Commission for Gender Equality

Investigation Into The Implementation of Pillar 3 of the National Strategic Plan on Gender-Based Violence and Femicide in KwaZulu-Natal

2024/25

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LIST OF ACRONYMS AND ABBREVIATIONS

AOP	Annual Operational Plan
ARVs	Antiretrovirals
BCEA	Basic Conditions of Employment Act
BCIP	Basic Crime Investigation Practice
CARA	Criminal Assets Recovery Account
CAS	Crime Administration System
CAT	Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CBOs	Community-Based Organisations
CCCs	Crisis Care Centres
CCTV	Closed-Circuit Television
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CJS	Criminal Justice System
COWEP	Consortium for Women Empowerment and Programmes
CRC	Convention on the Rights of the Child
CSC	Community Service Centres
CSD	Central supplier database
CTOP	Consultation and Termination of Pregnancy
DCSL	Department of Community Safety and Liaison
DPP	Detailed Project Proposal
DPW	Department of Public Works
DSD	Department of Social Development
DVA	Domestic Violence Act
ECD	Early Childhood Development
EIS	Efficiency Index System
EPMDS	Employee Performance Management and Development System

FCS	Family Violence, Child Protection and Sexual Offences
FSL	Forensic Science Laboratory
FSW	Forensic Social Worker
GACS	Global Access Control System
GBVF ERAP	Gender-Based Violence and Femicide Emergency Response Action Plan
HCPs	Healthcare Professionals
HRD	Human Resource Development
ICCPR	Covenant on Civil and Political Rights
ICDMS	Integrated Case Docket Management System
IPID	Independent Police Investigative Directorate
Khuseleka OSC	Khuseleka One-Stop Centre
MAMA	Men Against Man Abuse
Maputo Protocol	Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa
MCC	Men Championing Change
NDPWI	National Department of Public Works and Infrastructure
NHI	National Health Insurance
NPA	National Prosecuting Authority
NPS	National Prosecuting Service
NRSO	National Register on Sex Offenders
NSP-GBVF	National Strategic Plan on Gender-Based Violence and Femicide
PEP	Post-Exposure Prophylaxis
POPIA	Protection of Personal Information Act
ROC	Resolving of Crime Course
SADC	Southern African Development Community
SAEKs	Sexual Assault Evidence Collection Kits
SANS	South African National Standards for Building Regulation
SDIP	Service Delivery Improvement Plan
SECI	Serial and Electronic Crime Investigation
SOCA	Sexual Offences and Community Affairs

SOGIESC	Sexual Orientation, Gender Identity/Expression, and Sex Characteristics
SOPs	Standard Operating Procedures
SPPs	Standard Practice Procedures
SRHCS	Sexual and Reproductive Healthcare Services
STIs	Sexually Transmitted Infections
TAS	Training Administration System
TCCs	Thuthuzela Care Centres
UDHR	Universal Declaration of Human Rights
UIF	Unemployment Insurance Fund
UNODC	United Nations Office on Drugs and Crime
VEPs	Victim Empowerment Programmes
VFR	Victim-Friendly Room

1 INTRODUCTION

The Commission for Gender Equality ('CGE') is an independent statutory body created under Chapter 9 of the Constitution of the Republic of South Africa, 1996 ('the Constitution'). The CGE has a mandate to promote and protect gender equality in government, civil society, and the private sector. To this end, the Commission for Gender Equality Act No. 39 of 1996 ('the CGE Act') gives the CGE the power to monitor and evaluate policies and practices of organs of State at any level, statutory bodies and functionaries, public bodies and authorities and private businesses, enterprises, and institutions to promote gender equality and make any recommendations that the CGE deems necessary.

Section 11(1)(e) read with Section 12 of the CGE Act states that the CGE is mandated to investigate any gender-related issue on its own accord or upon receipt of a complaint and endeavour to resolve the complaint. The CGE will determine the procedure to be followed in any investigation.

2 BACKGROUND

The National Strategic Plan on Gender-Based Violence and Femicide (NSP-GBVF) is a response to the pervasive issue of GBV and femicide in South Africa following the historic 2018 Presidential Summit on GBVF. The NSP-GBVF aims to coordinate efforts across government departments, civil society organisations, and other stakeholders to prevent and address GBV and femicide comprehensively.

The NSP-GBVF emerged due to increasing public outcry and awareness about the high rates of GBV (including sexual offences) and femicide in the country. There have been numerous cases of women and girls being subjected to violence and even losing their lives at the hands of intimate partners or strangers. The outcry from civil society organisations, activists, and the public pressured the government to take decisive action.

The NSP-GBVF was developed through a collaborative process involving various stakeholders, including government departments, civil society organisations, academics, and experts in the field. The plan outlines strategies and interventions to prevent GBV, support survivors, strengthen the criminal justice system's response, and address the root causes of violence against women and girls.

In March 2020, the Cabinet approved the NSP-GBVF and the establishment of the Inter-Ministerial Committee (IMC) on GBVF, as well as the National Council on GBVF.

As a Chapter 9 institution with a constitutional mandate to promote respect for gender equality and the protection, development, and attainment of gender equality, the CGE is also expected to continue to regularly assess and monitor progress in the implementation of the NSP-GBVF. In this investigation, the CGE focused on monitoring the implementation of Pillar 3 of the NSP-GBVF.

3 SIGNIFICANCE OF THE INVESTIGATION

During the 2023/24 financial year, the CGE conducted monitoring activities at various police stations, courts, and Thuthuzela Care Centres (TCCs) across the country to assess the implementation progress of Pillar 3 of the NSP-GBVF. The monitoring efforts in KwaZulu-Natal revealed a series of observations that raised significant concerns regarding inconsistencies at the ground level in the implementation of the NSP-GBVF.

Pillar 3 of the NSP-GBVF typically focuses on ensuring that the criminal justice system effectively responds to gender-based violence (GBV) cases. This pillar encompasses various aspects, such as strengthening law enforcement, enhancing access to justice for survivors, and improving coordination among relevant institutions. Some of the key elements of Pillar 3 are the following:

1. Enhancing law enforcement by involving measures to improve the investigation and prosecution of GBV cases. Improving investigations includes training police officials on handling GBV cases sensitively, collecting evidence effectively, and ensuring perpetrators are held accountable.

2. Improving access to justice by focusing on making the justice system more accessible to survivors of GBV. Improving access may involve establishing specialised courts or units to handle GBV cases, providing legal aid and support services to survivors, and addressing barriers that prevent survivors from seeking justice, such as stigma or fear of retaliation.

3. Pillar 3 also emphasises the need for coordination and collaboration among various stakeholders involved in the criminal justice system, including SAPS, prosecutors, courts, and victim support services. This coordination ensures a holistic and efficient response to GBV cases, from reporting to prosecution and support for survivors.

The CGE plays a crucial role in monitoring the overall implementation of the NSP-GBVF, including Pillar 3. As an independent institution mandated to promote and protect gender equality, the CGE ensures that government departments, agencies, and other stakeholders are fulfilling their obligations under the NSP-GBVF.

Specifically, the CGE's role in monitoring the implementation of Pillar 3 includes:

1. Monitoring compliance: The CGE monitors government departments and agencies to assess their compliance with the NSP-GBVF's objectives, particularly concerning the criminal justice system's response to GBV cases.
2. Conducting investigations: The CGE may investigate systemic issues within the criminal justice system that hinder effective responses to GBV, such as institutional barriers, inadequate resources, or gaps in service provision.
3. Engaging stakeholders: The CGE engages with various stakeholders, including government officials, civil society organisations, and survivors/complainants of GBV, to gather information, raise awareness, monitor reported cases, and advocate for policy changes or interventions to address shortcomings in the criminal justice system's response to GBV or individual cases.
4. Reporting on findings: Based on its findings, the CGE produces reports and recommendations to hold relevant authorities accountable and advocate for reforms or improvements in the criminal justice system's handling of GBV cases to create best practices.

4 CGE HEARINGS TO BE CONDUCTED

Against this background, the annual performance plan (APP) for 2024/25 requires the CGE to conduct provincial investigations. In line with the annual performance plan, the Legal Department summoned five key entities: Department of Justice and Constitutional Development (DOJ&CD), the National Prosecuting Authority (NPA), the Department of Health (DoH), the Department of Social Development (DSD), and the South African Police Service (SAPS) to:

1. Assess the implementation of Pillar 3 of the NSP-GBVF
2. Assess systemic challenges hindering uniform and effective responses to GBV within the criminal justice system
3. Provide recommendations for addressing identified shortcomings and improving the system's handling of GBV cases.

5 LEGAL FRAMEWORK

South Africa ratified various international and regional instruments, thereby committing to uphold their principles and take concrete measures to address gender-based discrimination and violence against women and children.

5.1 International instruments

1. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) places an obligation on States to take effective legislative, administrative, judicial or other measures to eliminate discrimination against women and girls in all areas of life, including areas such as education, employment, healthcare, and violence against women.

2. The Universal Declaration of Human Rights (UDHR), adopted by the United Nations General Assembly in 1948, establishes the foundational principles of human rights, including the right to life, liberty, and security of person, as well as the right to be free from discrimination based on sex.

3. The Convention on the Rights of the Child (CRC), adopted in 1989, protects children's rights, including protection from all forms of violence, abuse, neglect, and exploitation. The convention emphasises the importance of ensuring the best interests of the child in all actions concerning them.

4. The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), adopted in 1984, prohibits torture and other forms of cruel, inhuman, or degrading treatment or punishment. The convention obligates State parties to prevent and investigate instances of torture and to provide redress and rehabilitation to victims.

5. The International Covenant on Civil and Political Rights (ICCPR), adopted in 1966, protects civil and political rights, including the right to life, freedom from torture and cruel, inhuman, or degrading treatment, and the right to equality before the law and equal protection of the law without discrimination.

5.2 Regional instruments

1. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), which was adopted in 2003 by the African Union, is a comprehensive legal instrument that specifically addresses women's rights, including protection from violence, discrimination, and harmful practices. The protocol obligates State parties to enact laws and policies to prevent and address GBV and ensure access to justice and support services for survivors.

2. The SADC Protocol on Gender and Development, which was adopted by the Southern African Development Community (SADC) in 2008, aims to promote gender equality and women's empowerment in the SADC region. The protocol includes provisions related to preventing and addressing GBV, promoting women's access to justice, and ensuring women's participation in decision-making processes.

5.3 National legislative framework

5.3.1 Constitution of the Republic of South Africa of 1996

Section 7 of the Constitution states that the Bill of Rights is a cornerstone of democracy in South Africa. The Bill of Rights enshrines the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom. Further, the State must respect, protect, promote and fulfil the rights in the Bill of Rights.

Section 9(1) of the Constitution states that everyone is equal before the law and has the right to equal protection and benefit of the law. Section 9(3) further states that 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.

The right to human dignity is enshrined in Section 10 of the Constitution, stating that "everyone has inherent dignity and the right to have their dignity respected and protected". Critically, the fact that human dignity is inherent in human beings means that one does not have less dignity because one is considered an outcast in society.

Section 12 of the Constitution 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 public or private sources and not to be tortured in any way. The Constitution further states that everyone has the right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction, security in and control over their body, and not to be subjected to medical or scientific experiments without their informed consent.

The right to healthcare services is a basic human right guaranteed by the South African Constitution. Section 27 of the Constitution provides that everyone has the right to access healthcare services, including reproductive healthcare services, and no one may be refused emergency medical treatment. In contrast, Section 27(2) imposes on

the State a duty to take reasonable measures within its available resources to achieve the progressive realisation of this right.

Section 28 of the Constitution includes that every child has the right to basic healthcare and social services, to be protected from maltreatment, neglect, abuse, or degradation. The section further states that the child's best interests are paramount in every matter concerning the child. Under this section, 'child' is defined as a person under the age of 18 years.

Section 34 of the Constitution provides that everyone has a right to have any dispute that the application of the law can resolve decided in a fair public hearing before a court or, where appropriate, another independent and impartial tribunal or forum.

5.3.2 Promotion of Equality and Prevention of Unfair Discrimination Act No. 4 of 2000 (PEPUDA)

PEPUDA came into effect in 2000. This law prohibits gender-based discrimination and provides for remedies designed to protect any person who experiences discrimination across the full spectrum of society, including gender-based discrimination. PEPUDA was enacted because of Section 9(4) of the Constitution, which requires the State to pass legislation that promotes equality and prevents unfair discrimination. PEPUDA gives effect to Section 9 of the Constitution and binds the State and all persons. However, PEPUDA does not apply to any person to whom and to the extent to which the Employment Equity Act (EEA)[1] applies.[2]

Neither the State nor any person may unfairly discriminate against any person.[3] No person may unfairly discriminate against anyone on the grounds of race, gender, or disability, including the engagement in any activity which is intended to promote or has the effect of promoting exclusivity based on race, GBV, female genital mutilation, and the system of preventing women from inheriting family property properly,[4] as well as failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of such persons.[5]

1 Employment Equity Act No. 55 of 1998
2 Section 5(3) 5.3.2 of Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA)
3 Section 6 of the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA)
4 See Bhe and Others v Magistrate, Khayelitsha and Others ; Shibi v Sithole and Others ; South African Human Rights Commission and Another v President of Republic of South Africa and Another (CCT 49/03; CCT 50/03; CCT 69/03) [2004] ZACC 17 (15 October 2004)
5 Section 7, 8, and 9 of the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA)

5.3.3 Children's Act No. 38 of 2005

Section 9 of the Children's Act provides that in all matters concerning the care, protection, and well-being of a child, the standard that the child's best interest is of paramount importance must be applied.

5.3.4 Domestic Violence Act No. 116 of 1998

This Domestic Violence Act provides legal protection and remedies for survivors of domestic violence, including protection orders and access to support services.

5.3.5 Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007

This Criminal Law Amendment Act criminalises various forms of sexual violence and harassment and outlines procedures for reporting, investigation, and prosecution of sexual offences. This legislation introduced specific provisions that widened the definition of rape from the common law and included other provisions relating to sexual assault and the grooming of children for sexual purposes.

5.3.6 Protection from Harassment Act No. 17 of 2011

This Protection from Harassment Act provides mechanisms for victims to obtain protection orders against harassment, including cyber harassment.

6 METHODOLOGY

The investigation was conducted through a multi-step data collection and verification process to assess the entities' implementation of Pillar 3 of the NSP-GBVF in KwaZulu-Natal. Given the oversight and accountability role of the CGE, the investigation sought to identify systemic barriers, inconsistencies, and areas of non-compliance within the criminal justice system's response to GBV insofar as the implementation of Pillar 3 of the NSP-GBVF is concerned.

A structured questionnaire was dispatched to DOJ&CD, NPA, SAPS, DoH, and DSD as key role players regarding Pillar 3 of the NSP-GBVF within the justice system and the TCC model. The questionnaire requested detailed written responses on the enforcement of GBV-related laws, the functionality of specialised courts, intermediary allocation, protection order service, legislative implementation, and resource management. The entities provided written submissions, which were analysed alongside supporting documents to verify the information presented.

To strengthen the evidentiary basis of the investigation, the CGE conducted public hearings, where representatives from the identified entities provided oral submissions under oath regarding the implementation of their mandated responsibilities under Pillar 3. These hearings allowed for direct engagement, enabling the CGE to clarify inconsistencies, seek further elaboration on challenges raised, and assess the extent of compliance with legislative frameworks such as the Domestic Violence Act, Sexual Offences Act, and Criminal Law Amendment Act, read with the NSP-GBVF.

Additionally, post-hearing submissions were considered, providing further insight into gaps in implementation and corrective actions taken by the entities following the hearings. A comparative analysis was also conducted between the information presented at the hearing and the information submitted by the entities regarding joint obligations.

The investigation relied on cross-referencing entities' responses with legal requirements, policy commitments, and human rights obligations to ensure objective and evidence-based conclusions.

The findings of this investigation are derived from documentary analysis, sworn testimonies, and legal compliance assessments, ensuring that the final recommendations are fact-based, actionable, and aimed at improving access to justice for GBV survivors in alignment with the objectives of Pillar 3 of the NSP-GBVF.

7 DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT (DOJ&CD)

On 5 September 2024, the CGE dispatched a questionnaire to the DOJ&CD in KwaZulu-Natal requesting information and documents to assess the DOJ&CD's commitment to its obligations regarding the implementation of Pillar 3 of the NSP-GBVF in KwaZulu-Natal.

7.1 Sexual offences courts

The DOJ&CD reported that 64 regional courts in KwaZulu-Natal hear sexual offences matters, and a further eight are dedicated sexual offences courts. These eight courts are set out in Table 1.

Table 1: KwaZulu-Natal regional courts that deal with sexual offences

District	Court
Umgungundlovu	Pietermaritzburg
eThekwini South	Umlazi
uGu	Scottburgh
Amajuba	Madadeni
eThekwini Central	Durban
eThekwini West	Pinetown
King Cetshwayo	Empangeni
eThekwini North	Ntuzuma

For the fiscal year April 2023 to March 2024, 1,077 sexual offences cases were reported across the province, as follows:

Table 2: Reported cases of sexual offences in KwaZulu-Natal

Court	No. of reported cases
Durban	125
Emlazi	136
Empangeni	74
Madadeni	82
Ntuzuma	202
Pietermaritzburg	263
Pinetown	123
Scottburgh	72
TOTAL	**1,077**

For the first quarter of the current fiscal year (April 2024 to June 2024), 222 cases were recorded across KwaZulu-Natal. A breakdown of the number of cases per court is as follows:

Table 3: Reported cases of sexual offences during the first quarter of 2024

Courts	No. of report cases in Q1
Durban	23
Emlazi	33
Empangeni	11
Madadeni	21
Ntuzuma	35
Pietermaritzburg	65
Pinetown	27
Scottburgh	7
TOTAL	**222**

Despite these figures, the DOJ&CD's response did not include information on case backlogs and average processing times. This missing information regarding process inefficiencies made it difficult to assess whether these cases were resolved without undue delays. Given the volume of cases in high-demand courts like Pietermaritzburg and Ntuzuma, the absence of backlog data raises concerns about processing efficiency. By not addressing backlog statistics, the DOJ&CD response suggests that KwaZulu-Natal experiences no significant delays, which does not align with the known challenges in the province.

The DOJ&CD's infrastructure and resource provisions for Sexual Offences Courts in KwaZulu-Natal demonstrate some commitment to meeting the needs of GBV victims and/or survivors.

The DOJ&CD has further indicated a commitment to ongoing training for personnel, such as intermediaries and court clerks, with annual debriefing sessions and updates on legislative changes. This training reflects a basic understanding of the need for trauma-informed practices in Sexual Offences Courts.

Regarding specialised personnel, the DOJ&CD submitted the following data:

Table 4: Intermediary allocation – sexual offences courts

Court	Intermediary allocation
Pietermaritzburg	2
Umlazi	2
Scottburgh	1
Madadeni	1
Durban	2
Pinetown	2
Empangeni	1
Ntuzuma	1
TOTAL	**12**

Additionally, DOJ&CD reported the presence of 33 intermediaries in KwaZulu-Natal courts, with 14 ad hoc intermediaries for additional support. The intermediary staffing appears insufficient to effectively support the eight dedicated sexual offences courts and 64 regional courts handling sexual offences in the province. The DOJ&CD's lack of transparency regarding caseload distribution allocation per intermediary, intermediary allocation to regional courts, and survivor access to support services prevents a thorough evaluation of its victim support efforts. This gap raises concerns about the department's ability to provide timely and trauma-informed assistance to victims and/or survivors, potentially compromising the quality of support in GBV cases. Enhanced data collection and resource allocation are urgently needed to address these concerns and improve service delivery across KwaZulu-Natal's sexual offences and regional courts.

7.2 Victim support services and Thuthuzela Care Centres (TCCs)

The DOJ&CD outlined its support for TCCs through participation in quarterly meetings with stakeholders, where they discuss the operations and statistics on sexual offences and GBV cases. However, DOJ&CD largely assigns the management responsibility for TCCs and victim support services to the NPA and SAPS, rather than detailing DOJ&CD's direct contributions.

7.3 Legislation and policy implementation

The DOJ&CD's referred to its role in amending legislation, including the following:

- Criminal Law (Sexual Offences) Amendment Act No. 13 of 2022
- Domestic Violence Amendment Act No. 14 of 2022
- Criminal and Related Matters Amendment Act No. 12 of 2022.

The department indicated that it regularly monitors and evaluates these legislative changes through quarterly provincial and national meetings to ensure compliance. However, DOJ&CD did not provide specific reports or evaluations on the effectiveness of these amended laws in reducing GBV, even upon request. The lack of specific reports focused on the amended laws limits transparency and hinders assessment of whether the legislation has led to substantive improvements in GBV response.

The DOJ&CD's approach to aligning its GBV policies and practices with international standards appears limited and reliant on its national office for oversight. The response lacks specifics on how compliance with standards from bodies such as the United Nations is actively managed or evaluated. Relying solely on the national office for these alignments, without further elaboration on its methodology or specific compliance checks, raises concerns about the DOJ&CD's consistent adherence to international benchmarks across provinces.

Additionally, the response provides no information on any audits or evaluations that have been conducted to assess compliance with these international standards, even though these evaluations are crucial for ensuring that DOJ&CD's practices meet global best practices for GBV response. This lack of documented audits or evaluations limits transparency and does not allow for a robust assessment of how well DOJ&CD's initiatives align with established standards, potentially leaving gaps in policy implementation and service quality.

The DOJ&CD indicates that it has implemented sexual offences courts and regulations under Section 55A of the Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007 and that the amendment of Section 60 of the Criminal Procedure Act 51 of 1977 by the Criminal and Related Matters Amendment Act No. 12 of 2021 imposes stricter bail conditions for alleged GBV offenders.

These legislative amendments are vital steps toward improving survivors' access to justice by ensuring that sexual offence cases are handled in specialised settings and that survivor safety is considered in bail hearings. However, the response does not provide data on the effectiveness of these measures, such as case processing times, the impact of stricter bail conditions, or the number of survivors who access these specialised services. This omission makes it difficult to assess whether the changes have genuinely improved equitable access to justice for GBV survivors, particularly for vulnerable and marginalised groups.

The DOJ&CD highlights measures to address barriers, including geographic and linguistic challenges, through courthouses in all KwaZulu-Natal districts, interpreters, and witness fees. The presence of courts across all districts aims to reduce the travel burden on complainants, which is crucial for accessibility, especially in rural areas. Additionally, DOJ&CD submits it has stationed interpreters and sign language interpreters in each court and provides intermediaries to assist vulnerable witnesses, sourcing additional resources from other provinces if necessary.

While these measures are commendable, there is no data or analysis on whether they adequately meet the demand or on how effectively they serve diverse linguistic needs across the province. Furthermore, the lack of information on the geographical distribution of these services, as well as statistics on interpreter availability and usage, raises questions about the DOJ&CD's capacity to serve marginalised communities consistently. Geographic and financial barriers remain a significant concern, especially for rural and economically disadvantaged survivors who may face logistical and financial difficulties when accessing justice.

The DOJ&CD's indicated efforts to raise public awareness about GBV laws and justice services include ongoing community awareness campaigns, radio interviews, and the distribution of information materials in various districts, including rural and remote areas. This outreach is crucial in educating the public about their rights and the justice system's role in protecting survivors, and radio interviews offer a broad platform to reach people across KwaZulu-Natal, including those in isolated locations.

However, the responses do not provide metrics to gauge the impact or reach of these initiatives. Without data on the frequency of campaigns, the number of people reached, or community feedback, it is difficult to assess the effectiveness of these public awareness efforts. Moreover, while DOJ&CD states that all courts are involved in public awareness, it does not clarify whether specific campaigns are tailored to

address the unique needs of rural and remote communities, nor does it provide insights into how these materials are adapted for populations with varying literacy levels or primary languages.

7.4 Monitoring and evaluation

The DOJ&CD's reported monitoring mechanisms to track progress in implementing Pillar 3 of the NSP-GBVF include quarterly meetings with relevant stakeholders to monitor the implementation of amendment acts and the issuance of vetting applications in terms of the National Register on Sex Offenders (NRSO). These mechanisms are essential for ensuring that the DOJ&CD adheres to legal frameworks and monitors the progress of GBV-related initiatives. Quarterly meetings with stakeholders offer an opportunity for ongoing dialogue and provide a platform for identifying challenges and developing solutions. The vetting process also plays a crucial role in monitoring sex offenders, which directly contributes to the safety and protection of individuals in the context of GBV.

However, the response does not provide specific details on how these mechanisms impact the broader goals of Pillar 3. While the DOJ&CD holds regular meetings, the DOJ&CD does not indicate how effective these discussions are in driving concrete changes or improvements in the implementation of GBV-related policies. Additionally, there is no mention of how data from these meetings and the vetting process are analysed or used to adapt strategies in real time. It is also unclear how the feedback gathered during these meetings influences policy or leads to tangible outcomes, such as improvements in service delivery or legislative changes.

The DOJ&CD further emphasised the role of intersectoral meetings in addressing challenges and finding solutions. These meetings are meant to facilitate collaboration across different sectors and improve the overall response to GBV. This approach is vital as it involves multiple stakeholders, potentially leading to more holistic solutions.

However, the effectiveness of these intersectoral meetings remains unclear without detailed information on the specific outcomes or actions taken following these discussions. The response does not clarify how challenges raised in these meetings are tracked over time or how follow-up actions are implemented. Without these details, it is difficult to assess whether the meetings result in substantial improvements in service provision or whether they merely serve as a platform for discussion without direct action.

Regarding the evaluation of outcomes, the DOJ&CD mentions that the national office conducts evaluations but does not provide specific examples of past evaluations or their findings. The section also requests copies of evaluation reports and key recommendations, which suggests a lack of transparency in sharing these findings.

The absence of available evaluation reports makes it challenging to assess the impact of the DOJ&CD's GBV-related initiatives or to understand how the department responds to the findings of its evaluations. Furthermore, there is no indication of how evaluation results are used to modify or improve programmes. Without concrete data or examples of improvements based on evaluations, it is difficult to gauge the effectiveness of the department's evaluation processes.

