP be reviewed as a matter of priority. The aim would be not to replace it, but to strengthen and develop its theory of change, including by expanding its focus beyond the criminal justice system towards the socio-economic conditions that facilitate violence and limit victims' chances to escape. This will also require the development of comprehensive practice guidelines and norms and standards for programmes that attend to the socio-economic dimensions of violence.

The review should also recognize the more complex emotional and psychological consequences of violence and explicitly incorporate access to mental health and other related services within the VEP.

3.4.2 Summary of costing

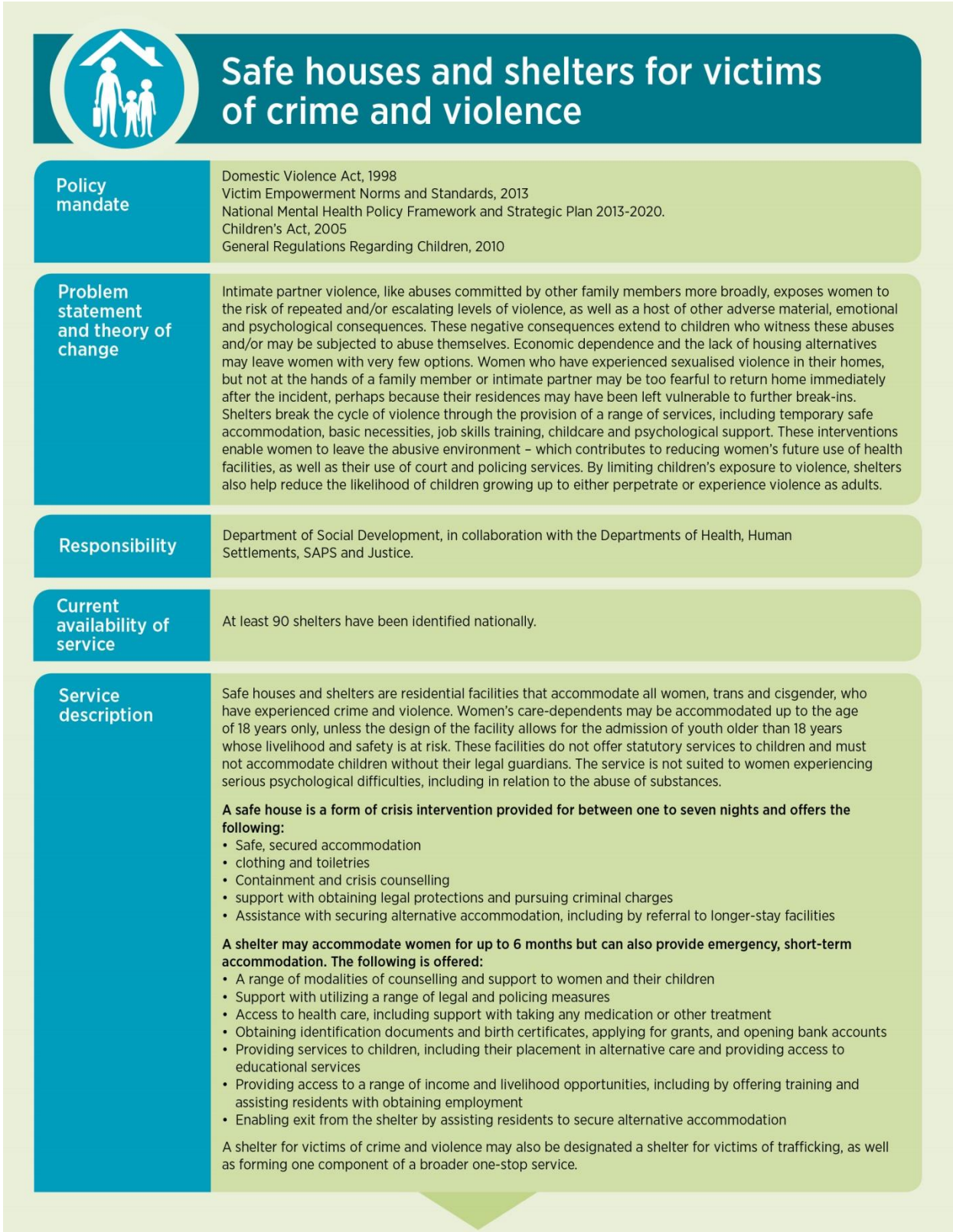
The costing model for community-based counselling services envisages that these services will be modular in nature, i.e. several satellite offices will be managed from a central office and together they will make a whole service. This correlates with the models found in practice.

The following figure sets out the Policy Options sheet for the calculating the cost of Community-based Counselling services as reflected in the Costing Model_Community-based counselling.

Figure 9: Community-based counselling - overview policy options and costs

Summary and policy choices		Scenarios (2020 Rands)				
Change the names of the Scenarios →		Small office (government)	Small office (NPO)	Large Office (government)	Large office (NPO)	Large office (government) with PWD infrastructure
Setup costs - once-off		**94 850**	**94 850**	**193 850**	**193 850**	**313 850**
Ongoing Operations - annual		**815 500**	**676 910**	**1 803 905**	**1 496 427**	**1 803 905**
Compensation of employees		692 947	554 358	1 537 390	1 229 912	1 537 390
Operational costs		94 098	94 098	208 360	208 360	208 360
Payments for capital assets		28 455	28 455	58 155	58 155	58 155
Policy choices						
Staff salary as percentage of government rate →		100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility →	Social Work Supervisor	384 228			1	1	1
	Social Worker	257 592	1	1	2	2	2
	Social Auxiliary Worker	148 215	1	1	2	2	2
	Lay counsellor	78 000	2	2	6	6	6
	Administrator	131 140	1	1	1	1	1
	None	-					
			5	***5***	***12***	***12***	***12***
Accessibility infrastructure for PWDs						
Include accessibility infrastructure in setup costs		No	No	No	No	Yes
Output						
Individual sessions per year		2 052	2 052	4 752	4 752	4 752
Average number of sessions per beneficiary		4	4	4	4	4
Number of beneficiaries receiving counselling		513	513	1 188	1 188	1 188
Group work sessions per year		24	24	24	24	24
Average number of beneficiaries per group session		5	5	5	5	5
Number of beneficiaries in group sessions		30	30	30	30	30
Total beneficiaries		543	543	1 218	1 218	1 218
Unit costs (ongoing operation costs only)						
Average cost per session		393	326	378	313	378
Average cost per beneficiary		1 502	1 247	1 481	1 229	1 481

3.5 Safe houses and shelters



3.5.1 Overall assessment

Violence committed within intimate and familial relationships presents a set of challenges more complex than those resulting from a single incident of stranger rape. These include problems of housing, income and employment; of children's schooling and their mothers' education; of health; of safety, protection and law; and of crisis, trauma and psychological difficulty. Yet shelters are delinked from the broader package of social benefits such as housing, health and education that are necessary components of care and support services, with this lack of integration highlighting a blind spot in the VEP.

The DSD is currently developing a new framework for shelter policy, which is also listed as an output by the National Strategic Plan on Gender-based Violence and Femicide 2020 – 2030.[18] This should:

- Adapt the current theory of change. While much of it is solid and has been borne out in practice, it needs to acknowledge the wider range of women accommodated by shelters and provide clear guidance around the admission of transgender women.
- Provide a clear description of the different facilities and services, from safe houses, to

[18] Interim Steering Committee, 2020.

shelters and define the parameters of each. It should also set norms and standards for the various interventions to be offered by safe houses and shelters.

- Provide a clear description of shelter services for children.
- Set out a comprehensive framework for an intersectoral approach to the sheltering, housing and employment of women who have experienced crime and violence.
- Provide direction on a shelter enrichment grant allowing for the repair and renovation of shelters, including ensuring they are accessible to women with physical disabilities. This would be along the lines of the conditional grant approved for ECD centres to undertake similar upgrades.

3.5.2 Summary of costing

Costing the provision of safe houses and shelters is difficult in the absence of a comprehensive policy framework and the development of such a document has been identified as a key activity by the National Strategic Plan on Gender-based Violence and Femicide 2020 – 2030.[19] To prevent this document from entering too overtly onto the policy-making domain we therefore focus only on safe houses and shelters, both of which have been existence for some years.

Safe houses

A safe house is defined as a facility available on a 24-hour basis, seven days per week with the length of stay ranging from one to seven nights. The scenarios costed in this model provide for average 3-day stays, though a limited number of beneficiaries might stay longer. The brief nature of stays in these facilities means that little more than crisis management can be offered during this period, with obvious implications for the kinds of staff required. It is also assumed that staff will not only be running the safe house, as the number of beneficiaries housed at any one time does allow for time spent on community work around domestic violence.

The following figure sets out the Policy Options sheet for the calculating the cost of Safe Houses as reflected in the Costing Model_Safe Houses.

[19] Interim Steering Committee 2020: 75

Figure 10: Safe houses - overview policy options and costs

Summary and policy choices	Scenarios (2020 Rands)				
Change the names of the Scenarios here.	Small Safe House (government)	Small Safe House (NPO)	Large Safe House (government)	Large Safe House (NPO)	Large Safe House (government) with PWD infrastructure
Setup costs - once-off	**68 450**	**70 950**	**353 950**	**353 950**	**543 950**
Ongoing Operations - annual	**306 895**	**264 450**	**614 756**	**571 561**	**614 756**
Compensation of employees	*215 974*	*172 779*	*215 974*	*172 779*	*215 974*
Operational costs	*70 386*	*70 386*	*342 596*	*342 596*	*342 596*
Payments for capital assets	*20 535*	*21 285*	*56 185*	*56 185*	*56 185*
Policy choices					
Staff salary as percentage of government rate	100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility					
General Manager (150 000)					
Social Worker (257 592)	0.10	0.10	0.10	0.10	0.10
Social Auxiliary Worker (148 215)	1	1	1	1	1
House Mother (42 000)	1	1	1	1	1
None (-)	-	-	-	-	-
None (-)					
	2	***2***	***2***	***2***	***2***
Include contracted security	No	no	Yes	Yes	Yes
Include a vehicle purchase or not	No	No	Yes	Yes	Yes
Max beneficiaries at any given time	6	6	12	12	12
Max number of nights at the shelter	4	4	4	4	4
Average occupancy	20%	20%	20%	20%	20%
Accessibility infrastructure for PWDs					
Include accessibility infrastructure in setup costs	No	No	No	No	Yes
Output					
Number of beneficiary nights	438	438	876	876	876
Number of beneficiaries assisted in a year	110	110	219	219	219
Unit costs (ongoing operation costs only)					
Average cost per beneficiary night	701	604	702	652	702
Average cost per beneficiary	2 803	2 415	2 807	2 610	2 807

The very low occupancy rates are the most important driver of the high unit costs in each scenario. If more women used safe houses the unit costs would fall. However, it needs to be recognised that the aim of setting up safe houses is to provide accessible emergency refuge to women and children in immediate danger, and that there are costs associated with doing so, which are partly reflected in the high unit costs. When planning the location of these shelters, the aim is to ensure accessibility, with less emphasis placed on likely occupancy rates.

Shelters

A shelter is where beneficiaries may stay for a minimum of one week and a maximum of six months. These extended stays make it possible to offer more and different programmes, ranging from counselling, to job skills training – with implications for staff costs. Longer stays also make it possible to provide regular psychological assistance to those women and children requiring this.

Although the scenarios provide for two size of shelters the staffing across the scenarios remain the same. This is because the size difference does not justify changing the staffing. All the scenarios include the costs of buying and running a vehicle. The scenarios for the government operated shelters include the cost of a 24-hour contracted security service.

The following figure sets out the Policy Options sheet for the calculating the cost of Long-stay Shelters as reflected in the Costing Model_Long-stay Shelters.

Figure 11: Long-stay shelters - overview policy options and costs

Summary and policy choices						
Change the names of the Scenarios here.		Scenarios (2020 Rands)				
		Small Long-term Shelter (government)	Small Long-term Shelter (NPO)	Large Long-term Shelter (government)	Large Long-term Shelter (NPO)	Shelter (government) with PWD infrastructure
Setup costs - once-off		**348 850**	**348 850**	**392 850**	**392 850**	**582 850**
Ongoing Operations - annual		**1 128 478**	**776 117**	**1 187 501**	**835 139**	**1 187 501**
Compensation of employees		*681 807*	*545 446*	*681 807*	*545 446*	*681 807*
Operational costs		*392 016*	*176 016*	*437 839*	*221 839*	*437 839*
Payments for capital assets		*54 655*	*54 655*	*67 855*	*67 855*	*67 855*
Policy choices						
Staff salary as percentage of government rate		100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility						
General Manager	150 000	1	1	1	1	1
Social Worker	257 592	1	1	1	1	1
Social Auxiliary Worker	148 215	1	1	1	1	1
House Mother	42 000	3	3	3	3	3
None	-	-	-	-	-	-
None	-					
		6	***6***	***6***	***6***	***6***
Include contracted security		Yes	No	Yes	No	Yes
Include a vehicle purchase or not		Yes	Yes	Yes	Yes	Yes
Max beneficiaries at any given time		8	8	16	16	16
Max number of nights at the shelter		30	30	180	180	180
Average occupancy		40%	40%	40%	40%	40%
Accessibility infrastructure for PWDs						
Include accessibility infrastructure in setup costs		No	No	No	No	Yes
Output						
Number of beneficiary nights		1 168	1 168	2 336	2 336	2 336
Number of beneficiaries assisted in a year		39	39	13	13	13
Unit costs (ongoing operation costs only)						
Average cost per beneficiary night		966	664	508	358	508
Average cost per beneficiary		28 985	19 935	91 503	64 351	91 503

As with the safe houses, the unit costs of the shelters are high. Again, these are driven primarily by the low occupancy rates assumed in the scenarios – 40% of capacity. The following figure shows how these unit costs decline as the average occupancy rates increase.