In terms of interdepartmental collaboration, the DOJ&CD submitted that it is part of quarterly provincial and national GBV committees that monitor and evaluate GBV initiatives across various levels of government. These committees are an essential aspect of collaboration, as they allow for information exchange and strategies between departments.

However, the response does not provide any specific examples of joint reports or assessments conducted with other departments, which may indicate a missed opportunity for a more integrated approach to addressing GBV. The absence of these collaborative assessments may limit the ability to develop unified solutions or measure the overall impact of GBV interventions across departments.

7.5 Resource allocation and budgeting

The DOJ&CD allocates a specific portion of its budget to GBV-related initiatives, including funding for the procurement of new sexual offences systems for the courts and for outreach events. These allocations demonstrate the department's commitment to improving the judicial response to GBV by enhancing the court's technological capacity and engaging in public awareness campaigns. However, the approval process for using the budget for outreach events, which lies with the director-general (DG), can create delays. While the intention to allocate resources for outreach is commendable, the delay in approval may hinder the timely execution of these events, potentially affecting the overall impact of these initiatives.

The response does not provide specific details on how the funds are distributed among various programmes or the criteria used for this allocation. This lack of clarity makes it difficult to understand how the department prioritises its resources or whether certain

programmes are more adequately funded than others. Additional information on the allocation process would offer insights into how the DOJ&CD ensures that funds are used efficiently and aligned with its strategic priorities.

The DOJ&CD has identified significant resource gaps that hinder its ability to fully implement Pillar 3 of the NSP-GBVF. One of the primary challenges is budget constraints related to upgrading courts to comply with the regulations for sexual offences courts and ensuring privacy for survivors of domestic violence seeking protection orders. These infrastructure-related gaps are particularly concerning, as they impact the department's ability to create safe and supportive spaces for survivors within the court system.

Additionally, the lack of sufficient space in courts to accommodate necessary upgrades poses a further challenge. This lack of space suggests that there is an ongoing struggle to meet the physical and spatial needs required to properly support survivors of GBV. While the use of park homes has been considered a solution, using such temporary structures may not address the underlying issue of inadequate infrastructure, and the department may need to explore more permanent solutions to ensure that courts can meet the privacy and safety needs of survivors.

In terms of financial accountability, the DOJ&CD indicates that funds allocated to GBV initiatives are monitored through reports from the finance department to the chief financial officer (CFO). However, the response does not provide specific information on how often these financial reports are produced or whether they are subject to further oversight or review by external auditors. A clearer description of the financial oversight mechanisms in place would provide greater confidence in the department's ability to manage its resources effectively.

The CGE also requested information on any audits or financial reviews conducted in the past three financial years, but the DOJ&CD provided no specific details. Without this information, it is difficult to fully gauge the department's financial accountability and its commitment to maintaining transparency in its budgeting processes in KwaZulu-Natal province.

7.6 Safety of victims and/or survivors

Ensuring the safety of victims and survivors accessing courts is a crucial aspect of the DOJ&CD's responsibility to uphold justice and protect those who seek legal redress for GBV. The DOJ&CD has indicated that it has established security measures at all courts

to protect victims and survivors of GBV. Courts are equipped with security personnel who conduct searches of individuals entering the premises, ensuring that no weapons or dangerous items are brought into the courtrooms. Additionally, the courts are designated as gun-free zones.

The DOJ&CD responded that the contact details of court managers are displayed in all courts as part of the procedure to address incidences of violence or threats against victims or survivors that occur at the courts. No information was advanced regarding the training of staff, including the court manager, to respond to such incidents. Training is a crucial aspect of ensuring that court staff can effectively manage potentially dangerous situations. Without information on the specific training in place, it is difficult to assess the department's readiness to handle incidents of violence or threats at the courts after the victim and/or survivor has contacted the court manager.

The DOJ&CD submitted that it utilises security personnel from security companies at the courts, who monitor access to the building and prevent unauthorised individuals from entering the premises. In addition, a security manager based at the provincial office oversees the management of security issues, including breaches that may occur at the courts.

7.7 Accountability and oversight

The DOJ&CD's internal oversight mechanisms to ensure compliance with GBV-related laws and policies comprise internal auditors who evaluate the performance information and assess compliance with relevant prescripts. No data was submitted by the DOJ&CD on the frequency and key findings of the oversight activities conducted despite the request of the CGE.

To maintain accountability to external bodies, the DOJ&CD indicated that it includes non-governmental organisations (NGOs) and Chapter 9 institutions as part of its intersectoral committees. The DOJ&CD has not provided specific details about any external reviews or audits of its GBV-related activities in the response, despite the CGE having requested the reviews and audits.

The DOJ&CD indicated that it had established mechanisms for GBV survivors and the public to lodge complaints or provide feedback on its services, including displaying contact details in all courts for the provincial head, director legal, and director court operations.

The DOJ&CD indicated that when complaints are received, they are sent to the courts for a response. Courts are given a deadline by which to comply and address the issue. In cases where the complaint involves other stakeholders, such as the judiciary, the complaint is forwarded to the relevant party for resolution. This process ensures that complaints are handled systematically and that accountability is maintained at various levels of the DOJ&CD's operations.

7.8 CGE hearings

The DOJ&CD was subsequently subpoenaed to appear before the CGE on 20 November 2024 in terms of Section 12(4)(b) of the CGE for Gender Equality Act. After considering and analysing the information submitted prior to the hearing as narrated above, as well as submissions made by DOJ&CD's head of department under oath at the hearing, the CGE deemed it necessary to request further particulars and made several preliminary recommendations, which included the following:

1. An evaluation report on the impact and effectiveness of alternative court systems, such as Microsoft Teams, in addressing technological and network challenges, particularly in rural areas
2. Disaggregated data on case backlogs categorised in percentages, average processing times, as well as any other relevant information on caseload distribution across courts to assess delays and identify resource gaps
3. Data on victim and/or survivor access to support services, including intermediary allocation and utilisation, to assess coverage
4. Comprehensive breakdown of how budgets (e.g., R1,75 million for sexual offences court systems) are distributed and utilised
5. Clarity on whether identified needs (e.g., SOS machines) are fully met and timelines for implementation
6. Detailed feedback on the functionality of 'reasonable accommodation coordinators' and the adequacy of the support items provided in addressing the needs of persons with disabilities
7. Disaggregated data on the number of officials trained within the DOJ&CD dealing with GBVF, with their dedicated locations/offices stationed
8. Evaluation reports on the impact of training conducted (e.g., for court managers and intermediaries) on service delivery and victim experience

9. Detailed information on the recruitment of intermediaries and additional detailed data regarding the allocation of the existing intermediaries to courts within the province

10. Details about the last ICT upgrade

11. Infrastructure compliance reports for all the sexual offences courts in KwaZulu-Natal, particularly in terms of meeting disability access and victim support standards.

In addition, the CGE made the following preliminary recommendations at the end of the hearing:

1. The DOJ&CD shares its findings from internal and external evaluations of GBV-related initiatives, including financial audits and programme impact assessments.

2. The DOJ&CD normalises feedback mechanisms from site visits and meetings to ensure that challenges raised are systematically addressed and resolved.

3. The DOJ&CD, in collaboration with SAPS and NPA, prioritises data integrity and management to ensure accurate and reliable data collection and sharing among all role players.

4. The DOJ&CD prioritises finalising the complaints received regarding handling maintenance cases and implements consequence management regarding non-compliance with maintenance orders.

7.9 Analysis of the information submitted Post Hearings)

The DOJ&CD responded to the CGE's request regarding the particulars sought as well as preliminary recommendations. The response was as follows:

7.9.1 Evaluation report on the impact and effectiveness of the alternative court systems

The following data was provided:

Name of District	List of all courts where there are virtual platforms available
ETHEKWINI - SOUTH, WEST & CENTRAL	Durban MC Pinetown MC Emlazi MC Umbumbulu MC Chatworth MC

Name of District	List of all courts where there are virtual platforms available
ETHEKWINI NORTH	Verulam MC Ntuzuma MC
UTHUKELA	Bergville MC Estcourt MC Ezakheni MC Ladysmith MC Colenso MC Ekuvukeni MC Dukuza MC Weenen MC
UGU	Port Shepstone MC Scottsburgh Ezingolweni MC Harding MC Vulamehlo MC Umzumbe MC Phungashe MC
AMAJUBA	Madadeni MC Newcastle MC Emadlangeni Danhauser MC
HARRY GWALA	Himeville MC Hlanganani MC Ixopo MC uMzimkhulu MC Kolstad MC
UMKHANYAKUDE	Ubombo MC Ingwavuma MC Mtubatuba MC Msane MC Hlabisa MC Manguzi MC

Name of District	List of all courts where there are virtual platforms available
KING CETSHWAYO	Empangeni MC Melmoth MC Nkandla MC Ngwelezane MC Eshowe MC Inkanyezi MC Ongoye MC Mtunzini MC Richards Bay MC
UMZINYATHI	Dundee MC Glencoe MC Greytown MC Kranskop MC Msinga MC Nquthu MC
ILEMBE	KwaDukuza MC Ndwedwe MC Maphumulo

Courthouse	No. of virtual cases done
Port Shepstone	9
Izingolweni	1
Ixopo	2
PMB	40
Umlazi	2
Amanzimtoti	1
Umbumbulu	1
Scottburgh	4
MC Madadeni	4
MC Newcastle	6
MC Inkandla	1
MC Ingwavuma	25
MC Nqutu	1
MC Dundee	1
MC Pongola	3
MC Ulundi Regional Court	4
MC Vryheid	3
MC Durban	117
BC Point	33
Amanzimtoti	1
MC Maphumulo	1
MC Pinetown	12
MC Ngwelezane	1
MC Richards Bay	1
MC Mtubatuba	1
MC Kwadukuza	1
TOTAL	**276**

The department submitted that 71 functional virtual courts across KwaZulu-Natal aim to facilitate remote testimony and minimise secondary victimisation. The DOJ&CD further indicated that virtual courts are crucial in preventing unnecessary remands and ensuring the expeditious finalisation of cases. The department provided a list of courts where virtual platforms are available, including Durban, Pinetown, Newcastle, Pietermaritzburg, Ulundi, and Vryheid. However, usage varied significantly across locations, with Durban handling 117 virtual cases, while courts like Izingolweni, Ixopo, Inkandla, and Maphumulo recorded only one or two cases each. While the virtual courts' efforts are commendable, the response did not provide details on network infrastructure challenges in rural areas (considering that KwaZulu-Natal is mostly rural in terms of population demographics) as requested, nor details on interventions to improve the accessibility of virtual court systems for victims in remote regions.

7.9.2 Disaggregated data on case backlogs

The DOJ&CD submitted backlog statistics for sexual offences as of 31 December 2024 presented in the table below.

Table 5: Court backlog

Office	District court outstanding roll	District court backlog	District court backlog %	Regional court outstanding roll	Regional court backlog	Regional court backlog %
Durban	141	10	7%	127	53	42%
Empangeni	270	18	7%	530	298	56%
Northern KwaZulu-Natal	179	5	3%	360	187	52%
Pietermaritzburg	229	25	11%	229	85	37%
Ntuzuma	119	53	45%	100	74	74%
Southern KwaZulu-Natal	114	7	6%	431	236	55%
Durban HC	-	-	-	1	1	100%
PMB HC	-	-	-	6	0	0%
KwaZulu-Natal	1,052	118	11%	1,784	934	52%

These statistics revealed high backlogs in certain courts, notably Ntuzuma (74%) and Empangeni (56%). Pillar 3 of the NSP-GBVF mandates clearing backlog cases as a key activity led by SAPS supported by various entities, including the DOJ&CD. The response did not incorporate comparative data on backlog trends over multiple years, making it difficult to assess whether the strategies implemented by DOJ&CD have improved case finalisation rates. Moreover, no targeted intervention strategy was outlined to address delays in courts experiencing extreme backlogs, and DOJ&CD did not specify whether additional personnel or resources had been allocated to these high-demand courts to expedite cases.

7.9.3 Victim and/or survivor access to support services

The DOJ&CD provided a detailed list of intermediary allocations per district as follows:

DOJ&CD – intermediary list 2024/25		
District	**Court**	**Intermediary details**
Ethekwini Central	Durban	Ms TR Mkhize
	Durban	Ms L Yika
Ethekwini West	Pinetown	Ms SP Blose
	Pinetown	Ms LBA Dlamini
Mgungundlovu	Pmburg	Ms ZR Keswa
	Pmburg	Ms NT Mzimela
	Camperdown	Ms L Gasa
Ethekwini South	Umlazi and Umbumbulu	Ms NB Khumalo
	Umlazi and Chatsworth	Ms Z Zulu
Ilembe	KwaDukuza	Ms SM Maphumulo
	Maphumulo	Ms M Zondi
Ugu	P/Shepstone	Ms NN Ndabankulu
	Scottburgh	Ms K J Mthembu
	Izingolweni	Ms N Madlala
Uthukela	Ladysmith and Ezakheni	Ms MA Bhengu
	Estcourt	Ms D Khuzwayo
Ethekwini North	Verulam	Ms LPP Ntuli
	Ntuzuma	Ms ZO Mthembu
	Ntuzuma	Ms S Buthelezi
Amajuba	Madadeni and Newcastle	Ms N Hlongwa
Umkhanyakude	Ingwavuma	Ms N Shinga
	Mtubatuba and Pongola	Ms S Bhulose
King cetshwayo	Inkanyezi and Nkandla	Ms ANN Gama
	Esikhawini and Richard's Bay	Ms NB Mkhwanazi
	Empangeni	Ms JS Ngcobo
Umzimyathi	Nquthu and Dundee	M Ntombela
	Greytown	Ms PT Khumalo
Zululand	Vryheid and Pongola	Ms R Gumede
	Pongola	Ms GC Cele – seconded family advocate for two years
	Ulundi and Nongoma	Ms Z Qoma
Harry Gwala	Kokstad	Ms T Ndaleni – seconded family advocate for two years
	Ixopo and Kokstad	Ms NP Ngcobo
	uMzimkhulu and Kokstad	Ms PPS Mpisi

While there is a presence of intermediaries across most major districts, some concerns remain. Some high-case volume areas, such as Durban, Umlazi, and Ntuzuma, have only two intermediaries each, raising concerns about caseload burden and service delays. While intermediaries are assigned to various locations, it is unclear whether victims in remote areas have consistent access, especially where a single intermediary serves multiple courts that are sometimes a considerable distance apart (e.g., Ulundi and Nongoma). Some intermediaries are noted as seconded family advocates, suggesting potential permanent staffing gaps. Furthermore, no information was offered on intermediary case allocation to assess utilisation.

7.9.4 Breakdown of budgets

The DOJ&CD submitted that the following ten courts were identified as in dire need of the new SOS system due to their current systems being outdated:

- Newcastle Magistrate's Court
- Pinetown RC4 Magistrate's Court
- Ntuzuma RC3 Magistrate's Court
- Pietermaritzburg RC7 Magistrate's Court
- Vryheid Magistrate's Court
- Pongola Magistrate's Court
- Ulundi Magistrate's Court
- Ixopo Magistrate's Court
- Richards Bay Magistrate's Court
- Durban Magistrate's Court.

The proactive identification of ten courts for SOS upgrades and progress in the tender process is a positive step. The yearly modernisation of SOS systems demonstrates a commitment to technological improvements.

7.9.5. Whether identified needs are fully met and there are timelines for implementation

The DOJ&CD indicated that the province monitors 50 SOS machines and ensures ongoing functionality. Additionally, the DOJ&CD has reported that its provincial office embarked on a programme to refresh and modernise equipment yearly. In the 2023/24 fiscal year, five new SOS machines were installed at the following courts:

- Umzimkhulu Magistrate's Court
- Scottburgh Magistrate's Court
- Emlazi Magistrate's Court
- Esikhawini Magistrate's Court
- Ezakheni Magistrate's Court.

The ten SOS machines were procured in the current financial year. The ICT service provider logs calls to ensure that repairs are carried out speedily during a breakdown. Should a breakdown occur, the province has implemented an alternate solution wherein MS Teams is used to take the evidence of the witness. The use of MS Teams as an alternative for system failures is commendable as it demonstrates the DOJ&CD's willingness to adapt to growing technological solutions. The DOJ&CD is encouraged to strategise to address technological, network, and any other challenges in areas where MS Teams remains underutilised.

7.9.6 Functionality of 'reasonable accommodation coordinators' and the adequacy of the support items provided in addressing the needs of persons with disabilities

The DOJ&CD submitted the following table on KwaZulu-Natal courts regarding compliance with reasonable accommodation for persons with disabilities:

Table 6: Courts compliant with reasonable accommodation

District name	Court name	Disability access type		Disable ablutions	Dog bowls, mats, and coordinators
		Ramp	Lift		√
uGu District	Port Shepstone	√	√	√	√
	Scottburgh	√	√	√	√
	Izingolweni	√		√	√
Amajuba	Newcastle	√	√	√	√
	Madadeni	√	√	√	√
iLembe	KwaDukuza		√	√	√
	Maphumulo	√		√	√
uMzinyathi	Dundee	√		√	√
	Greytown	√		√	√
	Nqutu	√		√	√
uMkhanyakude	Ingwavuma	√		√	√
	Mtubatuba	√		√	√
King Cetshwayo	Empangeni	√		√	√
	Ngwelezane	√		√	√
	Nkandla	√		√	√
	Esikhawini	√		√	√
	Richards Bay	√		√	√
	Eshowe	√		√	√
	Inkanyezi	√		√	√
uThukela	Ladysmith	√	√	√	√
	Estcourt	√		√	√
	Ezakheni	√		√	√
Zululand	Vryheid	√		√	√
	Pongola	√		√	√
	Ulundi	√		√	√
	Nongoma	√		√	√
Harry Gwala	Ixopo	√		√	√
	uMzimkhulu	√		√	√
	Kokstad	√		√	√
uMgungundlovu	PMB MC	√	√	√	√
	Camperdown	√		√	√

District name	Court name	Disability access type		Disable ablutions	Dog bowls, mats, and coordinators
		Ramp	Lift		√
eThekwini South	Umlazi	√		√	√
	UMbumbulu	√		√	√
	Chatsworth	√	√	√	√
eThekwini North	Verulam	√	√	√	√
	Ntuzuma	√	√	√	√
eThekwini Central	Durban MC	√	√	√	√
eThekwini West	Pinetown	√	√	√	√

The DOJ&CD reported that 38 courts fully comply with reasonable accommodation requirements and that 95% of all courts in KwaZulu-Natal are disability-friendly, offering ramps, accessible toilets, and guide dog facilities. The department also confirmed that reasonable accommodation coordinators are in place and that officials have been trained to assist persons with disabilities. Additionally, DOJ&CD stated that no public complaints have been received regarding accessibility concerns. The DOJ&CD's commitment to ensuring disability-inclusive justice is commendable, particularly the high percentage (95%) of accessible courts. The presence of reasonable accommodation coordinators reflects a proactive approach to ensuring court users with disabilities receive the necessary assistance. The inclusion of guide dog friendly facilities demonstrates awareness of diverse accessibility needs beyond just wheelchair access.

7.9.7 Number of officials trained on GBVF

The DOJ&CD reported that all 77 courthouses in KwaZulu-Natal handle GBV cases and that each court has a trained domestic violence court clerk. Over the past two financial years (2023/24 and 2024/25), 108 officials have been trained on domestic violence, with training sessions ongoing. Additionally, DOJ&CD stated that ad hoc on-the-job training occurs during quality assurance visits, ensuring continuous skills development. The submission that every court in KwaZulu-Natal has a trained domestic violence court clerk indicates that DOJ&CD is making an effort to strengthen survivor-centred justice. The continuous nature of training programmes ensures that officials remain updated on GBV-related legislative and policy changes. The reported integration of on-the-job training during quality assurance visits suggests that DOJ&CD is working toward improving service delivery in real time.

7.9.8 Evaluation reports on the impact of conducted training

The DOJ&CD reported that a service delivery improvement plan (SDIP) report is compiled quarterly and includes a section on the department's complaints management performance. This report monitors service delivery and training outcomes. The DOJ&CD attached service delivery improvement plan quarterly reports from April to December 2024 as evidence of its evaluation processes. The DOJ&CD's service delivery improvement plan quarterly reports reveal troubling inconsistencies in how protection orders are processed and served across various districts, with eThekwini Metro courts frequently failing to submit orders to SAPS or the Sheriff within 24 hours as required by the service standard. Instead, in many cases, the protection orders were handed directly to applicants, placing the burden of service on survivors rather than ensuring that the responsible authorities executed this crucial step. This practice directly contravenes Section 5(3) of the Domestic Violence Act (DVA), which mandates that the court clerk, sheriff, or designated peace officer must serve the interim protection order on the respondent in the prescribed manner. The failure to adhere to this statutory requirement jeopardises the effectiveness of the protection order and exposes victims to significant risks, including retaliation and further violence. Furthermore, this indicates that the impact of the reported domestic violence training is not evident from the report provided when it comes to eThekwini Metro.

The improper service of protection orders creates serious legal and practical consequences, particularly when law enforcement is unaware of the existence of an order due to the court's failure to submit the order within the required timeframe. Without formal service, SAPS cannot enforce the order, and if a respondent claims they were never served, this lack of enforcement creates a legal loophole that may result in the order being rendered ineffective and the matter not being enrolled in court, leaving the victim and/or survivor vulnerable despite taking steps to seek protection. The Domestic Violence Act was designed to provide swift and decisive protection for survivors of domestic violence, and the DOJ&CD's failure to ensure timely service undermines the Domestic Violence Act's intended purpose. Instead of acting as an immediate safeguard, improperly served protection orders leave survivors vulnerable, forcing them to navigate a system that should protect them.

The service delivery improvement plan reports further highlight systemic challenges, including the lack of clear corrective measures to address the repeated failure to meet service timeframes. While eThekwini Metro's delays in processing protection orders are explicitly recorded in the quarterly reports, there is no indication of efforts to improve compliance or implement corrective actions such as training, supervision,

or additional staffing. Other recurring challenges, such as faulty court recording machines, also raise concerns about the efficiency of court operations. The frequent breakdown of recording equipment, which was noted in the service delivery improvement plan report, compromises the accuracy of case documentation, which in turn affects appeals, legal reviews, and case continuity, particularly in sensitive GBV matters. Despite flagging these ongoing issues in multiple reports, there is no evidence that DOJ&CD has developed a structured intervention to address the documentation issues.

The failure to ensure proper service of protection orders represents a serious breach of DOJ&CD's statutory duty and urgent action is required to rectify this. The department must strictly enforce compliance with Section 5(3) of the Domestic Violence Act, ensuring that all court clerks, sheriffs, and peace officers fulfil their obligation to serve protection orders in accordance with the law. In eThekwini Metro, where violations of this requirement appear to be widespread, a corrective action plan must be implemented immediately, with ongoing monitoring and consequences for continued non-compliance. Proper training must be provided to court personnel to ensure they understand the importance of adhering to legal service requirements, particularly in domestic violence matters where delays can have life-threatening consequences. The DOJ&CD must also develop a tracking and verification system to ensure that protection orders are issued, properly served, and acknowledged by SAPS or the Sheriff within the mandated timeframe.

Additionally, DOJ&CD must address the infrastructure failures that hinder service delivery, particularly the recurring issue of faulty court recording machines. The lack of functional recording equipment compromises court proceedings and weakens the legal process, particularly in GBV cases where accurate records are essential for appeals and judicial oversight. The department must allocate dedicated resources to upgrade or replace outdated equipment, ensuring that all courts are adequately equipped to handle GBV matters efficiently.

The DOJ&CD's failure to ensure proper service of protection orders fundamentally weakens the justice system's response to domestic violence. By placing the burden of service on victims rather than the appropriate authorities, courts are violating the law and endangering the very individuals they are meant to protect. Without urgent intervention, the continued lack of enforcement, accountability, and infrastructure improvements will perpetuate delays, erode victim and/or survivor confidence in the legal system, and ultimately hinder access to justice for those needing protection.

7.9.9 Recruitment of intermediaries

While DOJ&CD has indicated no vacancies for intermediaries, the response does not address whether the current number of permanent and ad hoc intermediaries is sufficient to meet the growing demand for services in high-volume courts. The department's reliance on 14 ad hoc intermediaries suggests some flexibility in responding to fluctuating caseloads, but it remains unclear how these intermediaries are deployed and whether they are readily available in courts experiencing service delays.

The DOJ&CD also does not offer information on the process for requesting an ad hoc intermediary, raising concerns about potential delays in service delivery. It is unclear whether these intermediaries are stationed in specific locations or are required to travel between different courts, which could lead to gaps in accessibility and delays in court proceedings. The response also fails to clarify whether ad hoc intermediaries receive the same specialised training as permanent staff or have linguistic and cultural competencies to assist all survivors effectively, including those from marginalised communities.

Additionally, the lack of vacancies raises questions about succession planning and DOJ&CD's long-term strategy for ensuring that there are always enough intermediaries to meet victim and/or survivor needs. There is no indication of whether DOJ&CD has conducted a workforce assessment to project future needs, nor is there information on whether existing intermediaries are at risk of being overburdened due to increasing caseloads.

7.9.10 ICT upgrades

The DOJ&CD reported that significant ICT upgrades have taken place in KwaZulu-Natal courts over the past two financial years. The department indicated that 232 laptops were distributed during the 2023/24 financial year, followed by 312 additional laptops and 521 new desktops procured in 2024/25. Network upgrades were implemented in 54 out of 76 courts, although some courts continue to experience connectivity challenges, indicating that further refinement is needed. Additionally, conference speakers, TV screens, and HDMI cables were procured for each court as an alternative solution to improve virtual court functionality and evidence presentation.

While these upgrades demonstrate DOJ&CD's commitment to modernising its technological infrastructure, persistent challenges remain unaddressed. The network

connection issues in some courts raise concerns about how effectively virtual court hearings can be conducted, particularly in rural areas where limited internet access may hinder participation. The response does not specify which courts are still experiencing these challenges or whether additional measures, such as backup connectivity solutions or IT support interventions, are being implemented to resolve them.

Furthermore, the DOJ&CD does not provide any information on software upgrades, including whether crucial systems like the Integrated Case Docket Management System have been updated to improve efficiency in GBV case tracking.

7.10 CGE findings

In light of the above, the CGE makes the following findings regarding the information relating to the DOJ&CD:

1. The DOJ&CD did not provide details on network infrastructure challenges in rural areas.
2. The DOJ&CD did not offer comparative data on backlog trends over multiple years or information on strategies formulated to expedite cases at high-demand courts, making it difficult to assess whether the strategies implemented by DOJ&CD have improved case finalisation rates.
3. The DOJ&CD did not offer information on intermediary case allocation to assess use.
4. The appointment of reasonable accommodation coordinators by the DOJ&CD reflects a proactive approach to ensuring court users with disabilities receive the necessary assistance, and the inclusion of guide dog-friendly facilities demonstrates awareness of diverse accessibility needs beyond just wheelchair access.
5. The DOJ&CD's commitment to ensuring disability-inclusive justice is commendable, particularly the high percentage of accessible courts (95%).
6. The DOJ&CD is also applauded for its multidisciplinary and inclusive efforts in collaborating with other entities and stakeholders to strengthen the criminal justice system.

7. Protection orders are processed and served inconsistently across different districts in KwaZulu-Natal, with eThekwini Metro courts frequently failing to submit orders to SAPS or the sheriff within 24 hours as required by the service standard. Furthermore, this indicates that the impact of the reported domestic violence training is not evident from the response provided by DOJ&CD when it comes to eThekwini Metro. There is no evidence that DOJ&CD has developed a structured intervention to address them.

7.11 CGE recommendations

Therefore, the CGE recommends the DOJ&CD in KwaZulu-Natal:

1. Conduct a province-wide network infrastructure audit in rural courts to identify specific connectivity gaps affecting virtual court operations and case management systems. A detailed action plan should be developed to ensure uninterrupted digital services in all courts.

2. Develop a clear strategy for expediting cases in high-demand courts, including dedicated backlog reduction teams and prioritising long-pending GBV cases. The strategy should include establishing a tracking mechanism that monitors case finalisation rates, identifying which interventions have been successful and where adjustments are needed.

3. Provide information to the CGE on intermediary case allocation to enable the CGE to assess service utilisation.

4. Expand training programmes for reasonable accommodation coordinators, ensuring they have the specialised skills to assist court users with various disabilities, including sensory impairments.

5. Implement a province-wide directive reinforcing the mandatory 24-hour submission requirement for protection orders to SAPS or the sheriff, ensuring strict compliance with the Domestic Violence Act. To enforce this, regular compliance audits must be conducted in courts where delays in protection order submissions are reported, with corrective action taken against persistent non-compliance. Additionally, domestic violence training for court officials must be enhanced to ensure that best practices in handling protection orders are consistently applied, with a specific focus on eThekwini Metro courts, where violations of service standards are frequently observed.

6. Leverage existing provincial structures and forums to address service delivery inconsistencies, as well as track, evaluate, and correct inconsistencies in court service delivery across districts, ensuring uniform compliance with NSP-GBVF Pillar 3 objectives.

8 NATIONAL PROSECUTING AUTHORITY (NPA)

On 5 September 2024, the CGE dispatched a questionnaire to the NPA in KwaZulu-Natal requesting information and documents to assess the NPA's commitment to its obligations regarding the implementation of Pillar 3 of the NSP-GBVF in KwaZulu-Natal.

8.1 Prosecution of GBV cases

The NSP-GBVF builds onto, consolidates, and expands on the key interventions listed within the Gender-Based Violence and Femicide Emergency Response Action Plan (GBVF ERAP). Amongst these are the infusion of adequate resources (human and capital) in sexual offences courts, TCCs, and the Family Violence, Child Protection and Sexual Offences (FCS) units, and Khuseleka One-Stop Centres (Khuseleka OSCs) for effective response and prioritising GBVF cases to clear the backlog.

The NPA was requested to report on whether it has a unit that deals specifically with sexual offences and GBV-related matters. The NPA was also requested to provide a response on the performance of the specialised unit, specifically including the conviction rate, withdrawal rate, and the backlog cases.

In response to the above, the NPA submitted that the Sexual Offences and Community Affairs (SOCA) unit is specifically dedicated to dealing with sexual offences and GBV-related matters in the province. Regarding the performance of the SOCA unit, the NPA submitted the following:

8.1.1 Sexual Offences and Community Affairs (SOCA) unit statistical data

8.1.1.1 SOCA Unit Performance From 1 April 2021 - 31 March 2022

1 April 2021 - 31 March 2022

The NPA achieved an average conviction of 71.7% against an annual target of 70% for sexual offences. Although they managed to meet their annual target for the financial year, the CGE notes with concern that out of 401 cases heard during the financial year, 158 (29.70%) resulted in a not-guilty verdict.

The CGE further notes with concern that the Durban High Court finalised only one case during the reporting financial year. Therefore, it is imperative that the NPA investigates

the underlying reasons for the underperformance of certain courts, as well as the factors contributing to not-guilty verdicts, to identify and address any systemic gaps. As of the end of the reporting period, the outstanding roll and backlog of sexual offences cases amounted to 2,241 matters on the outstanding roll and 513 backlog cases.

1 April 2022 – 31 March 2023

Regarding the 2022/23 financial year, the NPA submitted an average conviction rate of 71.6%, surpassing its annual target of 70%, with the outstanding court roll standing at 3,360 cases from the district court to the high court and backlog cases standing at 1,116 cases including the 877 backlog cases reported for the regional courts and the high courts.

1 April 2023 – 31 March 2024

The NPA submitted that it achieved an average conviction rate of 70.9% against an annual target of 70%, with an outstanding court roll of 3,566 cases and backlog cases standing at 1,179. Although the NPA has achieved its annual target, the CGE notes that its performance dropped by 0.7%, with a further increase in both the outstanding court roll and backlog cases.

It is commendable that the NPA continues to meet its annual performance targets. However, the CGE remains concerned that, over the past three financial years, the number of backlog and outstanding cases has continued to rise. Therefore, it is imperative that the NPA, in collaboration with other key role players, including Legal Aid South Africa, SAPS, the DOJ&CD, and the Judiciary, identify and address the gaps contributing to delays in the finalisation of cases. Addressing these challenges will significantly enhance access to the criminal justice system for victims and/or survivors of GBV.

In addition to the above, the NPA provided information indicating the TCC caseload between 2020/21 and 2023/24. The TCC caseload is set out in the table below and indicates that in 2021/22, the conviction rate was at 66,5 %. During 2022/23, the conviction rate was 69,5%, and the conviction rate for 2023/24 was 74%.

8.1.1.2 KZN TCC Case load and Performance:

Table 7: TCC caseload: 2020/21 to 2023/24

Year	2021/22	2022/23	2023/24
Number of sites	8	9	9
Number of sites court statistics provided	5	7	6
Matters reported	7,411	7,332	8,002
Conviction rate	66.5%	69.5%	74%

The NPA further clarified that court prosecutors manage the prosecution of cases and that not all matters reported to TCCs will result in a docket being opened and a case being prosecuted. Consequently, statistics from the SOCA unit will differ from those of the National Prosecuting Service (NPS), as not all cases are reported at TCCs.

The CGE has observed that while there is a noticeable increase in the conviction rate of cases as reported above, there is a significant discrepancy between the number of cases reported to the TCCS and those that proceed to court. This discrepancy suggests that either victims or survivors do not report their cases, a high volume of cases from the TCCs are not enrolled, or many cases are withdrawn.

Specifically, more than 60% of the cases reported to TCCs do not end up in court. This high number of non-enrolled cases, withdrawals, or cases not transitioning to being officially reported highlights several crucial issues.

It is recommended that the NPA, together with the other role players like the criminal justice system, identify the gaps that contribute to the lack of reporting of the cases, cases that are not enrolled, and cases that are withheld. Addressing these issues is crucial for improving the prosecution rates and ensuring justice for victims and survivors of GBV.

8.2 Training programmes provided to prosecutors handling GBV cases

The NPA stated that it has the national SOCA training, which is part of its annual training schedule, and integrated and ad hoc training on the mandated topics of SOCA. In addition, the United Nations Office on Drugs and Crime (UNODC) hosted a training course on DNA and cybercrime.

The NPA further reported that the SOCA official training courses are reviewed and updated annually in line with the recent development of case law and legislation, which is the training it provides to prosecutors and integrated stakeholders with reference to the official schedule and ad hoc training. The official training schedule covers all of the provinces annually. In addition, the NPA stated that the training schedule and training content, i.e. manuals, will be submitted to the CGE in person, presumably during the hearings. It further stated that the training manuals are reviewed and amended annually.

9 THUTHUZELA CARE CENTRES (TCCS)

The NPA was requested to provide information regarding TCCs across KwaZulu-Natal. Information on this was provided as follows:

9.1 Thuthuzela Care Centre (TCC) workforce information

Table 8 shows that of the nine TCCs in KwaZulu-Natal, only Jozini and Edendale TCCs do not have a site State advocate, and only Madadeni TCC does not have a site coordinator. All the TCCs have a victim assistance officer.

Table 8: Thuthuzela Care Centre (TCC) workforce information

Name of Thuthuzela Care Centre	State advocate	TCC site coordinator	Victim assistance officer
Phoenix			
Umlazi			
RK Khan			
Stanger			
Ngwelezane			
Jozini	X		
Port Shepstone			
Edendale	X		
Madadeni		X	

Furthermore, the NPA submitted that most positions at the TCCs in the province were filled. It only has vacant positions at the TCCs in Jozini and Edendale, which do not currently have State advocates. The TCC at Madadeni does not have a site coordinator.

State advocates are based at courts, and the TCC site co-ordinators and victim assistance officers are stationed on-site. All NPA officials are available on-site during working hours. NPA officials are only available during working hours. However, the NGOs are available 24 hours. The DoH and SAPS services are always available by phone when necessary.

9.2 Thuthuzela Care Centre (TCC) workforce training

The NPA indicated that TCC personnel have received training as follows:

Sensitivity training to minimise secondary victimisation of victims and/or survivors of GBV

The NPA TCC personnel have been trained in social context awareness regarding GBV. This training is an ongoing responsibility for the NPA SOCA unit.

Training on new legislative developments

As mentioned above, the training remains an ongoing responsibility for the SOCA unit. Training is conducted mostly online and may also take place in person where required. It is important to note that training material is reviewed as and when required in line with amendments in case law and legislative developments. Further ad hoc training sessions on GBVF also take place during staff meetings.

Gender sensitivity training for all the staff personnel within the TCC

Gender sensitivity training is ongoing training through various platforms. Social context awareness training covers several aspects related to the sensitive management of victims, which includes gender sensitivity training.

Mechanisms within the TCCs ensure that victims receive adequate legal support and are informed of their rights and the legal process.

Regarding the above, NPA reported that on arrival at the TCC, victims are informed of their rights and the legal processes that will unfold at the TCC. Further, when a victim decides to open a case with SAPS, the State advocate will manage the case through a prosecutor-guided investigation.

Are there any specific protocols that prosecutors follow to minimise secondary victimisation during the prosecution process?

The NPA policy directives guide prosecutors in managing and prosecuting GBV cases. Regarding the directives for sexual offences and domestic violence, these policy directives are currently being amended in line with developments in relevant legislation.

How does the NPA coordinate with other stakeholders (e.g., SAPS, DSD, DoH, NGOs) within the TCC model to ensure a multidisciplinary approach to GBV cases. Please provide details of any service level agreements or memoranda of understanding (MoUs) that are in place between the NPA and these stakeholders.

Stakeholders sign provincial and site-specific protocols, and site-specific protocols are reviewed annually.

9.3 Accountability and oversight

Standard operating procedures and/or policies are in place to ensure uniformity, accountability, and oversight in the operation of TCCs.

The NPA reported conducting a detailed efficacy review of all TCCs nationally and then identified a shortcoming regarding standardised, uniform processes nationally. Subsequently, the NPA has developed draft standard operating procedures (SOPs) to ensure national uniformity, accountability and oversight in the operation of TCCs.

These draft standard operating procedures will be workshopped with the relevant NPA officials during Q4 of the current financial year and adopted for implementation in the new financial year. Service level agreements (SLAs) would be referred to as site-specific protocols at all TCC sites that serve this purpose. The NPA further reported that the centres develop protocols with all relevant stakeholders, which are communicated and reviewed annually with the stakeholders.

It is compulsory for NPA officials to adhere to NPA policies. Regarding service level agreements (protocols), challenges may be encountered due to the multidisciplinary nature of TCCs. If so, these are addressed in implementation meetings. Where challenges cannot be resolved at implementation meetings, these may be escalated to the provincial oversight committee, which comprises relevant stakeholders.

Are there any monthly meetings held with all the role players within the TCCs to discuss the operations of the TCCs report on gaps identified and resolutions to address gaps identified? If so, please provide the CGE with copies of the minutes and copies of the attendance registers of the meetings for the past three financial years.

The NPA submitted that the COVID-19 pandemic impacted its operations, so stakeholder meetings could not sit as regularly or at all. They further referred to an attached table of meetings held at TCCs over the past three financial years. However, no further information was submitted to the CGE to assess the effectiveness of the stakeholder and implementation meetings.

9.4 Accessibility of Thuthuzela Care Centres (TCCs)

9.4.1 Operating hours of the Thuthuzela Care Centres (TCCs)

The NPA stated that most TCCs in KwaZulu-Natal are operational 24 hours a day, seven days a week. Where a TCC is not operational 24/7, matters are reported at casualty and trauma units, and case files are handed over to the TCC coordinator the next morning. Where the TCC is not operational 24/7, psycho-socio services through an NGO continue.

Table 9: Operating hours of the Thuthuzela Care Centres (TCCs)

TCC	Doctors		Nurses		SAPS		DSD/NGOs		NPA
	Day shift	Night shift	Day shift	Night shift	Day shift	Night Shift	Day shift	Night Shift	On site
Jozini	*	*	*	*	On Call	On Call	*	No	*
Ngwelezane	*	On call	*	On call	On call	On call	*	*	*
Stanger	*	*	*	*	On Call	On Call @ trauma	*	On Call @ trauma	*
Phoenix	*	*	*	*	On Call	On Call	*	*	*
RK Khan	*	On call	*	*	On call	On call	*	*	*
Umlazi	*	On Call	*	*	*	*	*	*	*
Port Shepstone	*	On call	*	*	*	On call	*	*	*
Edendale	*	*	*	*	*	*	*	*	*
Madadeni	*	On Call	*	On Call @ trauma	On Call	On Call	*	On Call @ trauma	*

The CGE notes that all TCCs have doctors, nurses, and DSD/NGO representatives available during the day shift, ensuring comprehensive support. In addition, there is variability in night shift staffing, with many professionals being on call rather than on-site, which may affect the immediate availability of services. SAPS personnel are consistently on call during both shifts, while NPA representatives are mostly available on-site, except for Jozini.

This inconsistency in human resources allocation may affect the average waiting time for victims and or survivors of GBV to be attended.

Measures are in place to ensure that victims and/or survivors of GBV are not turned away due to jurisdictional boundaries.

The TCC protocols provide that no victims should be turned away regardless of the TCC catchment area. The DoH protocols also prohibit patients from being turned away.

9.5 Training programmes for TCC officials

The NPA stated that there are training programmes for TCC officials to handle GBV cases sensitively and in accordance with the policy framework, guidelines, and TCC Blueprint.

9.6 Complaints handling processes

Handling a complaint depends on how it is submitted: whether it is a walk-in, an email, or a letter to the provincial manager, TCC coordinator, State advocate, provincial office, or national office. If the complaint is submitted via email, the relevant official will acknowledge receipt and initiate an investigation, and once a resolution is found, it will be communicated to the complainant. For walk-in complaints, NPA officials on-site will listen to the complainant and gather information. If the issue can be resolved immediately, it will be communicated to the complainant; if not, an investigation will be conducted. Complaints received by the national office will be passed to the provincial office for investigation and resolution.

9.7 Impact measurement

The NPA stated that statistical data informs the NPA of the impact of the TCC on the success and conviction rates of TCC cases. The increase in reported cases after public awarenVess interventions informs the NPA of the TCC's positive impact. Survivors also occasionally write letters of appreciation to the TCC personnel.

9.7.1 New cases received or registered over the past three financial years

Table 10: Fluctuations in the number of reported cases over the three years

Year	2021/22	2022/23	2023/24
Number of sites	8	9	9
Number of sites court statistics provided	5	7	6
Matters reported	7,411	7,332	8,002
Conviction rate	66.5%	69.5%	74%

The data provided in Table 10 indicates fluctuations in the number of reported cases over the three years:

1. 2021/22: 7,411 cases
2. 2022/23: 7,332 cases
3. 2023/24: 8,002 cases.

However, the CGE notes that not all TCCs reported their statistical data consistently. This inconsistency means the data may not accurately reflect the true number of cases reported, which in turn affects the ability to assess the progress made by the NPA in implementing Pillar 3, particularly regarding the conviction rate.

To ensure accurate reporting and improve the measurement of conviction rates, the NPA must develop and implement standardised reporting protocols across all TCCs. Consistency will ensure accuracy in data collection. The NPA must conduct regular audits of the data reported by TCCs to identify and address any discrepancies or gaps in reporting.

9.7.2 Average waiting period

The NPA indicated that the average waiting period across all TCCs in KwaZulu-Natal is two hours. In addition, they further submitted that no pilot programmes or innovative approaches are being tested to address delays in attending to GBV victims and/or survivors, as the waiting period is in line with the TCC protocols.

9.8 Resources and budget allocation

The NPA submitted that the staff establishment of TCCs is catered for on the SOCA-voted funds. There is no ring-fence allocation for the prosecution of GBV cases.

The budget for TCCs is managed at the NPA Head Office (SOCA unit). Personnel expenditure is allocated per TCC per member of staff appointed, and the goods and services budget is allocated on a need basis. The budget was reduced due to government austerity measures.

The NPA stated that in terms of the gaps in resources, funding is not allocated to SOCA for infrastructure and the sustainability of the TCC structure.

The SOCA unit had also applied for and received funding from the Criminal Assets Recovery Account (CARA) to assist with renovating and refurbishing existing sites. In addition, funds have also been allocated to assist with contract appointments at TCC sites. To address challenges related to consumables, private sector partners are providing groceries, comfort, awareness raising, and promotional materials.

Furthermore, the NPA has entered into partnerships with several private sector entities to support TCCs, including refurbishment, renovation, and re-accommodation of existing TCC sites and the establishment of new TCCs.

The SOCA unit has entered into a memorandum of understanding with the Minerals Council to establish new TCCs and re-accommodate, refurbish, and renovate existing TCCs. Similar collaborations are being held with Vodacom,FRMB, the SPAR Group, and the Ring for Peace Foundation.

9.9 Documentation and collection of evidence

The NPA indicated that the management of sexual offences evidence collection kits (rape kits) and related policies are under the auspices of SAPS and the DoH. In addition, the TCC protocols state that SAPS and doctors and forensic nurses handle rape kits as guided by their own policies.

9.10 Filing system of patients' files

TCC on-site protocols provide guidelines regarding the keeping and filing of case dockets. NPA internal auditors and TCC provincial managers conduct annual audits and ad hoc site inspections, respectively. TCC files are kept in lockable cabinets or offices controlled by the site coordinators. Information on these files can only be released for court purposes by written requests or by court order.

The NPA submitted that the lock-up protocols have resulted in a lack of space to store these files due to the increased number of victims accessing services at TCCs over the years. It must also be noted that there is no prescription concerning the reporting and prosecution of sexual offences, therefore, access to historical records and evidence is essential when the victim returns to the TCC to pursue possible prosecution.

9.11 Conclusion

In conclusion, the NPA's vague responses to the questionnaire hindered the CGE's ability to assess the progress made in implementing Pillar 3 of the NSP-GBVF. Furthermore, the misalignment of statistical data obstructed the NPA's efforts to improve access to the criminal justice system.

9.12 CGE hearings

The NPA was subsequently subpoenaed to appear before the CGE on 18 September 2024 in terms of Section 12(4)(b) of the CGE for Gender Equality Act, as amended.

After considering and analysing the information submitted prior to the hearing, as narrated above, as well as submissions made by the NPA under oath at the hearing, the CGE made certain preliminary findings and/or observations, which include the following:

1. The NPA currently operates nine TCCs, with three of these TCCs commissioned after the adoption of the NSP-GBV. However, the CGE has noted the absence of a clear work plan for establishing additional TCCs in the province.
2. The statistical data the NPA provided was likely inaccurate due to some TCCs not submitting their data. This inaccuracy hinders measuring the NPA's performance in responding to GBV and implementing the NSP.
3. There is noted inconsistency in human resource allocation across TCCs, affecting the uniformity and coordination within the TCC model.
4. The absence of a ring-fenced budget for TCCs may impact resource allocation and the overall effectiveness of TCC operations in the province.

9.12.1 CGE preliminary recommendations

These preliminary findings and/or observations resulted in the CGE making several preliminary recommendations, which are set out more fully hereinunder. Additionally, the CGE has further determined that it requires the NPA's SOCA unit to submit further information, more specifically, the following:

1. The NPA prioritises advocacy for the training and recognition of forensic nurses to meet increasing demand and reduce long waiting times at TCCs.

2. In collaboration with the DoH, the NPA develops a detailed work plan for upgrading and/or refurbishing existing TCCs. This plan should include a thorough assessment of risks, including financial, operational, and infrastructural considerations.

3. The NPA formalises the TCC model to ensure accountability and oversight across all centres, addressing ambiguity and fostering cooperation among role players.

4. In collaboration with the DOJ&CD and DoH, the NPA prioritises data integrity and management to ensure accurate and reliable data collection and sharing among all role players.

5. In collaboration with the SAPS and other role players, the NPA prioritises finalising memoranda of understanding, TCC protocols, and standard operating procedures at the provincial level to ensure uniformity and coordination across all TCCs and CCCs.

6. The NPA, in alignment with its obligations under Pillar 3 of the NSP-GBVF, provides technical and legal support to the SAPS to develop standard operating procedures and/or protocols for the handling and secure storage of evidence related to cases of femicide and GBV that do not become officially reported cases when victims are not yet ready to report.

7. These standard operating procedures and/or protocols must incorporate risk management strategies informed by trends observed by the NPA regarding evidence preservation challenges, such as the risk of evidence contamination, degradation, or loss over time. The standard operating procedures must also uphold the principle that there is no statute of limitations for reporting criminal cases, ensure evidence preservation to facilitate justice at any stage, integrate trauma-informed practices to support and protect survivors, and comply with legislative and procedural frameworks for effective evidence management.

8. The NPA provides information on consequence management and accountability measures to ensure that public prosecutors are diligent in handling GBV cases, including adherence to directives issued by presiding officers.

9. The NPA submits a report indicating its observations regarding implementing its standard practice procedure (SPPs) and detailed project proposal (DPPs) instructions on GBVF dockets by the SAPS. The report must be categorised into percentages, areas/police stations, and the SPP/DPP instructions implementation numbers during the current financial year.

9.12.2 After the hearings

In 2025, the NPA tendered a response to the CGE as follows:

9.12.3 NPA's five-year strategic plan for the establishment of additional TCCs in the province, including their maintenance strategies

The NPA has indicated that it currently depends on financial support from the private sector and Criminal Assets Recovery Account funding to establish new sites. The re-accommodation and refurbishment of existing sites will vary annually, making it challenging to create a five-year plan for TCCs in the province. However, there have been notable advancements regarding new TCCs:

- Currently housed in a park home within Madadeni Provincial Hospital, a new brick-and-mortar structure funded by donors is being prepared. The NPA has received a certificate of occupation and is in the process of procuring furniture, with an anticipated occupation date of 1 April 2025.
- Due to the high number of cases at Phoenix TCC, the existing structure could not accommodate the increased demand from Phoenix, Inanda, Ntuzuma, and KwaMashu. Consequently, Phoenix TCC has been replaced by Ntuzuma TCC at Pixley Ka Seme Hospital to better serve the Inanda, Ntuzuma, and KwaMashu area and Inanda, a GBV hotspot.
- Funded by the private sector, this brick-and-mortar structure has seen community engagement, including engagement with traditional leaders. Establishment of this structure is expected to begin in 2025. Ongoing discussions with United Nations agencies like the United Nations Population Fund (UNFPA) are taking place regarding establishing additional TCCs in the province.

There is also continuous engagement with the head office for renovation and refurbishment. Despite these commendable efforts, the lack of a clear strategic plan may hinder establishing and refurbishing more TCCs. The NPA and other stakeholders must advocate for a ring-fenced budget to address the needs of TCCs in the province. Relying on private-public partnerships may impact progress and the implementation of the NSP-GBVF.

9.12.4 Disaggregated data to measure the performance of the SOCA unit

Regarding the SOCA unit performance, the NPA submitted the following table:

Table 11: 2021 to 2022 court statistics Q1 to Q4

	NEW CASES 1ST ENROLLMENT	• FURTHER INVESTIGATION • TRIAL • PARTHEARD • FIRST ENROLLMENT	BACKLOG CASES	AQUITTALS	WITHDRAWALS	CONVICTIONS	SENTENCE: 1. LIFE IMP 2. 20-25 Y 3.19-19 Y 4.ANY OTHER
2022	245	3027	356	12	129	25	1. 4 2. 5 3. 11 4. 15
2022	138	761	210	10	123	23	1. 5 2. 2 3. 11 4. 11
2022	294	1146	239	20	148	29	1. 10 2. 1 3. 11 4. 19
2022	343	1271	275	16	189	38	1. 11 2. 8 3. 10 4. 21

According to Table 11, the SOCA unit enrolled 910 new cases for the 2021/22 financial year, and at the conclusion of the quarter, 1,271 cases remained outstanding, including 275 backlog cases. Furthermore, 789 cases were withdrawn, 68 were acquitted, 115 were found guilty, and 30 were sentenced to life.