Figure 12: Long-stay shelters – impact of occupancy rates on unit costs

Change the names of the Scenarios here.	Scenarios (2020 Rands)				
	Small Long-stay Shelter (government)	Small Long-stay Shelter (NPO)	Large Long-stay Shelter (government)	Large Long-stay Shelter (NPO)	Shelter (government) with PWD infrastructure
Average occupancy	40%	40%	40%	40%	40%
Unit costs (ongoing operation costs only)					
Average cost per beneficiary night	633	390	484	337	484
Average cost per beneficiary	18 986	11 690	87 111	60 607	87 111
Average occupancy	80%	80%	80%	80%	80%
Unit costs (ongoing operation costs only)					
Average cost per beneficiary night	356	234	271	198	271
Average cost per beneficiary	10 670	7 022	48 852	35 600	48 852
Average occupancy	95%	95%	95%	95%	95%
Unit costs (ongoing operation costs only)					
Average cost per beneficiary night	312	210	238	176	238
Average cost per beneficiary	9 357	6 285	42 812	31 652	42 812

As noted, the primary purpose of safe houses is to provide refuge to women and children in an emergency. By contrast, the primary purpose of a shelter is to provide temporary accommodation to women and children while they sort their affairs out, including finding new accommodation or ensuring that they can return safely to their homes. Therefore, the location of shelters should be

planned to ensure higher occupancy rates which will facilitate the cost-effective use of resources.

3.6 **Health facility**

Health facility-based responses and Kgomotso Care Centres

Policy mandate	Chapter 5 of the SORMAA *National Directives and Instructions on Conducting a Forensic Examination on Survivors of Sexual Offence Cases in Terms of the Act*
Problem statement and theory of change	Sexualised violence, as well as assaults within the context of intimate and familial relationships, can result in a range of adverse psycho-social and health consequences. For many victims, treatment at a health facility soon after such an incident of violence represents their only contact with care and support services. Providing various forms of emotional and material support, information, and referrals at this point may contain the development of adverse consequences, as well as counteract victims' experience of others as dangerous – thus limiting the extent and long-term impact of the harm caused to victims.
Responsibility	Department of Social Development and Department of Health.
Current availability of service	281 hospitals are currently designated to provide PEP to prevent HIV and undertake the clinical forensic examination, largely in relation to sexual offences. At least 47 facilities are known to offer NGO services. Four Kgomotso Care Centres have been opened at community health centres in North West province.
Service description	This is a first responder service for adult and child survivors of sexual offences and/or assaults within the context of an intimate or family relationship. The service may be based within primary, secondary or tertiary health care facilities and should be prioritised for TCCs and those designated centres where the number of complainants seen is comparable to those assisted by the TCCs. **The service includes the following:** • Containment and psychological first aid • Adherence counselling and support with completion of post-exposure prophylaxis • Referral to ongoing counselling and other services and treatment • Creating awareness of the service, as well as the effects of violence and how to cope with these
Service specification and inputs	The service may be offered by an appropriately trained support worker and/or social auxiliary worker, acting under the supervision of a social worker. The required staff numbers will be determined by the number of beneficiaries seen at the facility. When offered at the primary level, or in community health centres, the service may include a forensic nurse.[1] **The service requires at least one private room for counselling purposes and should offer:** • Dignity packs and refreshments for every beneficiary, as well as a change of clothing when required • Funds to cover beneficiaries' travel to and from the facility • Psycho-educational materials explaining, among other things, legal processes, taking PEP and other medical treatment, and coping with the psychological and other effects of violence **Staff require:** • Training and regular supervision and debriefing • Access to a vehicle and transport costs in order to undertake home visits • Materials to market the service
Implementation outcomes	**At a minimum, the service should be integrated with defined referral pathways between first responders and:** • Nursing and medical staff within the health facility • Counselling services, including shared specialised services • Child protection services • Policing and court services
Desired changes, or outcomes	Survivors who are the beneficiary of a range of different forms of support provided within the first month following a violent incident are helped to return to their daily routines and restore their connections with, and trust in, others. Health consequences, such as infection with HIV, or unwanted pregnancy, are prevented, as is the development of longer-term psychological difficulties. Survivors whose difficulties are more serious have access to specialised assistance.

[1]Clinical forensic services do not form part of the standard package of primary health care services and are typically located at tertiary level.

3.6.1 **Overall assessment**

The health sector response to GBV has lagged behind that of other sectors and is skewed towards the medical management and forensic examination of rape complainants. Yet even this

intervention requires development, as the vast majority of facilities designated to provide such services offer little more than the bare medical minimum, with care and support services typically being enabled by entities outside the public health sector. However, the consequence of relying upon external funding is unstable care and support services subject to the changing winds of donor preferences and interests.

Specialised post-rape care is also affected by economies of scale. In the context of the under-staffing of health facilities it is difficult to motivate for specialised staff dedicated exclusively to these services if they are not constantly occupied. From that perspective specialised services are more feasible and cost-effective when located in facilities treating a large number of rape survivors. But this approach then limits what can be offered by facilities serving smaller, less-populated parts of the country.

To address these gaps in services we recommend the following:

- The DSD should recognise that first responder services offered at health facilities form part of the VEP, integrate these within the Programme and fund them accordingly. The costs of these services could also be shared with the Department of Health.
- Context-sensitive norms and standards are necessary to ensure that all rape complainants receive a minimum standard of care, regardless of whether they report at a Thuthuzela Care Centre (TCC) or a small rural hospital. The TCCs provide a sufficient variety of contexts to enable such comparison, while the services offered at designated centres as well as the Kgomotso Care Centres (KCC) would allow for further development of these standards. The goal ultimately is to provide an acceptable standard of post-rape care and support that is available at any designated facility and not only the TCCs.
- The KCCs established by the North West Department of Health appears to be the only health service in the country that focuses as much on domestic violence as it does on rape. A comprehensive policy response to domestic violence needs to be developed that will also guide the sensitive and responsible identification and referral of survivors of such abuse.

3.6.2 Summary of costing

Two costing models for services based in health facilities are presented here. One is for a first responder service based at any health facility designated to carry out the clinical forensic examination following a rape and provide post-exposure prophylaxis to prevent infection with HIV. It is therefore not confined to the TCCs alone. The other service is the KCC model in North West Province.

The scenarios presented here assume that the first responder offering is a decentralised satellite service of an organisation's community-based counselling programme. It thus locates the first responders at the health facility and the longer-term counselling support at the organisation's community-based counselling office.

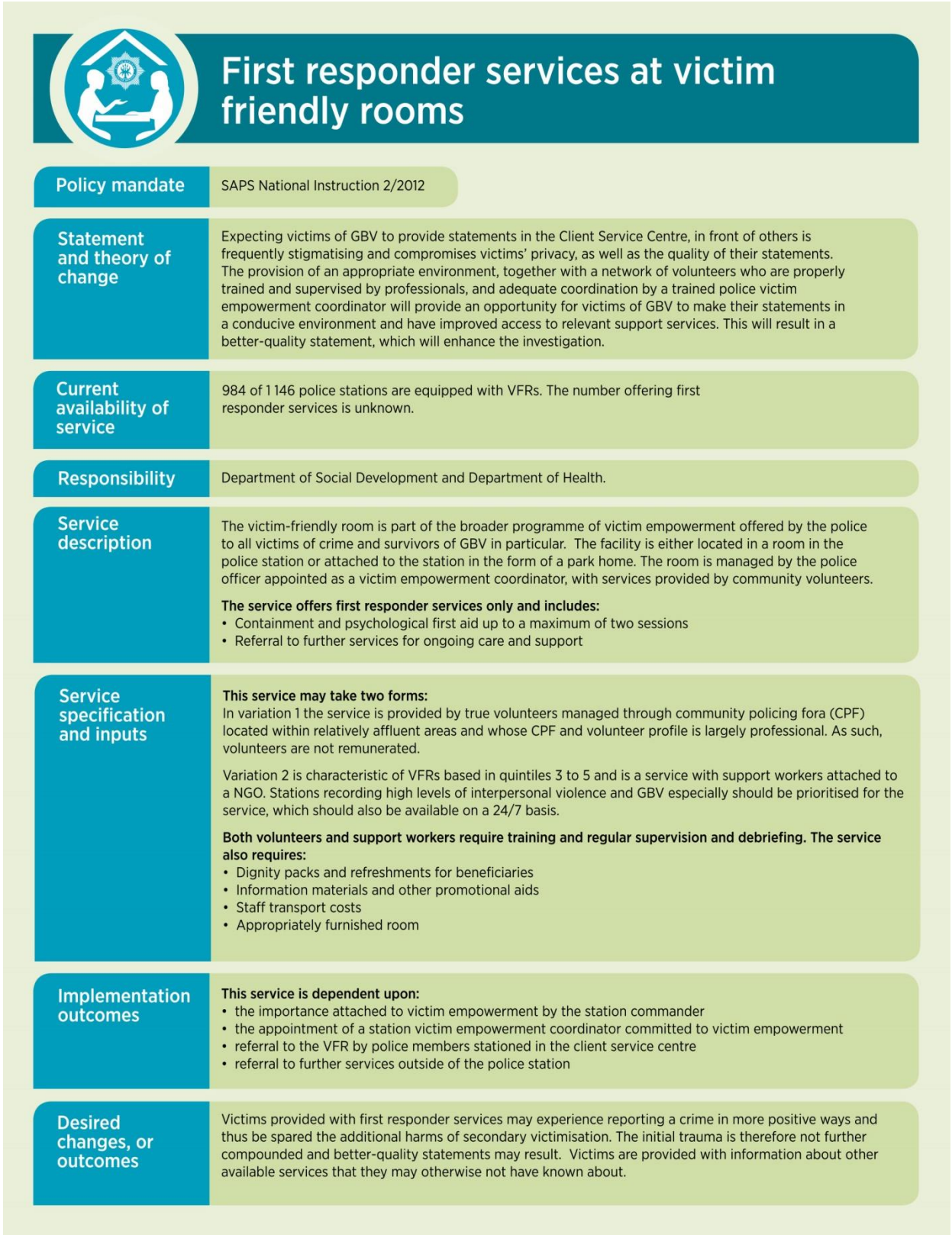
The following figure sets out the Policy Options sheet for the calculating the cost of Health Facility-based counselling as reflected in the Costing Model_Health Facility Counselling.

Figure 13: Health facility - overview policy options and costs

Summary and policy choices			Scenarios (2020 Rands)				
Change the names of the Scenarios →			HFC (government)	HFC (NPO)	Typical KCC (government)	Typical KCC (NPO)	Typical KCC (government) with PWD infrastructure
Setup costs - once-off			**319 500**	**319 500**	**332 000**	**332 000**	**452 000**
Ongoing Operations - annual			**732 776**	**639 430**	**1 205 917**	**1 021 883**	**1 205 917**
Compensation of employees			*466 732*	*373 386*	*920 173*	*736 138*	*920 173*
Operational costs			*220 194*	*220 194*	*236 144*	*236 144*	*236 144*
Payments for capital assets			*45 850*	*45 850*	*49 600*	*49 600*	*49 600*
Policy choices							
Staff salary as percentage of government rate →			100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility →	Social Worker	257 592	1	1	1	1	1
	Social Auxiliary Worker	148 215	-	-	1	1	1
	Forensic Nurse	383 226	-	-	1	1	1
	Lay counsellor	78 000	1	1	-	-	-
	Administrator	131 140	1	1	1	1	1
	None	-					
			3	***3***	***4***	***4***	***4***
Include a vehicle purchase or not			Yes	Yes	Yes	Yes	Yes
Transporting clients	% of clients assisted with transportation		25%	25%	25%	25%	25%
Accessibility infrastructure for PWDs							
Include accessibility infrastructure in setup costs			No	No	No	No	Yes
Output							
Individual sessions per year			1 152	1 152	1 152	1 152	1 152
Average number of sessions per beneficiary			4	4	4	4	4
Number of beneficiaries receiving counselling			288	288	288	288	288
Group work sessions per year			24	24	24	24	24
Average number of sessions per beneficiary			4	4	4	4	4
Average number of beneficiaries per group session			5	5	5	5	5
Number of beneficiaries in group sessions			30	30	30	30	30
Total beneficiaries			318	318	318	318	318
Unit costs (ongoing operation costs only)							
Average cost per session			623	544	1 025	869	1 025
Average cost per beneficiary			2 304	2 011	3 792	3 213	3 792

The HFC (Health Facility Counselling) scenarios make provision for employing one social worker, one lay counsellor and an administrator. The typical KCC scenarios show the cost of employing a social worker, a social auxiliary worker, a forensic nurse (an important difference between this service and the previous one) and an administrator. The typical KCC scenarios provide for the employment of a forensic nurse to compensate for the fact that nurses with forensic training are not routinely available in community health centres. However, it would be more efficient if the provincial health departments were to ensure that forensic nurses were included in the normal establishment of community health centres.

3.7 First responder, victim friendly rooms at police stations



3.7.1 Overall assessment

The aim of the victim friendly rooms (VFR) is simple, but their effectiveness depends on assumptions that do not always hold up – especially in the context of South Africa's spatial inequalities. As a consequence, VFRs have come both to reflect existing underlying inequities, as well as to inadvertently foster the emergence of new ones. To address these we recommend

two variations of the service:

- In variation 1 the service is provided by true volunteers managed through community policing fora (CPF) located within relatively affluent areas (possibly quintiles 1 and 2) and whose CPF and volunteer profile is largely professional. As such, volunteers are not remunerated.
- Variation 2 is characteristic of VFRs based in quintiles 3 to 5 areas and is a service with paid first responders attached to a NGO. Stations recording high levels of interpersonal violence, and GBV especially should be prioritised for this service.

The VFR is a narrow and limited service in support of the goals of policing. VFRs have, however, expanded in scope and purpose in ways that do not reflect the National Instruction. This is suggestive of need that is currently not being recognised. We further recommend:

- The explicit incorporation of first responder services based at police stations into the VEP. Their inclusion should result in a clear description of the service, its purpose, scope of practice and associated norms and standards.
- Investigation into and identification of contexts where it may be appropriate to develop a service attached to a station that offers more than first responder assistance

3.7.2 Summary of costing

The scenarios cost first a small VFR, and then a large VFR. These services are based at police stations. The intention is that they should be managed as satellite services with supervision being provided by a central hub. This is reflected by the 10% of a social worker's time provided for supervision.

The following figure sets out the Policy Options sheet for the calculating the cost of Victim Friendly Rooms as reflected in the Costing Model_Victim Friendly Rooms.

Figure 14: VFR - overview policy options and costs

Summary and policy choices						
		Scenarios (2020 Rands)				
Change the names of the Scenarios		Small VFR (government)	Small VFR (NPO)	Large VFR (government)	Large VFR (NPO)	Large VFR (government) with PWD infrastructure
Setup costs - once-off		**48 000**	**48 000**	**298 000**	**323 000**	**443 000**
Ongoing Operations - annual		**326 699**	**290 347**	**395 333**	**578 405**	**645 957**
Compensation of employees		*181 759*	*145 407*	*181 759*	*270 207*	*337 759*
Operational costs		*130 540*	*130 540*	*174 174*	*261 298*	*261 298*
Payments for capital assets		*14 400*	*14 400*	*39 400*	*46 900*	*46 900*
Policy choices						
Staff salary as percentage of government rate		100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility	Social Worker	257 592	0,1	0,1	0,1	0,1	0,1
	Social Auxiliary Worker	148 215					
	Forensic Nurse	383 226					
	Lay counsellor	78 000	2	2	2	4	4
	Administrator	131 140					
	None	-					
			2	***2***	***2***	***4***	***4***
Include a vehicle purchase or not			No	No	Yes	Yes	Yes
Transporting clients	% of clients assisted with transportation		25%	25%	25%	5%	5%
Accessibility infrastructure for PWDs							
Include accessibility infrastructure in setup costs			No	No	No	No	Yes
Output							
Individual sessions per year			1 440	1 440	1 440	2 880	2 880
Average number of sessions per beneficiary			2	2	2	2	2
Number of beneficiaries receiving counselling			720	720	720	1 440	1 440
Unit costs (ongoing operation costs only)							
Average cost per session			227	202	275	201	224
Average cost per beneficiary			454	403	549	402	449

3.8 Court preparation

3.8.1 Overall assessment

Court preparation is core to assisting survivors navigate the courts. Ke Bona Lesedi's theory of change is well institutionalized in policy and straightforward to cost. As a complete theory of change, it is a good candidate for an impact evaluation or other forms of research examining programme effectiveness.

3.8.2 Summary of costing

The scenarios show the costs of a small office and a large office. While it is assumed that the

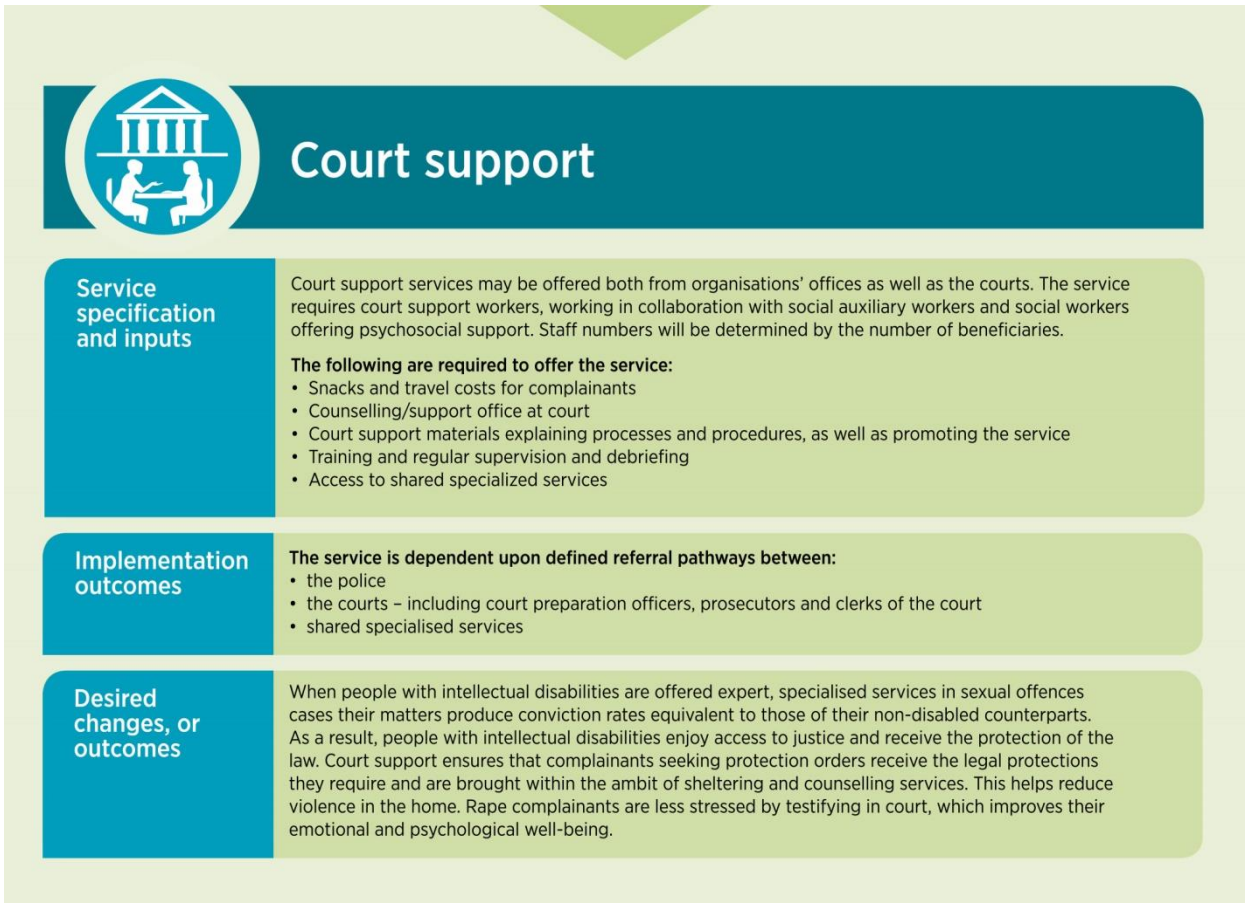
service will chiefly be offered by the National Prosecuting Authority, the model also allows for accredited NGOs to provide the service.

The following figure sets out the Policy Options sheet for the calculating the cost of Court Preparation services reflected in the Costing Model_Court Preparation.

Figure 15: Court preparation - overview policy options and costs

Summary and policy choices						
			Scenarios (2020 Rands)			
Change the names of the Scenarios →			**Small court (government)**	**Small court (NPO)**	**Large court (government)**	**Large court (NPO)**	**Large Court (government) with PWD infrastructure**
Setup costs			**39 850**	**39 850**	**103 350**	**103 350**	**223 350**
Ongoing operations			**330 712**	**271 291**	**1 226 893**	**1 004 667**	**1 226 893**
Compensation of employees			*297 101*	*237 681*	*1 111 127*	*888 902*	*1 111 127*
Operational costs			*20 460*	*20 460*	*81 660*	*81 660*	*81 660*
Payments for capital assets			*13 151*	*13 151*	*34 106*	*34 106*	*34 106*
Policy choices							
Staff salary as percentage of government rate →			100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility →	Social Worker	257 592	0,1	0,1	0,1	0,1	0,1
	Social Auxiliary Worker	148 215	-	-	-	-	-
	Court Preparation Officer	271 342	1	1	4	4	4
	Administrator	131 140					
	None	-					
	None	-					
			1	***1***	***4***	***4***	***4***
Accessibility infrastructure for PWDs							
Include accessibility infrastructure in setup costs			No	No	No	No	Yes
Output per court (based on policy choices)							
Number of court prep sessions per annum			900	900	3 600	3 600	3 600
Number of witnesses assisted per annum			426	426	1 705	1 705	1 705
Unit costs (ongoing operation costs only)							
Average cost per session			367	301	341	279	341
Average cost per beneficiary			776	636	719	589	719

3.9 Court support



3.9.1 Overall assessment

Court support, including to persons with intellectual disabilities, is a core service. Being closely tied to NGO counselling services, it is more therapeutic in orientation than court preparation, as well as one part of a greater programmatic whole. It is also offered at both the criminal and civil courts. Broadly speaking, two different methods of support are evident in the programmes focused on the criminal court. One stresses supportive accompaniment throughout trial proceedings, while the other emphasises court readiness activities undertaken in groups and/or individual sessions. These differences in method suggest that organisations have identified slightly different mechanisms as bringing about change. These different mechanisms, including that of Ke Bona Lesedi, should be further researched in terms of their comparative effectiveness, as they entail different costs.

Court support to those applying for protection orders in terms of the Domestic Violence Act is not formalised in policy and there are very few such programmes relative to the number of individuals seeking such orders. While only a few thousand rape cases reach trial stage and require assistance at court, well over 200 000 applications for protection orders are made annually. As with the programmes in the criminal courts, two approaches can be discerned, one whose focus is supportive and educative while the other is far more legal in nature (and relies on legal professionals). On that basis, while important, we have not included these more legalistic approaches in the set of core services. The more support-based programme is rooted in a solid theory of change (but for its resources) and is therefore also a good candidate for impact evaluation. It also requires some kind of formalisation that involves clearly defining the roles of the clerk and those of the court support worker, as well as the scope of the clerk's duties. This determination of roles could be set out in regulations similar to those issued around the sexual offences' courts.