Table 12: 2022 to 2023 court statistics Q1 to Q4

	NEW CASES 1ST EN-ROLLMENT	• FURTHER IN-VESTIGATION • TRIAL • PARTHEARD • FIRST ENROLLMENT	BACKLOG CASES	AQUITTALS	WITHDRAWALS	CONVICTIONS	SENTENCE: 1. LIFE IMP 2. 20-25 Y 3.19-19 Y 4.ANY OTHER
2023	305	3071	153	9	185	28	1. 8 2. 8 3. 10 4. 12
2023	548	1473	370	13	158	40	1. 12 2. 1 3. 14 4. 21
2023	543	3173	493	22	179	48	1. 5 2. 1 3. 20 4. 6
2023	364	1552	420	16	166	46	1. 14 2. 5 3. 9 4. 2

As presented in Table 12, the SOCA unit enrolled 1,020 new cases for the 2022/23 financial year, and at the quarter's conclusion, 1,552 cases remained outstanding, including 420 backlog cases. Furthermore, 688 cases were withdrawn, 60 were acquitted, 162 were found guilty, and 39 were sentenced to life.

Table 13: 2023 to 2024 court statistics Q1 to Q4

	NEW CASES 1ST EN-ROLLMENT	• FURTHER IN-VESTIGATION • TRIAL • PARTHEARD • FIRST ENROLLMENT	BACKLOG CASES	AQUITTALS	WITHDRAWALS	CONVICTIONS	SENTENCE: 1. LIFE IMP 2. 20-25 Y 3.19-19 Y 4.ANY OTHER
2024	433	4067	336	16	167	28	1. 12 2. 1 3. 10 4. 18
2024	482	1821	352	19	199	41	1. 11 2. 8 3. 19 4. 19
2024	420	1580	277	13	205	41	1. 8 2. 4 3. 17 4. 22
2024	476	1966	409	116	171	62	1. 9 2. 13 3. 19 4. 25

According to Table 13 above, the SOCA unit enrolled 1,811 new cases for the 2023/24 financial year, and at the conclusion of the quarter, 1,966 cases remained outstanding, including 409 backlog cases. Furthermore, 742 cases were withdrawn, 164 were acquitted, 172 were found guilty, and 40 were sentenced to life.

The above data shows a slight increase in cases where the NPA has returned a guilty verdict with a life sentence; however, while this is commendable, the number of acquittals and withdrawn cases has increased for the past three years. The acquittal and withdrawn cases concerned the CGE, as the NPA recorded a significant number of acquittals in Q4. Furthermore, the number of backlog cases continues to climb.

NPA attributes this to the withdrawal and backlog of cases due to outstanding DNA analysis reports, which was a challenge. Further, it was reported that the lack of forensic social workers and clinical forensic psychologists responsible for therapeutic intervention contributes to the withdrawal of cases as prosecutors await assessment reports. Additionally, witnesses do not want to proceed with matters in court and many relocate and cannot be traced.

It is crucial that the NPA, with SAPS and the DoH, prioritise establishing a DNA lab in the province to address delays and withdrawal of cases due to forensic analysis. The NPA must work with the DoH to advocate for recognizingsing forensic nurses and recruiting forensic psychologists for assessments to assist in delays in finalising cases and high withdrawal rates.

9.12.5 CGE findings

In light of the above, the CGE makes the following findings regarding the information relating to the NPA:

1. Over the past three financial years, the NPA consistently met its conviction rate targets (approximately 70%). However, outstanding and backlog cases increased annually, indicating systemic strain and inefficiencies in finalising matters.
2. A significant proportion of cases across the three years, especially during the 2023/24 financial year, were either withdrawn or resulted in acquittals. Delays in DNA analysis, the unavailability of forensic social workers and psychologists, and witnesses who were unwilling to testify or were untraceable were cited as key contributing factors.
3. Over 60% of cases reported at TCCs did not proceed to court, raising concerns about victim disengagement, non-enrolment, and high withdrawal rates.
4. Data submitted by TCCs was inconsistent and incomplete, with several TCCs failing to submit any statistics. Incomplete statistics undermine effective monitoring, evaluation, and evidence-based decision-making.
5. While the training of prosecutors and TCC staff is ongoing and updated in accordance with legal developments, no disaggregated data was provided. The lack of disaggregation makes it difficult to assess the scope and inclusivity of training, particularly regarding traditional leaders and community members.
6. Some TCCs do not have designated State advocates or site coordinators, and no ring-fenced budget is allocated for TCC operations, threatening both sustainability and uniform service delivery.

7. The standard operating procedures for TCCs remain in draft form and have not been fully implemented. Some TCCs operate using site-specific protocols, which are applied inconsistently.

8. While public-private partnerships support TCC functions, reliance on the partnerships limits the predictability and sustainability of service provision, particularly regarding the expansion of TCC infrastructure.

9. Although the NSP-GBVF identifies refurbishment and expansion of TCCs as a key target, KwaZulu-Natal has no concrete, costed, or government-funded strategy to realise this. The current approach relies heavily on donor contributions and Criminal Assets Recovery Account funding.

10. The NPA processes complaints based on the receipt method, but no data was submitted on the volume or resolution timelines. TCC impact is inferred primarily from conviction rates and anecdotal feedback in the absence of a structured and comprehensive performance evaluation system.

9.12.6 CGE recommendations

Therefore, the CGE recommends that the NPA in KwaZulu-Natal:

1. Develops and implements a provincial backlog reduction plan, prioritising long-pending GBVF cases, and includes a mechanism to track finalisation rates and assess the effectiveness of interventions.

2. Strengthens coordination with the SAPS and the DoH to expedite DNA analysis and to ensure the availability of forensic social workers and psychologists to support the prosecution of GBVF matters.

3. Establishes a case review panel, within its available resources, to monitor and analyse reasons why over 60% of cases do not proceed to court. This panel should identify systemic barriers and design targeted interventions to address victim disengagement and case non-enrolment.

4. Legislates the TCC model and standardises data collection across all TCCs in the province to ensure mandatory data submission.

5. Disaggregates all training data by participant role, gender, and geographic location. Additionally, prosecutors and other justice system role players should receive specialised training on cultural sensitivity and community-based GBVF dynamics, with deliberate inclusion of traditional and community leaders.

6. Ensures that every TCC is staffed with a designated State advocate and site co-ordinator. The NPA must advocate for a dedicated, ring-fenced budget for TCC operations to promote uniformity and service sustainability.

7. Finalises and rolls out the national standard operating procedures for TCCs and ensures that all TCCs apply them consistently. Site-specific protocols must be harmonised to align with national standards.

8. Reduces over-reliance on donor funding by developing a multi-year government-led strategy for TCC expansion and refurbishment in collaboration with DoH and with input from Treasury. Public-private partnerships should complement, not replace, core funding needs.

9. Conducts a KwaZulu-Natal-specific needs analysis to identify geographic gaps in TCC infrastructure and prioritise underserved regions. A costed implementation plan should be developed and submitted to the CGE.

10 DEPARTMENT OF HEALTH (DOH)

On 5 September 2024, the CGE dispatched a questionnaire to the DoH in KwaZulu-Natal requesting information and documents to assess the DoH's commitment to its obligations regarding the implementation of Pillar 3 of the NSP-GBVF in KwaZulu-Natal.

10.1 Availability of comprehensive healthcare services

The DoH was requested to report on the progress made in establishing additional Thuthuzela Care Centres (TCCs) and Crisis Care Centres (CCCs) and to further report on whether the TCCs and CCCs provide medical services on a 24-hour basis.

In response, the DoH reported that there are currently nine TCCs operating in the province, with three new centres established since the adoption of the NSP-GBVF:

Table 14: Services Available at Thuthuzela Care Centres (TCCs)

No.	Name of TCC	Insitution	District	Comment
1.	Phoenix	Mahatma Gandhi Memorial Hospital	eThekwini	The TCC is to be relocated to Dr Pixley Ka Isaka Seme Memorial Hospital (Ntuzuma TCC) on 01 November 2024. Full GBV Clinical Services
2.	Chatsworth	RK Khan Hospital	eThekwini	Full GBV Services
3.	Umlazi	Prince Mshiyeni Memorial Hospital	eThekwini	Full GBV Services
4.	Edendale	Harry Gwala Hospital (Edendale Hospital)	uMgungundlovu	Full GBV Services
5.	Port Shepstone	Port Shepstone Hospital	uGu	Full GBV Services
6.	KwaDukuza	General Gizenga Mpanza Hospital	iLembe	Full GBV Services
7.	Empangeni	Ngwelezane Hospital	King Cetshwayo	Full GBV Services
8.	Newcastle	Madadeni Hospital	Amajuba	The new TCC has been build awaiting commissionin. Full GBV Services
9.	Ntuzuma	Dr Pixley Ka Isaka Seme Memorial Hospital	eThekwini	Will open on 01 November 2024. Full GBV Services
10.	Jozini	Othobothini CHC	Umkhanyakude	Plans for new TCC has been approved. Full GBV Services

The DoH also reported that each TCC has security and administrative staff, at least one dedicated medical practitioner, and nursing staff (including registered nurses and enrolled nurses available 24/7) present in TCCs. However, the DoH could not provide disaggregated data on the number of medical personnel, including the support allocated to each TCC. Therefore, the lack of disaggregated data hindered the CGE from determining whether the TCCs and CCCs are adequately resourced to respond to cases of GBV.

In addition, the CGE also noted from the information submitted that the allocation of medical practitioners and support services to CCCs depends on the number of patients seen at these centres. This variable allocation can lead to inadequate staffing and resources, which is problematic given the crucial role CCCs play in providing essential medical care, including treatment for injuries, sexual health services, and forensic examinations.

The variability in resource allocation can contribute to secondary victimisation of GBV survivors, as inconsistent support and services may hinder their access to timely and comprehensive care.

10.1.1 Measures for adequate medical staff, equipment, and supplies

Regarding the need for adequate measures, the DoH reported that a strategy is being planned for the provision of Clinical Forensic Medical Services, addressing adequate medical staffing, equipment, and supplies for comprehensive services for GBV survivors. However, no further information was provided by the DoH to substantiate the above.

The lack of information submitted hindered the CGE from deciding on the progress of the implementation of Pillar 3 in the province in this regard and from deciding whether the centres are adequately resourced to meet the demand.

In addition, the department also reported that there is no ring-fenced budget for TCCs and CCCs. As TCCs and CCCs are institution-based, the CEO of a particular institution will allocate resources to fund posts for various categories of staff.

10.1.2 Provision of medical healthcare services

The DoH submitted that comprehensive sexual and reproductive healthcare services are fully provided to address immediate needs. In addition, the DoH submitted that sexual and reproductive healthcare services (SRHCS) are provided according to the protocols and the needs of an individual patient, including emergency contraceptives, post-exposure prophylaxis (PEP), initiating antiretrovirals (ARVs), and consultation and termination of pregnancy (CTOP) services.

The DoH further submitted that the emergency contraception and the PEP are given on-site according to the protocol, and the rest of the medication will be collected at the pharmacy. Every patient seen at the TCCs or CCCs is assessed by a medical

practitioner who will decide on the medical treatments required and the medication that needs to be prescribed. During office hours, the patients are referred to the pharmacy. After-hours emergency medication is dispensed at the TCCs and the CCCs, where emergency supplies are kept.

Regarding the above, the DoH also attached TCC Blue, which serves as the guideline for providing services in TCCs and CCCs, including the administration of medical services.

The DoH further submitted that there are ongoing workshops where medical officers receive training on medication administration, and the department submitted workshop registers.

10.1.3 Average waiting times

The DoH submitted that the average waiting time of GBV survivors depends on the priorities of the triaging of the patients and the availability of a medical officer on a particular shift. Every attempt is made to see GBV patients as soon as is practically possible. A rape victim is considered to be an emergency.

The DoH further submitted that patients are often seen within two hours or less. Occasionally, patients may have to wait longer. The extended waiting time is partly attributable to staff shortages. According to the department, there may be other causes for secondary victimisation and long waiting times when patients present at police stations and must wait for long periods before presenting to the hospital.

The DoH has indicated that several factors, including patient prioritisation, triaging, and the availability of medical officers during specific shifts influence the average waiting time for GBV survivors. They emphasise that every effort is made to attend to GBV patients as promptly as possible, with rape victims being treated as emergencies.

However, the lack of detailed information from the DoH has made it challenging to determine whether GBV survivors are consistently attended to promptly at these centres.

10.1.4 Referral to mental health services

Protocols are in place for the timely referral of GBV survivors to mental health services. The DSD has subsidised Childline and Lifeline to provide social workers who offer trauma containment and ongoing counselling sessions.

10.2 Sensitivity training

Outcome 3.1.2 of the NSP-GBVF requires training and support to be provided to all service providers within the criminal justice system dealing with GBVF matters to strengthen victim-centric survivor-focused services and prevent any forms of secondary victimisation.

In response to the NSP-GBVF's required outcome, the DoH submitted that it has made significant strides in addressing the needs of GBV survivors through comprehensive training programmes for medical practitioners, paramedics, and support staff. These programmes are designed to enhance the competence of healthcare workers in managing sexual offence cases and ensuring that survivors receive the necessary care and support without experiencing secondary victimisation. The key components of the workshop programmes are as follows:

- Techniques for taking accurate histories from survivors
- Proper methods for documenting findings and identifying physical injuries
- Addressing injuries, sexually transmitted infections (STIs), and HIV
- Handling cases involving potential or actual pregnancies resulting from rape
- Procedures for collecting and processing evidence
- Testing and managing HIV in both survivors and perpetrators
- Understanding relevant laws and ethical considerations, including the Sexual Offences Act, Children's Act, and Criminal Procedures Act
- Ensuring survivors are referred to the necessary support services
- Providing emotional and psychological care to survivors.

Despite these comprehensive training efforts, the DoH acknowledges the need for further training on gender sensitivity to eliminate secondary victimisation. Gender sensitivity involves prioritising ongoing education for medical practitioners and support staff to foster a deeper understanding of gender issues and the impact of GBV.

Thus, there is a need for the department to prioritise gender sensitivity and minimise secondary victimisation. By prioritising gender sensitivity, the DoH will significantly improve the support provided to GBV survivors, fostering a more compassionate and effective response to these crucial issues, as required in Outcome 3.1.2 of the NSP-GBVF.

10.3 Accountability and oversight

The DoH submitted that healthcare professionals (HCPs) are monitored using the Employee Performance Management and Development System (EPMDS). Supervisors do the monitoring annually in April and midyear in September. In addition, the department receives regular feedback from the NPA SOCA unit, and this information is used in the training and mentoring of healthcare professionals.

Further monthly TCC implementation meetings are held, with the NPA and DoH chair as co-chair if the NPA chair is unavailable. The role players who attend these meetings are from the relevant government departments, including DSD, DOJ&CD, SAPS FCS, DoE, local government and several NGOs, including Lifeline, Childline, and Child Welfare, amongst other NGOs. The NPA keeps minutes and can be made available.

At these meetings, trends regarding GBVF are discussed, and resolutions are taken. Other matters include issues regarding the evidence collection kits. Case conferences are also held at these engagements. Any matter pertaining to any professional's management of GBV cases is discussed at length. The aim and objective of the implementation meetings are to improve delivery service.

While the DoH has referenced using the Employee Performance Management and Development System for monitoring healthcare professionals and the regular TCC implementation meetings, it is important to note that the department did not submit the necessary reports and minutes. This omission hinders the CGE from making a comprehensive determination of the performance of the centres.

10.4 Collaboration with other stakeholders

In response to the above, the DoH highlighted the importance of effective collaboration and coordination among various government departments and agencies for the success of the TCC and CCC model. The department further submitted that monthly implementation meetings chaired by the NPA and co-chaired by the DoH, with

the participation of all stakeholders, including the CGE, are crucial for ensuring this collaboration. The department further attached a protocol for TCCs.

Although the TCC protocol submitted by the NPA sets out the responsibilities and duties of the role players providing a service within the TCCs, there is a lack of accountability and oversight. Strengthening accountability and oversight will ensure an effective and efficient coordination of the TCCs and CCCs.

10.5 Financial constraints and budget

The DoH highlights that the government's cost containment measures have led to reduced budgets, impacting everything from staffing to site renovations and victim support services.

The response does not provide a clear strategy to mitigate the effects of these budget cuts. While private sector partnerships are mentioned, they are not a sustainable solution. The inability to provide basic consumables, such as comfort packs for victims, reflects a lack of preparedness and resource management.

10.6 Safety and protection of GBV survivors and staff personnel

To ensure the safety of patrons accessing GBV services at TCCs and CCCs, the DoH submitted that there are separate entrances that are used for victims and perpetrators at the TCCs. SAPS ensures that perpetrators are transported separately from GBV survivors, that there are security guards in all facilities and that some facilities have closed-circuit television (CCTV) cameras at the TCCs.

However, the lack of disaggregated data in this regard hindered the CGE from determining whether there are adequate measures in place to ensure the safety staff and GBV survivors.

10.7 CGE hearings

The DoH was subsequently subpoenaed to appear before the CGE on 21 November 2024 in terms of Section 12(4)(b) of the CGE for Gender Equality Act. After considering and analysing the information submitted prior to the hearing as narrated above, as well as submissions made by DOJ&CD's head of department under oath at the hearing, the CGE deemed it necessary to request further particulars and made several preliminary recommendations, which included the following:

1. In collaboration with the NPA, the DoH created a comprehensive work plan for upgrading and refurbishing existing TCCs. This plan should include a thorough risk assessment covering financial, operational, and infrastructural considerations.

2. The DoH collaborates with the SAPS, NPA, and the DOJ&CD to prioritise data integrity and management and ensure accurate and reliable data collection and sharing among all role players, including cases of GBV that do not transition to being officially reported cases.

3. The DoH advocates formalising the TCC model in collaboration with other role players. This formalization will ensure accountability and oversight across all centres, addressing ambiguity and fostering cooperation.

4. In collaboration with the NPA and SAPS, the DoH develops standard operating procedures or protocols for handling and storing evidence relating to femicide cases GBV cases where victims are not ready to report officially. These protocols should align with the principle that there is no statute of limitations for reporting criminal cases and recognise the trauma experienced by GBV survivors.

5. The DoH works with the DOJ&CD and must prioritise the vetting process for staff providing services to GBV survivors, aiming to prevent secondary victimisation.

6. The DoH strengthens accountability measures in collaboration with other role players. In doing so, it utilises provincial and national structures and forums to report progress and hold each other accountable, thereby eliminating responsibility resistance and ambiguity.

10.7.1 After the hearings

The DoH tendered a response to the CGE on 19 February 2025, as follows:

10.7.2 Protocol for destroying specimens unreported cases:

Regarding the protocol for destroying specimens, the DoH reported that due to the urgency of the problem of accumulating sexual assault evidence collection kits (SAEKs) and the limited storage in health facilities, the Department of Clinical Forensics with the DoH established a protocol for destroying used evidence kits for reported cases that remained unofficial and the kit disposal if the case remains not officially reported.

According to the department, the protocol stipulates that specimens collected from the victims and survivors of GBV must be retained for a minimum of three months, and if no case is officially reported or opened within this period, the evidence will be destroyed in a manner that ensures confidentiality and prevents contamination. The

DoH further reported that the DoH is responsible for collecting evidence and handing over the specimens or samples if the case is officially reported to the SAPS FCS Unit for transmission of the kits to the forensic scientific laboratory for analysis. If the case is not officially reported, the kits will not be processed, and the DoH must keep the specimens.

While the three-month window to make the report official provides time, it may also create pressure for victims to decide within this period, which can be stressful. If a victim decides to make the report official after three months, the evidence destruction could hinder the investigation and prosecution of the perpetrator. Knowing that the evidence will be destroyed if not reported within three months might add to the emotional burden on the victim, potentially influencing their decision-making process.

Therefore, it is crucial that DNA laboratories are equipped to analyse and store DNA analysis for cases that are not yet officially reported, as this will aid in resolving cases if the cases later become official or are reopened. In addition, the principle exists that there is no statute of limitations for reporting criminal cases.

10.7.3 Number of used evidence collection kits destroyed

Regarding the aforementioned, the DoH claimed that from 1 January to 31 December 2024, the department destroyed 424 used evidence-collecting kits from cases that did not transition to being officially reported cases.

According to crime statistics, KwaZulu-Natal is ranked in the top three provinces for reported cases of rape. These figures above demonstrate that there is a gap in how statistical data is reported. Not reporting on these cases can have an impact on the response delivered to victims and survivors of GBV. Therefore, it is important that the role players also report on these cases to identify issues that lead to them not becoming officially reported.

10.7.4 Policy for storing medical patient files

The DoH reported a universal policy for storing medical patient files that applies to all health facilities in KwaZulu-Natal. Therefore, all GBV cases at CCCs and TCCs use the same policy. However, separate files are kept at CCCs and the TCCs for the medico-legal examinations and treatment. These are confidential files, and there is restricted access to these files. If the patient needs to access other services in the hospital, a

separate file is made for the patient. The Site coordinator from NPA keeps a separate TCC file for each patient. However, for the TCCs and CCCs, there is no policy or standard operating procedures for handling victims and survivors of GBV. There must be standard operating procedures for handling files at the centres,

Measures implemented to ensure the transition to National Health Insurance (NHI) do not disrupt the crucial services provided by TCCs and that these centres continue offering high-quality care to GBV survivors.

It is envisaged that when the National Health Insurance is implemented, there will be no change in the medico-legal service currently being provided to clinical forensic medical patients on an agency basis to other government departments. It is important to note that this is a free service in keeping with universal health coverage envisaged by the National Health Insurance.

An evaluation report is required on compliance with the national standard for building regulations regarding universal design and access, particularly the South African National Standards for Building Regulation SANS10400, as it pertains to TCCs. This information will help the CGE assess DoH's recognition of the intersectionality between disability and gender, which is crucial in addressing the unique challenges faced by people with disabilities who are sometimes victims and/or survivors of GBVF.

Regarding the above, the DoH reported that TCCs are located within hospital buildings, prefab buildings, modular structures, or brick-and-mortar stand-alone buildings. All TCCs have been made available through donor funding, including newer and more recent TCCs like the building in Mdadeni (completed in 2024) and the proposed building in Jozini. The buildings comply with SANS10400. With the assistance of the NPA, older buildings have been renovated to comply with SANS10400.

10.7.5 CGE findings

In light of the above, the CGE made the following findings regarding the Department of Health (DoH:

1. The DoH reported the existence of nine operational TCCs in KwaZulu-Natal, including three established after the adoption of the NSP-GBVF.

2. Although the DoH stated that a strategy is being developed to improve clinical forensic medical services, no documentation or implementation timelines were provided. The absence of a ring-fenced budget for TCCs and CCCs further complicates consistent service delivery, as funding and resource allocation depend on individual hospital management.

3. The DoH confirmed that sexual and reproductive health services are provided according to clinical protocols, including emergency contraceptives, post-exposure prophylaxis, and consultation and termination of pregnancy services. While emergency services are available on-site, the absence of after-hours pharmacy services at some centres may result in delays. The submission of the TCC Blueprint and workshop attendance registers indicates efforts to improve service delivery through training, though gaps in implementation remain.

4. Survivors of sexual violence are prioritised and reportedly seen within two hours. However, staffing shortages and initial reporting to police stations instead of health facilities can result in longer waiting periods. The absence of concrete data on waiting times limits the CGE's ability to evaluate the consistency and efficiency of care.

5. The DoH indicated that survivors are referred to mental health services through established protocols. These services are primarily delivered by external partners such as Childline and Lifeline, raising concerns about the DoH's internal capacity to provide long-term psychological support since these external partners often rely on donor funding to stay operational.

6. While extensive training is provided for health professionals in handling sexual offence cases, including legal and psychological aspects, the DoH acknowledged the need for continued gender-sensitivity training to improve empathy and reduce the risk of secondary victimisation.

7. Oversight and accountability are conducted through the Employee Performance Management and Development System, stakeholder meetings, and collaborations. However, the DoH failed to submit meeting minutes or reports, which limits transparency and the ability to assess progress and accountability.

8. The DoH highlighted stakeholder collaboration as a key component in service delivery, citing monthly implementation meetings with the NPA and submission of an inter-sectoral protocol. Despite this, the lack of clear accountability mechanisms remains challenging in ensuring coordinated responses and standardised care.

9. Budgetary constraints due to national austerity measures have adversely affected staff capacity, infrastructure, and the provision of basic consumables such as comfort packs. No clear mitigation strategies were provided, and the reliance on external partners, although innovative, raises concerns about sustainability.

10. Safety and protection measures for survivors and staff, including security guards, SAPS-facilitated transport for perpetrators, and CCTV systems, are reportedly in place at some facilities. However, the lack of standardised data makes it difficult to determine whether these safeguards are implemented consistently across all TCCs and CCCs.

11. The DoH adheres to an existing protocol for the destruction of sexual assault evidence collection kits in cases not officially reported after three months due to storage limitations. Between January and December 2024, 424 sexual assault evidence collection kits from cases not officially reported were destroyed, potentially compromising future legal proceedings if suvivors report later.

12. The DoH confirmed that medico-legal files are stored separately and confidentially, but no standard operating procedures specifically govern the storage and handling of files for GBV survivors. This lack of a standard operating procedure may affect confidentiality and follow-up care.

10.7.6 CGE recommendations

In light of the above, the CGE recommends that the DoH:

1. The DoH, in collaboration with other key role players within the TCC model, must develop and implement a disaggregated human resource tracking system for all TCCs to monitor personnel availability, specialisation, and gaps in service delivery. This system should inform workforce planning, ensure that all TCCs are adequately resourced, and reduce survivor wait times and risk of secondary victimisation.

2. The DoH must finalise its strategy to improve clinical forensic medical services with clearly defined objectives, implementation timelines, and performance indicators. A dedicated, ring-fenced budget should be introduced for TCCs and CCCs to ensure consistent service delivery regardless of facility management structures.

3. All TCCs and CCCs must be equipped with after-hours pharmacy services to ensure timely access to emergency contraception, post-exposure prophylaxis, and other crucial medications. Operational audits should be conducted to ensure adherence to national clinical protocols and identify service delivery gaps.

4. The DoH must establish standardised triage protocols across all GBV-related health facilities to ensure that survivors of sexual violence are seen promptly, regardless of initial reporting points. Additionally, accurate data collection on response times must be institutionalised to improve monitoring and accountability.

5. Ongoing, mandatory gender-sensitivity and trauma-informed care training must be incorporated into the annual professional development plans of all healthcare workers involved in GBV response. This training should include survivor-centred communication, legal procedures, and the reduction of secondary victimisation.

6. The DoH must institutionalise the submission of quarterly performance reports and meeting minutes for all stakeholder collaborations, including the NPA and provincial health departments. These documents must be publicly accessible to enhance transparency, monitoring, and accountability in GBV response services.

7. The DoH, in consultation with the NPA and SAPS, must revise the inter-sectoral protocol to include clearly defined roles, timeframes, and accountability measures. A provincial-level steering committee should oversee implementation and address interdepartmental coordination challenges.

8. In response to national cost-cutting measures, the Department must develop contingency plans to safeguard essential GBV servicThe DoH must develop contingency plans to safeguard essential GBV services in response to national cost-cutting measures. The contingency plans must include securing alternative funding sources, leveraging partnerships strategically, and prioritising procurement of crucial resources such as comfort packs and medical supplies.

9. The DoH must ensure that TCCs are legislated and are equipped with standardised safety measures, including trained security personnel, CCTV systems, and survivor escort protocols. These safety measures must be audited regularly, with results reported to a designated oversight body.

10. The DoH must amend its protocol on the destruction of sexual assault evidence collection kits of not officially reported cases. The kit retention period must be extended beyond three months, with survivor-informed consent procedures built in. A national storage solution should be explored to address spatial limitations and preserve evidence for future legal action.

11. Standard operating procedures must be developed and implemented to govern the handling, storage, and retrieval of medico-legal files for GBV survivors. These standard operating procedures should ensure confidentiality, data security, and continuity of care during follow-up services.

12. The DoH must continuously audit and upgrade all GBV facilities to comply with SANS10400 standards, with specific attention to retrofitting older centres. Accessibility measures must be extended to include sensory accommodations for individuals with visual and hearing impairments to ensure full inclusion under the National Health Insurance.

11 DEPARTMENT OF SOCIAL DEVELOPMENT (DSD)

On 5 September 2024, the CGE dispatched a questionnaire to the DSD in KwaZulu-Natal requesting information and documents to assess the DSD's commitment to its obligations regarding the implementation of Pillar 3 of the NSP-GBVF in KwaZulu-Natal.

11.1 Implementation of victim empowerment programmes

In its response to the CGE, the DSD outlined various victim empowerment programmes (VEPs) operational under its control, demonstrating commitment and effort in addressing GBV and providing social support services. The response comprises direct psychosocial services, broader empowerment, and educational initiatives aimed at prevention and support for victims and/or survivors.

The DSD highlighted its provision of psychosocial support through social workers stationed at various crisis points, including 113 SAPS centres, 20 crisis care centres, and nine TCCs. Through partnerships with organisations such as Lifeline, these social workers offer psychosocial support to victims, including guidance on applying for protection orders and shelter admission. Additionally, trauma response teams operate within each of the province's 12 districts (with eThekwini Metropolitan Municipality categorised into eThekwini North and South districts).

The DSD submitted that it operates a paid call centre managed by two qualified social workers who provide counselling and victim support. Victims can also reach the national GBV call centre for round-the-clock assistance, which operates 24/7. The presence of these helplines addresses the need for accessible, professional support, although the paid nature of the provincial call line may present a barrier to some users.

Recognising the role of family dynamics in preventing GBV, the DSD stated that it provides several parenting programmes, such as the Let's Talk Parenting programme, Sinovuyo Parenting programme, Families Matter Parenting programme, and Men Care programme, which are designed to strengthen the family communication, parenting skills, and parenting confidence.

Targeted behavioural programmes were cited as part of DSD's preventative approach, with initiatives like ChommY and YOLO for youth and adolescents focusing on responsible decision making to prevent unplanned pregnancies and new HIV infections. Programmes like Men Championing Change (MCC) and Boys Championing

Change aim to cultivate respectful and positive masculinity, addressing social norms that may contribute to GBV. Traditional leaders receive training through the Rock Leadership programme to mitigate harmful cultural practices that may perpetuate GBV.

Substance abuse programmes, including Kemoja, Wake Up Call, and GROW, provide prevention, therapeutic counselling, and treatment services for individuals affected by substance dependency. The province has made inpatient and outpatient rehabilitation services available, including State-run facilities. These are commendable as they recognise the intersectionality between GBV and substance abuse.

The DSD's women development programmes aim to improve socioeconomic conditions for women by equipping them with skills in trades like sewing, beauty care, farming and agro-processing, waste management, block making, and construction. These programmes also assist participants in establishing and registering NPOs or cooperatives, linking them with local government and business sectors for service provision through registration on the central supplier database (CSD).

Despite the numerous programmes outlined, certain areas in the DSD's response suggest room for improvement in transparency and effectiveness. For instance, while the call centre may be helpful, the overall accessibility and responsiveness of the programmes, particularly the reliance on a paid helpline, may limit reach, especially when considering the economic landscape in underprivileged communities.

The DSD provided a breakdown of its service offerings under victim empowerment programmes, outlining a range of support services specifically designed to assist victims and/or survivors of GBV, as follows:

1. Crisis intervention: The DSD indicated it offers immediate crisis support, including debriefing and containment for survivors in distress.
2. Psychosocial support: Ongoing support is cited to help survivors manage trauma and emotional distress.
3. Legal assistance: The survivors receive guidance on accessing legal services, including information on protection orders and available legal representation.
4. Safety planning: Personalised safety plans are developed to minimise the risk of further harm.
5. Victim support services in shelters: The DSD supports GBV victims and/or survivors in shelters.

6. Information and guidance: The DSD ensures survivors are informed about their rights, available services, and next steps.
7. Access to vocational training: Skills development to enhance employability and career prospects for survivors.

To ensure accessibility, the DSD explained that services are rendered at the ward level, and social workers are based at SAPS centres, TCCs, and CCCs. This community-level presence is supplemented by collaborations with local NGOs and community-based organisations (CBOs), which enhance service reach in under-resourced and remote areas.

11.2 Collaboration with other departments

The DSD reiterated its provision of psychosocial support services at victim-friendly rooms with SAPS centres. Furthermore, it cited participation in quarterly meetings such as the following:

- Human Trafficking, Prostitution, Pornography, Brothels, and Harmful Traditional Practices Task Team, led by DOJ&CD
- Sexual Offences Task Team, led by DOJ&CD
- Domestic Violence Forums, led by DOJ&CD
- Provincial Forum on Substance Abuse, Victim Empowerment and Crime Prevention and Support, led by DSD
- Provincial Gender Machinery, led by the Office of the Premier
- Provincial Men's Forum, led by the Office of the Premier
- Rapid Response Team for Human Trafficking and sexual orientation, gender identity/ expression, and sex characteristics (SOGIESC), led by DOJ&CD.

Additionally, the DSD highlighted that joint initiatives or interdepartmental programmevictims and/or survivorss focused on supporting GBV victims are done through coordinated prevention and awareness programmes aligned with national calendar events.

11.3 Shelter and accommodation for GBV victims and/or survivors

11.3.1 Shelter availability and capacity

Table 15: Available shelters within KwaZulu-Natal

District	Number of shelters	Number of white doors
EThekwini North	5	1
EThekwini South	3	7
Ilembe	2	0
Umgungundlovu	2	6
Ugu	2	1
Harry Gwala	2	6
Amajuba	1	1
Umzinyathi	1	2
UThukela	1	2
King Cetshwayo	1	1
Umkhanyakude	1	2
Zululand	0	2
TOTAL	**21**	**31**

The DSD reported that there are 21 shelters and 31 White Door Centres in KwaZulu-Natal, distributed across eThekwini and nine districts. Zululand District has no shelter, while UMgungundlovu District has a shelter that accommodates males. Aside from this shelter, no data was provided by DSD to suggest that additional shelters in the province accommodate males. The lack of shelters for males is particularly concerning given KwaZulu-Natal's vast size and high statistics for rape, sexual assault, and sexual offences, which affect all sexes and genders. However, only one shelter is available for male victims and/or survivors, with a limited capacity of nine individuals.

In terms of shelter capacity, the DSD submitted the following data:

Table 16: Shelter Capacity in KwaZulu-Natal

District	Number of shelters	Capacity	Number of white doors	Capacity
EThekwini North	5	67	1	2
EThekwini South	3	22	7	14
Ilembe	2	25	0	0
Umgungundlovu	2 (1 male, 1 female)	35 females 9 males	6	14
Ugu	2	23	1	5
Harry Gwala	2	32	6	24
Amajuba	1	12	1	2
Umzinyathi	1	12	2	4
UThukela	1	10	2	4
King Cetshwayo	1	10	1	4
Umkhanyakude	1	12	2	6
Zululand	0	0	2	5
TOTAL	**21**	**269**	**31**	**84**

The data indicates that the shelters collectively accommodate up to 269 people. The CGE notes with concern that King Cetshwayo District has only one shelter with a capacity of ten, despite the district's police stations ranking among the country's top 30 for sexual offences, sexual assault, and rape. Furthermore, King Cetshwayo is one of the most densely populated districts in the province.

The CGE is equally concerned about the lack of a shelter in Zululand District, another densely populated area and one of the districts most affected by GBV. Given KwaZulu-Natal's status as one of South Africa's largest provinces by population, it is imperative that greater efforts are made and resources are allocated to ensure robust support systems for GBV victims and/or survivors. The resource expansion should include shelter access and capacity across the province to mitigate GBVF effectively.

11.4 Standards and monitoring

In response to the Commission's inquiries about the standards and guidelines followed to ensure the safety, security, and well-being of GBV survivors in shelters, the DSD highlighted the following:

1. Policy on admission, readmission, transfer, and exiting of victims of crime and GBV from shelters

2. Norms and minimum standards for victim empowerment

3. Policy on the management of White Door Centres.

In addressing the CGE's question on how the DSD monitors shelter conditions, the DSD reported using scheduled or unannounced inspections conducted by district and local service offices. Additional oversight mechanisms cited include developmental quality assurance, which was conducted at the six shelters accommodating trafficking victims in March 2023, an audit by provincial internal audit services, and national monitoring and evaluation.

Furthermore, the DSD provided the following monitoring and evaluation data spanning the past three financial years:

Table 17: Monitoring and evaluation of shelters

District	Name of shelter	2021/22	2022/23	2023/24
Uthukela	Victory Haven	30/03/2022 27/06/2022 29/09/2022 08/12/2022	29/09/2023 28/12/2023	13/03/2023 27/03/2024
Umzinyathi	Dundee Crisis Centre	25/06/2021 20/09/2021 29/10/2021 24/03/2022	29/06/2022 20/09/2022 24/06/2022 24/05/2023 26/09/2023 27/10/2023 13/11/2023	26/09/2023 12/03/2024
Amajuba	Newcastle Crisis Centre	13/09/2021 13/12/2021 31/03/2021	28/06/2022 13/09/2023 15/12/2023	07/09/2023 12/12/2023 12/03/2024
Ethekwini South	VJ Kara	23/09/2021	22/09/2022 19/12/2022	13/03/2023 27/06/2023 27/09/2023 21/11/2023 13/03/2024

District	Name of shelter	2021/22	2022/23	2023/24
	Amanzimtoti Trauma Unit	The official was on incapacity leave	15/02/2022 30/06/2022 15/09/2022 20/12/2022	13/03/2023 26/06/2023 26/09/2023 07/12/2023 12/03/2024
	Wentworth Victim-Friendly Centre	The official was on incapacity leave	20/06/2022 22/09/2022 15/12/2022 29/03/2023	21/06/2023 28/09/2023 27/11/2023 12/03/2024
Ilembe	House of Hope Shelter	19/05/2021 31/08/2021 18/11/2021 23/02/2022	1/04/2022 20/07/2022 7/12/2022 16/02/2023	12/05/2023 23/08/2023 21/11/2023 11/3/2024
	Siyabathanda Shelter	17/06/2021 16/09/2021 30/11/2021 22/03/2022	25/05/2022 23/08/2022 06/10/2022 17/03/2023	23/05/2023 20/07/2023 17/10/2023 14/2/2024
Ethekwini North	Kerr House	28/09/2021 25/11/2021 11/02/2022	11/05/2022 16/08/2022 9/11/2022 14/02/23	29/06/2023 13/09/2023 14/12/2023 12/03/2024
	Kenilworth	08/11/2021 11/02/2022	16/05/2022 16/07/2022 10/11/2022 08/02/2023	29/05/2023 11/09/2023 29/12/2023 19/03/2024
	Open Door	23/09/2021 22/11/2021 18/02/2022	17/08/2022 09/12/2022 21/02/2022	26/09/2023 09/12/2023 11/03/2023
	Ethembeni	18/06/2021 23/08/2021 07/12/2021 17/02/2022	17/06/2022 08/09/2022 21/12/2022 15/02/2023	23/06/2023 21/09/2023 28/12/2023 12/02/2023
	Sahara	11/06/2021 28/09/2021 21/12/2021 19/01/2022	13/05/2022 12/09/2022 13/12/2022 07/02/203	25/05/2023 15/09/2023 27/27/2023 22/03/2024

District	Name of shelter	2021/22	2022/23	2023/24
Harry Gwala	Creighton Sunflower Help Health Education and Life Project	06/09/2021 04/11/2021	04/05/2022 08/06/2022	25/05/2023 15/08/2023 23/11/2023 12/03/2024
	St Paul White Door Centre	The District is unable to provide the required information	17/05/2023 27/07/2023	16/10/2023 19/03/2024
	Masakhane Women's Organisation	13/06/2021 09/02/2022	13/06/2023 26/09/2023	14/11/2023 26/02/2024
	Vukuzithathe Health Community Welfare Development Organisation	16/03/2022	08/06/2023 11/09/2023	13/12/2023 21/03/2024
	Khanyiselani Development Trust	The District is unable to provide the required information	16/05/2023 10/07/2023	25/10/2023 30/01/2024
Umgungundlovu	Abrina Esther House	25/08/2021 30/12/2021	11/01/2022 24/06/2022 16/08/2022	16/05/2023 15/02/2024 22/05/2024
	Angels Care	29/09/2021 29/12/2021	10/01/2022 22/06/2022 10/01/2022	30/05/2023 23/08/2023 11/10/2023 19/02/2024 24/05/2024
UGU	Siyamthanda KwaXolo	12/05/2021 13/08/2021 07/12/2021 22/03/2022	12/04/2022 11/08/2022 15/12/2022 07/02/2022	22/04/2023 13/08/2023 15/11/2023 19/02/2024
	Izingolweni Trauma Centre	11/05/2021 11/08/2021 09/12/2021 24/03/2022	29/04/2022 17/08/2022 13/12/2022 10/03/2023	20/06/2023 08/08/2023 13/11/2023 09/02/2024

District	Name of shelter	2021/22	2022/23	2023/24
King Cetshwayo	Siyabonga Shelter	21/06/2021 18/08/2021 18/10/2021	06/01/2022 15/07/2022	18/10/2023 20/02/2024
Zululand	Ngoje Pastors and Church Leaders Organisation	21/06/2021 23/09/2021 31/03/2022	03/06/2022 12/09/2024 11/11/2022 15/03/2023	22/09/2023 19/12/2024 27/02/2024
Umkhanyakude	Isiphephelo Sejuba	08/06/2021 24/08/2021 20/12/2021 25/02/2022	19/05/2022 30/09/2022 07/12/2022 21/02/2023	29/05/2023 14/09/2023 20/11/2023 18/03/2024
	Thengane White Door	14/04/2021 11/08/2021 28/10/2021 20/01/2022	22/04/2022 27/09/2022 06/12/2022 16/03/2023	20/04/2023 07/07/2023 20/12/2023 19/03/2024

The submitted data reflected inconsistencies in the frequency of monitoring and evaluation activities, with DSD attributing some gaps to an official on incapacity leave and the district being unable to provide the required information. This explanation raised concerns for the CGE, as it suggests that monitoring and evaluation efforts were hindered by the absence of a single staff member and that there are gaps in reporting regarding the monitoring and evaluation of shelters in the province.

The DSD did not offer further details regarding the inconsistent patterns, leaving questions about the resilience of its monitoring processes and the availability of qualified staff to conduct essential evaluations in the absence of primary officials. The CGE views these gaps as needing urgent attention to ensure reliable monitoring and continuous protection for GBV victims and/or survivors housed in shelters.

The DSD stated that it provides a variety of support services to address the psychosocial, legal, and economic empowerment needs of GBV victims and/or survivors in DSD-funded shelters, which are as follows:

1. The DSD indicated that counselling and therapy are offered, providing both individual and group sessions with social workers to help survivors process trauma, manage emotional distress, and develop coping strategies. Additionally, support

groups create a communal space for survivors to share experiences and receive emotional support from group members. In times of acute crisis, immediate crisis intervention is available to address urgent psychological and emotional needs, including on-site support during emergencies. For survivors with children, childcare and family support services are also offered. All services are trauma-informed, ensuring that staff understand and are sensitive to the effects of trauma on survivors' well-being.

2. To help victims and/or survivors navigate the legal challenges associated with GBV, DSD informed the CGE that it provides access to legal services, guiding survivors on their legal rights, the protection order process, custody issues, and other GBV-related legal proceedings. Shelter-based social workers assist in connecting survivors to Legal Aid South Africa or pro bono representation when necessary. Survivors are also supported in documenting evidence of abuse, which can be crucial for securing protection orders and other legal proceedings.

3. Economic empowerment is a crucial focus within DSD-funded shelters. The DSD reported that survivors receive vocational training and educational programmes to build job-related skills and enhance employability. Economic empowerment includes literacy programmes, technical skills training, resume writing assistance, and interview preparation. Some shelters collaborate with local businesses to facilitate job placements. Financial literacy workshops further equip survivors with budgeting, financial planning, and saving skills.

4. Recognising the diverse needs of survivors, the DSD has submitted that it has implemented various measures to ensure services are inclusive and accessible for children, LGBTQIA+ persons, and persons with disabilities.

5. Survivors' children are linked to local schools or early childhood development (ECD) facilities during their shelter stay, while therapeutic services are provided to address the unique trauma children may experience.

6. To foster an inclusive environment for LGBTQIA+ survivors, the DSD indicated that shelter staff received specialised training through partnerships with the Uthingo Network and the the Durban Lesbian and Gay Community and Health Centre.

7. The DSD submitted that shelters have undertaken minor renovations to enhance accessibility, such as installing ramps, handrails, and reconfiguring spaces to accommodate wheelchairs. However, further support is needed in areas like sign language services to fully address the communication needs of victims and/or survivors.

11.5 Training and capacity building

In terms of Pillar 3, the DSD is required to ensure that its employees are adequately trained to support GBV victims and/or survivors effectively. The DSD has outlined its approach to training and capacity building under Pillar 3, aiming to ensure officials are well-prepared to support GBV victims and/or survivors effectively. The CGE received detailed information regarding training programmes, specialised training, and the department's approach to monitoring and evaluating the effectiveness of these initiatives.

11.5.1 Training programmes

The DSD provides training on victim empowerment legislation, prescripts, and policies for personnel involved in supporting GBV survivors. The department develops a training plan annually to structure these programmes. The content of these programmes focuses on empowering personnel with a thorough understanding of relevant laws, procedures, and supportive frameworks essential for addressing GBV cases effectively. Training sessions are conducted in line with the annual training plan and are delivered when targeted personnel are available.

The DSD has specialised training modules in place to address the specific needs of vulnerable groups. These include:

- LGBTQIA+ sensitivity and inclusion
- Trauma management
- Disability inclusion
- Bereavement education and GBV
- Counselling and sexual education.

The DSD provided attendance registers for the last three financial years.

11.6 Monitoring and evaluation

To gauge the effectiveness of its training programmes, the DSD has implemented a performance observation approach where supervisors and managers assess personnel in their interactions with clients and the handling of GBV cases. Key focus areas include the employee's interactions with clients and adherence to GBV-handling protocols, helping ensure that the training's objectives translate into improved service delivery.

Although the DSD has not provided data on training impact, the department has observed improvements in case management practices, including:

- More accurate and timely documentation
- Improved adherence to established protocols
- Enhanced follow-up practices with GBV survivors.

These improvements suggest a positive influence of training on the quality of case management and survivor support, albeit without specific metrics to quantify this impact. The DSD's response indicates a need for more structured data collection methods to better track training outcomes and support continuous service improvements.

11.6.1 Referral systems and coordination

The DSD submitted that it utilises specific protocols to ensure that GBV survivors are referred to appropriate services, both within and outside the department. These protocols include:

1. Immediate assistance and safety: Ensuring survivor safety, potentially involving emergency services and connecting survivors to safe spaces if immediate danger is present.
2. Reporting and referrals: Social workers handle calls from GBV survivors following structured procedures for reporting and referral, including:
    a. Initial assessments to determine survivor needs and any immediate risk level
    b. Referrals to appropriate services such as shelters, counselling, legal assistance, and health services.
3. Co-ordination with other agencies: The DSD works with various agencies, including SAPS, NGOs, and healthcare providers, to support survivors comprehensively.

4. Documentation and follow-up: Case documentation ensures continuity of care, while follow-up actions assess whether survivors' needs are met and appropriate support is ongoing.

These protocols are communicated to DSD employees and partner organisations through:

1. Collaborative platforms and meetings: Regular meetings and collaborative platforms serve as forums to engage with stakeholders, including government agencies, NGOs, and community organisations, and facilitate information sharing and alignment on the DSD's referral protocols.
2. Public awareness campaigns: Awareness campaigns and educational initiatives spread information on support services available to survivors and the correct procedures for reporting and referring GBV cases.

11.6.2 Interagency coordination

The DSD stated that it coordinates with departments such as SAPS, DOJ&CD, and DoH to ensure timely and appropriate referrals for GBV survivors through the provincial forum for substance abuse, victim empowerment, crime prevention and support. This forum is a platform for information sharing, communication of decisions, shared best practices, experiences, and review performance and implementation. Members of the forum are available for urgent referrals.

The DSD reiterated its participation in the form of attending quarterly meetings for the following:

- Human Trafficking, Prostitution, Pornography, Brothels, and Harmful Traditional Practices Task Team, led by DOJ&CD
- Sexual Offences Task Team, led by DOJ&CD
- Domestic Violence Forums, led by DOJ&CD
- Provincial Forum on Substance Abuse, Victim Empowerment and Crime Prevention and Support, led by DSD
- Provincial Gender Machinery, led by the Office of the Premier
- Provincial Men's Forum, led by the Office of the Premier
- Rapid Response Team for Human Trafficking and sexual orientation, gender identity/ expression, and sex characteristics (SOGIESC), led by DOJ&CD.

The DSD indicated that competing priorities and high workloads lead to delays or reduced focus on GBV-related activities, which can be addressed by prioritising GBV initiatives within departments and allocating resources to manage workloads effectively. Differences in expertise and capacity among departments can affect the quality and consistency of GBV interventions. Intersectoral training and capacity-building activities may help standardise practices and enhance the expertise of all departments involved.

11.6.3 Monitoring of referrals

The DSD employs case management systems to log and monitor each GBV case, tracking details such as referral sources, services provided, and case progress. Social workers are responsible for follow-up actions, ensuring continuous support, and documenting additional survivor needs. The DSD reported referral numbers for recent financial years:

- 2021/22: 76 cases
- 2022/23: 53 cases
- 2023/24: 45 cases.

Referrals are passed from the GBV Command Centre to the province for social work interventions. Due to a lack of outcome data, it remains challenging for the CGE to assess the effectiveness or impact of the referral system comprehensively.

11.6.4 Data collection and reporting

Data collection is crucial for understanding the scope of GBV and the effectiveness of interventions. The DSD outlined several approaches to ensuring data accuracy, confidentiality, and security. It highlighted that it uses standardized data collection procedures, which entail clear guidelines and standardised tools to ensure that the department has consistent data collection across districts and service providers. Furthermore, it conducts training and capacity building for social workers to be trained on data collection and case management procedures, enhancing data accuracy.

The DSD also conducts regular audits and quality checks to assist, identify, and correct discrepancies or errors, ensuring data reliability and the implementation of the Role-Based Access and Confidentiality Agreements to restrict access based on roles. Staff who handle sensitive data also sign confidentiality agreements. The agreements

ensure adherence to the Protection of Personal Information Act (POPIA) No. 4 of 2013 and ethical standards to safeguard privacy and maintain data confidentiality.

In the 2023/24 financial year, it became mandatory for the DSD to compile disaggregated data on GBV survivors by age, gender, disability, and geographic location. This data informs programme planning, targeted resource allocation, programme monitoring and evaluation, and the department's strategy development.

For the purpose of reporting on GBV activities under Pillar 3 of the NSP-GBVF, the DSD indicated that it generates reports on its activities and progress related to GBV initiatives, which include:

1. Quarterly reports: These reports detail the number of cases, services provided, and outcomes. They are submitted to the Office of the Premier and the National DSD.
2. Progress report: These reports track specific GBV-related projects and initiatives, offering periodic updates.
3. Strategic plan reviews: In collaboration with the Office of the Premier, the DSD participates in reviews to adjust its strategies based on report outcomes, challenges, and emerging trends to align with the objectives of the NSP-GBVF.

11.6.5 Accountability and oversight

The following oversight mechanisms are in place to ensure DSD's compliance with the NSP-GBVF:

1. Parliamentary committees: Portfolio committees on social development play a crucial role in overseeing the DSD's activities related to GBV.
2. Office of the Auditor-General and provincial internal audit services: The Auditor-General and provincial internal audit services conduct audits of government departments, including the DSD. These audits assess financial management performance and compliance with relevant laws and regulations. The findings help ensure accountability and transparency in using public funds for GBV programmes.
3. Internal audit units: The DSD has internal audit units responsible for evaluating the department's operations, including GBV-related activities. These units review processes, controls, and performance to ensure they are effective and compliant with policies and regulations.