3.9.2 Summary of costing

The scenarios show the costs of a small office and a large office. As with other services it is envisaged that these offices will be satellite offices of a larger organisation and that supervision

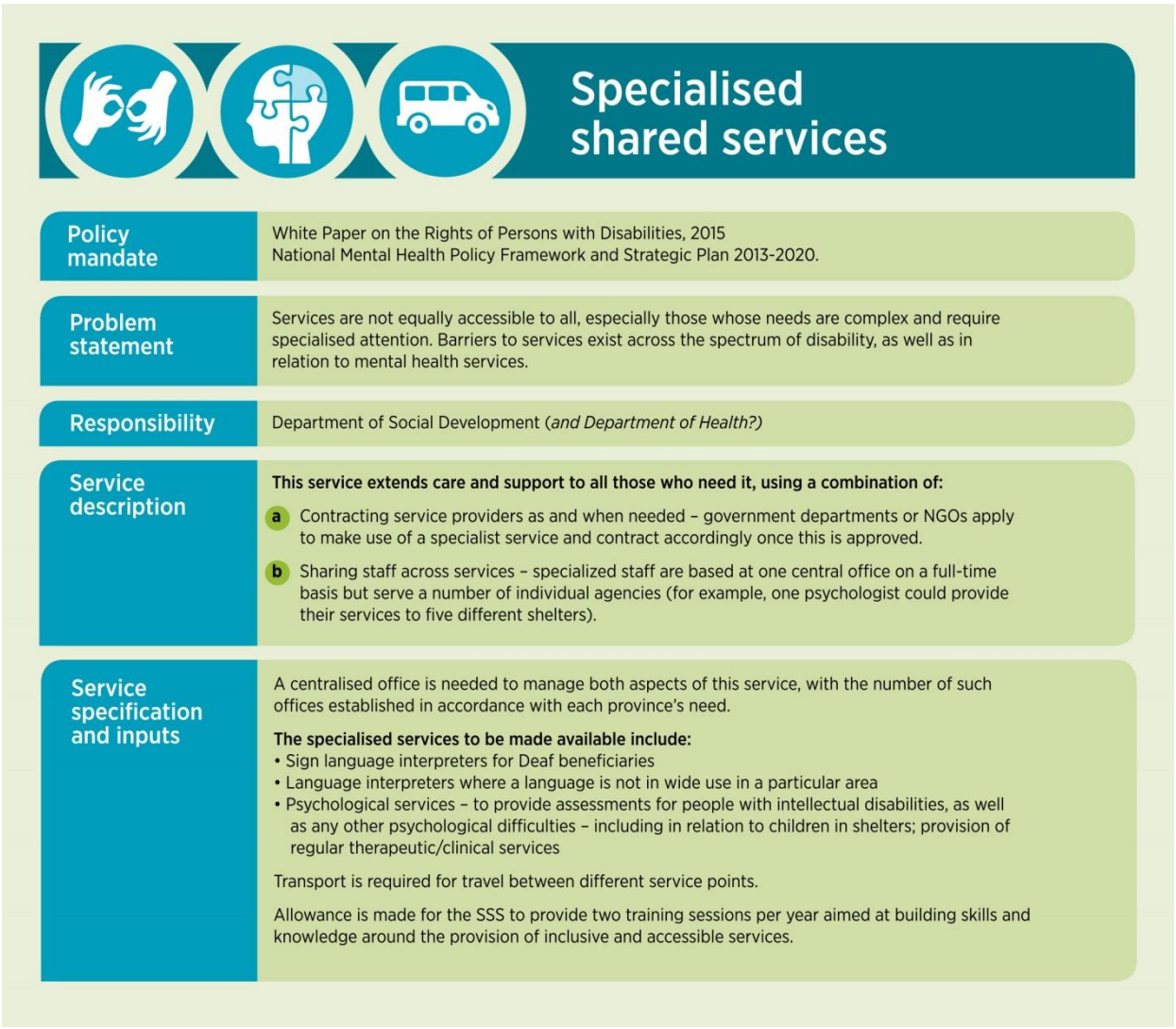
will be provided from a central hub.

The following figure sets out the Policy Options sheet for the calculating the cost of Court Support services reflected in the Costing Model_Court Support.

Figure 16: Court support - overview policy options and costs

Summary and policy choices							
			Scenarios (2020 Rands)				
			Small court (government)	**Small court (NPO)**	**Large court (government)**	**Large court (NPO)**	**Large Court (government) with PWD infrastructure**
Setup costs			**53 850**	**53 850**	**94 850**	**94 850**	**214 850**
Ongoing operations			**295 830**	**257 342**	**561 660**	**489 836**	**561 660**
Compensation of employees			*192 439*	*153 951*	*359 119*	*287 295*	*359 119*
Operational costs			*85 620*	*85 620*	*171 240*	*171 240*	*171 240*
Payments for capital assets			*17 771*	*17 771*	*31 301*	*31 301*	*31 301*
Policy choices							
Staff salary as percentage of government rate			100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility	Social Worker	257 592	0,1	0,1	0,1	0,1	0,1
	None	-	-	-	-	-	-
	Court Workers	83 340	2	2	4	4	4
	None	-	-	-	-	-	-
	None	-	-	-	-	-	-
	None	-					
			2	***2***	***4***	***4***	***4***
Transporting clients	% of clients assisted with transportation		25%	25%	25%	25%	25%
Accessibility infrastructure for PWDs							
Include accessibility infrastructure in setup costs			No	No	No	No	Yes
Output per court (based on policy choices)							
Number of court support sessions			*1 380*	*1 380*	*2 760*	*2 760*	*2 760*
Number of beneficiaries assisted			*1 191*	*1 191*	*2 381*	*2 381*	*2 381*
Unit costs (ongoing operation costs only)							
Average cost per session			214	186	203	177	203
Average cost per beneficiary			248	216	236	206	236

3.10 Specialised Shared Services



3.10.1 Overall assessment

Services are not universally available nor equally accessible. The problem is not just one of prejudice, or lack of information, but an issue of funding and access to skilled, knowledgeable staff. Enabling services to embrace a wider range of beneficiaries requires different strategies. In the case of people with mobility-related disabilities or sight impairments, this entails ensuring that the built environment is accessible – people are able to gain entry into buildings, move between different levels and use toilet facilities. Other barriers require service providers to be trained around sexual orientation and gender identity, as well as ways of working that are not heteronormative. Information materials about services should also reflect a wide diversity of users, while organisations should seek to increase the acceptability of their services by employing staff reflective of diversity of backgrounds, including in relation to ability, sexual orientation and gender identity. Access to a range of services must be facilitated for those whose needs are complex and require specialized attention.

3.10.2 Summary of costing

Specialised capacity is expensive. Therefore, to ensure cost-effective provision of such services it is proposed that a limited number of Specialised Shared Service offices should be established in each province to extend care and support to all those who need it, using a combination of:

a) *contracting service providers as and when needed* – government departments or NGOs apply to make use of a specialist service and contract accordingly once this is approved. The budget for paying for such contracts is managed centrally.

b) *sharing staff across services* – specialized staff are based at one central office on a full-time basis but serve several individual agencies (for example, one psychologist could be based at a shelter but provide their services to five different facilities).

The costing model reflects these two approaches to accessing this specialised capacity by firstly providing for the employment of specialists, and secondly by providing for the contracting in of specialists. It also provides for an administrator whose role is to manage the contracting with specialists and the setting up of appointments to provide the required services in different locations.

The following figure sets out the Policy Options sheet for the calculating the cost of Specialised Shared Services as reflected in the Costing Model_Specialised Shared Services:

Figure 17: Specialised shared services - overview policy options and costs

Summary and policy choices						
		Scenarios (2020 Rands)				
Change the names of the Scenarios		Small Shared Service Office (government)	Small Shared Service Office (NPO)	Large Shared Service Office (government)	Large Shared Service Office (NPO)	Large Shared Service Office (government) with PWD infrastructure
Setup costs - once-off		**554 500**	**554 500**	**1 348 000**	**1 348 000**	**1 468 000**
Ongoing Operations - annual		**2 096 419**	**1 872 400**	**4 193 002**	**3 694 347**	**4 193 002**
Compensation of employees		*1 658 293*	*1 434 274*	*3 569 674*	*3 071 019*	*3 569 674*
Operational costs		*371 776*	*371 776*	*468 928*	*468 928*	*468 928*
Payments for capital assets		*66 350*	*66 350*	*154 400*	*154 400*	*154 400*
Policy choices						
Staff salary as percentage of government rate		100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility						
Social Work Supervisor	384 228	-	-	1	1	1
Social Worker	257 592	1	1	2	2	2
Psychologist	731 361	1	1	2	2	2
Administrator	131 140	1	1	1	1	1
None	-	-	-	-	-	-
None	-					
		3	***3***	***6***	***6***	***6***
Contracted specialist services						
No. of contracted specialist service sessions per month		50	50	100	100	100
Include a vehicle purchase or not		Yes	Yes	Yes	Yes	Yes
Accessibility infrastructure for PWDs						
Include accessibility infrastructure in setup costs		No	No	No	No	Yes
Output						
Individual sessions per year		636	636	1 308	1 308	1 308
Average number of sessions per beneficiary		4	4	4	4	4
Number of beneficiaries receiving counselling		159	159	327	327	327
Unit costs (ongoing operation costs only)						
Average cost per session		3 296	2 944	3 206	2 824	3 206
Average cost per beneficiary		13 185	11 776	12 823	11 298	12 823

Given that all staff in these offices will be required to travel to meet with beneficiaries, the costing provides for a vehicle and running costs for each staff member, except the administrator. The contracted specialists will claim actual travel costs based on the SARS rate which is factored into the costing.

The costing also makes provision for this office to provide two diversity training course per year for other offices and services working within the GBV space. The purpose of such a course will be to sensitize workers to issues related to disability, sexual orientation and gender identity.

4 Planning and budgeting for the roll-out of services

As noted above, the costing models work out the unit cost of setting up and operating single offices or sites of the different services. The costing DOES NOT estimate the number of such offices required to meet the demand for the different services across the country – as this fell

outside the terms of reference for the project. Nevertheless, the costing outputs from costing models can be easily used to support rollout planning and budgeting for the services. This section illustrates how this might be done.

4.1 Responsibility for planning the roll-out of services

The departments must take the lead in planning the roll-out of the services they are responsible for funding. In many instances, departments will need to co-ordinate their plans with other departments, especially where one department is responsible for making available office space, and another is responsible for appointing and managing the service staff.

The national DSD is currently developing a Sector Funding Policy which aims to put in place mechanisms to prioritise the roll-out and funding of developmental social services. This policy will have a significant impact on the timing of the rollout of those GBV services funded by national and provincial DSD, depending on where GBV services are located on the *Schedule 3: Prioritised list of social welfare services* relative to all other services funded by these departments.

4.2 Planning the rollout of services

All departments should plan the expansion of these services in their *Five-year Strategic Plans* and three-year rolling *Annual Performance Plans.* The national DSD and provincial DSDs are required to do so in terms of the *Sector Funding Policy*.

When a department plans to expand or renew programmes or services in partnership with other entities, the department should complete a *service specification form*. This provides the basis upon which the department will issue requests for proposals for the renewal of services or the expansion of services or programmes.

In terms of the *Sector Funding Policy* the national DSD and provincial DSDs are not required to issue requests for proposals each year. Instead they will do so only in the years that they have planned and budgeted to expand or renew the provision of services working in partnership with NPOs or other entities. The same logically applies to other departments.

NPOs and other entities may take the lead in establishing new facilities or services in areas they regard to be suitable rather than being guided by the relevant department's strategic planning. These initiatives will not be discouraged because they allow, among others, for piloting of innovative services. However, due to resource limitations and to ensure the orderly expansion of services, it will not always be possible for either the national DSD, a provincial DSD or any other department to fund such facilities, programmes or services.

When planning for the rollout of services, the responsible department will need to indicate the service, the scenario being used, and then track the number of new service points each year, and the cumulative number of service points. This is illustrated as follows:

Figure 18: Planning the rollout of Community-based Counselling

Planned rollout of Community Based Counselling	**Rollout plan and budgets**				
Small office (government)	Year 1	Year 2	Year 3	Year 4	Year 5
No. of new offices planned for each year	1	3	3	5	5
Cumulative number established	1	4	7	12	17

4.3 Budgeting for the roll-out of services

Using a rollout plan such as that specified in Figure 18, it is now possible to develop a budget for the rollout of the service. The first step is to adjust the unit costs calculated in the costing model for inflation over the period of the rollout plan. Then using these inflation adjusted unit costs of the relevant service and the rollout plan one calculates the required budget. This is illustrated in the following figure.

Figure 19: Budgeting for the rollout of Community-based Counselling

Planned rollout of Community Based Counselling	**Rollout plan and budgets**				
Small office (government)	Year 1	Year 2	Year 3	Year 4	Year 5
No. of new offices planned for each year	1	3	3	5	5
Cumulative number established	1	4	7	12	17
Inflation adjusted unit costs of small office					
Inflation rate	0.05	0.05	0.05	0.05	0.05
Setup costs - once-off	**94 850**	**99 593**	**104 572**	**109 801**	**115 291**
Ongoing Operations - annual	**815 500**	**856 274**	**899 088**	**944 043**	**991 245**
Compensation of employees	692 947	727 594	763 974	802 173	842 281
Operational costs	94 098	98 802	103 742	108 930	114 376
Payments for capital assets	28 455	29 878	31 372	32 940	34 587
Budget for rollout plan					
Setup costs - once-off	**94 850**	**298 778**	**313 716**	**549 004**	**576 454**
Ongoing Operations - annual	**815 500**	**3 425 098**	**6 293 617**	**11 328 511**	**16 851 161**
Compensation of employees	692 947	2 910 377	5 347 818	9 626 073	14 318 784
Operational costs	94 098	395 210	726 197	1 307 155	1 944 394
Payments for capital assets	28 455	119 511	219 601	395 283	587 983
Staff requirements					
New staff to be appointed each year					
Social Work Supervisor	-	-	-	-	-
Social Worker	1	3	3	5	5
Social Auxiliary Worker	1	3	3	5	5
Lay counsellor	2	6	6	10	10
Administrator	1	3	3	5	5
Current staff					
Social Work Supervisor	-	-	-	-	-
Social Worker	1	4	7	12	17
Social Auxiliary Worker	1	4	7	12	17
Lay counsellor	2	8	14	24	34
Administrator	1	4	7	12	17

4.4 Setting up minimum service funding standards

The proposed Sector Funding Policy that national DSD is developing calls for the establishment of *minimum service funding standards* for each main service that the sector funds. The costing models developed for this project could be used to establish minimum service funding standards for each of the services identified.

The proposed Sector Funding Policy provides the following guidance regarding the establishment of minimum service funding standards:

Proposed Sector Funding Policy guidance on establishing minimum service funding standards

Structure of the minimum service funding standards

The structure of the minimum service funding standards may differ, but they will be built around at least one of the following:

- a per beneficiary funding amount;
- a per place/bed funding amount;
- the programme cost of a particular service;
- levels at which posts are funded.

National DSD will also consider whether there is a need to provide for geographic variations in the minimum service funding standard to accommodate regional or urban-rural variations in the resources involved in providing services or the costs of core inputs.

Definition of core costs
The minimum service funding standard for a specific service must cover the reasonable core costs required to deliver that service. The following principles will guide the setting of core costs:

- *Minimum norms and standards for a service* must be used to identify the minimum range of items required to deliver the services and that therefore must be included in the core costs.
- Core costs must include a component for management and overhead costs[20] not directly incurred in the provision of the service.

The price or cost of items (excluding personnel) included in core costs must reflect the reasonable unit cost of such items based on current market prices.

Rate at which staff salaries are included in core costs
At the time of calculating the minimum service funding standard, staff whose wages are below or equal to the national minimum wage or exceed the national minimum wage by less than 20 per cent will be included in core costs at the level of the national minimum wage.

Staff whose wages/salaries exceed the national minimum wage by more than 20% will be included in core costs at 80% of the middle notch of the equivalent public service salary scale (which includes a thirteenth cheque, but excludes other public sector benefits).

In the medium- to long-term, government aims to achieve equal pay for equal work within the sector. However, it must be recognised that increasing the cost of services provided by NPOs and other entities reduces the cost advantage they have relative to government in-house provision. Consequently, if they are no longer more cost effective, there will be pressure on departments to bring service delivery in-house. Also, while funding is constrained, greater priority needs to be given to extending access to services.

Annual revision of minimum service funding standards
National DSD will revise the minimum service funding standards by the beginning of October each year so that provinces can take any new or updated minimum service funding standards into account when compiling their budgets for provincial DSDs. These annual revisions must adjust all existing minimum service funding standards for inflation using the Consumer Price Index.

Three-yearly review of the minimum service funding standards
National DSD will review the minimum service funding standards every three years. This will be done in consultation with provincial DSDs and other sector role-players.

Although this guidance is being developed by the national DSD for the social development sector, other departments that partner with NPOs to deliver services would be well-advised to adopt a similar approach.

5 CONCLUSION

The Constitution represents a set of aspirations both forward-looking and developmental. It guarantees rights to equality, dignity and freedom and security of the person and anticipates the realisation of different socio-economic rights, from health care, to housing and social security. Care and support services embody this vision and take forward one of the goals of the National Development Plan. There is a duty on the state to make these services increasingly available to people. This study has contributed to this aim by identifying services that are core to supporting survivors of GBV, and developing a basis for costing these. In the process the study has identified a number of general, overall recommendations applicable across the services and we conclude by highlighting these.

[20] Including costs associated with managing finances, reviewing / auditing financial statements, date gathering and reporting, staff training and mentoring, municipal charges etc.

6 RECOMMENDATIONS

6.1 The training and remuneration of service staff

An over-reliance on under-paying particular categories of staff was the norm in many of the care and support services reviewed by this study. This results in various inequities: between volunteer and employee; the formally and informally qualified; rural and urban organisations, government and NGO staff, and NGOs reliant upon DSD and those funded by other donors. This is to the detriment of both beneficiaries and communities. Care and support services generally – and the GBV sector in particular – are a highly feminized form of work. Investing in services not only increases their quality and effectiveness but values women's work in this sector.

We recommend the following:

- Applying the term 'volunteer' only to those who genuinely work without recompense. All other staff involved in providing the service should be recognized as temporary or permanent employees and, at the very least, paid in accordance with the National Minimum Wage Act.
- The deskilling and professionalization that we have observed can be addressed with the creation of a qualification and occupational category, possibly termed a 'support worker'. Their scope of practice may include psychological first aid and containment, crisis counselling and support, and social assistance - referring to forms of practical assistance such as applying for grants and court orders, or developing beneficiaries' ability to generate an income. Recognition of prior learning should be built into the process. Additionally, we suggest that ways be found to fast-track this process, the process of accreditation is reported to be so convoluted, difficult and time-consuming that a previous move in this direction was abandoned.

6.2 Progressive realization of services

There are too few care and support services to meet the need in South Africa[21] - including in relation to rape and intimate partner violence. But between the literature review and the study findings we found there to be almost no guidance around how to progressively increase these services to ensure that they reach both more, as well as a wider range of survivors; only shelters seem to have been made the focus of attempts to estimate need. The table below provides a brief sketch of existing sites and notes the extent to which they offer care and support services.

Table 5 Service availability

Service	Number in existence	Comments on service availability
Telephonic helplines	3 national lines	Some organisations also offer telephonic support to the area in which they are based.
Community-based support services	Unknown	Unknown
Shelter	At least 90	The use of different terminology for shelters (i.e, one stop centre, Khuseleka, safe house, crisis centre, White Door) and the changing numbers provided for these makes it difficult to be definitive.
Designated health facility-based services	281	47 of these facilities currently offer NGO care and support services
Victim-friendly rooms	1 043 police stations	984 stations currently include victim friendly rooms, with another 86 offered at other points of reporting. It is unknown how many victim friendly rooms have access to volunteers or NGO support
Court services	106 sexual offences courts	The number of courts with access to CPOs or NGO court support workers is unknown. It is also unknown how many civil courts offer support with obtaining a protection order

[21] DSD, 2016

The table begins to sketch what is in existence but does not answer the larger question of the sufficiency of these numbers relative to the need. While there is no way of determining true need, we suggest that the rollout of care and support services should be informed by:

- The prevalence of GBV in each province / district
- The size of the provincial population and key population centres
- Measures of poverty in a province and district
- The volume of cases dealt with by individual police station stations, courts and designated facilities

The scale at which services are required means it is impractical for government to be the sole provider of services. The study has pointed to the costliness of government services, as well as government's limited experience in this field. Partnering with civil society is key. Care and support services are a community asset, for and by their constituency and the use of existing resources, infrastructure, knowledge, skills and interventions must be enhanced by government support.

From one service flows the potential of many benefits that both contain the original harm and prevent new and compounding difficulties from seeping into their beneficiaries' lives. These include ending repeat victimisation; limiting children's exposure to violence and its repetition and re-enactment in their (adult) lives; and linking to livelihoods, income, social security and housing. Others include the prevention of infection with HIV, as well as linking to treatment; skills to cope with the challenges of testifying of court; and linkages to other services, including mental health. More intangibly, services promote social solidarity and provide communities with the opportunity to support each other. These benefits are not being realised to their full extent. We hope this report will be the first step towards changing that.

Annexure 1: References

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Annexure 2: Primary research method and sample

Rationale

In an ideal world all the various services would have been evaluated, enabling us to identify and cost the most effective of these. This is not the case. In addition, while these services are normative (in the sense that they reflect the consensus around what victims of GBV broadly need) most operate in the absence of a policy framework determining their minimum requirements. Thus, while many services bear a nominal and superficial resemblance to each other they also differ in important ways. In some instances, variation may be the necessary consequence of local context and need but in others it may reflect unequal and different access to human and material resources. In the face of such unknowns, interviewing only a handful of services ran the risk of their coming to establish the norm – and potentially entrenching whatever shortcomings and idiosyncrasies existed in those services. Further, if all the services are different, we would have no way of knowing which approach is ultimately to be recommended; the sample will have been too small to provide acceptable, generalisable parameters for the calculation of costs.

In response to these challenges, and in keeping with realist evaluation methods[22], we placed a strong emphasis on the theories of change underpinning particular types of service. If a particular service cannot justify itself, or offer a clear and logical basis for its workings, it is unlikely to be well-thought through; an intervention ought to be able to explain why and how it is able to bring about change if it is to be effective. Admittedly, theories of change are hypotheses and not evidence of effect. But if explicitly formulated, they may help identify shortcomings in programmes that can be addressed and lay the basis for future evaluation.

Primary research objectives

The overall objective of the primary research was to define the elements of the following services:

- First responder services including those based at police stations or telephonic helplines;
- Court preparation;
- Court support;
- Emergency/short-term sheltering;
- Community-based services offering short- and medium-term emotional support and counseling;
- Services for children in shelters.

The study's sub-objectives were to:

- Define the purpose of each service (or what need(s) it is responding to);
- Define the theory of change determining each service (or how the service is assumed to change, for the better, the problem it has identified);
- Describe the different techniques and practices relied upon to provide the service, their order of sequence and the time taken for each step;
- Contrast and compare variations in the way services are provided;
- Identify the number and type of staff required to provide the service and their level of skill/qualification;
- Determine training and supervision needs for those providing the service;

[22] Pawson et al., 2004.

- Describe the referral systems and coordination mechanisms relied upon for service delivery;
- Determine the infrastructure required to support the service (equipment, space, communications, travel costs);
- Understand the availability and demand for the service;
- Determine the extent of monitoring and evaluation required to support service delivery.

For government officials:

- To understand the accessibility and availability of services;
- To understand the factors affecting implementation of services in provinces;
- To identify gaps in policies, norms and standards for service delivery;
- To gain insight into factors affecting utilization of this research study.

Expenditure analysis vs costing

This report contains expenditure analysis on services where current expenditure figures were made available by various implementers or where information was available in the public domain. It is important to note that **this is not a costing of each of the services but an expenditure analysis**. An expenditure analysis involves looking at and understanding what has been already spent whereas a costing involves working out what would be required to deliver the service in the future. The expenditure analysis enables identification of current cost pressures but is not a determinant of what the outputs of the costing will be.

Of note here is that much of the data received from organisations for the expenditure analysis are not precisely comparable because they have been collected in different ways, with varying degrees of precision, and for different purposes.

Data collection methods

Focus groups were selected as the primary method of defining services. These not only increased the number of services participating in the study, but also allowed both for more comprehensive description of the different practices, processes and forms that a particular service takes, as well as surfacing important variations in the way services were offered. By asking organisations to contrast and compare their services with each other, as well as the logic informing these variations, we were in a better position to distinguish between differences that are the result of insufficient resources and those that reflect necessary contextual adaptation. This enabled clearer identification of those elements of a service that can be standardised, so strengthening the generalisability of each service's costing.

In-depth face-to-face or telephonic interviews were used when it was assessed that a particular organisation is demonstrating good practice that could form the basis of standardised recommendations. In these cases, senior staff were interviewed about the organisation's costs and operations. Interviews were also utilised when there were too few services to allow for a meaningful focus group discussion. A further set of interviews was conducted with key informants in government to better understand elements of service provision and implementation.

Documentary reviews were used to analyse statements of expenditure, as well as use of services, their design and purpose.

Research ethics

This research received ethics clearance from the HSRC Research Ethics Committee in October 2019 and the researchers conducting the research in accordance with the following principles: respect and protection, transparency, scientific and academic professionalism, and accountability.

All study participants received in advance a comprehensive study information note inviting them to take part in the research. This assisted them in providing informed, written consent around their participation in either a focus group discussion, or interview. Furthermore, the following was adhered to during the research:

- No individual was named in the report, while the default position for NGOs is anonymity. However, in some instances the service is the only one of its kind and publicly identified with a specific agency. In these cases, identification of the organization or department has been unavoidable. Where this is not the case, organisations remain anonymous. The same approach has been taken with government departments;
- All interviewees were informed of the confidentiality of the information collected, and this was maintained;
- Respondents were guaranteed autonomy that they have the right to freely decide to participate in the study without fear of coercion; and anonymity of participants in the study was preserved at all times.

Sample

A total of 39 interviews and 34 focus group discussions were held with a wide range of government and NGO stakeholders and beneficiaries at national, provincial and local level. The tables below provide a summary of the interviews and focus groups conducted.

National and provincial government officials

A total of 16 interviews and 1 FGD was conducted with national and provincial (North West [NW]; Eastern Cape [EC]) government officials.

Table 6: Summary of national and provincial government interviews

Level of government	Total interviews	Total FGDs	Departments covered
National	8		National Treasury, DSD, DOJ&CD, SAPS, NPA (5)
		1	DOH (1)
Provincial – North West, Gauteng, Eastern Cape	8		DSD, NPA, SAPS, DOH, GDOCS (5)

Implementer focus groups and interviews

A total of 23 interviews and 21 focus group discussions were held across 7 service types with 57 organisations/departments[23] based in 5 provinces (NW; EC; GP; WC; LP).

Table 7: Summary of implementer focus groups and interviews

Service type	Total interviews	Total FGDs	Provinces	Total NGOs / Departments
First responder – VFR, telephonic helpline, emergency response	5	7	North West; Eastern Cape Gauteng; Western Cape	15
Emergency short term	3	-	North West; Eastern	3

[23] The departments include: DSD, NPA, GDoCS

shelter[24]			Cape	
Community based counselling[25]	12	8	North West; Eastern Cape Gauteng; Western Cape	23
Court preparation (Ke Bona Lesedi)	-	2	North West; Gauteng	1
Court support	3	2	Gauteng; Western Cape	8
Children's programmes at shelters	-	1	Western Cape	3
One stop centre (Khusuleka and Ikhaya Lethemba)	-	1	North West; Eastern Cape Gauteng; Limpopo	4

Beneficiary focus groups

A total of 12 focus group discussions including 58 participants, were held across 3 services types with 11 organisations based in 4 provinces (North West, Eastern Cape, Gauteng and Western Cape).