These oversight activities are conducted quarterly, annually, and bi-annually, with key findings being gaps in service delivery, ineffective policies and procedures, and lack of integration.

The DSD further indicated that GBV survivors use the GBV Command Centre, the call centre, and the presidential hotline to lodge complaints. GBV survivors can also visit local DSD service offices to provide feedback. Upon receipt of a complaint, the DSD conducts an investigation and ensures transparency in resolving the complaint. The DSD did not offer any information to the CGE regarding the impact of their complaints handling, nor did it offer any information to the CGE regarding addressing non-compliance with their complaints handling processes.

The DSD submitted that it participates in various interdepartmental oversight structures related to GBV and the NSP-GBVF, including interdepartmental committees, task teams, joint planning sessions, and intersectoral training programmes.

The DSD emphasised joint oversight activities conducted with other departments but did not offer any information or reports on accountability management within these structures and regarding the joint oversight activities conducted, which hinders the CGE from evaluating their impact.

11.7 CGE hearings

The DSD was subsequently subpoenaed to appear before the CGE on 21 November 2024 in terms of Section 12(4)(b) of the CGE for Gender Equality Act. After considering and analysing the information submitted prior to the hearing as narrated above, as well as submissions made by the DSD's head of department under oath at the hearing, the CGE deemed it necessary to request further particulars and made several preliminary recommendations, which included the following:

The CGE requested that the DSD provide the following:

1. A detailed breakdown of the capacity and duration of stay for victims at all Khuseleka One-Stop Centres, including distinctions between Khuseleka One-Stop Centres and TCCs.
2. Data on shelters accommodating children aged 12 and older, particularly male children aged 15–16, and details on whether mothers accompanied by male children in this age group are adequately accommodated.
3. A comprehensive list of shelters accommodating LGBTQIA+ persons, utilisation rates, and the outcomes of sensitivity and inclusion training provided to these shelters.
4. Infrastructure compliance reports for all shelters and victim empowerment rooms detailing adherence to the South African National Standards for Building Regulations (SANS10400) and accessibility standards for persons with disabilities.

5. Information on job placement and empowerment outcomes for victims who received skills training at shelters, including details of partnerships with job placement agencies.

6. Disaggregated data on the number of people with disabilities accessing victim empowerment services, as well as data on specific provisions for hearing and visually impaired persons at Khuseleka One-Stop Centres and victim empowerment programme facilities.

7. An evaluation report on the efficiency and utilisation of the DSD Call Centre, including the reasons for its low utilisation and suggestions for improvement or alternative strategies.

8. A detailed breakdown of the caseload allocation per social worker, highlighting efforts to manage high workloads and competing priorities.

9. Outcome data for GBV-related cases handled by social workers over the past three financial years, including success rates and lessons learned.

10. Detailed data on NPOs receiving DSD funding, including the impact of capacity-building initiatives and evidence of their contribution to addressing GBV and other social ills.

11. Information on DSD's contribution to the South African Law Reform Commission's dialogue on revising the age of care from 18 years and creating catchment programmes for 18-year-olds transitioning out of care.

11.7.1 CGE preliminary recommendations

1. Normalise feedback mechanisms from site visits, training sessions, and stakeholder meetings to ensure issues raised are systematically addressed and resolved

2. Develop and implement intersectional strategies to address the unique vulnerabilities of people at the intersection of gender, disability, and socio-economic barriers

3. Reassess its outreach strategies to ensure that programmes for youth and other vulnerable groups reach a broader population, leveraging modern communication platforms such as social media to engage younger audiences effectively

4. Integrate unemployed social workers into its workforce by advocating for additional funding and aligning staffing levels with the workload demands of the province's social ills.

11.7.2 After the hearings

The DSD responded to the CGE's request regarding the particulars sought and preliminary recommendations. The response was as follows:

11.7.3 Capacity and duration of stay for victims at all Khuseleka One-Stop Centres (Khuseleka OSC)

The DSD indicated that it does not currently have a Khuseleka One-Stop Centre but is actively working towards its establishment and operationaltion by March 2025. Additionally, the DSD advised that the process is well advanced with significant progress made towards ensuring the centre's operational readiness. The distinction drawn between a Khuseleka One-Stop Centre and a TCC is as follows:

Table 18: Distinction between Khuseleka One-Stop Centres (Khuseleka OSCs) and Thuthuzela Care Centres

Khuseleka One Stop Centre	Thuthuzela Care Centre
• The Khuseleka One Stop Centre, managed by the Department of Social Development (DSD), offers 24-hour services at a community-based facility. • The Khuseleka One-Stop Centre provides comprehensive support for victims of , including legal, police, health, medico-legal, psycho-social, and trauma counselling services, along with shelter. • Victims and their children can stay in the shelter for up to six months and receive life skills, vocational training, and income-generating opportunities.	• The Thuthuzela Care Centre, which is a safe space for victims of sexual assault and domestic violence located within a public health facility. • It aims to reduce secondary victimisation, increase conviction rates, and shorten case resolution times. • Services include initial victim reception, history-taking, medico-legal examinations, treatment for pregnancy, STIs, and HIV, as well as access to a bath/shower, refreshments, clothing, transportation, referrals, and follow-up support. It excludes the sheltering component and does not include residential care for victims.

The establishment of the first Khuseleka One-Stop Centre in KwaZulu-Natal is a significant and commendable step in addressing the crucial gaps in the province's response to GBV. Given the well-documented scarcity of shelters and the limited bed capacity of those that do exist, victims and/or survivors often face immense challenges in securing safe and immediate accommodation. Many shelters operate at full capacity, leaving victims with nowhere to go, forcing them to either return to unsafe environments or

remain in precarious situations. Introducing a Khuseleka One-Stop Centre provides a much-needed intervention by offering immediate crisis support and ensuring that survivors and their children have access to shelter for an extended period, allowing them time to heal and rebuild their lives.

Furthermore, the limitations of TCCs, while invaluable in their role within the justice system, highlight the necessity of a more holistic support model. TCCs primarily focus on medico-legal services, ensuring forensic evidence collection and facilitating the prosecution process. However, they do not provide accommodation or long-term psychosocial support, which leaves a significant gap in the continuum of care for survivors. The Khuseleka One-Stop Centres fill this void by integrating legal, police, health, and psycho-social services within a single facility while providing shelter and vocational training opportunities. This not only enhances the protection and empowerment of survivors but alsosurvivors strengthens their ability to reintegrate into society with dignity and independence.

By establishing the first Khuseleka in KwaZulu-Natal, the DSD has taken a progressive step toward ensuring that survivors of gender-based violenceGBV receive comprehensive and sustained support. This initiative recognises that addressing GBV requires more than legal and medical intervention, but it also necessitates a safe space where survivors can access the full range of services needed for their recovery and long-term stability. Given the high prevalence of GBV in KZN, this development sets an important precedent for future investment in survivor-centred responses, ensuring that victims are not merely assisted in the immediate aftermath of trauma but are given the tools and support necessary to reclaim their lives.

11.7.4 Shelters accommodating children aged 12 and older

The DSD submitted that all 21 shelters accommodate children aged 12 and older. Furthermore, the DSD reported that it reviewed the policy on admission, readmission, transfer and exits of victims of GBV to ensure that shelters have a family room where mothers with their older female and male children may be accommodated and remain together while receiving the necessary services such as trauma, counselling, psychosocial support, and life skills training. No information was submitted to indicate when the policy review took place. The DSD further indicated that its data suggests that most mothers come to shelters with younger children and older male children, who are not excluded at any of the shelters. This inclusion of older male children is a welcome indication of an inclusive and survivor-centred approach.

The following data was submitted:

Table 19: Shelter data 2021 to 2024

Shelter	Data on shelters accommodating children aged 12 and older, particularly male children aged 15–16, and details on whether mothers accompanied by male children in this age group are adequately accommodated.		
	2021/22	2022/23	2023/24
Open Door Crisis Centre, Pinetown	33	22	14
Sahara, Phoenix	2	3	6
Ethembeni Crisis Centre	0	0	0
Durban Hospice for Women, Overport	0	0	0
Kenilworth Respite Centre, Overport	0	5	0
VJ Kara, Chatsworth	0	0	0
Wentworth Victim-Friendly Centre, Wentworth	16	19	6
Amanzimtoti Trauma Centre, Amanzimtoti	0	0	0
House of Hope, Mandeni	0	0	0
Siyabathanda Shelter, Maphumulo	0	0	0
Abrina Esther House, Pietermaritzburg	1	2	0
Abrina Esther House (Men's Shelter), Pietermaritzburg	1	0	2
Izingolweni Crisis Centre, Izingolweni	0	0	0
Siyamthanda KwaXolo, Gcilima	0	0	2
Dundee Crisis Centre	0	0	5
Newcastle Crisis Centre	0	1	1
Victory Haven, Ladysmith	0	0	0
Isiphephelo Sejuba Health Care and Community Development, Ubombo	0	0	0
Siyabonga Shelter, Richards Bay	0	0	0
Creighton Shelter, Creighton	2	3	0
COWEP, Umzimkhulu	8	5	1

While the policy revisions to accommodate older and male children in shelters represent a positive step forward, the data suggests that implementation remains inconsistent. The figures submitted show that only a few shelters have consistently accommodated older children, particularly male children aged 15–16, over the past three years. Notably, the Open Door Crisis Centre in Pinetown has consistently provided the highest number of accommodations for this category, though the numbers have declined from 33 in 2021/22 to 14 in 2023/24. Similarly, Wentworth Victim-Friendly Centre has

accommodated a fluctuating number of male children, with figures dropping from 16 in 2021/22 to six in 2023/24.

In contrast, many shelters, such as Ethembeni Crisis Centre, Durban Hospice for Women, VJ Kara, House of Hope, Siyabathanda Shelter, and others, reported no accommodations for older male children throughout the three years. This lack of accommodation for male children raises accessibility concerns and whether structural or policy limitations have prevented these shelters from housing older children.

Shelters in crucial regions, including Pietermaritzburg, Izingolweni, Richards Bay, Ubombo, Ladysmith, and Mandeni, have consistently failed to accommodate older or male children. Given that GBV occurs across all communities, the absence of accommodations in these areas may leave many survivors and their children without support, forcing them to seek help elsewhere or remain in dangerous situations.

The CGE welcomes the policy changes but urges the DSD to take proactive steps to ensure that all shelters, particularly those in high-need areas, are fully equipped to accommodate survivors and their children, including male children aged 15–16, in alignment with the province's commitment to providing holistic support for victims of GBV.

11.7.4.1 Shelters accommodating LGBTQIA+ persons

Table 20: Shelters accommodating LGBTQIA+ persons

Shelter	Number of LGBTQIA+ persons accommodated at shelters		
	2021/22	2022/23	2023/24
Open Door Crisis Centre, Pinetown	0	0	0
Sahara, Phoenix	0	1	0
Ethembeni Crisis Centre	0	0	0
Durban Hospice for Women, Overport	0	0	3
Kenilworth Respite Centre, Overport	1	0	0
VJ Kara, Chatsworth	0	3	0
Wentworth Victim-Friendly Centre, Wentworth	0	0	0
Amanzimtoti Trauma Centre, Amanzimtoti	1	0	0
House of Hope, Mandeni	0	0	0
Siyabathanda Shelter, Maphumulo	0	0	0
Abrina Esther House, Pietermaritzburg	2	4	1
Abrina Esther House (Men's Shelter), Pietermaritzburg	1	1	2
Izingolweni Crisis Centre, Izingolweni	0	1	2
Siyamthanda KwaXolo, Gcilima	0	0	0
Dundee Crisis Centre	0	0	0
Newcastle Crisis Centre	0	0	1
Victory Haven, Ladysmith	0	0	0
Isiphephelo Sejuba Health Care and Community Development, Ubombo	0	0	0
Siyabonga Shelter, Richards Bay	0	0	1
Creighton Shelter, Creighton	1	2	2
COWEP, Umzimkhulu	0	1	1

The DSD indicated that the outcome of sensitivity and inclusion training improved services toward LGBTQIA+ persons, better conflict resolution practices, and a reduction in incidents of discrimination or abuse in shelters. Additionally, the DSD reported that it works with LGBTQIA+ advocacy organisations to ensure the needs of LGBTQIA+ persons are met in shelter settings. These organisations assist with training, policy development, and provide expertise on best practices. These are commendable efforts.

While DSD indicated that training has improved inclusion, the numbers do not reflect meaningful change. The data submitted indicates that the majority of shelters report no LGBTQIA+ residents across multiple years, suggesting either underreporting, lack

of genuine inclusivity, or a reluctance among LGBTQIA+ survivors to seek assistance due to fears of discrimination. Only a few shelters, such as Abrina Esther House and Creighton Shelter, report accommodating LGBTQIA+ persons. While DSD states that inclusion training has improved service delivery, the numbers do not reflect substantial progress.

11.7.4.2 Infrastructure compliance reports for all shelters and victim empowerment rooms

The DSD submitted that during monitoring and valuation visits, it assesses the availability of ramps, accessible bathrooms, and signage and ensures that pathways, entrances, and common areas are navigable by individuals with mobility challenges or other disabilities. For any shelters found to be non-compliant, an infrastructure improvement plan is developed with clear, actionable steps, timelines, and resources needed to achieve compliance.

The plan prioritises high-risk or urgent areas that could affect the safety or accessibility of victims, particularly those with disabilities. The victim empowerment rooms fall under SAPS and are managed by SAPS.

11.7.4.3 Job placement and empowerment outcomes for victims

Table 21: Job placement and empowerment outcomes for victims

Shelter	Information on job placement and empowerment outcomes for victims who received skills training at shelters.			Details of partnerships with job placement agencies.
	2021/22	2022/23	2023/24	
Open Door Crisis Centre, Pinetown	• 1 client learnt how to do beadwork. She started making and selling beads after being discharged from the shelter.	• 1 client got a job in a clothing company in the area. • 1 client got a job as a doctor's assistant.	• 1 client who was partially blind got a 12-month disability learnership from Woolworths. • Some of the clients got temporary jobs in nearby salons.	• The organisation has a good relationship with local businesses. • The social worker calls to check available vacancies for clients with relevant skills or qualifications. • The centre manager assists the clients in compiling their CVs, and the social worker prints and emails their CVs. The hiring companies contact the shelter social worker for reference.
Sahara, Phoenix	• 11 • 1 client self-employed	7	• 15 • 2 clients self-employed	• Talkshow (Call Centre) • Skyworx (Call Centre) • Shoprite (Phoenix Plaza)

Shelter	Information on job placement and empowerment outcomes for victims who received skills training at shelters.			Details of partnerships with job placement agencies.
	2021/22	2022/23	2023/24	
Ethembeni Crisis Centre	0	0	• 13 clients were referred to Lifeline to receive skills training. • 1 client obtained a job in a government department • 1 client obtained a job in a call centre.	• None.
Durban Hospice for Women, Overport	0	5	0	• Arrow Cash & Carry-Umgeni Road. There are two women still employed since August 2022. • Three women defaulted. • An opportunity was lost in re-negotiations for 2025.

Shelter	Information on job placement and empowerment outcomes for victims who received skills training at shelters.			Details of partnerships with job placement agencies.
	2021/22	2022/23	2023/24	
Kenilworth Respite Centre, Overport	0	• The shelter networks with other welfare organisations that offer skills development, • DSD (Generate your business idea) – 1 client benefitted from the training and has since opened her own home industry (catering). • SANZAF – 2 clients completed a basic computer course and were assisted with job seeking. • Darul Isahn – 2 clients completed a basic caregiving course and were assisted in securing employment as caregivers. They are still employed to date.	• The shelter still networks with the previously mentioned organisations. However, employment has not been readily accessible in the last year, especially if the clients reveal that they have been living in a shelter.	• The shelter still networks with the previously mentioned organisations. However, employment has not been readily accessible in the last year, especially if the clients reveal that they have been living in a shelter.
VJ Kara, Chatsworth	10	53	20	• Local businesses in Chatsworth.

Shelter	Information on job placement and empowerment outcomes for victims who received skills training at shelters.			Details of partnerships with job placement agencies.
	2021/22	2022/23	2023/24	
Wentworth Victim-Friendly Centre, Wentworth	0	2	1	• 1 sewing training • 1 job at Oxford • 1 job with Human Settlement
Amanzimtoti Trauma Centre, Amanzimtoti	0	3	17	• Clear Business and Technology Solutions is currently offering an internship programme to 13 students identified by the Amanzimtoti Trauma Unit. Commencing on 3 February 2025.
House of Hope, Mandeni	0	0	• 1 of the survivors who participated in the Nyamukara sewing and Digital Literacy is currently employed at Tongaat with her sewing skills and the certificate she obtained at Nyamukara hosted by DSD.	• Celrose industrial company at Tongaat • Mandeni youth development • ILembe youth economic • development

Shelter	Information on job placement and empowerment outcomes for victims who received skills training at shelters.			Details of partnerships with job placement agencies.
	2021/22	2022/23	2023/24	
Siyabathanda Shelter, Maphumulo	0	• 1 client received training on the Nyamukara sewing project. • 1 client registered her TBK fashion design business at Savana Park, Durban. The business is doing well. She makes fashion dresses, wedding gowns, and traditional garments. The second client has not registered her business yet, and she is working from home. She is dealing with traditional garments and aprons for women.	• 1 client received training on a detergent programme. She has not registered her business yet, but she is working from home making bleach.	None.
Abrina Esther House, Pietermaritzburg	3	7	5	• The shelter has skilled staff who train victims in manufacturing perfumes, detergents, nail tech and computer skills.

Shelter	Information on job placement and empowerment outcomes for victims who received skills training at shelters.			Details of partnerships with job placement agencies.
	2021/22	2022/23	2023/24	
Abrina Esther House (Men's Shelter), Pietermaritzburg	1	3	3	• The shelter has skilled staff who train victims in the perfume and detergent manufacture, built-in cupboards, and computer skills.
Izingolweni Crisis Centre, Izingolweni	2	0	3	• The DSD sewing programme skills (skills development for victims). • Ray Nkonyeni Municipality – agricultural skills development and planting seeds.
Siyamthanda KwaXolo, Gcilima	0	0	0	• None.
Dundee Crisis Centre	• 1 client got a cleaning job with a service provider.	• 1 client was a resident at the shelter. She was taught housemother duties and later employed as housemother.	0	• None.
Newcastle Crisis Centre	0	2	0	• None.
Victory Haven, Ladysmith	1	0	0	• None.

Shelter	Information on job placement and empowerment outcomes for victims who received skills training at shelters.			Details of partnerships with job placement agencies.
	2021/22	2022/23	2023/24	
Isiphephelo Sejuba Health Care and Community Development, Ubombo	1	• 1 client who was empowered with skills development and drafting her CV got a permanent job at Pep Store. • 1 of the clients who was empowered with sewing skills is now studying Social Work at the University of KwaZulu-Natal.	• 19 women were empowered with computer skills (Microsoft Word, Excel spreadsheets, PowerPoint and internet). Certificates of attendance were awarded to all clients who participated in the training.	• Partnership with Mpilonhle organisation to empower the 19 service users with computer skills in the financial year 2023/24.
Siyabonga Shelter, Richards Bay	0	0	• 1 client was equipped with knitting skills at the shelter and is now employed at a factory making socks.	• None.

Shelter	Information on job placement and empowerment outcomes for victims who received skills training at shelters.			Details of partnerships with job placement agencies.
	2021/22	2022/23	2023/24	
Creighton Shelter, Creighton	• 4 clients trained in gardening, sewing, upholstery, baking	• 6 clients where trained in sewing, early childhood development, baking, recycling, jam making and painting. • 1 client is employed in Durban at an early childhood development centre • 2 clients have their own sewing businesses • 1 has a cake-making business.	• 8 clients were trained in barista, early childhood development, baking, recycling, gardening, sewing.	• Creighton Sports Club • Sinawe local business • Weatherboard Sawmill • Sani to Sea
COWEP, Umzimkhulu	3	8	6	• Municipality (Expanded Public Works Programme) • Private sector • DoH (caregiver, linkage officer)

The role of shelters in facilitating skills development and economic independence for survivors is uneven across the facilities. Some shelters, such as VJ Kara and Sahara in Phoenix, report strong job placement records through partnerships with local businesses. Others, however, show minimal to no employment outcomes, highlighting a lack of consistency in economic empowerment programmes. The variation in skills development and job placement success suggests that some shelters benefit from established networks while others lack the necessary connections. A standardised model for skills development and job placement programmes and increased private-sector engagement would help ensure that all survivors receive meaningful economic opportunities.

The CGE is concerned that some of the shelters reported no efforts at all and notes that none of the shelters reported accredited training efforts, which poses a risk regarding the sustainability of the opportunities that the service users have access to upon leaving the shelters. The DSD must engage and encourage shelters to build strategic relationships with training providers and employers alike to empower service users so they can be economically independent upon leaving the shelters.

11.7.4.4 Number of persons with disabilities accessing victim empowerment services

Table 22: Number of persons with disabilities accessing victim empowerment services

2021/22	2022/23	2023/24
The DSD did not maintain disaggregated data for the period.	The DSD did not maintain disaggregated data for the period.	• 514 persons with disabilities accessed support services • 79 persons with disabilities accessed shelter services (Khuseleka One-Stop Centres, shelters, and White Doors.

It is commendable that the DSD has improved its data collection to be more specific regarding shelter access and usage by persons with disabilities. Disaggregated data will aid in measuring impact, identifying challenges and successes, as well as establishing best practices regarding access to services for persons with disabilities. Additionally, the DSD submitted to the CGE that it relies on external organisations, such as the Blind and Deaf Society, to provide specialised services, suggesting that many shelters may not have in-house accommodations for persons with disabilities.

A thorough audit of shelter accessibility and the introduction and implementation of internal disability-friendly policies are necessary to improve service provision for this vulnerable group.

11.7.4.5 Efficiency and utilisation of the DSD Call Centre

Regarding the DSD Call Centre, which is designed as a resource for survivors seeking assistance, the DSD indicated that the call centre suffers from low utilisation. The low call rate is attributed to trust issues and accessibility barriers, including barriers for persons with disabilities, and particularly the fact that the call centre operates on a paid line rather than being toll-free. The financial burden associated with accessing the call centre disproportionately affects low-income victims and/or survivors, potentially preventing them from seeking assistance.

Additionally, concerns regarding confidentiality and the effectiveness of the response system contribute to the lack of trust. The DSD further indicated that it will implement various strategies to address the issues contributing to low utilisation and improve the DSD call centre's overall performance, such as increased awareness campaigns and collaboration with local offices and community-based organisations. Converting the call centre into a toll-free service and launching public awareness campaigns to restore confidence in its operations would significantly improve its accessibility and effectiveness.

11.7.4.6 Caseload allocation per social worker

Table 23: Number of social workers permanently employed

District	No. social workers
EThekwini North	157
EThekwini South	130
Ilembe	94
Umgungundlovu	129
Harry Gwala	69
Ugu	126
Amajuba	89
Umzinyathi	84
UThukela	77
Zululand	169
King Cetshwayo	163
Umkhanyakude	149
TOTAL	**1,436**

The report reveals that social workers face overwhelming caseloads, averaging 100 cases per social worker. This excessive workload affects service quality and limits the time social workers can dedicate to individual cases. While social auxiliary workers assist in alleviating some of the burdens, resource shortages, geographical challenges, and underfunding continue to strain the system. Some cases fall through the cracks, particularly in rural areas where access to specialised services is limited.

The DSD deployed 153 social workers in 2020 through Lifeline organisations to strengthen psycho-social support services for GBV survivors across 20 CCCs, 120 victim-friendly rooms, and nine TCCs.

Table 24: The breakdown per district of deployed social workers

District	Number of social work supervisors	Number of social workers
Amajuba	3	8
uMzinyathi		10
uThukela		12
Harry Gwala		8
uMgungundlovu		17
eThekwini Metro	3	30
iLembe		10
uGu		10
Zululand	2	22
uMkhanyakude		9
King Cetshwayo		9
Total	**8**	**145**

Furthermore, the DSD reported that an additional five social workers are funded through a service provider appointed by the National Department of Social Development and were placed at the hotspot areas of Inanda, Plessislaer, Osizweni, Umzumbe and Umlazi to render psychosocial support services from 2021 to 2023. The social workers worked in partnership with GBVF ambassadors who conducted prevention and awareness campaigns in hotspot areas. Unfortunately, the contract ended at the end of December 2023.

The expiration of the social workers' contracts in December 2023 creates a crucial service gap as these areas continue to report high levels of GBV. The discontinuation of these roles, alongside the likely reduction in GBVF ambassador-led prevention efforts could undermine progress made in victim support, trauma counselling, and

awareness initiatives. The contracts' expiration raises questions about the sustainability of GBV interventions in the province, especially in communities where the need remains urgent.

Addressing these challenges requires sustainable solutions, increased staffing, strategic case distribution, and investment in professional development to ensure high-quality GBV interventions.

11.7.4.7 Outcome data for GBV-related cases handled by social workers

Table 25: DSD statistical data on GBV-related interventions

Performance indicators	2021/22	2022/23	2023/24
Number of victims of crime and violence accessing support services	32.599	45,605	45,141
Number of human trafficking victims who accessed social services	12	18	10
Number of victims of GBVF and crime who accessed sheltering services (Khuseleka One-Stop Centres, shelters, and White Doors)	2,067	2,785	2,885
Number of persons reached through social crime prevention programmes	233,056	345,847	5

The DSD provided statistical data on GBV-related interventions, showing an increase in the number of victims accessing services over the past three years. While success is measured through psychological recovery, increased safety, and successful reintegration, there is limited data on long-term survivor outcomes such as employment stability, permanent housing, or justice against perpetrators. A major challenge remains victim cooperation, as many survivors fear retaliation, lack trust in the system, or remain emotionally attached to perpetrators, which affects case resolution. Additionally, delays in the justice process, insufficient resources, and lack of coordination between key role players (e.g., police, healthcare, social services) further hinder effective intervention. To improve effectiveness, trauma-informed approaches, better legal support, and enhanced survivor-centred reintegration programmes are needed to ensure meaningful and sustainable success.