Table 8: Summary of beneficiary interviews

Service type	Total FGDs	Total participants	Provinces	Total NGOs
Emergency short term shelter	2	14	North West; Eastern Cape	2
Community based counselling	9	39	North West; Eastern Cape; Gauteng; Western Cape	8
Community based counselling - marginalised groups	1	5	Western Cape	1

Analysis of data

There were two dimensions to our analysis of the field and documentary material. One sought to discern in each service the various elements comprising a complete theory of change,[26] including:

- A formulation of the problem or need they seek to address
- Key parameters specifying, for example, who the intervention is (not) intended for and the setting in which it is to be located
- The resources (or inputs) required to apply the intervention

[24] Many of the planned focus groups and interviews which were allocated to emergency short term shelter service area were re-allocated under first responder services. The Green Doors in Gauteng are no longer functional.

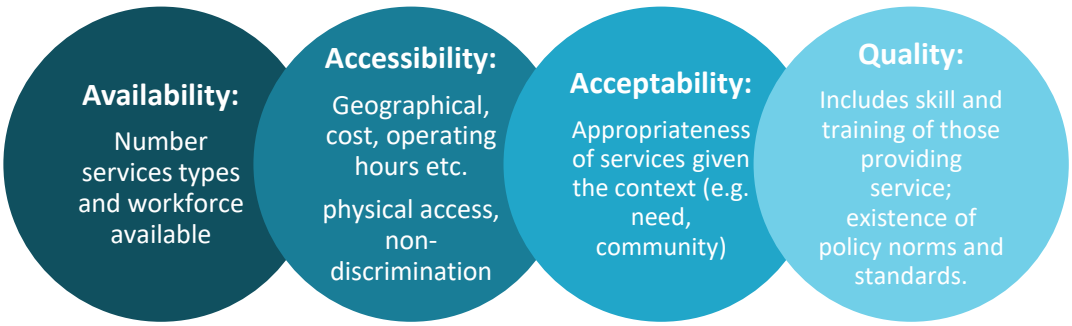
[25] DSD was included in the sample of stakeholders providing community-based counselling.

[26] Drawn from Ghate, 2018

- The activities (or outputs) to be undertaken in pursuit of the programme outcome
- Specification of implementation outcomes – referring to the changes needing to be made by implementing bodies in relation to interventions that are collaborative or require referral.
- Identification of the mechanism of change, or the factor(s) mediating the programme and its outcome(s). This is key to understanding causality, or the contribution of the intervention to bringing about change.
- The desired changes, or outcomes of the intervention – referring to ultimate outcomes, or the overall change intended

The second dimension of analysis involved assessing services in terms of their availability, accessibility, acceptability and quality (AAAQ) (see figure below). As the study progressed, it became very evident that equity needed to be added as a fifth principle.

Figure 20: AAAQ approach to assessing services



Once completed, the preliminary analysis was circulated to study participants for comment and then discussed further in a series of online workshops. Additional material was also made available to the researchers in some instances. The report was then finalised, based on these various inputs.

Annexure 3: Domestic, international regional legal framework

The domestic legal framework

The South African Constitution is the departure point for this discussion. As the highest law of the land it defines the rights to which all citizens are entitled and establishes a set of overarching principles with which all law and policy must comply.

A number of provisions in the Bill of Rights apply to care and support services in the context of violence.

Section 9: Equality

The equality clause states that everyone is equal before the law and has the right to equal protection and benefit of the law. The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth. No person may unfairly discriminate directly or indirectly against anyone.

The Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA), 4 of 2000, was enacted to give effect to Section 9. One of its objects is also to comply with South Africa's international treaty obligations, including the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). Section 8 of PEPUDA prohibits discrimination of any kind on the grounds of sex, gender or sexual orientation and makes clear that GBV is a prohibited form of discrimination. Notably, this section also prohibits limiting women's access to social services and benefits, such as health care, education and social security. This significance of this clause will become more apparent in the discussion around section 27 of the Bill of Rights.

Section 10: Dignity

Section 10 states that everyone has the right to human dignity and the right to have their dignity respected and protected.

Two key Constitutional Court decisions recognise GBV as violating the right to dignity: *S v Baloyi and Others*[27] ("Baloyi"), which deals with domestic violence; and *Carmichele v Minister of Safety and Security*[28] ("Carmichele"). In both decisions the Court found that the right to dignity, as well as the other infringements of rights evident in these two matters, imposed positive duties on the state to provide appropriate protection to everyone through laws and other means. It could well be argued that care and support services provide an avenue through which dignity may be restored.

Section 12: Freedom and security of the person

This section of the Bill of Rights has the most obvious relationship to violence and states that everyone has the right to freedom and security of the person, which includes the right to be free from all forms of violence from either private or public sources.

Again, both Carmichele and Baloyi have led the way in establishing that sexual offences and domestic violence violate the freedom and security of the person, their bodily and psychological integrity, as well as the rights of everyone not to be subjected to torture, nor to be treated or punished in a cruel, inhuman or degrading way. Further, when the right to be free from all forms of violence is read with section 7(2) of the Constitution, it imposes a direct duty on the state to take steps to protect the right of everyone to be free from private or domestic violence.

The Domestic Violence Act (DVA), 116 of 1998, represents the most comprehensive attempt to

[27] *S v Baloyi and Others* 2000 (2) SA 425 (CC).

[28] *Carmichele v Minister of Safety and Security* 2001 (4) SA 938 (CC)

give expression to this duty to date. The Act empowers the courts to prohibit particular forms of conduct and places a range of duties on the police to address complaints of domestic violence – including assisting applicants to find shelter from their abusive partners, as well as have access to counselling and medical care. Even if there is no reciprocal legal obligation exists compelling the DSD to make shelter and counselling services, it can be inferred from the fact of their reference in law that they ought to exist. Certainly, in providing women with a place of safety, shelters very tangibly instantiate the right to be free from all forms of violence.

The Older Person's Act, 13 of 2006, provides another, different example of how section 12's obligations can be translated into legislation. In terms of section 25 of the Act any person who is involved with an older person in a professional capacity, and who on personal observation concludes that the older person is in need of care and protection, must report such a conclusion to the Director-General of the DSD. Any other person who is of the opinion that an older person is in need of care and protection may report such an opinion to a social worker. The Act further notes that an older person living in circumstances conducive to seduction, abduction or sexual exploitation, qualifies as someone in need of care and protection. In addition, any person who suspects that an older person has been abused or suffers from an abuse-related injury must immediately notify the Director-General of the DSD, or a police official of his or her suspicion.

Similar duties apply in relation to children and persons with intellectual disabilities. In terms of the Criminal Law (Sexual Offences and Related Matters) Amendment Act (SOA), 32 of 2007 any person who has knowledge that a sexual offence has been committed against a child, must report such knowledge to a police official. It is also obligatory for any person with knowledge, or a reasonable belief, or suspicion, that a sexual offence has been committed against a mentally disabled person to report this to the police.

Law thus establishes a duty of care to older persons, children, and people with intellectual disabilities. This duty is not met by the mere reporting of harm; such reporting, if it is to have any purpose, must surely go hand-in-hand with creating safer alternatives to the person's current situation, including through the provision of a set of services.

Section 26: Access to adequate housing

According to section 26 of the Bill of Rights everyone has the right to have access to adequate housing and the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right.

The constitutional duty of the state to 'progressively realise' the right to have access to housing was first considered and interpreted by the Constitutional Court *in Government of Republic of South Africa v Grootboom*[29] ("Grootboom"). An obligation to make shelters available is implicit in this decision; women forced to flee their homes in search of safety must surely fit the description of persons in 'desperate need' of alternative accommodation as contemplated in the Grootboom judgment.

Further basis for treating IPV as a violation of the right to adequate housing is provided by the UN Special Rapporteur on adequate housing's 2005 report. In this he observed that women living in situations of domestic violence inherently lived in inadequate housing – thus explicitly linking violence against women and the right to adequate housing.[30] He made this point again in his mission to South Africa at the invitation of the government in 2007. The lack of affordable housing and timely access to public housing, as well as inadequate government provisions for long-term safe housing, particularly in rural areas, he noted, forced women either to remain in, or to return to, situations of domestic violence. He also observed that there was no specific housing

[29] *Government of Republic of South Africa v Grootboom* 2000 (1) SA 46 (CC)

[30] UN doc E/CN.4/2005/43, paras 41 and 43.

programme to address vulnerable groups.[31]

Existing legislation does create the scope to address abused women's housing needs. The Housing Act, 107 of 1997, requires all spheres of government to provide for the special needs of vulnerable groups in all housing policies and programmes. The Housing Act states that '[n]ational, provincial and local spheres of government must … promote the meeting of special housing needs, including, but not limited to, the needs of the disabled'. Section 2(1) (a) of the Housing Act establishes the 'general principles applicable to housing development' and creates an obligation on the government 'to give priority to the needs of the poor in respect of housing development'; to 'promote the meeting of special housing needs, including but not limited to, the needs of the disabled'; and to promote 'the housing needs of marginalised women and other groups disadvantaged by unfair discrimination'. In 2015 a Special Housing Needs Policy and Programme was indeed finalised by the Department of Human Settlements. This has yet to be approved by Cabinet.

The Social Housing Act, 16 of 2008, provides a second avenue for addressing women's housing needs. According to the Act priority must be given to low- and medium-income households in social housing development. It obliges the government and social housing institutions to ensure that their 'respective housing programmes are responsive to local housing demands and that special priority must be given to the needs of women, children, child-headed households, persons with disabilities and the elderly.'

Section 27: Health care, food, water and social security

This section contains key elements of socio-economic rights and states that everyone has the right to have access to health care services, including reproductive health care, as well as access to social security, including, if they are unable to support themselves and their dependents, access to appropriate social assistance. No person may be refused emergency treatment and the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right of access to social security and social assistance.

It is important to read this section with Chapter 11 of the National Development Plan (NDP), the four decisions handed down between 2010 and 2014 in *National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC for Social Development, Free State and Others* ("NAWONGO"), and section 8 of PEPUDA (referred to earlier).

Chapter 11 of the NDP positions social protection as a critical part of public policy, understanding this to provide support that reduces vulnerability, alleviates and ultimately prevents poverty, and empowers individuals, families and communities through a range of social development services.[32] Social protection measures cover the entire life cycle of individuals from conception (by ensuring that pregnant mothers have adequate nutrition) up to old age. The NDP envisages the development of a social protection floor which will prescribes a standard of living below which no one should fall – this should include access to basic social welfare services. This minimum guaranteed level of entitlement to social benefits would provide a set of norms, standards and criteria for the basic level and types of social development services and specify who would benefit.

While the inclusion of social welfare services in social protection brings care and support within the ambit of section 27, the NAWONGO decisions result in the explicit recognition of such services as constituting socio-economic rights.

In 2010 Free State NGOs instituted legal action against the Free State DSD and successfully obtained a structural interdict compelling the department to revise its policy on financing welfare

[31] Special Rapporteur on Adequate Housing. (2008). 'Report of the Special Rapporteur on Adequate Housing as a Component of the Right to an Adequate Standard of Living, and on the Right to Non-discrimination in this Context,' Miloon Kothari: Addendum: Mission to South Africa, UN Doc A/HRC/7/16/Add.3.

[32] Department of Social Development. (2016). *Comprehensive Report on the Review of the White Paper for Social Welfare, 1997.* Department of Social Development.

services.[33] The final August 2014 decision noted:

The Department has a statutory and constitutional obligation to achieve, within its available resources, the progressive realisation of the applicable socio-economic rights, which it must fulfil by striving to progressively increase the resources available for the provision of social welfare services.[34]

This provision is important for the way it recognises social welfare services to constitute socio-economic rights, rather than luxuries. The judgement also set out the duty on the department to ensure the increasing availability of such services over time:

Availability of resources is therefore an important factor in determining what is reasonable, but lack of funds cannot be used as a lame excuse. Resources must be provided as far as reasonably possible. Reasonableness must also be understood in the context of the Bill of Rights as a whole. Whilst the very nature of progressive realisation of rights entails that full realisation will only be achieved in time, those whose needs are the most urgent should not be ignored in the policy, nor should a significant segment of society be excluded. Progressive realisation means that the rights in question must over time be made accessible to a larger number of people and a wider range of people. The department is obliged to take reasonable measures progressively to eliminate or reduce the deprivation of rights.[35]

Arguably, when PEPUDA's prohibition against limiting services to women is taken into account, it could also be argued that failure to make GBV services increasingly available amounts to discrimination.

Finally, one aspect of section 27 has been clearly legislated and that is the right to emergency treatment. Chapter 5 of the SOA provides for services to victims of sexual offences, specifically post-exposure prophylaxis (PEP) to prevent their infection with HIV and HIV testing of rape suspects. The relevant provisions stipulate that victims of sexual offences must receive, at state expense and within 72 hours of the offence, PEP for HIV infection, medical advice surrounding the administering of PEP, or be referred to a public health establishment which can provide these services.[36] Only designated health facilities may prescribe the drug regimen.