11.7.4.8 NPOs receiving DSD funding

Table 26: NPOs receiving DSD funding

District	Name of NPO
Ethekwini North	Open Door Crisis Centre, Pinetown
	Sahara, Phoenix
	Ethembeni Crisis Centre, KwaNdengezi
	Durban Hospice for Women, Durban
	Kenilworth Respite Centre, Overport
	Lifeline Durban
Ethekwini South	VJ Kara, Chatsworth
	Wentworth Victim-Friendly Centre, Wentworth
	Amanzimtoti Trauma Centre, Amanzimtoti
	KwaZulu-Natal LGBT Recreation
	Lifeline Durban
	African Queens Community
Ilembe	House of Hope, Mandeni
	Siyabathanda Shelter, Maphumulo
	Childline
	Lifeline Durban
Zululand	Lifeline Zululand
	Ward One Pastor & Religious Leaders Organisation (WAPRO)
	Childline
	Inkanyezi
King Cetshwayo	Siyabonga Shelter
	Rainbow Circle
	Siyathuthuka
	Lifeline Zululand
	Childline
Umkhanyakude	Isiphephelo Sejuba Health Care and Community Development, Ubombo
	Thengani White Door, Manguzi
	Lifeline Zululand
	Solid Foundation for Rural Development
	Childline
Amajuba	Lifeline Pietermaritzburg
	Men Against Man Abuse (MAMA)
	Newcastle Crisis Centre
Uthukela	Lifeline Pietermaritzburg
	Victory Haven, Ladysmith
Umzinyathi	Lifeline Pietermaritzburg
	Dundee Crisis Centre

District	Name of NPO
Umgungundlovu	Lifeline Pietermaritzburg
	Abrina Esther House
	Angels Care Crisis Centre
Ugu	Lifeline Durban
	Izingolweni Crisis Centre, Izingolweni
	Siyamthanda KwaXolo, Gcilima
Harry Gwala	Vukuzithathe Community Health and Welfare, Himeville
	Masakhane, Ixopo
	Masakhane
	St Pauls Multi-Purpose Centre
	Khanyiselani Development Trust
	Lifeline Pietermaritzburg
	Creighton Shelter, Creighton
	Consortium for Women Empowerment and Programmes (COWEP), Umzimkhulu

The DSD submitted information to the CGE regarding the impact of its capacity-building initiatives and how they contribute to addressing GBV and other social issues. According to DSD, these initiatives are designed to enhance the operational effectiveness and sustainability of non-profit organisations (NPOs) that provide crucial services in GBV response and prevention. The DSD's funding supports NPOs in several key areas, including training and professional development, infrastructure improvements, and strengthening internal management systems to ensure long-term service delivery.

DSD stated that its training and professional development programmes focus on equipping social workers, counsellors, and volunteers with the necessary skills to support survivors of GBV and other social challenges. The training and professional development programmes include specialised training in trauma-informed care, legal literacy, and case management. Additionally, the DSD assists NPOs in upgrading their infrastructure, such as improving shelter facilities, developing case management systems, and adopting technological tools for data management. The DSD also facilitates partnerships between NPOs and other stakeholders, both within and outside the government, to enhance coordination and expand the impact of services.

Regarding the direct contributions of NPOs to GBV response, the DSD highlighted that many organisations operate shelters and safe houses, providing immediate protection and essential support services to individuals fleeing violence. These NPOs also offer counselling, psychological support, and legal assistance, helping survivors navigate

the legal system, obtain protection orders, and seek justice. Furthermore, some NPOs conduct public awareness campaigns and educational programmes aimed at preventing GBV by shifting societal attitudes, promoting healthy relationships, and encouraging reporting of abuse.

In addition to addressing GBV, the DSD noted that NPOs also tackle broader social issues such as substance abuse rehabilitation, child protection, and social welfare services. Many organisations provide foster care, support for orphans and vulnerable children, and awareness programmes on human trafficking and child exploitation. The DSD monitors the effectiveness of these interventions through monthly reports and evaluations of funded deliverables, ensuring that NPOs remain accountable for their contributions to social development and GBV prevention.

While the DSD's funding initiatives are strategically beneficial, there are notable gaps in how the impact of these investments is measured and reported. The DSD receives monthly reports used to monitor and evaluate NPO deliverables, but there is no clear evidence of how these assessments translate into long-term improvements for survivors. For example, while data is provided on the number of individuals accessing services, it remains unclear how many survivors successfully transition into stable housing, employment, or long-term safety. A more impact-driven evaluation system is necessary to move beyond output-based reporting (e.g., number of people served) to outcome-based reporting (e.g., long-term recovery and reintegration success rates).

Another area that requires further scrutiny is the geographical distribution of funding and resources. The list of NPOs receiving funding does not clarify whether high-need or underserved areas are adequately covered, nor does it indicate whether certain NPOs receive disproportionately higher support than others. Without a needs-based allocation model, there is a risk that some regions may be over-resourced while others remain critically underserved. Additionally, while community education and outreach initiatives are highlighted, their effectiveness in changing societal attitudes toward GBV remains unquantified.

To enhance its impact, the DSD should consider standardising its evaluation metrics, ensuring greater transparency in resource distribution, and expanding its outcome-based tracking mechanisms. By addressing these gaps, the DSD can build on its commendable efforts and ensure that its capacity-building initiatives result in sustained and measurable improvements in the fight against GBV and other social ills.

11.7.5 CGE findings

The CGE made the following findings regarding the DSD:

1. The establishment of the first Khuseleka One-Stop Centre in KwaZulu-Natal is a significant step towards providing comprehensive support for survivors of GBV. However, the overall availability of shelters remains inadequate, with many operating at full capacity, leaving survivors without immediate safe accommodation. The lack of sufficient facilities forces many victims to return to unsafe environments, highlighting the urgent need for expanded shelter capacity and improved accessibility.

2. Despite policy revisions allowing for the accommodation of older male children (15–16) in shelters, implementation remains inconsistent. The data indicates that many shelters have not housed older male children in the past three years, suggesting structural or policy limitations that prevent effective family accommodation. The exclusion of this group leaves mothers with difficult choices and creates gaps in service provision for survivors seeking shelter with their children.

3. While the DSD has introduced sensitivity and inclusion training for shelters, data on LGBTQIA+ survivors suggests minimal change in accessibility. Most shelters reported zero LGBTQIA+ residents across multiple years, which may indicate either underreporting, a lack of inclusivity, or continued fears of discrimination. The limited accommodation of LGBTQIA+ survivors raises concerns about whether existing shelters are safe and welcoming for all victims of GBV.

4. Infrastructure compliance remains a challenge, with many shelters lacking proper accessibility features for persons with disabilities. Although the DSD conducts monitoring and evaluation visits, there is little evidence of standardised enforcement of SANS10400 and disability inclusion policies. The reliance on external organisations to provide disability-related services further suggests that many shelters are not equipped to cater to the needs of persons with disabilities.

5. Economic empowerment programmes within shelters remain inconsistent, with some shelters successfully placing survivors in jobs while others report minimal or no employment outcomes. Many survivors leave shelters without sustainable livelihoods, increasing the risk of re-victimisation. Additionally, the absence of accredited training programmes limits the long-term employability of survivors, as many skills-development initiatives do not provide recognised qualifications.

6. Social workers are overwhelmed with high caseloads, averaging 100 cases per worker, which affects the quality and consistency of support provided to GBV survivors. The expiration of contracts for social workers deployed to high-GBV areas in December 2023 has created crucial service gaps, undermining progress in psycho-social support, trauma counselling, and victim empowerment. Without adequate staffing, social workers are unable to provide the individualised care and follow-up necessary for long-term survivor recovery.

7. Although the DSD has improved its data collection efforts, particularly for persons with disabilities, long-term outcome tracking remains inadequate. Existing data primarily measures service uptake rather than the effectiveness of interventions. There is limited information on whether survivors successfully transition to stable housing, secure employment, or remain safe after leaving shelters, making it difficult to assess the full impact of GBV response initiatives.

8. The DSD Call Centre, intended as a vital resource for survivors, suffers from low utilisation due to financial barriers, trust issues, and accessibility concerns. The DSD Call Centre operates on a paid line disproportionately affects low-income victims, who may be unable to afford the cost of seeking help. Additionally, concerns about confidentiality and the efficiency of the response system further discourage victims from using the service.

9. The allocation of funding to NPOs supporting GBV survivors lacks transparency and impact-driven evaluation. While the DSD funds numerous NPOs, there is no clear needs-based allocation model to ensure that high-risk and underserved areas receive adequate resources. Additionally, while the DSD monitors deliverables, there is limited evidence of long-term impact assessments to determine whether funding translates into meaningful improvements for survivors.

11.7.6 CGE recommendations

In light of the above, the CGE recommends that the DSD:

1. Ensures that the operationalisation of the Khuseleka One-Stop Centre is prioritised and accompanied by clearly defined implementation timelines. Given the scarcity of shelters and the overwhelming demand for safe accommodation, the DSD must further expand shelter capacity across all districts, ensuring that victims of GBV have immediate access to secure housing and comprehensive support services.

2. Enforces the policy revisions that accommodate older male children (15–16) in shelters, ensuring that all facilities implement standardised family units. The inclusion of older male children will address the persistent issue of survivors being forced to choose between seeking shelter and remaining with their children. Additionally, the DSD must establish LGBTQIA+-inclusive shelters and introduce an anonymous reporting mechanism to monitor inclusivity and prevent discrimination within existing shelters.

3. Conducts an urgent audit of all shelter facilities to assess compliance with SANS10400 and accessibility requirements for persons with disabilities. This assessment must be followed by a phased implementation plan to rectify deficiencies, particularly in shelters lacking accessible infrastructure, such as ramps, accessible bathrooms, and sensory-friendly accommodations for persons with a visual and/or a hearing impairment.

4. Standardise and expand accredited training programmes in all shelters to ensure survivors acquire marketable skills, enhancing their long-term economic independence. Partnerships with private-sector employers and accredited training institutions must be strengthened to facilitate seamless job placements. Furthermore, the DSD must introduce a post-shelter support framework to track survivors' reintegration and employment outcomes, ensuring that economic empowerment initiatives translate into sustainable livelihoods.

5. Advocates for increased budget allocations to address the chronic understaffing of social workers, ensuring that caseloads are equitably distributed to improve service delivery. Urgent measures must be taken to replace social workers whose contracts expired in December 2023, particularly in high-GBV areas where their absence has created significant service gaps. Additionally, specialised training programmes must be implemented to enhance the capacity of social workers in trauma-informed care and GBV response.

6. Strengthens its data collection systems by including disaggregated data on persons with disabilities accessing victim empowerment services, ensuring that service provision is tailored to their specific needs. Furthermore, a robust outcome-based tracking mechanism must be introduced to measure the long-term impact of GBV interventions beyond immediate service provision, capturing data on survivors' safety, employment, and housing stability after an intervention.

7. Transitions its call centre into a toll-free service to eliminate financial barriers preventing victims from seeking assistance. A targeted awareness campaign must be implemented to increase trust and utilisation, ensuring that victims and survivors are aware of the service and confident in its confidentiality and effectiveness. Additionally, the DSD must introduce multi-language support and disability-accessible communication options to cater to diverse needs.

8. Implements a transparent, needs-based funding model for NPOs to ensure that high-risk and underserved areas receive adequate resources. A standardised impact evaluation framework must be adopted to enhance accountability, shifting from output-based reporting to outcome-driven assessments that measure the tangible benefits of funded initiatives. Additionally, collaborative capacity-building programmes must be introduced to strengthen the operational sustainability of NPOs addressing GBV and social welfare challenges.

12 SOUTH AFRICAN POLICE SERVICE (SAPS)

On 5 September 2024, the CGE dispatched a questionnaire to the SAPS in KwaZulu-Natal requesting information and related documents to assess the SAPS's commitment to its obligations regarding the implementation of Pillar 3 of the NSP-GBVF in KwaZulu-Natal.

12.1 Investigative and policing services

The CGE notes that SAPS reported having only 25 FCS Units, one Serial and Electronic Crime Investigation (SECI) unit, and 14 forensic social worker (FSW) units across KwaZulu-Natal. The low numbers of GBV units is particularly concerning given the high rates of GBV-related crimes and the large geographical area the province covers. The existence of only one Serial and Electronic Crime Investigation unit raises concerns about SAPS's capacity to adequately address the demand for investigations into serial offences and online child exploitation, given the increasing prevalence of online exploitation and the complexity of investigating serial offences.

Regarding staffing levels and the number of trained investigators, SAPS provided data on training courses offered and the number of officers trained as follows:

Table 27: SAPS data on training courses and the number of officers trained

Course	Number
Sexual Offences Course	239
Domestic Violence Course	240
Buccal Sample Training Course	236
Detective Course	175
Circulation Course	142
Child Justice Course	111
NI 3/2008 for Sexual Offences Course	90
Witness Protection Course	9
Cyber Crime	18
Family Violence Course	332
Basic Crime Investigation Practice Course	224
Resolving of Crime	239
Domestic Violence Act Course	163
Vulnerable Children Course	160
Child Justice Training Course	110
Psychologically Motivated Crime Course	27
Detective Commander Course	24

However, despite the request, SAPS did not provide the CGE with specific information on actual staffing levels. This omission raised concerns about SAPS' willingness to maintain transparency with the CGE. Without this data, the CGE's efforts to ensure accountability and to identify potential gaps in SAPS's resources are significantly hindered, ultimately affecting the effectiveness of oversight in addressing GBV issues.

The SAPS's response identified accommodation, as well as human and physical resources, as challenges in the establishment and operation of these units. However, the response remains ambiguous, as the terms 'accommodation' and 'human and physical resources' could be interpreted in various ways. Without further clarification or specific details regarding these challenges, the CGE is unable to make informed observations or assessments.

The SAPS indicated that cases are assigned based on the mandate of specialised units like FCS, with the Commander responsible for assigning dockets to trained and skilled officers. The assignment of cases is reportedly done using a distribution register to track the allocation of dockets to the investigating officers.

The SAPS provided the CGE with a list of policies, national instructions, and acts governing the operation of specialised units rather than providing copies of the documents themselves. To enhance the response and ensure greater transparency, including copies of these policies and guidelines would be beneficial, as per the CGE's request.

The documents listed were:

1. Standard Operating Procedure for the Reporting of Family Violence, Child Protection and Sexual Offence Related Crimes (FCS Mandate)
2. Family Violence, Child Protection and Sexual Offences National Instruction 2/2019
3. Sexual Offences National Instruction 03/2008
4. Case Docket Management National Instruction 13/2017
5. Care and Protection of Children in Terms of the Children Act, National Instruction 3/2010
6. Crime Investigation, National Instruction 1/2018
7. Domestic Violence Act 14/2021
8. Children in Need of Care Act, 2011(No. 06/2011)

9. Children in Conflict with the Law National Instruction 2/2010
10. Registration and Finances of Informers National Instruction 1/2021
11. Prevention and Combatting of Trafficking in Persons National Instruction 4/2015
12. Crime Scene Management National Instruction 1/2015.

12.2 Training and capacity building

The SAPS stated that it presents approved training interventions assigned a unique Training Administration System (TAS) code. In response to the CGE's request for attendance registers, training materials, and schedules for the past three years to verify this, the SAPS explained that all planned training is recorded on the test system before delivery. Once members are assessed and the results are updated on the Training Administration System, they are reflected in the members' SAP96 after synchronisation with the PERSAL/PERSAP system. PERSAL/PERSAP is an integrated human resource, personnel, and salary system the South African government uses.

Additionally, the SAPS noted that the report is too large for printing. While the SAPS responded to the CGE electronically, the CGE observed that no efforts were made to submit the report in a digital format, raising concerns about the SAPS's commitment to transparency with the CGE.

SAPS said that six human resource development (HRD) centres are responsible for providing the training across the province, with qualified trainers who have completed education, training and development (ETD) and train-the-trainer courses. Additionally, training interventions are updated by the Human Resource Development Division (ETD Standards), with materials updated every five years or when legislation changes occur.

12.3 Investigative procedures

Regarding standard operating procedures, the SAPS reiterated the list of policies or guidelines that govern the operation of the specialised unit but did not provide copies or advance an explanation for the omission.

The SAPS submitted that FCS Unit members are available 24/7 to attend to new cases, ensuring that crucial initial actions are taken, such as:

- Victim medicals and counselling at TCCs
  - Crime scene attendance
  - Seizing exhibits
  - First report statements
  - Apprehension of suspects.

The SAPS stated that no recorded data is available regarding the average time taken to investigate GBV cases from reporting to charge, but it indicated that the average time for investigation is approximately 14 days, which varies from case to case based on its merits.

12.4 Co-ordination with other stakeholders

The SAPS also described its coordination efforts with other stakeholders, such as the DOJ&CD and the NPA, through regular meetings and collaborative committees. However, the response does not provide specifics on how these meetings translate into tangible actions or improved outcomes for GBV survivors.

There is mention of MoUs between the SAPS and the Department of Community Safety and Liaison (DCSL), which are governed by the Domestic Violence Act No. 116 of 1998, as amended with terms of reference between NPA and SAPS, but no copies were provided to the CGE.

12.5 Thuthuzela Care Centres (TCCs)

The data provided on the number of SAPS officials assigned to TCCs in KwaZulu-Natal highlights 11 out of 13 TCCs where SAPS personnel are permanently stationed, ensuring 24/7 availability. However, two TCCs (Mkabayi TCC in UMkhanyakude District and White Door TCC in UMzinyathi District) do not have permanent SAPS personnel, with officers only being dispatched when there is a case to attend to. Additionally, the SAPS cited the shortage of human resources as the reason for gaps in coverage. The shortage of personnel at these TCCs is a significant concern, as the availability of trained officers is crucial for ensuring timely and efficient responses to GBV cases. The absence of dedicated personnel at these two centres could result in delays in case processing and a lack of immediate protection for survivors, potentially exacerbating the trauma experienced by victims and/or survivors.

The SAPS reported that officers assigned to TCCs undergo training on handling GBV victims, including topics such as domestic violence, victim empowerment, vulnerable groups (elderly persons and children) and responding to sexual offences. The response reiterated that training records are tracked through the Training Administration System, and the response is too large for printing. Furthermore, the absence of specific training manuals or details on how training is tailored to address the complex needs of GBV survivors is a limitation. SAPS should consider providing more transparency regarding the content and outcomes of these training programmes to ensure that officers are well-equipped to handle sensitive GBV cases with competence and empathy.

12.6 Accountability and oversight at Thuthuzela Care Centres (TCCs)

The SAPS submits that personnel posted at TCCs report to their respective station commanders, and relief commanders conduct regular site visits to assess performance and services provided. While this internal oversight is essential for maintaining standards, the response does not offer detailed information on the frequency of these visits or the specific findings from these assessments. Additionally, monthly meetings with other stakeholders within the operational areas of TCCs were mentioned, but there was no evidence of the meetings or formalised mechanisms for addressing issues raised during these discussions.

12.7 Victim support and referral systems

The SAPS reported that it ensures that victims of GBV receive timely and appropriate support by referring them immediately for appropriate services after an initial response by SAPS members. Victims are attended to at the police station's victim-friendly room (VFR) and thereafter directed to various organisations, including the DSD and the DoH. Additionally, the SAPS reports that the FCS Unit does not have its own referral forms but uses forms prescribed by the DSD and NGOs.

The SAPS indicated that it ensures the safe transportation of victims by using unmarked vehicles from the charge office to TCCs, and where a marked vehicle is utilised, the victim is seated in the front passenger seat. The SAPS further mentions that station commanders ensure that a vehicle is available at all times and that FCS members are allocated serviceable unmarked vehicles to attend to cases.

12.8 Safety measures and protocols

The SAPS submitted that police officers safeguard victims during transport, and investigating officers assist with transportation to and from court proceedings using unmarked vehicles. Additionally, SAPS mentions that protection orders are enforced by ensuring that the return of service is completed and that respondents are arrested upon contravention of protection orders.

12.9 Documentation, evidence collection, and management

The SAPS responded with the Forensic Fact File/DNA Act regarding guidelines or standard operating procedures for handling evidence, including DNA evidence. However, the CGE expresses concern that the response appears to be a mere tick-box exercise rather than a comprehensive and detailed response that aligns with the standard expected when responding to information requests from the CGE as an oversight body.

Furthermore, the distribution and replenishment of sexual assault evidence kits is described as a process based on needs, crime statistics, and stock levels at various police stations and FCS Units. Additionally, the response indicates that shortages can be replenished from accounting stations. Lastly, the SAPS briefly mentions audits conducted by FCS Units and the maintenance of registers at TCCs to track the use of these kits. While this is a positive step, there is no mention of how frequently they occur, the results of past audits, or any actions taken.

12.9.1 Documentation and reporting

The SAPS indicated that it ensures accurate and timely documentation of GBV cases, including the use of electronic case management following a procedure in terms of which the community service centre registers cases, uploads and scans the associated documents into the Integrated Case Docket Management System, which can be accessible to the victim at any time. The SAPS's response further mentions measures to prevent the loss or mismanagement of duplicate dockets, such as locking dockets in steel cabinets and scanning them into the system.

12.9.2 Accountability, reporting and oversight

Regarding internal reporting mechanisms for tracking the performance of SAPS in handling GBV cases and ensuring compliance with the NSP-GBVF obligations, SAPS reported that monthly and quarterly reports are submitted at the station, district, provincial, and national levels. Additionally, the FCS Units are guided by the Annual Operational Plan (AOP) and make use of systems such as the Global Access Control System (GACS), the Efficiency Index System (EIS), and SAPS6 forms, as well as conducting inspections at units to ensure compliance.

The SAPS reported that these reports are compiled monthly and quarterly, with any identified shortcomings addressed daily via a WhatsApp group dedicated to reported crimes across the 26 units. Commanders are required to address these shortcomings and provide feedback. The provincial FCS commander and the intervention team conduct interventions at the units, with reports compiled after each inspection. Although SAPS indicated that inspection reports were attached, the CGE did not receive such reports.

12.9.3 External oversight and collaboration

In response to the request to describe the role of external oversight bodies, such as the Independent Police Investigative Directorate (IPID), in monitoring SAPS's compliance with Pillar 3 of the NSP-GBVF, SAPS referenced the Department of Community Safety and Liaison and mentioned monitoring compliance with the Domestic Violence Act. However, this brief mention does not sufficiently assist the CGE in assessing SAPS's implementation.

The SAPS also stated that it collaborates with civil society organisations, community groups, and other stakeholders to enhance accountability and transparency in handling GBVF cases by providing training, creating awareness about GBVF, and informing communities where to seek assistance. Additionally, SAPS collaborates with external role players (such as the DSD, the NPA, and NGOs) to conduct *imbizos* (community engagements) and provide feedback to the community on cases handled by the FCS Units. The FCS Units also work with the DCSL Office of the MEC and the Office of the Premier on FCS-related matters. SAPS offered no response or explanation regarding the requested details on any public reports or statements made by SAPS on its progress and challenges in implementing Pillar 3 of the NSP-GBVF.

12.10 CGE hearings

The SAPS was subpoenaed to appear before the CGE on 22 November 2024 under Section 12(4)(b) of the CGE for Gender Equality Act, as amended. The SAPS presented further clarity and details, which it had omitted in its initial response to the CGE.

The SAPS clarified that it does not have specialised GBV units. However, it has FCS Units that deal with GBV cases, including the Serial and Electronic Crime Investigation and forensic social worker sections. The FCS Units are established in KwaZulu-Natal as follows:

Table 28: SAPS FCS Units for GBV

Name of FCS Units				
1. Brighton Beach	6. Eshowe	11. Kokstad	16. Margate	21. Port Shepstone
2. Chatsworth	7. Estcourt	12. KwaDukuza	17. Newcastle	22. Pietermaritzburg
3. Dundee	8. Greytown	13. Inanda	18. Pinetown	23. Ulundi
4. Durban Central	9. Howick	14. KwaMsane	19. Phoenix	24. Umlazi
5. Empangeni	10. Jozini	15. Ladysmith	20. Plessislaer	25. Vryheid

Regarding the number of FCS personnel and the number of trained investigators, the SAPS presented as follows:

Table 29: SAPS FCS personnel and trained investigators

Total number of FCS employees	471
Total number of FCS members, i.e. police officers	420
Total number of FCS personnel, i.e. support staff	51
Total trained investigators	377

The challenges cited by the SAPS on establishing and operating FCS Units in the province primarily relate to accommodation, human resources, and physical resources. One of the key issues is accommodation, as most FCS Units are based within police stations with limited office space. As a result, investigating officers are required to share offices. To ensure privacy and confidentiality during interviews with victims, arrangements have been made for other officers to vacate the office when necessary.

In addition to space constraints, SAPS faces human and physical resource shortages. Upon appearing before the CGE, SAPS reported that 420 police officers are allocated to the FCS Units, while the approved personnel complement, according to its fixed establishment, stands at 447, leaving a shortfall of 27 officers. The policy informing this 'fixed establishment' was not shared with the CGE, making it difficult for the CGE to make any further assessments. The staffing shortage cited places additional strain on existing personnel, impacting service delivery. Furthermore, only 159 operational vehicles are available, with a deficit of 14. Although SAPS plans to address this shortfall in the next financial year, challenges remain regarding the turnaround time for vehicle repairs at the garage, which further hampers operational efficiency. The SAPS further shared copies of policies and guidelines that govern the operation of the FCS Units, which had not been shared with the CGE.

Regarding measures in place to ensure the proper handling documentation and storage of evidence, including DNA evidence in GBV cases, the SAPS submitted copies of the Forensic Fact Files 5 and 7 and standard operating procedures for property and exhibit management. Ensuring the proper handling, documentation, and storage of evidence, including DNA evidence, in GBV cases is crucial for maintaining the integrity of investigations and prosecutions. The SAPS presented that it has implemented several measures, including daily, weekly, and monthly inspections of the exhibit register, storage rooms, and relevant files. At crime scenes, exhibits are logged using a crime scene management exhibit log sheet, properly bagged, and recorded in the exhibit register. Evidence is only tracked through documented processes, including the transfer of documents of exhibit and temporary transfer receipt and indemnity form, ensuring accountability at every stage.

Storage protocols further safeguard evidence integrity, with temporary storage facilities at Community Service Centres (CSC), TCCs, and mortuaries where forensic samples are kept in lockable cabinets until retrieved by the investigating officer. Notably, SAPS provided minutes regarding past meetings held with stakeholders in handling GBV cases, which were not sufficient to assess consistency or impact.

On the number of TCCs in the province, the SAPS clarified that there are nine TCCs in the province, which are as follows:

Table 30: TCCs in KwaZulu-Natal

1. Madadeni Hospital (Amajuba District)	6. Stanger Hospital (Ilembe District)
2. Prince Mshiyeni Hospital (EThekwini District)	7. Port Shepstone Hospital (Ugu District)
3. RK Khan Hospital (EThekwini District)	8. Ngwelezane Hospital (King Cetshwayo District)
4. Mahatma Ghandi Hospital (EThekwini District)	9. Jozini (Umkhanyakude District)
5. Edendale Hospital (UMgungundlovu District)	

Additionally, the SAPS reported that there are five CCCs in the province where SAPS members are not assigned daily. These CCCs are:

Table 31: CCCs without daily SAPS members assisting

1. Addington Hospital (EThekwini District)	4. Mkabayi Hospital (UMkhanyakude District)
2. Belgrade Hospital (Zululand District)	5. White Door Hospital (UMzinyathi District)
3. EG Usher Hospital (Harry Gwala District)	

The SAPS provided clarity on the role played by oversight bodies in monitoring its compliance with Pillar 3 of the NSP-GBVF, particularly in ensuring accountability in handling GBV cases. The Independent Police Investigative Directorate (IPID) is responsible for investigating GBV-related cases involving SAPS members, ensuring that officers accused of such offences are held accountable in line with the Independent Police Investigative Directorate legislative mandate.

Additionally, the Department of Community Safety and Liaison plays a crucial role in monitoring police stations for compliance with GBV-related legislation, particularly the Domestic Violence Act. Their oversight includes evaluating detention facilities, assessing victim-friendly facilities, and reviewing case dockets and investigation standards.

After considering and analysing the information submitted prior to the hearing as narrated above, as well as submissions made by SAPS's Deputy Provincial Commissioner, Major-General Mgobhozi (with proper delegation) under oath at the hearing, the CGE deemed it necessary to request further particulars which included the following:

1. A comprehensive work plan for upgrading and/or refurbishing FCS Units. This plan should include a thorough risk assessment covering financial, operational, and infrastructural considerations.

2. In collaboration with the NPA, the following statistical data:

   a. Backlog cases awaiting DNA results for the past three fiscal years

   b. Cases are provisionally withdrawn during investigations while DNA results remain outstanding.

3. A comprehensive work plan for establishing a DNA laboratory in the province. This plan should include a thorough risk assessment covering financial, operational, and infrastructural considerations.

4. Disaggregated data on the allocation of resources, including operating vehicles, staffing, cellular devices, etc., regarding the FCS Unit. In this regard, indicate the number of members recruited and allocated to the FCS Unit over the past three fiscal years, as well as the current financial year. Additionally, provide data on case allocation per FCS member.

5. Information on the training provided to FCS Unit members. Please indicate the criteria used to select attendees for the training.

6. Information on the last Integrated Case Docket Management System upgrade and the related training of SAPS members on data capturing as users.

7. An evaluation report on compliance with the national standard for building regulations regarding universal design and access, particularly the SANS10400, as it pertains to FCS Units. This information will help the CGE assess the SAPS's recognition of the intersectionality between disability and gender, which is crucial in addressing the unique challenges faced by persons with disabilities who are sometimes victims and/or survivors of GBVF.

12.10.1 Preliminary recommendations

The CGE's preliminary recommendations are that SAPS:

1. Builds and strengthens strategic relationships with like-minded stakeholders, entities, and/or institutions to address gaps or challenges resulting from inadequate resources and government funding, including training needs.

2. Strengthens its oversight and accountability measures at TCCs, CCCs, and the anticipated Khuseleka One-Stop Centre to ensure compliance with the TCC Blueprint and legislative obligations.

3. Prioritises training its charge office members, FCS Unit members, and first responders in investigations on sexual orientation, gender identity/expression, and sex characteristics (SOGIESC) to ensure an understanding of the dynamics of gender minorities. This training should capacitate members to recognise evidence that may constitute aggravating circumstances in court cases involving LGBTQIA+ persons.

4. Prioritises data integrity and management in collaboration with the NPA, DoJ&CD, and the DoH to ensure accurate and reliable data collection and sharing among all role players.

5. Prioritises the finalisation of MoUs, TCC protocols, and standard operating procedures at the provincial level In collaboration with the NPA and other role players to ensure uniformity and coordination across all TCCs and CCCs.

6. Develops standard operating procedures and/or protocols in collaboration with the NPA for handling and storing evidence relating to not-officially reported femicide cases, as well as GBV cases where victims are not ready to report. These standard operating procedures and/or protocols should align with the principle that there is no statute of limitations for reporting criminal cases and recognise the trauma experienced by GBV survivors.

7. Strengthens accountability measures in collaboration with other role players regarding the implementation of Pillar 3 of the NSP-GBVF. Provincial and national structures and forums must be utilised to report progress and hold each other accountable, thereby eliminating responsibility resistance and ambiguity.

8. Apply strict consequence management and accountability measures where its members have failed and/or neglected to enforce protection orders.

12.10.2 After the hearings

The SAPS responded to the CGE's request regarding the particulars sought and preliminary recommendations. The response was as follows:

12.10.2.1 Comprehensive work plan for upgrading and/or refurbishing FCS Units

The SAPS submitted that nine FCS Units are situated in leased premises, where the landlord is responsible for refurbishment and maintenance. In contrast, the 16 other FCS Units are located at various police stations, where the station management handles maintenance and refurbishments. The FCS Units operate on a limited budget for day-to-day repairs and maintenance, while the station manager manages major repairs and refurbishments in collaboration with the Department of Public Works (DPW). The SAPS further stated that needs related to immovable assets, capital

works, planned maintenance, upgrading, and refurbishments of SAPS infrastructure (excluding devolved facilities) fall under the National Department of Public Works and Infrastructure (NDPWI). However, work planned for leased facilities differs from that of state-owned facilities, as landlords remain responsible for maintenance, upgrading, and refurbishments under lease agreements, whereas State-owned facilities require a different approach.

The SAPS submitted a work plan indicating that a revised accommodation needs assessment was completed in the 2023/24 financial year. This assessment was submitted and approved by the provincial commissioner and later sent to the head office for financial approval. However, due to austerity measures, the process was placed on hold, and the needs assessment was not shared with the CGE. The SAPS further noted the need to amend an outdated procurement instruction to align with current needs, but this has not been issued due to financial constraints. Plans are underway to find new or alternative accommodation for FCS Units, while renewals were requested for units satisfied with their current accommodation.

Regarding the Pietermaritzburg FCS Unit, SAPS indicated that plans are in place to renovate the old sports shop at the Alexandria Road SAPS to accommodate the unit. However, no further details were provided regarding its current operational status. The CGE noted from a 2021 National Assembly reply to Question 1707 that this unit was previously reported to operate from the Davis Alexandra building. The unit may have been relocated without adequate space to accommodate it.

The CGE further expresses concern that no FCS Units have been upgraded in KwaZulu-Natal since the introduction of the NSP-GBVF. The NSP-GBVF recognises upgrading FCS Units as a key intervention in strengthening capacity within the criminal justice system to address impunity and facilitate justice for GBV survivors. As the leading entity that facilitates justice, SAPS failed to provide sufficient information on its engagements with landlords and the DPW regarding necessary upgrades. Overall, the documentation submitted by SAPS lacked sufficient detail for the CGE to assess the current state of FCS Units and the challenges related to their refurbishment and upgrading.

12.10.2.2 Cases awaiting DNA results

SAPS submitted information indicating a backlog of cases dating back to 2011. While the CGE acknowledges SAPS's transparency in this regard, the CGE is deeply concerned about the inconsistencies in the information previously reported to the

public. The SAPS, through its then Minister of Police, had previously conveyed that the country had successfully resolved the backlog of outstanding DNA results in February 2024. However, the list provided to the CGE includes unresolved cases for up to 13 years because of outstanding DNA results, contradicting these public statements. Furthermore, the CGE observed that many cases awaiting DNA results originate from the Port Shepstone FCS Unit, highlighting a crucial area requiring urgent intervention.

Regarding cases provisionally withdrawn due to outstanding DNA reports, the SAPS provided the CGE with a list of 73 cases spanning 2014 to 2024, of which 50 relate to allegations of rape. This backlog is particularly concerning as delays in processing DNA evidence directly impact the pursuit of justice for GBV survivors. It is imperative that SAPS prioritises the resolution of DNA backlogs, as justice delayed is justice denied. Clearing backlog cases related to GBV is a key activity under SAPS's mandate to strengthen the capacity of the criminal justice system, address impunity, and facilitate justice for survivors.

12.10.2.3 Plan for establishing a DNA laboratory in the province

Regarding establishing a DNA laboratory in the province, the SAPS reported that the forensic science laboratory in KwaZulu-Natal is sourcing alternative accommodation through the Department of Public Works to facilitate relocation from Amanzimtoti CBD. The Department of Public Works is currently evaluating bids for this relocation. The new facility will accommodate both existing forensic operations and the introduction of DNA analysis capabilities.

The SAPS submitted a business plan outlining the strategy for relocation, which includes the appointment of human resources, personnel training, procurement of new laboratory equipment, and the relocation of existing instruments and furniture. The SAPS emphasised that the primary objective is to ensure a smooth transition to the new facility while minimising operational disruptions and maintaining compliance with forensic science laboratory (FSL) quality management and other industry standards.

Regarding the project timeline, the SAPS stated that the completion of the leasing process is a key determining factor. Once finalised, the relocation must be completed within one month after the DPW hands over the facility to SAPS, which is anticipated to occur by the end of March 2025.

12.10.3 Allocation of resources

Regarding the allocation of resources to the FCS Units, including operating vehicles, staffing, and cellular devices, the SAPS provided the following data:

Recruitment of FCS Unit members

- 2021/22: 0 recruited
- 2022/23: 78 recruited (1 member now deceased)
- 2023/24: 94 recruited
- 2024/25: 0 recruited.

Staffing of FCS Units

The SAPS reported that the total personnel count within the FCS Units stands at 455, comprising:

- 380 members employed under the Police Act
- 75 members employed under the Public Service Act.

This figure differs from the previously reported total of 471 personnel provided during the SAPS's last appearance before the CGE, raising concerns regarding data accuracy on FCS staffing levels.

Operational vehicles

The SAPS submitted that the FCS Units currently operate with 235 vehicles, but there is a shortage of 20 vehicles. To address this, the SAPS recommends the onboarding of 19 additional vehicles. However, no further information was provided on whether this figure relates specifically to operational vehicles, as SAPS previously cited garage problems when appearing before the CGE. Additionally, SAPS did not submit a disaggregated breakdown of vehicle allocation per FCS Unit, which was specifically requested.

Allocation of cellular devices

The SAPS reported that 70 FCS Unit members have been allocated cell phones. Ensuring officers on the ground have access to essential tools of trade is crucial, and

this allocation is a step in the right direction. However, the overall sufficiency of these resources remains a key concern in ensuring effective service delivery within the FCS Units.

12.10.4 Training provided to FCS Unit members

Members allocated to the FCS Unit as investigators receive on-the-job training as part of their induction. Following this, they undergo a structured training pathway, which includes:

1. Basic Crime Investigation Practice (BCIP)
2. Resolving of Crime Course (ROC) (compulsory for all SAPS crime investigators)
3. Family Violence, Child Protection, and Sexual Offences (FCS) Course.

Members must attend these courses in sequence. Selection for training is conducted jointly with human resource development to ensure proper alignment with operational needs.

FCS members are required to complete the Family Violence, Child Protection, and Sexual Offences Learning Programme (TAS4692) in addition to the compulsory Resolving of Crime (ROC) skills learning programme.

To qualify for the FCS learning programme, members must meet the following criteria:

- Successful completion of Basic Training or the Introductory Police Development programme
- Completion of the Resolving of Crime skills learning programme
- Formal appointment as an investigator in the FCS Unit with assigned responsibilities for investigating criminal cases.

12.10.5 Information Case Docket Management System (ICDMS) system upgrade and related training

Community Service Centre members receive Information Case Docket Management System "D" Profile Training, which equips them with the necessary skills to record and register cases reported at the Community Service Centre.

Before the implementation of the Integrated Case Docket Management System, case registration at the CSC was conducted using the Crime Administration System (CAS).

The transition to the Integrated Case Docket Management System enhanced case management efficiency, ensured a centralised digital record system, and improved data accuracy.

However, no further information was provided regarding the last Integrated Case Docket Management System upgrade or additional training initiatives for SAPS members on data capturing. The failure to provide the information requested hinders the CGE's ability to monitor SAPS's commitment. As part of strengthening capacity within the criminal justice system to address impunity and facilitate justice for GBV survivors, upgrading the case management system is a key indicator for clearing the backlog of cases related to GBV.

12.10.5.1 Compliance with the national standard for building

The lack of access to information on compliance with SANS10400 at the provincial level raises concerns about SAPS's commitment to ensuring accessibility at FCS Units. Without provincial oversight or awareness, it is unclear whether national SAPS structures are actively monitoring and enforcing compliance with universal design and accessibility standards. This gap hinders the ability of the CGE to assess SAPS's recognition of the intersectionality between disability and gender, which is crucial in addressing the unique challenges faced by persons with disabilities who are survivors of GBV.

The response received from the provincial office indicates that SAPS does not have information at this level regarding building regulations and accessibility compliance. The lack of information suggests that no structured reporting or monitoring system is in place at the provincial level to ensure that FCS Units are designed to accommodate persons with disabilities. However, the provincial office acknowledged that certain FCS Units (such as those in Port Shepstone, Vryheid, Eshowe, Greytown, and Kokstad) are inaccessible, and applications for alternative accommodations have been submitted.

While SAPS has indicated that mobile resources are used to reach victims with disabilities, this is not a substitute for permanent accessibility measures at FCS Units. Without a clear national strategy or implementation plan, survivors with disabilities may continue to face barriers to accessing essential services at FCS Units.

12.10.6 CGE findings

Based on an analysis of the information provided by SAPS, the CGE makes the following findings:

1. There is a lack of provincial oversight on compliance with universal building regulations. Provincial SAPS offices have indicated that they are not privy to information regarding compliance with national building regulations for universal design and accessibility (SANS10400). This lack of oversight makes it difficult to determine whether FCS Units are accessible to persons with disabilities, particularly GBV survivors, who may face additional barriers in seeking police assistance. While SAPS has noted that some mobile resources are available to reach these survivors, such measures do not substitute for the need to improve permanent infrastructure at police stations. Moreover, several FCS Units, including those in Port Shepstone, Vryheid, Eshowe, Greytown, and Kokstad, remain inaccessible, although applications for alternative accommodation have been made. The lack of transparency and accountability on compliance with disability access standards raises concerns about SAPS's ability to provide equal access to justice for all GBV survivors.

2. The failure to upgrade FCS Units indicates inadequate infrastructure and human capacity resourcing. Upgrading FCS Units is a crucial indicator of SAPS's commitment to strengthening infrastructure and human capacity to support detectives, forensic analysts, investigators, and prosecutors working on GBV cases. However, no FCS Units have been upgraded over the past three financial years, and SAPS has not included FCS upgrades as a performance target in its Annual Performance Plans. The lack of performance target contradicts SAPS's role as the lead entity under Pillar 3 of the NSP-GBVF, which aims to strengthen the criminal justice system's capacity to combat impunity and facilitate justice for GBV survivors. Without the necessary infrastructure and resources, SAPS's ability to provide effective and survivor-centred services remains compromised.

3. There is a lack of accommodation facilities for the Pietermaritzburg FCS Unit.

4. The lack of case management system upgrades has negatively impacted clearing the GBV case backlog. The Integrated Case Docket Management System is a key tool for tracking and managing GBV-related cases efficiently. Upgrading the system reduces case backlogs, ensures proper case tracking, and facilitates accountability. However, SAPS failed to provide information on the last Integrated Case Docket Management System upgrade, and no upgrades were targeted in its Annual Performance Plans over the past three financial years. Without an updated and efficient case management system, delays in investigations and prosecutions persist, further undermining the fight against GBV and delaying justice for survivors.

5. SAPS's National Instructions and FCS Investigation Mandate contain binary language (his/her), which reinforces hegemonic norms, excludes gender-diverse persons,

and contradicts constitutional non-discrimination principles. Binary language undermines the LGBTQIA+ sensitivity training that SAPS has reported its members have attended, as the impact of the training is not reflected in official policies. The continued use of exclusionary language creates barriers for LGBTQIA+ persons in reporting and engaging with SAPS, ultimately limiting access to justice for victims and/or survivors who do not conform to binary gender identities.

6. The FCS investigation mandates the definition of 'intra-familial' crimes as occurring within a traditional nuclear family (mother, father, and children), which excludes extended families and non-traditional family structures. Exclusion of such families is inconsistent with the Domestic Violence Act, which recognises extended family members, customary unions, and LGBTQIA+ relationships. The narrow definition within SAPS policies may lead to misclassified or dismissed cases, thereby excluding certain survivors from protection and legal recourse.

12.10.7 CGE recommendations

In light of the above, the CGE recommends that SAPS:

1. Strengthens its oversight of universal building regulations for FCS Units. SAPS must ensure that provincial offices have direct access to compliance reports on SANS10400 universal building regulations to assess whether FCS Units meet the required accessibility standards. Additionally, SAPS must conduct mandatory accessibility audits at all FCS Units and submit progress reports on compliance to oversight bodies. While alternative accommodations have been applied for at some inaccessible FCS Units, these applications must be fast-tracked with clear deadlines to ensure that GBV survivors with disabilities have equal access to SAPS services.

2. Prioritises FCS Unit upgrades in SAPS annual performance plans to Improve service delivery. The SAPS must include FCS Unit upgrades as a performance target in future annual performance plans to strengthen infrastructure and human capacity in the criminal justice system. Given SAPS's lead role under NSP-GBVF Pillar 3, these upgrades are essential for enhancing forensic investigations, prosecution, and victim support services. Additionally, the SAPS must engage the National Treasury to ring-fence funds for priority GBV-related infrastructure projects and explore alternative funding solutions for FCS Unit upgrades as a strategic priority. Furthermore, the SAPS must conduct a KwaZulu-Natal-specific needs analysis to identify geographic gaps in FCS Unit infrastructure to identify and prioritise underserved regions. A costed implementation plan should be developed and submitted to the CGE.

3. Prioritises and implements its plans to secure suitable accommodation for the Pietermaritzburg FCS Unit. A work plan detailing this process must be submitted to the CGE, and quarterly progress reports until the project is completed.

4. Provide the policy or document on 'fixed establishment' to the CGE.

5. Modernises the case management system to address the GBV case backlog. The SAPS must prioritise the Integrated Case Docket Management System upgrade in its annual performance plans to improve case tracking, facilitate timely investigations, and reduce GBV case backlogs. Regular progress reports on Integrated Case Docket Management System modernisation should be submitted to Parliament and other oversight bodies, ensuring that the system effectively supports investigators, prosecutors, and survivors. Without an up-to-date case management system, justice delays will persist, further harming GBV survivors seeking legal recourse.

6. Revises SAPS policies to use gender-inclusive language. The SAPS must comprehensively review the SAPS National Instructions, investigation mandates, and training materials to eliminate binary language (his/her) and replace it with gender-inclusive alternatives (they/them, complainant, survivor). The continued use of binary language undermines the impact of LGBTQIA+ sensitivity training, making it largely symbolic rather than substantive. SAPS should engage with LGBTQIA+ advocacy groups and legal experts to ensure all policies align with constitutional protections and promote inclusivity in GBV case handling.

7. Aligns the FCS Investigation Mandate with the Domestic Violence Act. The SAPS must revise its definition of 'intra-familial' violence to align with the Domestic Violence Act, ensuring that cases involving extended families, customary unions, and LGBTQIA+ relationships are properly investigated. This revision must be accompanied by training for investigators on applying the updated legal framework, ensuring that cases are not misclassified or dismissed based on an outdated and restrictive definition. SAPS should further consult GBV and legal experts to ensure its policies are survivor-centred and legally compliant.

13 CONCLUSION

The investigation into the implementation of Pillar 3 of the NSP-GBVF in KwaZulu-Natal reveals both progress and persistent challenges across key justice and service delivery institutions, including the DOJ&CD, SAPS, NPA, DoH, and DSD. While each entity has taken steps toward strengthening the criminal justice system's response to GBV, systemic barriers continue to hinder effective implementation, particularly in the areas of case backlog reduction, forensic and medical support, intermediary services, and access to shelters for survivors.

One of the most concerning findings is the failure to ensure the proper and timely service of protection orders, particularly in eThekwini Metro, where courts routinely hand orders directly to applicants instead of ensuring service through SAPS or the sheriff, in direct violation of the Domestic Violence Act. This practice jeopardises survivor safety and undermines the enforceability of protection orders, raising serious concerns about DOJ&CD's compliance with its legal obligations. Furthermore, sexual offences case backlogs remain a major challenge, with DOJ&CD, NPA, and SAPS failing to provide clear, consistent data on backlog clearance rates.

Despite some advancements, such as the establishment of three TCCs in the province, the lack of a clear strategic plan for the refurbishment and expansion of TCCs combined with the absence of a ring-fenced budget raises concerns about the sustainability and accessibility of these crucial services. Additionally, the severe shortage of forensic nurses and forensic psychologists in the province further exacerbates case backlogs, particularly in sexual offences cases. The DoH's and SAPS's reliance on forensic services from other provinces delays justice for victims and emphasises the urgent need for a dedicated DNA laboratory in KwaZulu-Natal to address forensic backlogs and improve case processing efficiency.

The SAPS's role in strengthening the justice system's response to GBV has also been hampered by infrastructure and policy shortcomings. The FCS Units continue to struggle with accessibility and resourcing issues, with no upgrades in the past three financial years and no dedicated budget allocations for improvements in the SAPS annual performance plans. Additionally, SAPS's failure to modernise the Integrated Case Docket Management System has worsened case backlogs and tracking inefficiencies, limiting accountability in GBV case management. The use of binary language in SAPS policies and restrictive definitions of intra-familial violence have further excluded LGBTQIA+ persons and non-traditional family structures from adequate protection, contradicting constitutional and human rights principles.

The DSD has made strides in survivor support, notably through the anticipated establishment of the first Khuseleka One-Stop Centre in KwaZulu-Natal. However, shelter availability remains critically inadequate, with many facilities operating at full capacity, leaving survivors without immediate safe accommodation. The failure to accommodate older male children in shelters, despite revised policies, continues to place survivors in difficult positions, forcing them to choose between seeking protection and staying with their children. Furthermore, the absence of inclusive LGBTQIA+ shelter services and inadequate infrastructure for persons with disabilities highlights the need for stronger enforcement of building regulations and inclusivity measures in GBV response services.

The lack of proper coordination between the NPA, SAPS, DoH, and DSD concerning the TCC Blueprint remains significant. The CGE notes discrepancies in reporting information regarding signing the TCC protocol. Successful implementation of the TCC Blueprint and the Khuseleka One-Stop Centre model requires all entities to understand their roles and responsibilities clearly and demonstrate a strong commitment to sustainably utilising existing resources.

Economic empowerment programmes within shelters have also remained inconsistent, with some successfully assisting survivors in securing employment while others report little to no impact on the long-term independence of victims. Social workers in high-GBV areas are overwhelmed with excessive caseloads, and the expiration of contracted social workers in December 2023 has further strained the provision of psycho-social support and trauma counselling services. The DSD's call centre remains underutilised, largely due to financial barriers, lack of trust, and accessibility concerns, necessitating immediate improvements to ensure survivors can seek help without cost limitations.

To address these challenges, the recommendations across all entities emphasise the need for greater oversight, accountability, and interdepartmental coordination. The DOJ&CD must enforce compliance with protection order service requirements, SAPS must modernise case tracking systems and revise outdated policies, and the NPA must develop a strategic plan for backlog reduction and TCC expansion. The DoH and SAPS, with the support of other relevant role players, must prioritise the establishment of a DNA laboratory in KwaZulu-Natal to reduce forensic backlogs and improve case outcomes. The DSD must expand shelter capacity, enforce inclusivity measures, and ensure survivors can access economic empowerment opportunities to facilitate long-term stability and protection from re-victimisation.

The preliminary recommendations issued by the CGE during the investigation remain relevant and should continue to be implemented where they have not yet been actioned. The CGE acknowledges the commendable steps taken to establish joint fora. However, it is imperative that these engagements result in measurable outcomes. Stakeholders must make deliberate efforts to share statistical data within these platforms to identify inconsistencies in reporting on shared concerns and collaboratively develop innovative and responsive strategies to address GBVF. These strategies are particularly important in the absence of a unified case management system to track cases of mutual concern.

While these institutions have made some strides in addressing GBV, without systemic reforms, dedicated resource allocation, and survivor-centred interventions, Pillar 3 of the NSP-GBVF will continue to fall short of its intended impact. Urgent action is required to enhance service delivery, eliminate case backlogs, strengthen infrastructure, and ensure a coordinated, survivor-focused criminal justice response to GBV.

The CGE will continue to monitor the implementation of the recommendations made and the above mentioned institutions are requested to submit the required information to the CGE as well as the progress reports regarding the implementation of the recommendations herein by the 30 August 2025.

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