Section 28: Children

Children are entitled to all rights stipulated in the Bill of Rights (such as freedom and security of the person). Every child has the right to family care, or parental care, or an appropriate alternative; to basic nutrition, shelter, basic health care services and social services; amongst others. The latter set of rights are immediately realisable rather than subject to progressive realisation within available resources. In addition, all children are to be protected from maltreatment, neglect, abuse or degradation. A child's best interests are of paramount importance in every matter concerning the child.

The Children's Act gives effect to the rights of the child as stipulated in the Constitution, such as the protection from maltreatment, abuse and neglect. The Act provides for a continuum of care and emphasises the need to strengthen prevention and early intervention services for children and their families, as well as therapeutic services to reduce the long-term impact of abuse.[37] Measures aimed at healing children after violence are specified in Section 144(1)e of the Children's Act which states that the government must provide psychological, rehabilitation and

[33] *National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC for Social Development, Free State and Others* (1719/2010) (5 August 2010)

[34] *National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC for Social Development, Free State and Others* (1719/2010) [2013] ZAFSHC 49 (28 August 2014) at 8 (11.6.2).

[35] *National Association of Welfare Organisations and Non-Governmental Organisations and Others v MEC for Social Development, Free State and Others* (1719/2010) [2013] ZAFSHC 49 (28 August 2014) at 13.

[36] Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007.

[37] Mathews S, Berry L & Marco J (2016) An Outcome Assessment of a Residential Care Programme for Sexually Abused Children in South Africa: A research report. Cape Town: Children's Institute, University of Cape Town.

therapeutic programmes for children (although described as an early intervention and prevention programme). Additionally, Section 146(1) stipulates that the provincial departments of social development must provide and fund therapeutic services for child victims and witnesses of violence.[38]

The Children's Act Regulations contain the National Norms and Standards for Child Protection[39] in therapeutic programmes (section 3) and after care services (section 4) which are relevant for care and support services. The National Norms and Standards for Prevention and Early Intervention Programmes also provide some guidance on care and support services.

According to section 110 (1) of the Children's Act (as amended by the 2007 Act) any teacher, medical practitioner, psychologist, dentist, registered nurse, physiotherapist, speech therapist, occupational therapist, traditional health practitioner, legal practitioner, social worker, social service professional, minister of religion, religious leader, member of staff at a partial care facility, shelter, drop-in centre or child and youth care centre, labour inspector or police official who on personal observation concludes that a child has been sexually abused, deliberately neglected or abused in a manner causing physical injury must report that conclusion to the provincial department of social development, a designated child protection organisation, police official or clerk of the children's court."

International and regional legal frameworks for adult and child survivors of violence

While domestic law and policy provisions are primary, they are buttressed in important ways by South Africa's regional and international obligations – as is evident from the previous section.

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

South Africa ratified CEDAW without reservation in December 1995. While CEDAW does not address GBV as such, the Committee tasked with overseeing the implementation of CEDAW has issued *General Recommendation Number 19* which sets out how CEDAW should be interpreted to cover violence against women and explains the nature of government obligations to address such violence. As its point of departure, the Committee states that violence against women constitutes discrimination and thus falls within the purview of the Convention.

Among other measures, General Recommendation Number 19 requires States Parties to ensure that laws against sexual violence give adequate protection to all women and respect their integrity and dignity. It notes that legislative measures should be accompanied by appropriate protective and support services for victims, as well as gender-sensitive training for those providing these various services and responses.[40]

Copenhagen Declaration on Social Development and programme of Action

The Declaration on Social Development was issued in 1995 at the conclusion of the Summit on Social Development in Copenhagen. This was the first such declaration ever issued by the United Nations and intended to promote peace and security, especially by challenging poverty, unemployment and social exclusion. Ten commitments were issued at the conclusion of the conference, with commitment six having particular bearing. This was to promote and attain the goals of universal and equitable access to quality education, the highest attainable standard of physical and mental health, and the access of all to primary health care, making particular efforts to rectify inequalities relating to social conditions and without distinction as to race, national origin, gender, age or disability.[41]

One section of the Programme of Action is addressed to meeting the basic human needs of all.

[38] Proudlock P (ed) (2014) South Africa's Progress in Realising Children's Rights: A Law Review. Cape Town: Children's Institute, University of Cape Town & Save the Children South Africa

[39] Annexure B, Part III

[40] Par 24(b).

[41] Copenhagen Declaration on Social Development - A/CONF.166/9

Recommended actions it recommends in this regard include:

Ensuring full and equal access to social services, especially education, legal services and health-care services for women of all ages and children, recognising the rights, duties and responsibilities of parents and other persons legally responsible for children, consistent with the Convention on the Rights of the Child;

Providing appropriate social services to enable vulnerable people and people living in poverty to improve their lives, to exercise their rights and to participate fully in all social, economic and political activities and to contribute to social and economic development.[42]

Beijing Declaration and Platform for Action

The *Beijing Declaration and Platform for Action* was issued at the conclusion of the 4th UN Conference on Women held in 1995 and builds upon the Copenhagen Declaration issued earlier in the year. In terms of this document, which South Africa has committed itself to, governments are called upon to take certain actions to address violence against women. Of particular relevance to this review are the following:

Creating or strengthening institutional mechanisms so that women can report acts of violence against them in a safe and confidential environment, free from the fear of penalties or retaliation;

Creating, improving or developing and funding training programmes for judicial, legal, medical and police personnel to sensitise such personnel to the nature of gender-based acts of violence so that fair treatment of victims can be assured;[43] and

Providing well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counselling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence.[44]

As a signatory to CEDAW, South Africa is required to report on the steps the country has taken to meet these obligations every five years. In its 2011 concluding observations the CEDAW committee noted with concern "that social support services, including shelters, are inadequate due to inappropriate budgetary allocations." Accordingly, it recommended that the necessary funds be made available in future to support the implementation of social support services.[45]

Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power[46]

The Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power was issued in 1985 by the United Nations Office on Drugs and Crime. It too makes provision for care and support services, stating that victims should receive the necessary material, medical, psychological and social assistance through governmental, voluntary, community-based and indigenous means. Victims should be informed of the availability of health and social services and other relevant assistance and be readily afforded access to them. Police, justice, health, social service and other personnel concerned should receive training to sensitize them to the needs of victims, and guidelines to ensure proper and prompt aid. In providing services and assistance to victims, attention should be given to those who have special needs.

South Africa's Victims' Charter draws a great deal from this Declaration.

Sustainable Development Goals

Goal 3 of the Sustainable Development Goals (SDG) aims to ensure healthy lives and promote well-being for all at all ages. Target 3.4 aims to reduce premature mortality from non-

[42] United Nations (1995). *Report of the World Summit for Social Development, 6 – 12 March 1995*. A/CONF.166/9

[43] All provisions taken from paragraph 124.

[44] Par 125(a).

[45] CEDAW Committee Concluding observations of the Committee on the Elimination of Discrimination against Women CEDAW/C/ZAF/CO/4 (2011) paras 25-26.

[46] United Nations. (1985). Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power General Assembly resolution 40/34 of 29 November 1985.

communicable diseases by one-third by 2030, including by promoting mental health and well-being.

Goal 5 aims to achieve gender equality and empower all women and girls. Many social welfare services, and in particular those relating to children, older persons and persons with disability, link to clause 5.4 of goal 5 on gender equality and women's empowerment. This goal calls for recognition and valuation of unpaid care through the provision of public services, infrastructure and social protection policies. The strong link with gender equality and women's empowerment exists because, where accessible public services are not available, it is women who bear the primary responsibility for doing this work unpaid in their homes.[47]

Goal 5.C refers to adopting and strengthening sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels. Care and response services are one element of such policy and legislation.

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa

In terms of this protocol, states must adopt and implement appropriate measures to ensure the protection of every woman's right to respect for her dignity and protection of women from all forms of violence, particularly sexual and verbal violence. Article 4 of the Protocol focuses on violence against women and calls for a number of state measures to address both public and private violence, including identification of the causes of violence against women, the provision of accessible services for victims and the punishment of perpetrators.

South Africa has shown a commitment to uphold and support the rights of the child through the ratification of a range of international and regional human rights legal frameworks, including the United Nations Convention of the Rights of the Child in 1995 and the African Charter on the Rights of the Child in 2000.

International declarations and conventions often use the 'Three P's' classification system for the division of rights: provision, protection and participation. Provision rights speak to the provision for the welfare of the child (e.g. food, health care, education); protection rights refer to the right to be guarded from harmful acts; and participation rights refers to the right of the child to be heard (e.g. right to be consulted, access to information, freedom of speech).[48] For the purpose of this analysis, protection rights will be of primary focus. Below each instrument is expanded on and analysed within the specific context of child protection.

United Nations Convention of the Rights of the Child (UNCRC)

The UNCRC further provides a framework to which all government policies can be measured against[49] and to which they are accountable too. The UNCRC stipulates that the state must ensure the protection and care of the child (Article 3) against all forms of violence.

The Convention further states that children should be protected from sexual exploitation, sexual abuse, torture, or any other cruel, inhuman or degrading treatment (Article 34 and 37), and that the institutions, services and facilities which are responsible for the care and protection of the child shall confirm to established standards (Article 3). Additionally, Article 39 speaks to care and support services, stating that "States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment of punishment; or armed conflicts. Such recovery and reintegration shall take places in an environment which fosters the health, self-respect and dignity of the child".

[47] Department of Social Development. (2016). *Comprehensive Report on the Review of the White Paper for Social Welfare, 1997.* Department of Social Development

[48] Hayes, N. and Bradley, S., 2009. *Right by Children: Children's Rights and Rights Based Approaches to Policy Making in Early Childhood Education and Care: the Case of Ireland.*

[49] Hayes, N. and Bradley, S., 2009. *Right by Children: Children's Rights and Rights Based Approaches to Policy Making in Early Childhood Education and Care: the Case of Ireland.*

African Charter on the Rights and Welfare of the Child (ACRWC)

The ACRWC stipulates that children should be protected against child abuse and torture, as specified in Article 16. The Charter further states that State Parties shall protect children from all forms of sexual exploitation and abuse including: coercion or encouragement of a child to engage in sexual activity; prostitution; and child pornographic activities, performances and materials. Analysis of Article 16(1) shows similarities to Article 19 of the UNCRC and Article 27 of the Charter to similarities to Article 34 in the Convention.[50]

Essential Services Package for Women and Girls Subject to Violence[51]

The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (a partnership by UN Women, UNFPA, WHO, UNDP and UNODC) provides a comprehensive framework for a multi-sector response to violence. According to the framework, establishing essential services will require an integrated response by: a) health, b) justice and police, and c) social services. The 'package' of services can thus be used by countries as a tool to ensure high quality service, which are characterised by being both woman and child-centred. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence. Services across these sectors should be available, accessible, acceptable and of quality.[52]

[50] Gose, M. 2002. *The African Charter on the Rights and Welfare of the Child.* Children's Rights Project. Community Law Centre. UWC

[51] UN Women, UNFPA, WHO & UNDP, UNODC (2015). *Essential services package for women and girls subject to violence*. New York: UN Women.

[52] UN Women, UNFPA, WHO & UNDP, UNODC (2015). *Essential services package for women and girls subject to violence*. New York: UN Women

Annexure 4: Costing methodology and key costing assumptions

Nine separate Excel-based costing models were developed to calculate the unit cost of providing the individual service set out in the core package of services recommended in this report. The nine costing models are contained in the following Excel files:

- 01. Costing Model_Helplines
- 02. Costing Model_Community-based Counselling
- 03. Costing Model_Safe Houses
- 04. Costing Model_Long Term Shelters
- 05. Costing Model_Health Facility Counselling
- 06. Costing Model_Victim Friendly Rooms
- 07. Costing Model_Court Support
- 08. Costing Model_Court Preparation (KBL)
- 09. Costing Model_Specialised Shared Services

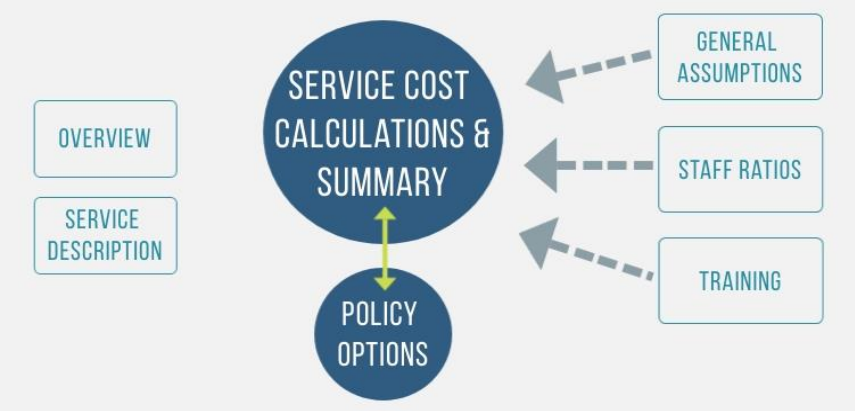
These costing models can be downloaded from the following link:

https://www.dropbox.com/sh/u9xea3s1y1cbliu/AAC0MgXUx3roBgTVDnIxUZdua?dl=0

Structure of the costing models

Each costing model has a similar structure. This means they are built using similar worksheets and the logic of the calculations follows a standard pattern. The following figure sets out the structure of the costing models.

Figure 21: Structure of the costing models



All nine costing models consist of the following worksheets:

- ***GenAssumptions*** – assumptions that feed through to many of the calculations in the working sheets such as:
    - salary levels of personnel; and
    - prices of items.
- ***Staff ratios*** – assumptions regarding different levels of staff output and capacity based on the DSD social work framework and norms within the field of service.
- ***Training*** – assumptions for basic training to take place at least once a year.
- ***Service cost*** – a summary of costs divided into set-up and ongoing operational costs. The sheet is also a working sheet that is divided into:
    - Setup of facility – identifying costs to set up the service from scratch based on field research and consultation with role-players. These costs are limited to office

equipment (e.g. desks, telephones, computers, etc.), kitchen equipment, awareness campaign equipment, accessibility infrastructure, etc.

- Running of the facility – identifying costs for the ongoing operations of the service. These costs include compensation of employees, goods and services (e.g. refreshments, office supplies, training, etc.), and capital replacement costs.

- ***Policy Options*** – a policy choices sheet where policy makers can make adjustments to key policy parameters such as types and quantity of staff.

The main research report formed the basis for what is costed in each model.

Key assumptions

In order for the models to work optimally in a changing environment a few assumptions have been made that can be changed by the users as the need arises:

General assumptions

Each costing model has a set of general assumptions that are set out on the "GenAssumptions" sheet. The main categories of general assumptions are:

- Salaries – salaries per annum are shown for key posts. Where posts descriptions are equivalent to government sector posts, DPSA salaries scales are used. Otherwise salaries are based on what is typically paid by the sector.
- Expenditure based on sampled expenditure – costs for telecommunication, facility rental, office supplies and debriefing use a per staff member cost allocation based on the expenditure analysis findings of this research.
- Costs based on quotations or internet research– costs for call-centre management, marketing materials and services were based on recent quotes, prices from various service providers in the sector or from searching for the prices on the internet.

Policy Options

Each sheet has a Policy Options that looks similar to the following worksheet:

Figure 22: Example of a Policy Options sheet

Summary and policy choices						
		Scenarios (2020 Rands)				
Change the names of the Scenarios here.		Small Safe House (government)	Small Safe House (NPO)	Large Safe House (government)	Large Safe House (NPO)	Large Safe House (government) with PWD infrastructure
Setup costs - once-off		**68 450**	**70 950**	**353 950**	**353 950**	**543 950**
Ongoing Operations - annual		**306 895**	**264 450**	**614 756**	**571 561**	**614 756**
Compensation of employees		*215 974*	*172 779*	*215 974*	*172 779*	*215 974*
Operational costs		*70 386*	*70 386*	*342 596*	*342 596*	*342 596*
Payments for capital assets		*20 535*	*21 285*	*56 185*	*56 185*	*56 185*
Policy choices						
Staff salary as percentage of government rate		100%	80%	100%	80%	100%
Choose type of staff and appropriate number at each size facility	General Manager	150 000					
	Social Worker	257 592	0.10	0.10	0.10	0.10	0.10
	Social Auxiliary Worker	148 215	1	1	1	1	1
	House Mother	42 000	1	1	1	1	1
	None	-	-	-	-	-	-
	None	-	-	-	-	-	-
			2	***2***	***2***	***2***	***2***
Include contracted security			No	no	Yes	Yes	Yes
Include a vehicle purchase or not			No	No	Yes	Yes	Yes
Max beneficiaries at any given time			6	6	12	12	12
Max number of nights at the shelter			4	4	4	4	4
Average occupancy			20%	20%	20%	20%	20%
Accessibility infrastructure for PWDs							
Include accessibility infrastructure in setup costs			No	No	No	No	Yes
Output							
Number of beneficiary nights			438	438	876	876	876
Number of beneficiaries assisted in a year			110	110	219	219	219
Unit costs (ongoing operation costs only)							
Average cost per beneficiary night			701	604	702	652	702
Average cost per beneficiary			2 803	2 415	2 807	2 610	2 807

On the Policy Options sheet, users of the costing models can do the following:

- Specify the names of scenarios they want to develop;
- Specify the types and number of staff involved in delivering services at a particular location under each scenario;
- Indicate the percentage of the government salary scale on which the costing for a particular scenario is based;
- Make key choices regarding the nature of the service (where relevant), and the inclusion (or not) of accessibility infrastructure of people with disabilities.

Each of these choices have a direct impact on either the setup or operating cost of providing the service, which is reflected in the costing outcome set out at the top of the Policy Options sheet.

The number of the different categories of staff in each scenario are linked to the workload ratios specified in the Staff ratios sheet and determine the capacity output of the office or facility specified at the bottom of the Policy Options sheet. Capacity is shown in either number sessions, number of beneficiaries, individuals in a group session, number of calls or number of witnesses assisted – according to the service being costed.

Setup cost assumptions

Each of the costing models provide for costs associated with setting up the services. These are once-off costs associated with establishing the services in new locations.

When choosing new locations for establishing the different services a range of factors need to be taken into consideration including:

- the accessibility in relation to public transport;
- the security of the area and building; and
- the accessibility of the building from the perspective of people with disabilities.

These factors may impact on the cost of rental for the space chosen, but this is difficult to determine without reference to specific different location options.

Buildings

It is assumed that all new service locations will use existing buildings or office space. These could be offices within court buildings, rooms within health facilities, rented office space, rooms within police stations or NPO owned buildings. Therefore, the costing does not provide for building new buildings.

The costing does provide for a facility rental as a operating cost to cover those instances where space needs to be hired or to provide for the maintenance of offices.

Furniture and equipment assumptions

The costing models provide for the costing of furniture and equipment required to set-up each service. To allocate the furniture and equipment between various sized offices / facilities, assumptions are made regarding each item's capacity. For instance, it is assumed that a typical filing cabinet can take up to 2000 files. Therefore, the number of beneficiaries or cases in an office determines the number of filing cabinets required. In the scenario below, a small office only requires one filing cabinet as its capacity does not reach the required 2000 beneficiaries.

Figure 23: Furniture and equipment assumptions

Office based counseling			Scenarios (2020 Rands)				
			Policy intention - minimum service	Small office (government)	Small office (NPO)	Large Office (government)	Large office (NPO)
Setup of facility							
Office furniture	**no. of beneficiaries per item**		***95 000***	***97 000***	***97 000***	***172 000***	***172 000***
Desk with drawers		2 500	12 500	17 500	17 500	30 000	30 000
Telephone		500	2 500	3 500	3 500	6 000	6 000
Office Chair		2 000	10 000	14 000	14 000	24 000	24 000
Filing Cabinet	*2000*	2 000	4 000	2 000	2 000	4 000	4 000
Laptop/Computer		6 000	30 000	42 000	42 000	72 000	72 000
Printer-Fax-Scanner	*2000*	3 000	6 000	3 000	3 000	6 000	6 000
Shelving	*2000*	10 000	20 000	10 000	10 000	20 000	20 000
Curtains / blinds	*2000*	5 000	10 000	5 000	5 000	10 000	10 000

Accessibility infrastructure of people with disabilities

As noted above, when choosing locations for establishing new services it is important to take into account accessibility issues from the perspective of people with disabilities. This means there need to be access ramps, doorways need to be wide enough and there should be suitable bathroom facilities.

It is impossible to know in advance whether a particular new service location will need to be upgraded to put in place appropriate infrastructure for people with disabilities. The costing models therefore provide an option on the Policy Options sheets which allow the user to select whether accessibility infrastructure is required or not. If the user indicates "Yes" for a particular scenario then the cost of accessibility infrastructure is included in the costing of that scenario. The following figure shows this option:

Figure 24: Accessibility infrastructure assumptions

Policy Options sheet

Summary and policy choices	Scenarios (2020 Rands)				
Change the names of the Scenarios here. →	Policy intention - minimum service	Small office (government)	Small office (NPO)	Large Office (government)	Large office (NPO)
Accessibility infrastructure for PWDs					
Include accessibility infrastructure in setup costs	No	Yes	No	No	Yes

Service sheet

Office based counseling			Scenarios (2020 Rands)				
			Policy intention - minimum service	Small office (government)	Small office (NPO)	Large Office (government)	Large office (NPO)
Setup of facility							
Accessibility infrastructure for PWDs	**no. of clients per item**		**-**	***120 000***	**-**	**-**	***120 000***
Wheel chair ramp (dependent on location)	*one per court*	30 000	-	30 000	-	-	30 000
Bathroom upgrade to accommodate PWDs	*one per court*	90 000	-	90 000	-	-	90 000

Vehicles

Certain services require vehicles others do not. Users can therefore choose on the Policy Options sheet whether to include the cost of a vehicle in a scenario. Vehicle price covers a Toyota Yaris or equivalent. If the scenario includes a vehicle then the cost of operating the vehicle and the cost of depreciation over 10 years is added to the operational costs.

Operational cost assumptions

In addition to the setup costs, the costing models enable the user to calculate the operational costs of running the services. Operational costs have to be budgeted for each year.

Staff costs

Users of the costing models can specify on the Policy Options sheets what categories of staff and the number of staff required to deliver the service at a particular location under each scenario.

Staff salaries are set on the GenAssumptions sheet. The model uses government salaries as specified in the 2020 DPSA salary scales for key posts such as social work supervisors, social workers, and social auxiliary workers. However, as the research has shown, these salaries are not equivalent to those paid in the NPO sector. Therefore, the model allows the user to choose on the Policy Options sheet the salary level for each scenario based on whether the service is implemented by government or an NPO. It should be noted that this does not condone the salary inequality in the sector, but is a means of exploring the cost implications of this continuing practice on service provision and costs.

The category and number of staff at a service location determines the service delivery capacity of that location. This is based on the assumptions set out on the Staff ratios sheet which specifies workload ratios based on the *Framework for Social Welfare Services*, a DSD document published in 2013. [53] This document sets out the typical workload ratios of social work supervisors, social workers and social auxiliary workers. Workloads for lay counsellors are assumed to be equivalent to social auxiliary workers. Workloads for call centre counsellors and CPOs are based on the most recently available data from Lifeline and the NPA respectively.

When the costing models refer to volunteers, this is in the true sense of the word – as meaning someone who does not receive any form of remuneration for their work.

Goods and services inputs

On the Service Cost sheets, users can specify the goods and services inputs required to delivery the services at the specific location under each scenario. The quantity of input required may be linked to the location, the number of staff, the number of activities (e.g. counselling sessions) or the number of beneficiaries served. This is illustrated in the following figure:

Figure 25: Goods and services input assumptions

Safe Houses							
			Scenarios (2020 Rands)				
			Small Safe House (government)	Small Safe House (NPO)	Large Safe House (government)	Large Safe House (NPO)	Large Safe House (government) with PWD infrastructure
Goods and services			***70 386***	***70 386***	***342 596***	***342 596***	***342 596***
Groceries	per beneficiary night		21 900	21 900	43 800	43 800	43 800
Contracted security - monthly	see Policy Options		-	-	216 000	216 000	216 000
Office supplies	per member of staff		3 600	3 600	3 600	3 600	3 600
Training	per shelter		9 900	9 900	9 900	9 900	9 900
Debriefing	per member of staff		14 400	14 400	14 400	14 400	14 400
Communication	per beneficiary		712	712	1 424	1 424	1 424
Pamphlets - design and printing	per beneficiary		164	164	329	329	329
Dignity packs	per beneficiary	150	16 425	16 425	32 850	32 850	32 850
Clothing	per beneficiary	30	3 285	3 285	6 570	6 570	6 570
Vehicle running costs			-	-	13 724	13 724	13 724
No of vehicles			1	1	1	1	1
Licence fees		650	650	650	650	650	650
Km's per beneficiary		3.98	15	15	15	15	15

Training

On the Training sheet, users can specify the amount of training input required for each service, in terms of number of courses per year and the number of days per course.

For the costing scenarios reported in this document, the cost of training is based on a three-day course, once per year for 30 participants. Users can change these training assumptions as

[53] DSD. 2013. Framework for Social Welfare Services. Pg. 24

necessary.

The costing models use the normal training inputs to calculate the cost of the training courses, namely: facilitators per diem, facilitators' fee per course, and food per participant, a transport and accommodation allowance, participant materials and venue hire.

It is assumed that service offices will join each other for training so as to ensure effective use of training opportunities and promote peer learning. Therefore, a ratio of the number of staff in each service office to the number of participants on a course is used to allocate training costs to each service location. This is illustrated below.

Figure 26: Allocation of training costs to service locations

Total Cost of Training	***148 500***	***148 500***	***148 500***
% of staff from each court	7%	13%	27%
Cost of training per service location	***9 900***	***19 800***	***39 600***

Capital replacement

It is assumed that on average the setup equipment and furniture will need to be replaced every three years, and vehicles every ten years. These replacement costs are included under operational costs so that provision is made for replacement over the life-time of the assets. It is assumed that accessibility infrastructure will not need to be replaced.

planning, monitoring and evaluation

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